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NHS Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC) Key Messages/Decisions from the meetings held on 24 May, 29 June and 27 July 2017

Item 20e

Governing Body meeting

7 September 2017

Thursday Afternoon Opening (May / June / July 2017)

The Committee has spent considerable time and effort in considering and understanding the implications of securing primary care services for the patients of those practices which currently close for half a day each week.

The Committee established a Task and Finish group to operationalise the developing options. This group includes all key stakeholders.

During this period an 'at scale' option for a significant number of practices has emerged, as well as a number of individual practices continuing to open independently.

The Committee has required the Primary Care Team with the CCG to continue ongoing engagement with all practices, particularly the few remaining which intend to continue with half day closing.

The Committee supports the approach being taken, recognising that there are some logistical issues to be overcome but nonetheless felt the direction of travel was positive. The Committee welcomed NHSEs continuing support in the developing approach.

The Committee have requested frequent updates on this issue until it is resolved.

Virtual Ward/Enhanced Case Management (Central) (May 2017)

The Committee agreed to support the virtual ward / enhanced case management pilot within central locality but asked that the evaluation commence early and a report be brought back to Clinical Commissioning Committee and Primary Care Commissioning Committee in October.

Winter Resilience Locally Commissioned Service (LCS) Update (May 2017)

The Committee noted a report on 2016/17 Winter Resilience Locally Commissioned Service (LCS).The 2016/17 scheme generated additional capacity in GP practices over winter helping to support access and alleviate pressures within the wider system.

Practice Specific Issues (June 2017)

The Committee received progress updates on the following practice specific issues:-

- Shoreham Street proposed relocation.
- Branch closure Proposal Dr Mehrotra – Richmond Road, Darnall
- Removal of branch services from Beighton Health Centre

Update on Practice Visiting Programme (June 2017)

The committee received a copy of the work programme that the CCG Primary Care team is working to along with a description of how visits are put in place and key actions delivered.

Sheffield Primary Care Estates Strategy (July 2017)

The Committee received a presentation from Mike Speakman (Director Willowbeck Management and Technical Solutions) on the Draft Primary Care Estates Strategy. Following minor amendments the Committee will recommend Governing Body approval of the strategy at its November meeting.

GPFV Transformational Support (July 2017)

This item, for Committee's approval, incorporated two separate and related items:

- The CCG's Transformational Support Funding (ie the £1.50 per head agreed by Governing Body to support resilience, sustainability and transformation of primary care); and
- The Resilience Plan Funding Request to NHSE (ie what was previously referred to as the Vulnerable Practice Scheme).

Both plans have been produced based on input and feedback from practices regarding their key priorities.

The PCCC approved the recommendations for the use of the Transformational Support funding. The PCCC also noted the challenges of the delivery of the schemes and the financial challenge, particularly if Sheffield does not receive Resilience Funding.

Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Adopted minutes of the meeting held in public on 24 May 2017
Boardroom, 722 Prince of Wales Road

Present:	Professor Mark Gamsu, Chair
(Voting Members)	Mrs Penny Brooks, Chief Nurse
	Mrs Nicki Doherty, Interim Director – Care Outside of Hospital
	Ms Amanda Forrest, Lay Member
	Ms Julia Newton, Director of Finance
	Mrs Maddy Ruff, Accountable Officer
(Non Voting Members)	Dr Nikki Bates, CCG Governing Body GP
	Mrs Katrina Cleary, Programme Director Primary Care
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
	Dr Zak McMurray, Medical Director
In Attendance:	Ms Stephanie Barringer, Information Analyst (for item 42/17)
	Ms Ella Patrickson, Information Analyst (for item 42/17)
	Dr Trish Edney, Healthwatch Sheffield Representative
	Mrs Karen Shaw, PA to Chair and Accountable Officer
	Mrs Rachel Pickering, Primary Care Co-Commissioning Manager

Members of the public:
There were no 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
32/17	**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. John Boyington was leaving the CCG to take up the role of Chair of Primary Care Sheffield, the Chair and the Committee asked that their thanks and appreciation of John's significant contribution be noted.	
33/17	**Apologies for Absence** Apologies from voting members had been received from Mr John Boyington CBE. Apologies for absence from non voting members had been received	

from Dr Amir Afzal, CCG Governing Body GP.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee (LMC) and Greg Fell, Director of Public Health, Sheffield City Council.

The Chair confirmed that the meeting was quorate.

34/17 **Declarations of Interest**

The Chair reminded 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 interests 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

There were no declarations of interest this month.

35/17 **Questions from the Public**

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

36/17 **Minutes of Previous Meeting**

The minutes of the meeting held on 29 March 2017 were agreed.

