

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE  
TUESDAY 18<sup>th</sup> OCTOBER 2016 AT 10AM to 12PM  
BOARDROOM THE DEPARTMENT**

**A G E N D A**

**Part 1: Introductions and Apologies**

- 1.1 Declarations of Interest **All**
- 1.2 Minutes and actions from previous meeting on  
20<sup>th</sup> September 2016 **All**
- 1.3 Matters Arising

**Part 2: Updates**

- 2.1 Primary Care Support Services **Verbal  
Tom Knight/Glenn  
Coleman**
- 2.2 Feedback from Sub-Committees: **PCCC 28-16**
- Medicines Optimisation Sub-Committee  
October 2016 **PCCC 28a-16  
Peter Johnstone**

**Part 3: Strategy & Commissioning**

No items

**Part 4: Performance**

- 4.1 Primary Care Commissioning Committee  
Performance report **PCCC 29-16  
Rosie Kaur/  
Scott Aldridge**

**Part 5: Governance**

No items

6. Any Other Business **ALL**
7. Date and time of next meeting:  
Tuesday 15<sup>th</sup> November 2016 Boardroom The Department



Report no: PCCC 28-16

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**TUESDAY 18<sup>TH</sup> OCTOBER 2016**

|                                      |   |
|--------------------------------------|---|
| <b>Title of Report</b>               | Feedback from Sub-Committees  |
| <b>Lead Governor</b>                 | Rosie Kaur  |
| <b>Senior Management Team Lead</b>   | Cheryl Mould, Primary Care Programme Director   |
| <b>Report Author(s)</b>              | Cheryl Mould, Primary Care Programme Director<br>Peter Johnstone, Primary Care Development Manager  |
| <b>Summary</b>                       | <p>The purpose of this paper is to present the key issues discussed, risks identified and mitigating actions agreed at the sub-committees reporting to the Primary Care Commissioning Committee</p> <p>This will ensure that the Primary Care Commissioning Committee is fully engaged with the work of sub-committees, and reflects sound governance and decision making arrangements for the CCG.</p> |
| <b>Recommendation</b>                | <p>That Liverpool CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>➤ Considers the report and recommendations from the Sub-Committees</li> </ul>  |
| <b>Relevant Standards or targets</b> |   |

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| <b>Sub-Committee:</b><br>Medicines Optimisation | <b>Meeting Date:</b> 7 <sup>th</sup> October 2016   | <b>Chair:</b> Dr Jamie Hampson   |
| <b>Key issues:</b>                              | <b>Risks Identified:</b>                            | <b>Mitigating Actions:</b>   |
| 1. Prescribing – effective use of resources.    | Effective delivery of phase 1 – rapid savings       | <ul style="list-style-type: none"> <li>• Annualised savings of £1.4M in place</li> <li>• All practices engaging</li> </ul>   |
|   | Effective delivery of phase 2 – systems and process | <ul style="list-style-type: none"> <li>• Working group established</li> <li>• Pilot sites identified</li> <li>• Project plan agreed</li> <li>• SOPs in development</li> </ul>  |
|   | High cost / specialist drugs                        | <ul style="list-style-type: none"> <li>• Commissioning intentions agreed with neighbouring CCGs – prior approval process for PbR excluded drugs, linked to diagnosis</li> <li>• Way forward / engagement paper for LDS in development</li> </ul> |
| 2. Non-medical prescribers                      | NMPs outside the city listed on Liverpool ePACT     | <ul style="list-style-type: none"> <li>• Validation of NMP list on ePACT</li> </ul>  |

|   |
|---|
| <b>Recommendations to NHS Liverpool CCG Primary Care Commissioning Committee:</b> |
| 1. To note the key issues and risks.  |

Report no: PCCC 29-16

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE**

**TUESDAY 18<sup>TH</sup> OCTOBER 2016**

|                                    |   |
|------------------------------------|---|
| <b>Title of Report</b>             | CCG Primary Care Commissioning Committee Performance report   |
| <b>Lead Governor</b>               | Katherine Sheerin, Chief Officer  |
| <b>Senior Management Team Lead</b> | Cheryl Mould, Primary Care Programme Director   |
| <b>Report Author</b>               | Scott Aldridge, Primary Care Co-Commissioning Manager   |
| <b>Summary</b>                     | The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for 2016/17.  |
| <b>Recommendation</b>              | That the Primary Care Commissioning Committee: <ul style="list-style-type: none"> <li>➤ Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance</li> <li>➤ Approves the proposal to change the monitoring of the access KPI, refer to page 13 as detailed in the narrative.</li> </ul> |
| <b>Relevant standards/targets</b>  | NHS Outcomes Framework 2015/16; The <i>Forward View</i> Into Action: Planning for 2015/16; CCG Assurance Framework 2015/16  |

# **CCG PRIMARY CARE COMMISSIONING COMMITTEE PERFORMANCE REPORT**

## **1. PURPOSE**

The purpose of this paper is to report to the Primary Care Commissioning Committee key aspects of the CCG's performance in delivery of Primary Care Medical services quality, performance and financial targets for 2016/17.

## **2. RECOMMENDATIONS**

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance
- Approves the proposal to change the monitoring of the access KPI, refer to page 13 as detailed in the narrative.

## **3. BACKGROUND**

The CCG is held to account by NHS England for performance and delivery of Primary Care Medical services. Since 1<sup>st</sup> April 2015 the CCG took delegated commissioning responsibilities for Primary Care Medical Services. The delegated agreement sets out the functions that have been delegated and included the commissioning of local quality improvement schemes, delivery and commissioning of Directed Enhanced Services, delegated funds and premises.

The CCG has established robust governance processes and committee structures in order to monitor performance and provide assurance to the Governing Body that key risks to the organisation are being identified and effectively managed.

The Performance Report for the financial year 2016/17 will report on all aspects of Primary Care Medical Services to assure the committee and Governing Body that the services we commission are delivering the required quality standards and that any risks and issues relating to service quality and patient safety are identified, with positive action taken to rectify.

The report details the assurance measures to deliver the national performance measures detailed in the Governing Body reports, core contract requirements and locally commissioned Primary Care Medical services.

The report is based on the published and validated data available as at the end of July 2016 and will be refreshed bi-monthly.

