NHS
Sheffield
Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 29 June 2017
Boardroom, 722 Prince of Wales Road

A

Present:	Professor Mark Gamsu, Chair
(Voting Members)	Mrs Mandy Philbin, Deputy Chief Nurse (on behalf of the Chief Nurse) Mrs Nicki Doherty, Interim Director of Delivery – Care Outside of Hospital Ms Amanda Forrest, Lay Member Ms Julia Newton, Director of Finance Mrs Maddy Ruff, Accountable Officer
(Non-Voting Members)	Dr Amir Afzal, GP Locality Representative Dr Nikki Bates, CCG Governing Body GP Mrs Katrina Cleary, Programme Director Primary Care Dr Trish Edney, Healthwatch Sheffield Representative Ms Victoria Lindon, Senior Primary Care Manager, NHS England Dr Zak McMurray, Medical Director
In Attendance:	Dr Alistair Bradley, Local Medical Committee (LMC) Representative (on behalf of the Chair of the LMC) Mrs Rachel Pickering, Primary Care Co-Commissioning Manager Mrs Susan Hogg, Temporary PA (Minutes)

Members of the public:
There were 11 members of the public in attendance.
A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the Director of Finance

Minute		ACTION
46/17	**Welcome and Introductions** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting.	
47/17	**Apologies for Absence** Apologies had been received from Mrs Penny Brooks, Chief Nurse. Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical	

Committee (LMC) and Mr Greg Fell, Director of Public Health, Sheffield City Council.

The Chair confirmed that the meeting was quorate.

48/17 Declarations of Interest

The Chair reminded the committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG), and that not only would any conflicts of interest need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting.

Declarations declared by members of the committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Primary Care Commissioning Committee or the CCG website at the following link:
http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm

A declaration of interest had been made by Dr Alistair Bradley relating to his roles as Vice Chair of Sheffield LMC, Shareholder of Primary Care Sheffield (PCS), and GP Partner at Tramways Medical Centre, a practice that did not open on Thursday afternoons.

The Chair proposed to change the order of the meeting as he presumed that the members of public in attendance were specifically attending for item 8 (paper E): GP Opening Hours. He asked GP members of the committee to declare their opening hours and whether they would be affected by the proposal. Dr Bates advised that, whilst her surgery was open on a Thursday afternoon, it was not open for the same number of hours as on other days. Both Dr Afzal and Dr Bradley declared that their respective practices were closed on Thursday afternoons.

49/17 Questions from the Public

There were no questions from members of the public this month.

50/17 Minutes of Previous Meeting

The minutes of the meeting held on 24 May 2017 were agreed, subject to the following amendments:
Mrs Stefanie Barringer and Ms Ella Patrickson were in attendance for items 42/17 and 43/17.

51/17 GP Opening Hours

By way of background, the Chair explained that the CCG had been

asked by NHS England to ensure consistency of opening hours between 8.00 am and 6.30 pm. A report was sent to NHS England and they have sent back a number of comments. The Chair explained that the Programme Director would shortly give a presentation on our approach in the light of the comments received from NHS England. The Chair outlined how he would like to progress with the meeting. He allocated 10 minutes in which to hear from members of the audience if they have any concerns or issues. There would then be a presentation, followed by a discussion with committee members, followed by conclusion and actions. He stressed the need to be inclusive and to hear from the four different groups of stakeholders in the room.

.

First, the Chair called on practices. Mr Steven Haigh, Primary Care Sheffield said that there were several issues to consider – from a patient perspective, trying to improve access to the practice, secondly a need to be careful that quality is not affected and, thirdly, in terms of solutions, there are some real "must be dones" in terms of governance that need to be in place.

