

**NHS LIVERPOOL CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
Minutes of meeting held on Tuesday 20TH DECEMBER 2016 at 10AM
BOARDROOM, THE DEPARTMENT**

Present:

Voting Members:

Dave Antrobus (DA)	Governing Body Lay Member – Patient Engagement (Chair)
Katherine Sheerin (KS)	Chief Officer
Prof Maureen Williams (MW)	Lay Member for Governance/Deputy Chair of Governing Body
Cheryl Mould (CM)	Primary Care Programme Director
Nadim Fazlani (NF)	GP Governing Body Chair
Paula Finnerty (PF)	GP – North Locality Chair
Dr Rosie Kaur (RK)	GP Governing Body Member/Vice Chair
Jane Lunt (JL)	Chief Nurse/Head of Quality
Tom Jackson (TJ)	Chief Finance Officer

Co-opted Non-voting Members:

Rob Barnett (RB)	LMC Secretary
Moira Cain (MC)	Practice Nurse Governing Body Member
Sarah Thwaites (ST)	Healthwatch
Tina Atkins (TA)	Governing Body Practice Manager Co-Opted Member

Advisory Non-voting Members:

Mark Bakewell (MB)	Deputy Chief Finance Officer
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In attendance:

Colette Morris (CMo)	Locality Development Manager
Tom Knight (TK)	Head of Primary Care – Direct Commissioning NHS England
Hannah Hague (HH)	Healthy Liverpool Programme Lead: Urgent & Emergency Care
Paula Jones	Committee Secretary

Observing:

Laura Middleton	PriceWaterhouseCoopers
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Apologies:

Dr Adit Jain (AJ)	Out of Area GP Advisor
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Sandra Davies (SD)
Simon Bowers (SB)
Scott Aldridge (SA)

Director of Public Health
GP/Governing Body Clinical Vice Chair
Primary Care Co-Commissioning Manager

Public: 2

PART 1: INTRODUCTIONS & APOLOGIES

The Chair welcomed everyone to the meeting and introductions were made. It was highlighted that the public were in attendance but any questions they wished to raise needed to be done via the public Governing Body meeting in writing.

1.1 DECLARATIONS OF INTEREST

There were none made specific to the agenda.

1.2 MINUTES AND ACTIONS FROM PREVIOUS MEETING ON 18TH OCTOBER 2016

The minutes of the 18th October 2016 were approved as accurate records of the discussions which had taken place subject to the following amendments:

- The date of the next meeting was 20th December 2016 as the November meeting was cancelled. The minutes would be changed to clarify this.

1.3 MATTERS ARISING NOT ALREADY ON THE AGENDA – Verbal

1.3.1 It was noted that all the actions from the previous meeting were on the agenda.

1.3.2 Re Action Point Four JW clarified the matter in the minutes for item 4.1 Primary Care Performance Report in which Walton Village Medical Centre was reported as being “Good” for Safe and Caring and then “Requires Improvement” for Safe in the report submitted to the Primary Care Commissioning Committee and about which the members had asked for clarity. She noted that Walton Village Medical Centre “Required Improvement” re the domains of “safe” and “Well Led” and Walton Medical Centre was rated as “Good”. The Primary Care Team

was working through an action plan with Walton Village Medical Centre.

The Primary Care Commissioning Committee:

- **Noted the issues raised under matters arising.**

PART 2: UPDATES

2.1 PRIMARY CARE SUPPORT SERVICES – VERBAL

TK updated the Primary Care Commissioning:

- Work was on-going with Capita re the implementation plans for the improvement to service.
- There had been positive movement overall in most areas but there were still causes for concern.
- Patient Data: additional staff had been recruited to meet recovery actions.
- Medical Records: there had been improvement, there were issues nationally, new couriers were in place and a great deal of work carried out around reconfiguration but there were still issues, however not as many as before.
- Performers List – there was a significant focus on the backlog, all GP Registrars for 2015/16 were not on the Performers List, there had been a great deal of hard work to achieve this positive result.
- Optometrists – work was on-going nationally re payments, etc.
- Dentistry – there were Performers List issue and NHS England had looked at extending the window period for Dental registration.
- Locally NHS England had taken back GP Retention for new GPs therefore putting capacity back into Capita who would be free to concentrate on the bigger issues.
- GP Payments – there were still issues and NHS England was working closely with the Capita Finance Team.