#### 4. REPORT OUTCOME

This report provides performance information against the following areas:

| Area  | Target | Current Performance |
|---|--------|---------------------|
| <b>National Performance Measures</b>  |        |                     |
| Local Quality Premium –<br>Overall experience of making a GP appointment: either achieve 85% respondents who said they had a good experience of making an appointment or 3% increase on percentage of respondents who said they had a good experience |        | <b>Red</b> 77%      |
| Local Quality Premium –<br>Increase in the proportion of GP referrals made by e-referrals: either 80% by March 2017 and year on year increase or March 2017 performance to exceed March 2016 by 20%   |        | <b>Red</b> 58%      |
| Local Quality Premium –<br><br><b>Antimicrobial resistance (AMR)<br/>Improving antibiotic prescribing in primary care:</b><br>Part 1<br>4% reduction on 1314 in the number of antibiotics prescribed in primary care                                  |        | <b>Green</b> 1.239  |

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| Target less than 1.264  |   |   |
| Local Quality Premium –<br><br>Part 2<br>number of co-amoxiclav,<br>cephalosporins and quinolones as a<br>proportion of the total number of<br>antibiotics prescribed to be equal to<br>or lower than 10% |   | <b>Green</b> 8.70   |
| <b>Local Quality Improvement Schemes – GP Specification</b>   |   |   |
| The delivery of 80 appointments per<br>1,000 weighted practice population   |   | 78 Practices are<br>delivering 80<br>appointments<br>per 1,000<br>weighted<br>practice<br>population  |
| GP Specification ACS Admissions   | Band A <7.30<br>rate per 1,000<br>weighted<br>population  | The rate of ACS<br>admission has<br>decreased<br>slightly since the<br>baseline<br>position 8.24 to<br>8.22 per 1000<br>weighted<br>patients.                               |
| GP Specification Outpatients<br>Referrals   | Band A <63.48<br>rate per 1,000<br>weighted<br>population | The rate of first<br>GP-referred OP<br>appointments<br>has saw a<br>reduction in the<br>first quarter of<br>the year from<br>the baseline<br>position of 73.77<br>to 71.33. |
| The percentage of patients aged 18<br>years and over who have had the<br>alcohol consumption recorded in the  | Band A 67%  | As at end July<br>2016, the<br>proportion of  |

|   |                           |  |
|---|---------------------------|--|
| last 3 years  |                           | patients drinking over recommended levels who had been offered a brief intervention had decreased slightly to 63.23% compared to the baseline 63.90%                                       |
| The percentage of patients who are 18+ who have alcohol intake recorded over indicated levels who have been offered brief interventions | Band A 96.5%              | As at end July 16, the proportion of patients drinking over recommended levels who had been offered a brief intervention had decreased slightly to 93.14% compared to the baseline 93.57%. |
| Early detection: Percentage of registered patients aged 40+ on the CHD register   | Band A greater than 6.84% | At the end of July the CCG achievement was 7.70%   |
| Early detection: Percentage of registered patients aged 40+ on the Heart Failure register   | Band A greater than 1.10% | At the end of July the CCG achievement was 1.85%   |
| Early detection: Percentage of registered patients aged 40+ on the Stroke register  | Band A greater than 2.89% | At the end of July the CCG achievement was 3.81%   |
| Early detection: Percentage of registered patients aged 40+ on the Atrial Fibrillation register   | Band A greater than 2.29% | At the end of July the CCG achievement was 3.68%   |

|  |                              |   |
|--|------------------------------|---|
| Early detection: Percentage of registered patients aged 40+ on the Hypertension register                                   | Band A greater than 24.16%   | At the end of July the CCG achievement was 29.00%   |
| Early detection: Percentage of registered patients aged 40+ on the COPD register   | Band A greater than 4.22%    | At the end of July the CCG achievement was 6.84%  |
| Early detection: Percentage of registered patients aged 40+ on the Diabetes register                                       | Band A greater than 7.89%    | At the end of July the CCG achievement was 10.48%   |
| Combined percentage achievement for DTaP/IPV/Hib at 1 year, MMR1, PCV booster, Hib/MenC at 2 years                         | Band A 95%                   | At the end of July 16 the CCG achievement has decreased to 92.19% compared to the baseline position of 92.96% |
| Combined percentage achievement for MMR2 at 5 years and DTaP/IPV preschool booster   | Band A 95%                   | At the end of July 16 the CCG achievement has decreased to 88.72% compared to the baseline position of 88.91% |
| Medicines Management the percentage of patients on Warfarin who have had an INR result in the last 4 months                | Greater than or equal to 90% | At the end of July the CCG achievement was 93.85%   |
| Medicines Management the percentage of patients on Lithium who have had their Lithium levels recorded in the last 4 months | Greater than or equal to 90% | At the end of July the CCG achievement was 72.10%   |
| Medicines Management the percentage of patients on Lithium prescribed a Thiazide   | Less than or equals to 1.5%  | At the end of July the CCG achievement was 1.17%  |

|  |  |  |
|--|--|--|
| Medicines Management the percentage of Dementia patients prescribed an Anti-psychotic  | Less than or equals to 5%                  | At the end of July the CCG achievement was 12.54%  |
| Medicines Management the percentage of Asthma patients prescribed a non-cardio specific beta blocker                                 | Less than or equals to 0.2%                | At the end of July the CCG achievement was 0.84%   |
| Medicines Management the percentage of Addison disease patients prescribed a Thiazide  | Less than or equals to 1%                  | At the end of July the CCG achievement was 0.97%   |
| Medicines Management Antibiotic Prescribing: 5% reduction against the practice's 2015-16 baseline or achievement of national average | National average 48.54                     | At the end of July the CCG achievement was 50.35   |
| A target of 5% reduction in costs for a combination of pregabalin/oxycodone/buprenorphine patches/fentanyl                           | £3, 029.06                                 |  |
| <b>Core Contract Requirements</b>  |  |  |
| <i>GP contractual requirement</i> – Practices having a Patient Participation Group   | 100% of practices to achieve by March 2016 | At the end of March 2016 3 practices failed to provide evidence that they had a patient participation group by the core contract deadline. |
| <i>GP contractual requirement</i> - GP Friends and Family Test   | 100% of practices to submit each month     | At the end of June 27 practices failed to submit their figures by the deadline, this is an increase from the 19 practices who              |

|  |   |   |
|--|---|---|
|  |   | <p>failed to submit in the last reporting period.</p> <p>At the end of July 35 practices failed to submit their figures by the deadline.</p> <p>9 practices have failed to submit all four submissions in 2016/17.</p>                          |
| <i>GP contractual requirement</i> – Patients to have access to their electronic medical records                        | 100% of practices to activate by March 2016 | All practices achieved this.  |
| <i>GP contractual requirement</i> – Practices to publish the average earnings of GPs onto their website or NHS Choices | 100% of practices to activate by March 2016 | All practices completed this contractual requirement.   |
| <b>Finance</b>   |   |   |
| Finance Budget   | Achieve balanced budget                     | <p>The current 2016/17 position as at the 31<sup>st</sup> August 2016 in respect of delegated Primary Care budgets was an overspend of £1,525,000 on a total budget of £61.7m.</p> <p>Prescribing budget was an overspend of £1,758, 869 on</p> |

|  |  |                          |
|--|--|--------------------------|
|  |  | a total budget of £87.5m |
|--|--|--------------------------|

## 5. NATIONAL PERFORMANCE MEASURES

NHS Liverpool CCG is committed to ensuring that patient rights under the NHS Constitution are consistently upheld. National Performance Measures are reflective of the key priority areas detailed in the NHS Outcomes Framework 2015/16 and include measurements against Quality (including Safety, Effectiveness and Patient Experience) and Resources (including Finance, Capability and Capacity). In addition to analysing local performance against these indicators, CCGs are expected to achieve improvements against indicators across the five domains as detailed in the NHS Outcomes Framework and NHS Operational Planning Measures 2015/16 which represent the high-level national outcomes the NHS is expected to be aiming to improve. Each month the Governing Body are provided with an updated Performance Report.