The Chair asked Locality Managers if there was anything they would wish to share. Mr Paul Wike, Locality Manager, Central, explained that there was some confusion as to what they can and cannot do and what was acceptable and what was not acceptable. Mr Gordon Osborne, Locality Manager, Hallam and South, explained that there was a lack of clarity on what was expected on Thursday afternoons. He explained that many practices are open in some form on Thursday afternoon and that they are working on ways of how they can do things differently. Mr Osborne shared a view that we need to ensure that the infrastructure is there and the patients are safe and that takes time. For example, in relation to sorting out governance and indemnity. Mr Osborne confirmed that there is an absolute willingness, in the majority of cases, to move forward to opening on Thursday afternoons.

Mr Nicky Normington, Locality Manager, North, again stressed the lack of clarity.

.

The Chair asked the Programme Director to give her presentation.

The Programme Director explained that, alongside the presentation, she was also tabling the action plan up to the beginning of October 2017. She highlighted that this has been a team approach. She set out three separate elements of primary care services, core contract, extended access via DES and the GP Access Fund. The financial risk of continuing as we are on Thursdays would be approximately £1.6m. Last December, all practices nationally were required to make an electronic declaration on their access and that is when Sheffield was placed in the spotlight – although she reminded the committee that conversations about Thursday afternoon closing had been had for a number of years. In a recent submission 75% of practices in Sheffield were shown not to be closed on a Thursday afternoon, and therefore core offer access was

considered not to be in place. Practices not able to offer access within the geography of a neighbourhood will not be eligible for Extended Access DES from 1 October 2017. The CCG was charged over a 2-3 month period with producing an action plan to address this and confirm that there is an agreed way forward in Sheffield to NHS England. The Programme Director presented a graphical representation of the progress already made since December, which was agreed to be considerable. She reported a rich mix of practices that have made the decision to be accessible to patients on a Thursday afternoon and also practices that have enabled their patients to have access to satellite practices within the City. There are 3 practices that have stated their unwillingness to change their approach, reduced from 17 in December 2016. She explained that we are now in a good place for an at-scale model. The challenge for NHS England and the CCG will be what consequences, if any, exist for those practices who continue to refuse to open.

The Programme Director explained that, for consideration within this committee today, we need to recognise that our practices have made a considerable shift in a very short space of time and we are in a good place, having a number of models.

The Primary Care Commissioning Committee was asked to support the further work articulated in the Action Plan, asked if there were any actions missing from the Action Plan, to consider what reasonable access means, and to suggest what action if any should be taken with the three practices that currently are unwilling to open in any form.
.
The Chair invited the Senior Primary Care Manager, NHS England, to respond to the discussion. She agreed with the presentation and that the proposed action was in line with what is expected.

The Chair thanked the Senior Primary Care Manager and went on to highlight how challenging the timescales for achieving this are, the real implications for general practice and the need to take a systematic approach to progressing this..

The Chair invited committee members to air their views.

Dr Afzal said that a sense of perspective was needed and questioned if this was trying to fix something that isn't broken. He highlighted that this time is often used for doctors to catch up with tasks and paperwork and we needed to be careful that the solution didn't lose that. He also highlighted that for some practices this simply would not be affordable.

The Healthwatch Sheffield Representative said that there should be an agreement to open on Thursday afternoon but maybe not increase the number of appointments that are spread across the week – just increase the time allowed for each appointment.

The Local Medical Committee (LMC) representative raised the issue of safety and quality of patient access and that this must be addressed. On legality, he felt that “reasonable access” had not been defined. If sanctions will be placed on practices, “reasonable access” must be defined to ensure that this stands up. The wording of the contract has been in place for many years. He explained that, although he fully supported looking at other models, there was great difficulty in access to patient data. There were two other areas that he would recommend discussion about – medical students regularly attend surgeries on Thursday afternoons and that contact must not be lost with under-graduates. The MDU would not support a satellite or hub model unless there is full access to records.