37/17 **Matters Arising**

a) Update on Shoreham Street

The Chair reported on a meeting that he had attended with Rachel Dillon, Locality Manager, West, and representatives from Porterbrook, Devonshire Green, Shoreham Street, University practice, and the Students Union. The two main items for discussion was the move of the Shoreham Street practice to new premises and to try to better understand the contribution to the health and wellbeing of Sheffield's sizeable student population that is made by the two university practices as well as that made by other practices in the city.

It is important to recognise that there are students registered in every

	surgery, albeit small numbers, but there should be equitable access to healthcare for students across the city.	
	The Chair asked the Programme Director for Primary Care to involve the LMC in these discussions.	**KC**
	Primary Care Budgets (use of £1.50) would be deferred until July. This would also be discussed at July's Governing Body.	**KC**
	Under Minute 27/17, there was reference to the primary care dashboard. It was agreed that an initial discussion should be held at at the Strategic Public equality Engagement Experience Group (SPEEEG) and then with Healthwatch and other organisations. Professor Gamsu and Ms Pickering to discuss at the next meeting of SPEEEG. It was agreed that a quarterly update would be brought to this group.	**MG/RP**
	An updated list of practice visit schedule to be circulated to members.	**CRH**
	The Accountable Officer enquired if there was any follow up with practices following the visits and suggested that maybe a simple questionnaire could be produced to evaluate the process. Rachel Pickering agreed to take this forward.	**RP**
	Dr Trish Edney enquired if there was any information on the interpretation service and was advised that this was on-going and that practices were still using Language Line and this would be the case until the conclusion of the procurement process. Practices understand the challenges and no complaints had been received. The Chair suggested that a quarterly update be brought to the meeting to update on how the service is functioning. (Post Meeting Note – an update would be brought to the August meeting).	**RP/KC**
38/17	**Financial Report at Month 12**	
	The Director of Finance presented this report which provided the committee with information on the financial position for primary care budgets for the full financial year to 31 March 2017.	
	Dr Trish Edney raised a concern around the underspend on Care Homes. It was explained that partly due to capacity issues, fewer practices had submitted case studies/care plans at the end of the year than was anticipated and hence had not been entitled to full payment under the contract. Although it was recognised that the enhanced service is a small element of the work, the Accountable Officer advised that the whole care sector was included in the nine national expectations on Urgent and Emergency (as referenced in the Urgent and Emergency Care Plan April 2017) Care offer which Mandy Philbin, Deputy Chief Nurse, was leading and part of the discussion was how to increase support to care homes and the care sector.	

	The Chair said this had also been discussed at the Quality Assurance Committee. Although Ms Forrest was supportive of the way forward she raised caution about patient choice and voice. In any future models, patients' views and needs should be taken into account with full engagement with residents. Ms Forrest made reference to the Delayed Transfer of Care Summit which she had attended the previous day and noted that the independent sector is fully engaged in the wider agenda. Domicillary Care also needed to be included. The Chief Nurse advised that she would ask the Deputy Chief Nurse, Mandy Philbin, to prepare a summary of the work around care homes that was underway and work that had happened for presentation to the September meeting. The Primary Care Commissioning Committee received and noted the financial position at Month 12 as incorporated into the CCG's draft accounts.	**PB (MP)**
39/17	**Virtual Ward/Enhanced Case Management (Central)** The Interim Director of Delivery (Care Outside of Hospital), presented this paper which proposed the commencement of the agreed pilot in Central Locality of rolling out of the Virtual Ward scheme to all 21 practices within Central. Memorandum of Agreements have been prepared to support the project for all key stakeholders, namely Sheffield Teaching Hospitals (NHS) Foundation Trust (community nursing element), Age UK, Sheffield Health and Social Care (NHS) Foundation Trust (Clover Group practice) and the GP/admin additional support for practices. The Clinical Commissioning Committee had supported Option 3, Extend the pilot to all practices in Central locality, but had requested that an evaluation be undertaken as soon as practically possible. The Interim Director of Delivery (Care Outside of Hospital) drew attention to Page 6 of the Business Case where the investment required under each option and the associated savings were set out. The CCG would make payments to practices up front, but would reserve the right to take back funding if the agreed outcomes/key performance indicators were not met. It was hoped that roll out across the city would be achieved before Christmas. The Primary Care Commissioning Committee agreed to support the scheme but asked that the evaluation commence early and a report be brought back to Clinical Commissioning Committee and Primary Care Commissioning Committee in October.	