### 5.1 NHS Constitution – Experience of General Practice

#### 5.1.1 General Practice Patient Survey

| Indicator   | Narrative      |
|---|----------------|
| Overall experience of making a GP appointment: either achieve 85% respondents who said they had a good experience of making an appointment or 3% increase on percentage of respondents who said they had a good experience  | <b>Red</b> 77% |
| <p>There has been a slight increase between the January 2016 (76%) report and the latest report.</p> <p>Since the last patient survey report LCCG has increased the number of appointments that practices provide per 1,000 weighted patients each week. This is an extra 5,708 appointment per week, 296,830 annually.</p> <p>LCCG has provided practices with the opportunity as part of their Practice Manager and administration development programme customer care training online and workshops.</p> |                |

## 5.2 Increase in the proportion of GP referrals made by e-referrals

| Indicator   | Narrative             |
|---|-----------------------|
| <p>Increase in the proportion of GP referrals made by e-referrals: either 80% by March 2017 and year on year increase or March 2017 performance to exceed March 2016 by 20%</p>   | <p><b>Red</b> 58%</p> |
| <p>The planned care team have contacted The Royal, Liverpool Heart and Chest, Alder Hey, Aintree and Spire Liverpool and have established the base line and identified the next steps for the coming quarter.</p> <p>The providers need to carry out capacity and demand modelling or share results with the CCG if this has already been carried out. We are looking to increase capacity and reduce ASIs (appointment slot issues) which has a negative impact on the CCGs utilisation if the providers book the ASIs outside of the e-Referrals system as these don't count towards the quality premium as they are not classed as a direct booking.</p> <p>Providers will be reviewing each speciality/service DOS (directory of services) ensuring that GPs can clearly identify the appropriate services for their patients, which will also reduce the number of referrals rejected or redirected. We are also looking to implement Advice and Guidance which will reduce the number of first outpatient appointments enabling capacity to be shifted to areas where the providers are struggling to meet demand. For info please see case study for Advice and Guidance.</p> <p>The national team (NHS Digital) Implementation Manager for NHS e-Referrals is also supporting me to meet the requirements of the Quality Premium, attending meetings with me and supplying business intelligence reports.</p> <p>In order for the GPs utilisation to increase we need to get the provider to do the above, however the planned care team are working with the business intelligence team to identify practices who's utilisation is low and will be contacting them directly to advise on best practice, identify any training needs.</p> |                       |

### 5.3 Antibiotic Prescribing

| Indicator  | Narrative                 |
|--|---------------------------|
| <p><b>Antimicrobial resistance (AMR)</b><br/> <b>Improving antibiotic prescribing in primary care:</b><br/>           Part 1<br/>           4% reduction on 1314 in the number of antibiotics prescribed in primary care</p> <p>Target less than 1.264</p> | <p><b>Green</b> 1.239</p> |
| Indicator  | Narrative                 |
| <p>Part 2<br/>           number of co-amoxiclav, cephalosporins and quinolones as a proportion of the total number of antibiotics prescribed to be equal to or lower than 10%</p>  | <p><b>Green</b> 8.70</p>  |

## 6. LOCAL QUALITY IMPROVEMENT SCHEMES

### 6.1 Liverpool Quality Improvement Scheme (GP Specification) position at the end of July 2016

### 6.1.1 The Provision of 80 appointments per 1,000 weighted practice population

| Indicator   | Narrative   |      |                   |   |    |  |
|---|---|------|-------------------|---|----|--|
| The provision of 80 appointments per 1,000 weighted practice population per week. | <table border="1"> <thead> <tr> <th data-bbox="807 445 1043 488">Band</th> <th data-bbox="1056 445 1292 533">Numbers Achieving</th> </tr> </thead> <tbody> <tr> <td data-bbox="807 542 1043 584">A</td> <td data-bbox="1056 542 1292 584">78</td> </tr> </tbody> </table> | Band | Numbers Achieving | A | 78 |  |
| Band  | Numbers Achieving   |      |                   |   |    |  |
| A   | 78  |      |                   |   |    |  |

#### Assurance on CCG control measures

Primary Care Commissioning Committee Paper PCCC14-16 outlined the process for the Primary Care Team to undertake a quarterly review of booking and access audit, identify areas for improvement and take action and to compare this to the Practice Implementation plans. This has been completed in line with the requirements; however, it has not been possible to automatically collect the GP appointment data from the EMIS clinical system. Therefore, the Primary Care Team have called all practices in the City to establish their numbers of appointments offered per week and to remind practices that the achievement of the KPI is for the average number of appointments to be 80 per 1,000 over the 12 month period.

Two practices below the 80/1,000 have indicated that this is because they are now providing a number of 15 minute appointments to provide a greater level of clinical care, when compared to 10 minute appointments.

Primary Care Commissioning Committee Paper PCCC14-16 outlined the process for the Primary Care Team to undertake a quarterly review of booking and access audit, identify areas for improvement and take action and to compare this to the Practice Implementation plans. The following actions to support practices and to provide assurances have been identified:

- Secret shopper of a range of practices in all groups to see how quickly lines are answered
- Devise capacity and demand audit that can be rolled out centrally to support practices to enable adequate staffing
- Practices being made aware of their fluctuating weighted list sizes, as practices have not reacted to increased weighted list sizes by increasing their appointments between quarters.
- Those practices not achieving band A are being followed up and will receive a visit

from the Primary Care Team and GP lead to discuss the delivery.

Consider how best to collect data with regards to practices that have open access appointments.

**Recommendation:** The CCG cannot run the automatic appointment report, therefore, to provide assurances about the delivery of the KPI we request that practices run a monthly appointment book report to show the number of appointments offered that month.

LCCG's Business Intelligent team will develop the audit and guidance to send to practices. The process will be tested prior to implementation.

Work is starting with Alder Hey and the clinical lead (Dr Peterson) with regards to exploring what support practices might need to reduce paediatric AED attendances, especially for the top five practices. Many practices have in place and this can be shared,

- Process for follow up of inappropriate attendances
- Use of Examine Your Options materials
- Posters in the waiting room and a system that ensures all under 5 can be seen on the same day and allowances for parents bringing children after work or school
- The availability of information for parents on the treatment of common childhood illnesses
- The availability of care at the chemist
- Parents being members on the practice patient participation groups

### 6.1.2 GP Specification ACS Admissions

| Indicator   | Narrative   |      |                   |   |    |
|---|---|------|-------------------|---|----|
| <p><b>ACS Admissions</b></p> <p>Rate per 1000 hospital weighted population for admissions for a selection of ACS conditions (Angina, Asthma, COPD and Influenza &amp; Pneumonia as primary diagnosis.)</p> <p><b>(NB: Note change to definition for 16/17)</b></p> <p><b>AMBER</b></p> <p>Band A 7.30</p> | <p>Since the start of the GP Specification there has been an overall reduction in the number of ACS admissions.</p> <p>The rate of ACS admission has decreased slightly since the baseline position 8.24 to 8.22 per 1000 weighted patients.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Band</th> <th>Numbers Achieving</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>37</td> </tr> </tbody> </table> | Band | Numbers Achieving | A | 37 |
| Band  | Numbers Achieving   |      |                   |   |    |
| A   | 37  |      |                   |   |    |

## **Assurance on CCG control measures**

The clinical focus of the July 2016 workshops was the management of hypertension as this has an impact on many ACS conditions. 55 Practices attended the locality based events. Sessions covered epidemiology, practical advice and sharing of best practice (including discussion of cholesterol management and pulse checks). A range of resources and support is now in place for all practices with a more targeted approach being taken for outliers.