Ms Forrest said that she had three issues, one of which had already been covered. There was a need to attract and keep GPs in the city; and there was much evidence from the patients’ and publics’ perspective and the main stumbling block was the first phone call. She requested reassurance that all the evidence gathered from patients is taken into account; The Programme Director confirmed this to be the case. Finally, Ms Forrest asked if there was a correlation between the three practices not opening on a Thursday afternoon and the Care Quality Commission (CQC) findings; The Programme Director confirmed that there was no correlation.

.

The Medical Director said that he was proud as to how GPs in Sheffield have responded to this and commented that the progress that has been made has been stunning. He stressed the need to ensure that this complex issue is managed delicately. He said that we need to support GPs who are thinking wider than their own general practices and he did not think a top-down solution would work in solving the issue. He felt it was encouraging that 18 practices were willing to work together to find a solution.

Dr Bates said reinforced the definition of “reasonable access” as a key issue and also questioned what “open” means? What asked what type of appointments would need to be available on Thursday afternoons assuming that urgent care needs are catered for.

Dr Afzal requested that the point be reinforced that they would be happy to open with 20-30 minute appointments for complex patients. He felt that this would definitely have an impact on admissions and elective care.

The Chair thanked the participants and felt that there was a need to recognise that we had no option in this matter and, in effect, NHS England has made it clear that, in order for our resources and funding to remain as they are, we need find a solution.

The Accountable Officer said that there were one or two observations from a different angle. Sheffield is unusual and she is unaware of other

practices across the country operating a half day closure. When she had taken up post 18 months' ago, she was very surprised to find that a half-day closure still existed in a city like Sheffield. She stated that, if it is perceived that Sheffield is not meeting core requirements, she would find it difficult to request additional transformational funding. In order for her to attract that transformational funding, this really difficult problem needs to be solved. She explained that there is a need to work together to find that solution and that we cannot pretend that we Sheffield is a special case. She said that we need to work together to meet the national requirements but do it in a way that will work for Sheffield. NHS England is very supportive and we need to meet their requirements but to do it in a way that is sensible and workable. .

The Interim Director of Delivery – Care Outside of Hospital said that she agreed with the Medical Director, that the response from general practices across the city has been positive. She reflected that the committee had set out quite clear conditions including patient and staff safety and defining "reasonable access". The two key issues are the staff and the patient. She said that we also need to define what "reasonable access" means. We need to agree some sort of proximity measure. She said that, from her point of view as a patient, she needed access on any day of the week and that she would not want to travel across the city for this. She explained that there is a contractual requirement that all practices must demonstrate "reasonable access".

The Chair thanked the Interim Director of Delivery – Care Outside of Hospital for her contribution and said that he felt that we needed to gain an understanding of how practices deemed they were offering "reasonable access".

The Chair asked the Programme Director if there was a specific action to take from the discussion. The Programme Director explained that the CCG needed to make a submission to NHS England and a letter would be sent from the Accountable Officer to reflect the discussion of the Committee. The presentation and action plan would also be sent. It would be helpful if the Committee could advise if they are content with the trajectory we are currently on.

The Accountable Officer asked the Senior Primary Care Manager if, from what she had seen from the presentation and detailed action plan, NHS England were going to be assured by the approach being taken. The Senior Primary Care Manager confirmed that, from her point of view, the detailed action plan and specific timescales should be sufficient.

Dr Azal indicated the need to be thoughtful with regard to the proposed approach, suggesting that if this was perceived to be an unrealistic top down solution many practices would turn to the LMC for support rather than the CCG.