- Customer Support Centre Leeds: this had now been significantly re-designed and additional assurance given by Capita about better database management and quality of information. Locally however there were still reports of dissatisfaction. Nationally 50% of calls were being resolved the same day. The comments raised by RB had been escalated to the national commissioning team around conversation with Capita being one way only and that Capital needed to be more pro active, additional offices had been opened in Blackburn.
- Supplies: this seemed stable both locally and nationally.

RB felt that the report from TK was fair and that matters were moving in the right direction, however there was great frustration among the Practice Managers and delays in payments to practices could cause severe cash flow problems. There were also issues still with the couriers that they would collect from branch surgeries but would not deliver to them.

TA commented that lack of “noise” from practices did not mean that there had been improvement, there were still delays on the transfer of medical records however practices were finding ways to work around the difficulties which resulted in a higher workload. ST added that the Capital Communications Team did not respond to queries from Healthwatch.

KS asked what the Primary Care Commissioning Committee role should be in this matter in keeping up the pressure on NHS England and reducing the impact on practice staff with regards to their own performance monitoring. It was noted that the CCG had already written officially to NHS England and there had been some improvement but not enough. MW expressed concern that Capita had not been creative in trying to find their own solutions to the problems. She asked if this should be referred to the NHS England Audit Committee. KS asked about involving local MPs and informing them of the difficulties practices were working under in the light of potential patient safety issues with their constituents. It was noted that Luciana Berger Chaired the Select Committee for Health. NF had a meeting with Luciana Berger in the diary for January 2017 and would use that opportunity to raise the issue with her. TK responded that the NHS England Executive Director was leading on this. A local CCG had carried out a survey and asked if the Primary Care Team at the CCG wanted to do something similar with practices and then the responses could be

shared which would be a useful tool. CM agreed that this should be co-ordinated by TA and the practices.

TK also noted that Dr Raj Patel, Medical Director at NHS England Lancashire & Greater Manchester, was looking at the impact on patient safety. It was agreed that Liverpool CCG would feed through their concerns to him.

The Primary Care Commissioning Committee:

- **Noted the verbal update.**

2.2 FEEDBACK FROM SUB-COMMITTEES – REPORT NO: PCCC 30-16

- **Medicines Management Optimisation Sub-Committee – PCCC 30a-16**

JW updated the Primary Care Commissioning Committee on matters discussed at the meetings in November and December 2016:

- ✓ Effective Use of prescribing resource – Phase One savings extended until end of March 2017. Additional drugs had been added to the pilot programmes and rollout of Phase 2 delayed from January 2017 to April 2017.
- ✓ Prescribing Rebate Scheme – this would generate £150k per annum from Seratide.
- ✓ Transfer of prescribing from Secondary Care of Irrigation Pumps – this needed to go back to being the responsibility of Secondary Care and not be prescribed by General Practice.
- ✓ Governance of Non-Medical Prescribers re Liverpool Community Health – governance process to go to Medicines Management Optimisation Sub-Committee for review and to give assurance to the CCG that appropriate measures were in place.

KS asked why only three of the nine pilot sites were to go ahead re the Phase Two savings. The response was that there would be all nine going ahead but only three at present were ready to proceed. KS asked for PJ to provide a more detailed update on

progress at the next meeting on each Phase and where progress was up to.

KS queried the issue of Irrigation Pumps. PF explained that this was mostly for patients with spinal injuries and that the expertise required was outside of the GP's remit. KS asked about how to take the discussions forward with Secondary Care. TJ referred to the contracting process currently being undertaken for sign off before Christmas and using it for clarity on where responsibilities lay with a clinically led joint approval between Secondary Care and Primary Care re prescribing.

MW pointed out the disparity of prescribing between geographical areas. RB noted that not in Liverpool, but in other areas GPs had no control over switching medication prescribed by Secondary Care i.e. from branded to generic. NF added that with high cost drugs prescribing there were clear clinical pathways which should be adhered to by Secondary Care.

- **Primary Care Quality Sub-Committee – PCCC 30b-16**

RK updated the Primary Care Commissioning Committee on the meeting held in October 2016:

- ✓ Locality Meetings were now quarterly and attended by the CCG Leads only not the Programme Leads. There had been two meetings focussing on hypertension and asthma and one was coming up on prescribing. Feedback from the new style meeting was very positive and GPs were well engaged.
- ✓ Liverpool Quality Improvement Scheme – Minor Surgery: Liverpool had its own Local Enhanced Service which did not align with the dermatology re-design. A full review of the current scheme was to be undertaken, this follow due processes within the CCG Governance.
- ✓ Digital Roadmap – Primary Care Transformation – there had been a well-attended members' Event. The GP Forward View needed to signal plans for e-consultation and e-bookings.