8 practices identified for additional Beacon practice support offer (large practices in deprived areas to get maximum impact).

### **Key themes and actions**

1. Consideration of other disciplines being trained to do BP readings
2. Home BP monitoring protocols and advice for patients shared
3. Searches for patients hiding in plain sight developed
4. Practices to review call and recall
5. Use JBS3 with patients to illustrate lifetime risk and encourage adherence
6. Ensure staff have access to anaerobic sphygs
7. Share what works well tips
8. Collate learning from the events and share
9. Lead nurses to meet and agree feedback at citywide nurses meeting
10. Lead PMs to meet and agree feedback at PMs meetings
11. Produce a resources pack including searches and audits
12. NBHs to share results of audits
13. Markers of success - improvements in PCQF BP indicators

Blood Pressure - The clinical advisor has reviewed the 64 practices who remain below target for hypertension. Practices reported call and recall being 12 monthly, difficulty in getting patients to attend / return for follow up following a high reading, compliance with treatment and change in nurses as reasons for performance. One practice visited had been taken over by an interim provider had recently validated their register and can provide assurance that the register is now correct and are working on establishing a call and recall system.

Three practices are identified as significant outliers for BP control (PCQF 17, BP <150/90 L9 months) and they are to be contacted and visited.

Kensington neighbourhood has been targeted for simple telehealth (Florence) which offers practices the ability for patients to monitor their own BP at home and text in readings, due to all but 1 practice below threshold. Three practices have signed up with a request to use a health trainer model to support behaviour change. One practice is due to go live 15/09. Work is on-going to support the other practices in their set up.

COPD - A nurse education programme was launched in April 2016. Over 100 nurses signed up to the RCGP accredited respiratory e-learning programme. Pulmonary rehabilitation was a key area of focus at the launch event. A recent 1 day HCA and Assistant Practitioner respiratory workshop had a focus on case finding those undiagnosed with COPD. The new pulmonary rehabilitation service 'Breathe' launched in April 16 at June's market place event. 58 PNs and HCAs attended the session/re launch of the 'Breathe' programme at the Market Place event.

A 2nd citywide workshop is due to take place on 15th September 2016. Evaluation of the learning is planned later in the year.

Flu - The Merseyside Flu Task Group met in July and the Liverpool group was convened at the beginning of August. Practices have been identified across all cohorts that require specific support and a range of tools and resources (template letters, promotional materials etc) are being collated for circulation once the PGD is published nationally. The group includes CCG Primary Care staff (quality manager, nursing and practice management representation), Local Authority Public Health, PHE and LMC.

Asthma – The October Locality workshops will have a clinical focus on the management of asthma in General Practice for adults and children. Asthma is also a key focus of the aforementioned respiratory e-learning programme for nurses in general practice.

### 6.1.3 GP Specification Outpatient Referrals

| Indicator  | Narrative   |      |                   |   |    |
|--|---|------|-------------------|---|----|
| <p><b><i>Outpatient Referrals</i></b></p> <p>Rate per 1000 hospital weighted population for GP referred first Outpatient attendances to certain specialities (Dermatology, ENT, Rheumatology, Gynaecology, Urology, Vascular Surgery)</p> <p><b>(NB: Note change to definition for 16/17)</b></p> <p><b>AMBER</b></p> <p><b>Band A 63.48</b></p> | <p>Since the start of the GP Specification outpatient referrals have reduced year on year with a 17.10% reduction.</p> <p>The rate of first GP-referred OP appointments has saw a reduction in the first quarter of the year from the baseline position of 73.77 to 71.33.</p> <table border="1" data-bbox="809 1845 1295 1977"> <thead> <tr> <th>Band</th> <th>Numbers Achieving</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>30</td> </tr> </tbody> </table> | Band | Numbers Achieving | A | 30 |
| Band   | Numbers Achieving   |      |                   |   |    |
| A  | 30  |      |                   |   |    |

## Assurance on CCG control measures

Practices with the highest first outpatient attendances in the highest referring specialities of ENT and Gynaecology have been identified using 3SD to identify outliers. Practices with high discharged after first attendances have been identified. The following actions have been taken

- Breakdown ENT to adults and children
- Seminal analysis has been removed from gynaecology numbers as there was a contract change for 1516 whereby it was agreed that Liverpool Women's Hospital could charge for both partners at infertility clinic, this had inflated the activity.
- Practices identified to be invited to take part in a predesigned audit (similar to that of QP that practices will be familiar with), BI will provide the NHS numbers to NHS.net accounts for a 3 month period. Following the audit masterclasses will take place in November.
- Gynaecology – Does not appear to be an outlier against core cities so a look at the trend might be useful and to see impact of closure of the primary care gynae service
- Urology – planned care lead is in conversation with urologists over a number of issues
- Dermatology - 11 high referring practices and 23 average referring practices e-mailed to invite participation in a 12 month pilot of teledermatology

In addition to high referrers, those practices who are statistically high for the proportion discharged at 1<sup>st</sup> appointment and the proportion referred on a 2 week wait priority (within said specialties) have also been asked to participate.

RLBUHT and Liverpool CCG will be running a tele-dermatology pilot to understand if this can reduce inappropriate referrals into secondary care. If a patient presents to the GP with a lesion that the GP feels needs a secondary care opinion, the patient will be given an appointment with a dermatology-trained HCA who will photograph the lesion. The photographs / case history will be communicated to clinicians in RLBUHT who will make an assessment and either provide reassurance to the GP that no referral is necessary, or direct into secondary care if appropriate. The practices involved in the pilot are all those in the CCG who are statistically high referrers into Dermatology, along with a control group who are no statistically different from the city average.

Other areas under discussion

1. Consider again the roll of GPWSI
2. Despite daily referral meetings some practices frustrated that not hitting targets
3. Could patients referred for advice be counted differently
4. Different expectations of patients in different areas of the city
5. Litigation fears of not referring

6. Share good practice from those who have done well
7. Accelerate plans for telehealth
8. Share in house learning opportunities
9. Recent encouragement to refer to detect cancer early

### 6.1.4 Alcohol Consumption

| Indicator   | Narrative   |  |      |                   |   |    |
|---|---|--|------|-------------------|---|----|
| <p>Alcohol Consumption</p> <p>The percentage of patients who are 18+ who have alcohol intake recorded over the past three years</p> <p><b>YELLOW</b></p> <p>Band A 67%</p>  | <p>As at end July 2016, the proportion of patients drinking over recommended levels who had been offered a brief intervention had decreased slightly to 63.23% compared to the baseline 63.90%</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Band</th> <th>Numbers Achieving</th> </tr> </thead> <tbody> <tr> <td>A</td> <td>34</td> </tr> </tbody> </table> |  | Band | Numbers Achieving | A | 34 |
| Band  | Numbers Achieving   |  |      |                   |   |    |
| A   | 34  |  |      |                   |   |    |
| <p><b>Assurance on CCG control measures</b></p> <p>Practices have been identified who are currently not achieving any band, 11 of which have below 30% recorded as of June 16. All practices have been contacted to encourage recording and for the 11 practices identified a top tips guide is being compiled.</p> |   |  |      |                   |   |    |

### 6.1.5 Alcohol Brief Interventions

| Indicator   | Narrative   |  |      |         |  |  |
|---|---|--|------|---------|--|--|
| <p>Alcohol Brief Interventions</p> <p>The percentage of patients who are 18+ who have alcohol intake recorded over indicated levels who have been offered brief intervention</p> <p><b>YELLOW</b></p> | <p>As at end July 16, the proportion of patients drinking over recommended levels who had been offered a brief intervention had decreased slightly to 93.14% compared to the baseline 93.57%.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Band</th> <th>Numbers</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> </tr> </tbody> </table> |  | Band | Numbers |  |  |
| Band  | Numbers   |  |      |         |  |  |
|   |   |  |      |         |  |  |

|              |          |                  |
|--------------|----------|------------------|
| Band A 96.5% |          | <b>Achieving</b> |
|              | <b>A</b> | <b>28</b>        |

### Assurance on CCG control measures

LCAS training offer has been well received however those who have not yet booked on will have to wait until January for the training as the service have all available dates booked till then.