	Ms Forrest said that she was slightly confused. She asked if this was the CCG co-commissioning with NHS England or if the CCG was being performance managed? She said that she wanted to be really sure that, whatever we submit to NHS England tomorrow is right. The Senior Primary Care Manager confirmed that it is part of the fully delegated responsibilities that the CCG has. NHS England has looked at the plan and there have been a lot of email correspondence and telephone discussion in support. The Chair said that it was important that this was a co-produced approach with our membership. Working in partnership with Primary Care Sheffield is key. . The LMC representative requested clarity on the point that the Programme Director had made at the end of the presentation regarding the three practices that were not engaging. He felt that engagement rather than sanctions should be used. The Programme Director confirmed that engagement with these practices would continue and that they would be asked to share how they proposed to ensure reasonable access. . The Healthwatch representative asked if these practices were aware that they are the only three not participating. The Programme Director confirmed that they were aware. The Chair brought the discussion to conclusion and summarised that a clearer statement about the task and finish group was required.	**ND**
	In the interim between now and the next PCCC, if there are challenges or issues, the Chair would expect the Committee to be informed. This will remain as a standing item on the agenda for updates until the Committee is assured that we have reached a satisfactory solution. The Chair thanked members of the public for attending.	**ND/KaC**
52/17	**Month 2 Financial Position and Updated Budgets** The Director of Finance reminded members of PCCC that the initial budgets were approved in March based on the latest information available at that time. She confirmed that the CCG team alongside NHSE colleagues are constantly refining our knowledge of the position and that a re-evaluation of the originally forecast position particularly in relation to premises costs and the impact of population changes had resulted in a reduction in forecast costs. This means that, taken with the proposed use of the non recurrent 0.5% reserve budget, the revised budgets now propose a transfer of £800,000 from co-commissioned core services into CCG locally commissioned primary care budgets which will include allowing the re-instatement of the £350k winter	

	resilience reserve. At month 2, a few small underspends are being reported but at this stage we would expect to fully utilise all budgets by the year end and so a balanced year end position is forecast. The Committee approved the recommendations in the paper.	
53/17	**Matters Arising** **Shoreham Street** The Programme Director confirmed that this issue would be on the agenda at September's PCCC meeting.	**KaC**
	Branch Closure Proposal Dr Mehrotra – Richmond Road/Darnall The Primary Care Co-Commissioning Manager explained that there has been progress since this was last discussed, a small amount of additional work is required on the revenue consequences of the closure. The impact of the closure is expected to be small, nonetheless work is ongoing to ensure that the needs of patients affected by this are understood and addressed. Following a survey, approximately 25% of patients said that they would want to attend the other Richmond Surgery. There would be a migration of about 200 patients and there may be a longer phase of the branch site closure in order that these patients could be transferred in stages. Ms Forrest said that lessons had been learned from previous closures and it was important that these informed this closure. Ms Forrest also asked about the door-to-door transport service and whether the patients were paying for that service. The Primary Care Co-Commissioning Manager said that this was a free service and the surgery have signposted where this service is available for those patients who require it. The Deputy Chief Nurse raised the point about informed decision making about part of the closure process. The Chair asked the Primary Care Co-Commissioning Manager if she is assured that this closure is moving in the right direction. She confirmed that she is.	
54/17	**Sothall and Beighton Practice Proposals** The Programme Director said that the changes had gone smoothly. They will be having further conversations about Beighton Health Centre and its potential usage. Ms Forrest said that the resource should be made available for community groups. The Programme Director confirmed a neighbourhood approach. The Locality Manager, Hallam and South said that that is exactly what they want Beighton Health Centre to be used for but there is a need to look at finances. A paper on recommendations will be on the agenda for the September PCCC. The Chair confirmed that the committee agreed extending the timescale.	**KaC**

55/17	**Update on Practice Visiting Programme** The Programme Director explained that this was an item to note. They are progressing with practice visits which are going well and her team are pulling the learning together. The committee received a copy of the work programme that the primary care team is working to along with a description of how the team is constituted. Comments were sought from the committee and will be sent to the Programme Director directly.	**All to note**
56/17	**Winter Resilience** This had been evaluated and the results will be fed into this year's winter resilience planning, which is part of the above programme of work	
57/17	**Any Other Business** There was no other business.	
58/17	**Date and Time of Next Meeting** 27 July 2017, 2.30 – 4.30 pm, 722 Boardroom	