The Primary Care Commissioning Committee:

- **Considered the report and recommendations from the Sub-Committees**

PART 3: STRATEGY & COMMISSIONING

There were no items for discussion under this section.

PART 4: PERFORMANCE

4.1 PRIMARY CARE PERFORMANCE REPORT - REPORT NO: PCCC 31-16

RK presented the performance report to the Primary Care Commissioning Committee and highlighted:

- General Practice Patient Survey – the Primary Care Team were working with the lower performing practices.
- E-referrals: performance was Red and was part of the Quality Premium, to improve this work was required with the trusts, to improve their Directory of Services and slot utilisation issues. The Planned Care Team was meeting in January 2017 with all trusts and working closely with them to improve their Directory of Services.
- Access: provision of 80 appointments per 1,000 weighted practice population per week target was met by 78 practices. Work was ongoing to produce an automated system to produce the data on appointments. It was noted that six practices were currently part of a pilot with EMIS and hopefully the automated system could be rolled out before April 2017.
- Ambulatory Care Sensitive ('ACS') Admissions: 'Flu Group was meeting and would continue to resource practices. Pulmonary Rehabilitation referrals in one practice had gone from 10% to 100% thanks to the hard work of the Primary Care Team.
- Outpatient Referrals: there had been an improvement although there were issues with Urology. The Teledermatology pilot had not yet commenced, this should have been started before Christmas and the issue had been escalated to the Community Board.

- Alcohol Consumption – patients being offered brief interventions due to their level of alcohol intake had decreased.
- Vaccinations and Immunisations: relatively stable, the vaccination lead was visiting all practices to help them manage their lists.
- Medicines Management – 4 practice targets were not achieved: monitoring of lithium levels, antipsychotics in dementia, beta blockers in asthma, thiazides in Addison's disease. It was noted that prescribing was driven by specialist services. All patients had been reviewed in 2015-16 and primary care was unable to have a further impact on numbers. The CCG was not currently meeting the target for 5% antibiotic reduction against baseline.

KS noted that it was good to see the number of practices achieving Band A for ACS Admissions. CM added that there were 31 practices achieving Band A, it was agreed that for the next few months the focus would be on COPD and Blood Pressure so hopeful this would increase to approximately 50 practices in Band A.

With regard to the Teledermatology Pilot KS agreed to chase this up with John Graham, Finance Director at the Royal Liverpool Hospital.

MB referred to the Financial Recovery Plan and that it was only by March 2017 that we would be in a position to now the financial position.

PF asked if "Advice and Guidance" was live now or to go live in April 2017. RK responded that it should be live now as the technology was ready but currently there was no one at the trust end to respond.

JL referred to Significant Event Analysis, it was felt that this should align to the Serious Incident Reporting. RK noted that there was a new Chair for Quality Surveillance Action Group ('QSAG') and that she would email JL for to arrange a meeting for the new QSAG Chair with JL.

MB spoke to the Primary Care Commissioning Committee about the financial performance aspect of the report:

- Over-performance against budget variance year to date was £2.4m overall.
- Over-performance year to date on prescribing was £2.1m although this would hopefully be reduced to £1.2m by the year end. Information held so far was up to Month 6 therefore by Month 7 we should see the impact of the prescribing schemes.

KS referred to evaluation of the GP Specification and the need to carry out an evaluation of the six years that it had been in place for over the next nine to ten months. CMO noted that this was being done as part of the Collaboration for Leadership in Applied Health Research and Care ('CLAHRC') and would be completed in a few months' time.

The Primary Care Commissioning Committee:

- **Noted the performance of the CCG in delivery of Primary Care Medical commissioned services and the recovery actions taken to improve performance**

PART 5: GOVERNANCE

5.1 RISK REGISTER – REPORT NO: PCCC 32-16

CM presented the Risk Register to the Primary Care Commissioning Committee. She noted that Mersey Internal Audit Agency had written a report looking at the accountability and responsibility of each delegated function which would form the basis of the formal Service Level Agreement to be produced in February 2017 between the CCG and NHS England which would be brought to the February 2017 formal Primary Care Commissioning Committee meeting.

The Primary Care Commissioning Committee:

- **Noted the content of the report and the mitigating actions**

6. ANY OTHER BUSINESS

None

7. DATE AND TIME OF NEXT MEETING

Tuesday 21st February 2017 - 10am