A 1 day RCGP accredited training programme took place on 6<sup>th</sup> September with 27 people in attendance. 10 (out of maximum number of 30 places) places remain on an additionally planned session in February 2017. Practices with either high admission rates or high prescribing rates for alcohol abuse will be targeted for this training.

### 6.1.6 Early Identification

| Indicator  | Narrative   |
|--|---|
| Early detection: Percentage of registered patients aged 40+ on the CHD register<br>Band A greater than 6.84%                 | At the end of July the CCG achievement was 7.70%  |
| Early detection: Percentage of registered patients aged 40+ on the Heart Failure register<br>Band A greater than 1.10%       | At the end of July the CCG achievement was 1.85%  |
| Early detection: Percentage of registered patients aged 40+ on the Stroke register<br>Band A greater than 2.89%              | At the end of July the CCG achievement was 3.81%  |
| Early detection: Percentage of registered patients aged 40+ on the Atrial Fibrillation register<br>Band A greater than 2.29% | At the end of July the CCG achievement was 3.68%  |
| Early detection: Percentage of registered patients aged 40+ on the Hypertension register                                     | At the end of July the CCG achievement was 29.00% |

|   |   |
|---|---|
| Band A greater than 24.16%  |   |
| Early detection: Percentage of registered patients aged 40+ on the COPD register<br>Band A greater than 4.22%     | At the end of July the CCG achievement was 6.84%  |
| Early detection: Percentage of registered patients aged 40+ on the Diabetes register<br>Band A greater than 7.89% | At the end of July the CCG achievement was 10.48% |
| <b>ALL GREEN</b>  |   |

### Assurance on CCG control measures

#### All achieved by the CCG

The Primary Care Team have developed a monthly reporting tool that identifies any trends in performance. The recruitment of a clinical advisor to support the Primary Care Team will assist to develop of support for practices. Each month the Primary Care Team is contacting practices to discuss their achievement of the GP Specification. The Business Intelligence have provided a suite of case finding audits available for practices to pull from the EMIS system to run in the practices.

### 6.1.7 Exception Reporting

| Indicator  | Narrative  |
|--|--|
| Quality and Outcomes Framework exception reporting. The percentage of exception reporting against register size on the key registers of CHD, Heart Failure, Stroke, Atrial Fibrillation, Hypertension, COPD and Diabetes<br>Band A less than 7.29% | At the end of March the CCG achievement was 4.48%<br>This indicator is only updated annually once the QOF indicators are published |
| <b>GREEN</b>   |  |

### Assurance on CCG control measures

This indicator is only updated annually once the QOF indicators are published

### 6.1.8 Palliative Care

| Indicator  | Narrative                                       |
|--|---|
| Practices are required to demonstrate adherence to the Gold Standards Framework  | All practices achieve this indicator in 2015/16 |
| <p><b>Assurance on CCG control measures</b></p> <p>The recruitment of a clinical advisor to support the Primary Care Team will assist to develop of support for practices. Each month the Primary Care Team is contacting practices to discuss their achievement of the GP Specification.</p> <p>Practices only submit their evidence at year end.</p> |   |

### 6.1.9 Dementia

| Indicator   | Narrative                                       |
|---|---|
| Practice to establish a process to complete annual reviews for patients diagnosed with Mild Cognitive Impairment  | All practices achieve this indicator in 2015/16 |
| <p><b>Assurance on CCG control measures</b></p> <p>Following on from the GP Specification validation process all practices will be contacted to remind them of the requirements of the KPI, with the offer of support from the LCCG Mental Health Clinical Leads.</p> |   |

### 6.1.10 Children's Vaccinations and Immunisations

| Indicator  | Narrative   |
|--|---|
| Combined percentage achievement for DTaP/IPV/Hib at 1 year, MMR1, PCV booster, Hib/MenC at 2 years<br><br>Band A 95% | At the end of July 16 the CCG achievement has decreased to 92.19% compared to the baseline position of 92.96% |

|   |  |
|---|--|
| <b>AMBER</b>  |  |
| <p>Combined percentage achievement for MMR2 at 5 years and DTaP/IPV preschool booster</p> <p>Band A 95%</p> <p><b>AMBER</b></p>   | <p>At the end of July 16 the CCG achievement has decreased to 88.72% compared to the baseline position of 88.91%</p> |
| <p><b>Assurance on CCG control measures</b></p> <p>Project manager (CNS) in place and reporting to Immunisation Transition and operations group.</p> <p>Interim providers shared with project manager and actions agreed from GP spec implementation plans, this will be shared with practice managers at their meetings as part of top tips. Master class for defined group of practices being planned for end Q3.</p> <p>Coverage analysed monthly and contact made with practices with low coverage and action plan put in place. Practices with queues being worked with and visited to understand the immunisation capacity need to clear. Continuing and considerable input is required at this stage to recover uptake including cleansing of data, queue management, follow up with Active Patient Management Team, domiciliary visits.</p> |  |

### 6.1.11 Medicines Management

| Indicator   | Target                       | Current Achievement   | Number of practice at band A |
|---|------------------------------|---|------------------------------|
| Medicines Management the percentage of patients on Warfarin who have had an INR result in the last 4 months | Greater than or equal to 90% | At the end of July the CCG achievement was 93.853%<br><b>Achieved</b> | 70                           |
| Medicines Management the  | Greater                      | At the end of   | 30                           |

|  |                             |   |    |
|--|-----------------------------|---|----|
| percentage of patients on Lithium who have had their Lithium levels recorded in the last 4 months                                    | than or equal to 90%        | July the CCG achievement was 72.10%               |    |
|  |                             | <b>Not Achieved</b>                               |    |
| Medicines Management the percentage of patients on Lithium prescribed a Thiazide   | Less than or equals to 1.5% | At the end of July the CCG achievement was 1.17%  | 81 |
|  |                             | <b>Achieved</b>                                   |    |
| Medicines Management the percentage of Dementia patients prescribed an Anti-psychotic  | Less than or equals to 5%   | At the end of July the CCG achievement was 12.54% | 22 |
|  |                             | <b>Not Achieved</b>                               |    |
| Medicines Management the percentage of Asthma patients prescribed a non-cardio specific beta blocker                                 | Less than or equals to 0.2% | At the end of July the CCG achievement was 0.84%  | 21 |
|  |                             | <b>Not Achieved</b>                               |    |
| Medicines Management the percentage of Addison disease patients prescribed a Thiazide  | Less than or equals to 1%   | At the end of July the CCG achievement was 0.97%  | 71 |
|  |                             | <b>Achieved</b>                                   |    |
| Medicines Management Antibiotic Prescribing: 5% reduction against the practice's 2015-16 baseline or achievement of national average | National average 48.54      | At the end of July the CCG achievement was 50.35  | 3  |
|  |                             | <b>Not Achieved</b>                               |    |
| Prescribing for type 2 diabetes should avoid risk of hypoglycaemia - T2D on insulin with 2 or more hypo in 12 months                 |                             |   |    |

|  |           |  |   |
|--|-----------|--|---|
| - T2D on SU with 2 or more hypo in 12 months<br><br>Resulting in a hospital admission                      |           |  |   |
| A target of 5% reduction in costs for a combination of pregabalin/oxycodone/buprenorphine patches/fentanyl | £3,029.06 |  | 4 |

## Assurance on CCG control measures

### Anticoagulation

The Medicines Management Team carried out a programme to review patients with AF and initiate anti coagulation, where appropriate. Currently approximately 7200 patients are being managed by the Liverpool Anticoagulation Service, a population that has risen from 5200 when the LAS was commissioned in 2014.

Average Time in Range (the standard high level quality indicator) is stable at 70% which is considered acceptable. As Liverpool Community Health, the contract holder, will be disestablished in April 2017, the community anticoagulation service is currently being re-procured with the intention of a new provider being in place from March 2017.

### Prescribing indicators

MOC has developed a prescribing indicator dashboard which will be used at neighbourhood meetings by MMT or lead GPs to ensure that practices are aware of their position against target. The MOC will prioritise contact from GP prescribing leads to practices not hitting multiple indicators.

A number of practices submitted a rationale for non-achievement of indicators for antipsychotics, non-selective beta-blockers and Addison's disease. Patients not meeting the criteria have been reviewed and prescribing is unlikely to change. The MOC will propose that target

thresholds be amended to the Liverpool average at April 2016 to reflect this and avoid the need for validation on the same populations.

Guidance on the initial prescribing of analgesics has been developed and distributed by the MOC. Guidance on review and withdrawal is under development.

### 6.1.11 Significant Event Analysis

| Indicator   | Narrative   |
|---|---|
| <p>Practices with a list size less than 3,500 (weighted) to complete 3 clinical significant events</p> <p>Practices with a list size less than 3,500 (weighted) to complete 5 clinical significant events</p>   | <p>The data is currently being collected for the GP Specification validation submissions.</p> |
| <p><b>Assurance on CCG control measures</b></p> <p>The Primary Care Team have offered support to all practices to establish processes to embed SEA reviews into practice.</p> <p>The Primary Care Team will be summarising the themes from the SEAs after the validation appeals are completed.</p> |   |

## 7. CQC REPORTS

Where providers are not meeting essential standards, the CQC has a range of enforcement powers to protect the health, safety and welfare of people who use the service (and others, where appropriate). When the CQC propose to take enforcement action, the decision is open to challenge by the provider through a range of internal and external appeal processes. The following updates are provided in relation to recent CQC inspection activity locally:

### 7.1 CQC Inspections of Liverpool GP Practices

Since the last reporting period a total of 15 Liverpool practices reports have been published:

### **7.1.1 Anfield Group Practice (Dr Abdi) – Overall Rating ‘Good’**

The CQC carried out an announced comprehensive inspection at Dr Syed Abdi’s practice on 23<sup>rd</sup> March 2016. Overall the practice is rated as ‘Good’. Key findings from the inspection report are summarised below:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events;
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. However, the records made of such events required improvement;
- Staff assessed patient’s needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment;
- Information about services and how to complain was available but required improvement in order to be easily understood;
- The practice must ensure that full and comprehensive information is available for all staff members, including satisfactory documentary evidence of their professional registrations, fitness to practice and records of their completed training.

The full inspection report can be downloaded from the CQC website:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAE3748.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAE3748.pdf)

### **7.1.2 Abingdon Family Health Care Centre (Dr El-Sayed) – Overall Rating ‘Good’**

An announced comprehensive inspection took place at Dr. Fatma El-Sayed’s practice (Abingdon Family Health Care Centre on 12<sup>th</sup> April 2016. Overall the practice was rated as ‘Good’ but with a rating of ‘Requires Improvement’ against the domain of “Are Services Effective?” A summary of the report’s key findings are as follows:

- There is an open and transparent approach to safety and a system in place for reporting and recording significant events;
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses;
- Data showed that outcomes for patients at this practice were similar to outcomes for patients locally and nationally;

- The practice must provide a risk assessment with timescales for summarising new patients records, this is due to a nearby practice closing;
- The practice should ensure that staff are not allowed to work before a Disclosure and Barring Service check has been undertaken or a risk assessment completed to evidence why a DBS check was not carried out.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF2839.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF2839.pdf)

### **7.1.3 Earle Road Medical Centre (Dr Noorpuri) – Overall Rating ‘Good’**

Earle Road Medical Centre underwent a comprehensive inspection on 19th April 2016 and was rated overall as ‘Good’. Key findings from the inspection report are summarized below:

- Staff assessed patients’ needs and delivered care in line with current evidence based guidance;
- Patients said they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment;
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day;
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on;
- The practice should provide written information in different languages to meet the profile of the patient population.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAE6124.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAE6124.pdf)

### **7.1.4 Walton Village Medical Centre (Dr Razvi) – Overall Rating ‘Requires Improvement’**

The CQC inspection of Walton Village Medical Centre took place on 25<sup>th</sup> April 2016 which resulted in an overall rating of ‘Requires Improvement’.

The practice was rated as 'Good' for 'Safe' and 'Caring' but received 'Requires Improvement' against 'Safe' and 'Well Led'. Key findings across the main areas inspected are as follows:

- The practice nurse had retired and the practice had struggled to recruit a new nurse for over 12 months and had relied on local community nursing teams. A new nurse had joined the practice on the day of the inspection;
- The practice premises were in need of refurbishment but plans were on hold as the practice was in the process of exploring options to move to new premises;
- The practice had recently employed a cleaning company but no monitoring systems or risk assessments were in place to ensure national guidance for cleaning of premises was being followed;
- No infection control audits had been completed since 2013;
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF2541.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF2541.pdf)

#### **7.1.5 Townsend Medical Centre (Dr Singh) – Overall Rating 'Good'**

An announced comprehensive inspection was carried out at Townsend Medical Centre on 5th May 2016. Overall the practice was rated as 'Good' with the same rating applied across all areas of inspection. Key findings across the areas inspected are as follows:

- Systems were in place to mitigate safety risks including analysing significant events and safeguarding;
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment;
- The practice sought patient views about improvements that could be made to the service; including having a PPG and acted, where possible on feedback;
- Many of the staff had worked at the practice for a long time and knew the patients well. Staff worked well together as a team and all felt supported to carry out their roles;
- The practice needs to update patient's information for complaints to include who the patient should contact if they are unhappy with how the practice dealt with their complaint.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF3069.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF3069.pdf)

#### **7.1.6 Picton Green Medical Centre (Dr Dhulipala) – Overall Rating ‘Good’ (re-inspection – Initial inspection October 2014)**

The CQC carried out an announced comprehensive inspection at the practice on the 1st October 2014 and at the time the practice was rated as ‘Good’. However, breaches of a legal requirement in relation to staffing and recruitment were also found during the course of the inspection and the practice subsequently had to provide written assurances to the CQC describing how they would meet the specific legal requirements set out in the Health and Social Care Act (HSCA) 2008. A focused review of Picton Green was conducted on 5<sup>th</sup> May 2016 to check whether the practice had completed the improvements identified. Key findings across the focussed areas inspected are as follows:

- All staff had been DBS checked;
- Staff files were updated with photographic identification and contact details;
- Staff files also included an up-to-date employment contract for each staff member;
- All staff had received infection control training;
- Patient Group Directives (PGD) were well managed to ensure the safe administration of relevant medicines by appropriately qualified staff;
- The practice had obtained an Oxygen cylinder and all practice staff had been trained to access the Oxygen cylinder.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF4967.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF4967.pdf)

#### **7.1.7 Rocky Lane Medical Centre (Dr Artioukh) – Overall Rating ‘Requires Improvement’ (re-inspection – initial Inspection October 2014)**

The CQC carried out an announced comprehensive inspection at Rocky Lane Medical Centre on 29th October 2014 and the practice was rated as good. However, breaches of legal requirements were also found and

practice was asked to make a number of improvements in the domain of 'SAFE' due to concerns in relation to electrical Testing, availability of emergency drugs and the lack of defibrillators/oxygen available at the premises. The key findings from the follow-up inspection report are summarised below:

- Arrangements were put into place to ensure that GPs had access to emergency drugs for use in a patient's home;
- Equipment was available to respond appropriately to a sudden deterioration in a patient's health and a medical emergency;
- The practice still requires a defibrillator;
- Improved systems had been put into place to ensure that staff were not allowed to undertake a chaperoning role without the necessary checks having been received.

The full inspection report can be downloaded from the CQC website: [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF5066.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF5066.pdf)

#### **7.1.8 Mather Avenue Medical Centre (Dr Hargreaves) – Overall Rating 'Good'**

The CQC carried out an announced inspection at Mather Avenue Medical Centre on 19<sup>th</sup> May 2016 and rated the practice as 'Good'. Key findings across all areas inspected are as follows:

- Patients felt they were treated with compassion, dignity and respect and were involved in their care;
- The practice team had a good skill mix with GPs having a range of clinical expertise;
- The practice had a diverse system for appointments including open access system every morning with a designated slot for very young children;
- The nurse clinician took a lead role for revalidation of nurses in Liverpool;
- One session per week is dedicated for one of GP partners to work on quality improvement.

The full inspection report can be downloaded from the CQC website: [http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF4027.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF4027.pdf)

#### **7.1.9 Bigham Road Medical Centre (Dr Ramamoorthy) – Overall Rating 'Good'**

An announced comprehensive CQC inspection was carried out at Dr S Ramamoorthy's practice on 19<sup>th</sup> May which resulted in an overall rating of 'Good'. The key findings of the inspection are summarised below:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events;
- Risks to patients were assessed and well managed, apart from those relating to the premises;
- Information about services and how to complain was available and easy to understand;
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care;
- The provider should review their policy for allowing staff to work for a probationary period without completing a DBS check.

The full inspection report can be downloaded from the CQC website:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF2873.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF2873.pdf)

#### **7.1.10 Westminster Medical Centre (Dr Singh) – Overall Rating 'Good'**

The practice underwent an announced inspection on 15<sup>th</sup> June 2016 and received an overall rating of 'Good' and an 'Outstanding' rating for providing services to vulnerable patients. The key findings of the inspection are summarised below:

- Patients' needs were assessed and care was planned and delivered in line with current legislation;
- Information about services and how to complain was readily available;
- The practice was aware of the challenges that a very economically deprived area presented, with food tokens made available from the practice;
- A designated member of staff was responsible for contacting vulnerable patients to ensure their health needs were met;
- The practice needs to update information for patients on how to make a complaint by including the correct contact details for NHS England.

The full inspection report can be downloaded from the CQC website:

[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF1658.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF1658.pdf)

### **7.1.11 Westmoreland Medical Centre (Dr Cavadino) – Overall Rating ‘Good’**

Westmorland GP Centre is situated within the grounds of Aintree Hospital and underwent inspection on 17<sup>th</sup> June 2016. Although an overall rating of ‘Good’ was awarded, the inspection team noted that it required improvement for providing safe services. The key findings of the inspection are summarised below:

- Staff worked well together as a team and all felt supported to carry out their roles;
- System in place to mitigate safety risks including analysing significant events and safeguarding;
- Patient’s needs were assessed and care was planned and delivered in line with current legislation;
- Provider must ensure that the documentation for practice nursing staff to carry out vaccinations is completed;
- The provide should monitor stock an expiry dates for emergency medication is kept in the GP rooms;
- The premises were in need of redecoration and refurbishment. The reception area was too cramped for reception staff and signage for patients to direct them to the correct consultation room was confusing. The practice did have a ramp and wheelchair, but disabled patients would require assistance to enter the building. It was acknowledged that that the practice were exploring options and with the hospital estates management to discuss refurbishment plans.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF4785.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF4785.pdf)

### **7.1.13 Moss Way Medical Centre (Dr Kukaswadia) –Overall Rating ‘Good’ (re-inspection)**

The CQC carried out an announced comprehensive inspection of the practice on 7<sup>th</sup> January 2016 during which breaches of legal requirements were identified in relation to safe care and treatment. A focused re-inspection was carried out on 4<sup>th</sup> July 2016 to confirm that the practice had completed all remedial actions required and were now compliant with legal requirements. The key findings of the follow-up inspection are summarised below:

- The practice had addressed the breaches of regulations;
- Risk assessments for health and safety had been carried out and action had been taken against the risks identified such as gas, electrical and fire safety.
- Oxygen was available for medical emergencies;
- Business Contingency Plans had been updated

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF6206.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF6206.pdf)

#### **7.1.14 Speke Neighbourhood Health Centre (Dr Thakur) Overall Rating ‘Good’**

The practice underwent an announced comprehensive inspection on 28<sup>th</sup> June 2016, receiving an overall rating of ‘Good’ and a rating of ‘Requires Improvement’ for ‘Safe’ services. The key findings of the follow-up inspection are summarised below:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Patients’ needs were assessed and care was planned and delivered following best practice guidance;
- Patients were positive about the care and treatment they received from the practice;
- Improvements were needed to the security of prescription pads, the availability of oxygen and the training records kept for GP locums;
- The provider must ensure that they have robust procedures and processes for the safeguarding of vulnerable adults and children. This must include the required training level suitable to all staff roles at the practice.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAE6106.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAE6106.pdf)

#### **7.1.15 Ellergreen Medical Centre (Dr Redmond) – Overall Rating ‘Good’ (re-inspection)**

The CQC originally inspected the practice on 12<sup>th</sup> November 2015 where a number of breaches of legal requirements were found in the domain of ‘Safe’ and ‘Well led’. After the practice confirmed to the CQC what

remedial actions it would be taking, a focussed re-inspection was carried out on 28<sup>th</sup> June 2016 which confirmed that the breaches of regulations (and other issues identified during the previous inspection) had been addressed and the following improvements had been made:

- A new system was in place to ensure Health and Safety legislation compliance;
- A system was now in place which would ensure adherence to national guidelines for the cleaning of premises;
- The practice's Training Matrix had been renewed and kept updated on a monthly basis;
- There was now a formalised practice plan and all staff were involved in discussions about policies and protocols at protected learning events;
- The practice had employed a pharmacist to support with high level of hypnotic medication prescribing.

The full inspection report can be downloaded from the CQC website:  
[http://www.cqc.org.uk/sites/default/files/new\\_reports/AAAF6267.pdf](http://www.cqc.org.uk/sites/default/files/new_reports/AAAF6267.pdf)

## **8. GMS/PMS/APMS CONTRACTS**

Each of the 93 Liverpool GP practices hold either a General Medical Services (GMS), Personal Medical Services (PMS) or an Alternative Provider Medical Services (APMS) contract.

There are:

- GMS 76 contracts.
- PMS 5 (-1) contracts.
- APMS 5 (-7) contracts
- GMS time limited 7 (+7)

### **8.1 Contract Requirements**

#### **8.1.1 Patient Participation Groups**

No update for this reporting period

#### **8.1.2 Friends and Family Test**

It is a requirement that each month GP practices submit their previous months Friends and Family Test results onto CQRS by the 12<sup>th</sup>. E.g. June's data had to be entered onto CQRS by the 12<sup>th</sup> July.

At the end of June 27 practices failed to submit their figures by the deadline, this is an increase from the 19 practices who failed to submit in the last reporting period.

At the end of July 35 practices failed to submit their figures by the deadline.

9 practices have failed to submit all four submissions in 2016/17.

### **Assurance on CCG control measures**

The Primary Care Team have been following the national guidance and have been reminding practices of their requirements. The primary care team have also provided to practices a list of the dates that the submissions have to be entered onto the CQRS system. Delivery of this core contract requirement will be discussed at the annual core contract meetings.

#### **8.1.3 Patients having Access to their Medical Records**

No update for this reporting period

#### **8.1.4 Publication of GP Incomes**

No update for this reporting period

### **8.2 Contract Variations**

#### **8.2.1 Contract Extensions**

No update for this reporting period

#### **8.2.2 Interim Providers**

No update for this reporting period

#### **8.2.3 Partnership Changes**

Since June 2016 the CCG has received three requests for contract variation for new partnership joining contracts. There have been two contract variations for practices when a partner has left.

#### **8.2.4 Boundary Changes**

No update for this reporting period

#### **8.2.5 Practice Mergers**

Two contracts will merge on the 1<sup>st</sup> October 2016.

#### **8.3 Contract Sanctions**

No update for this reporting period,

#### **8.4 Practices asking to close list size**

No update for this reporting period

#### **8.5 Practices asking to close**

No update for this reporting period

### **9. COMPLAINTS**

General Practice complaints have not transferred from NHS England to the CCG as part of the transitional programme; therefore, there is nothing to report at the time of this report.

### **10. FINANCE –**

The current 2016/17 position as at the 31<sup>st</sup> August 2016 in respect of delegated Primary Care budgets was an overspend of £1,525,000 on a total budget of £61.7m.

Primary Care Delegated Budget Position as at 31st August 2016

| Description                                   | YTD Budget<br>£'000 | YTD Actual<br>£'000 | YTD Variance<br>£'000 | Annual Budget<br>£'000 | Forecast Outturn<br>£'000 | Forecast Variance<br>£'000 |
|---|---------------------|---------------------|-----------------------|------------------------|---------------------------|----------------------------|
| Enhanced Services                             |                     | 956                 |                       |                        | 2156                      |                            |
| General Practice - GMS                        |                     | 15868               |                       |                        | 35173                     |                            |
| General Practice - PMS                        |                     | 991                 |                       |                        | 2378                      |                            |
| Other - GP Services                           |                     | 840                 |                       |                        | 1970                      |                            |
| Other List-Based Services (APMS ind.)         |                     | 2672                |                       |                        | 6412                      |                            |
| Other Premises costs                          |                     | 319                 |                       |                        | 766                       |                            |
| Premises cost reimbursements                  |                     | 974                 |                       |                        | 2213                      |                            |
| Primary Care NHS Property Services Costs - GP |                     | 1719                |                       |                        | 4126                      |                            |
| QOF   |                     | 2933                |                       |                        | 6601                      |                            |
| <b>Total</b>                                  | <b>25747</b>        | <b>27272</b>        | <b>1,525</b>          | <b>61793</b>           | <b>61793</b>              | <b>-0</b>                  |

The current 2016/17 position as at the 31<sup>st</sup> August 2016 in respect of delegated Primary Care Prescribing budget was an overspend of £1,758, 869 on a total budget of £87.5m

| Name                                | budget (£)        | Budget            | Actual            | Variance         | Outturn           | Variance  |
|-------------------------------------|-------------------|-------------------|-------------------|------------------|-------------------|-----------|
| Charges from CSU                    | 7,692             | 3,205             | 0                 | (3,205)          | 7,692             | 0         |
| Prescribing                         | 86,205,843        | 35,919,100        | 37,804,203        | 1,885,103        | 86,263,713        | 57,870    |
| C&M-PMS Cost of Drugs -Prescribing  | 333,630           | 139,015           | 14,857            | (124,158)        | 105,423           | (228,207) |
| C&M-APMS Cost of Drugs -Prescribing | 0                 | 0                 | 941               | 941              | 0                 | 0         |
| C&M-GMS Cost of Drugs -Prescribing  | 778,470           | 324,365           | 241,015           | (83,350)         | 948,807           | 170,337   |
| Computer Software/License           | 217,365           | 92,820            | 176,358           | 83,538           | 217,365           | 0         |
|                                     | <b>87,543,000</b> | <b>36,478,505</b> | <b>38,237,374</b> | <b>1,758,869</b> | <b>87,543,000</b> | <b>0</b>  |

Work is underway between the Primary Care Team and the Finance Department to monitor and address the budget overspend.

## 11. STATUTORY REQUIREMENTS (only applicable to strategy & commissioning papers)

**11.1 Does this require public engagement or has public engagement been carried out? N/A**

**11.2 Does the public sector equality duty apply? N/A**

**11.3 Explain how you have/will maximise social value in the proposal: describe the impact on each of the following areas showing how this is constructed to achieve the most:**

**11.3.1.1 Economic wellbeing**

**11.3.1.2 Social wellbeing**

**11.3.1.3 Environmental wellbeing**

**11.4 Taking the above into account, describe the impact on improving health outcomes and reducing inequalities**

**11.5 DESCRIBE HOW THIS PROMOTES FINANCIAL SUSTAINABILITY**

## **12. CONCLUSION**

Over the next three months the focus will be to address the use of resources including AED, ACS and secondary care referrals services. Practices who are statistical outliers have been invited to participate in an audit of referrals and then attend a masterclass in November where Peer Review can be discussed and ways of managing problems within those specialties can be explored.

## **13. RECOMMENDATIONS**

That Liverpool CCG Primary Care Commissioning Committee:

- Notes the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance
- Approves the proposal to change the monitoring of the access KPI, refer to page 13 as detailed in the narrative.