40/17	**GP Practice Opening Hours** The Primary Care Co-Commissioning Manager presented this paper which provided an update on Sheffield's position on GP practice opening hours in Sheffield on Thursday afternoons. Sheffield has been identified as an outlier and would therefore need to have a plan to achieve core access. This plan would need to be ready by the end of June to discuss with NHS England. The Plan was currently being drawn up and would be discussed at the City wide Locality Group on 6 June and then brought back to the Primary Care Commissioning Committee. The Committee discussed the risks to the organisation if the CCG could not give assurance to NHS England. Reputational risk was a concern and there may be tension across the membership; need to ensure that we do not lose level of engagement. The Accountable Officer noted that there needs to be a clear plan for how patients, as part of the wider primary care offer, can be offered extended access. The Senior Primary Care Manager from NHS England stated that a clear, credible, robust plan would be required by the end of June. The Primary Care Committee noted the update and the requirement to bring the draft Plan to the Committee in June.	**KC/RP**
41/17	**Winter Resilience Locally Commissioned Service (LCS) Update** The Primary Care Co-Commissioning Manager presented this paper which aimed to ensure that the right metrics are in place for the Winter Resilience Locally Commissioned Service. The 2016/17 scheme had generated additional capacity in GP practices over winter helping to support access. It was agreed that it was not relevant to test whether this had any impact on the morale of GPs. The Director of Finance left the meeting. The Accountable Officer questioned the use of a Survey Monkey to gather feedback from the GPs and suggested that the conversations should happen through the localities and should also reference how urgent care fits with primary care. The Chair commented that it was really important to affirm and continue to strengthen our relationship with the membership. The Director of Finance rejoined the meeting. The Interim Director (Care Outside of Hospital) would support the discussions with the Director and Deputy Director of Integration with the localities around urgent care.	**ND**

	The Primary Care Commissioning Committee noted the report.	
42/17	**Primary Care Dashboard** Stephanie Barringer and Rachel Pickering presented this item. Stephanie presented the proposed Primary Care Dashboard which members discussed. It was hoped that this would help to support the membership and support the delivery of QIPP. Amanda Forrest suggested that due to the complexity of the dashboard, some colleagues may need training to understand the information as it could be open to misinterpretation. The Co-commissioning Manager informed the Committee that this dashboard was not open for general use at present; the Business Intelligence team are the controllers of the dashboard and can draw down information as requested. Stephanie Barringer agreed to talk to the Director of Finance and Deputy Director about what budgetary information can be provided in the dashboard without requiring an inappropriate amount of resource being devoted to production of this information. It was noted that the Information will always have a range of caveats attached due to the level of crude apportionment , estimation and random variation which can occur at practice level. The Medical Director asked if this could be considered on a locality level. The Dashboard will be presented to localities. The Primary Care Commissioning Committee noted the report.	**SB/JN**
43/17	**Primary Care GP Access Survey** Stephanie Barringer and Rachel Pickering presented this item. Key points to note:- • The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices. • Ipsos MORI administers the survey on behalf of NHS England • Participants are sent a postal questionnaire, also with the option of completing the survey online or via telephone • The survey consists of 70 questions • The survey used to be run twice a year but now it is conducted annually • In NHS England, Yorkshire and Humber North), 207,771	

	questionnaires were sent out and 82,365 were returned completed which represented a response rate of 40%. This compared with a national response rate of 39%. • Given the consistency of the survey across the organisations and over time, GPPS can be used as one element of evidence of patient feedback. • It can be triangulated with other sources of feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys and opinions. The Primary Care-Co-commissioning Manager highlighted the key findings from the Survey; the main issue to address for Sheffield was around access to an appointment and telephone access. Sheffield benchmarks well with regard to views about the clinical workforce in the city. Once patients are able to see a clinician they report a better than average experience of clinical consultation and higher trust in their GP and nurse. It was agreed that the presentation would be circulated to members.	**SB/JN**
	The Accountable Officer commented that there had been an increase in complaints from the local MPs around access to health services and enquired if there was an action plan in place to address the concerns; the Local Medical Committee need to be engaged. After further discussion, the Chair asked that the top key messages from the Survey be conveyed to NHS England. The Chair said that the results were a useful foundation but raised some important questions in terms of inequality and that we should compare to Core Cities data, relevant to Sheffield. Stefanie Barringer agreed to undertake this work. There was also an issue around confidence intervals. The Accountable Officer requested that an Action Plan be prepared by the end of June in readiness for a meeting with the MPs. The report would need to be shared with the LMC and the Primary Care Commissioning Committee.	**RP**
44/17	**Any Other Business** The Primary Care Co-Commissioning Manager extended her thanks to colleagues in NHS England, Sheffield CCG, eMBED and Secondary Care for their work during the recent Cyber attack. Due to their response time, there had been a lot less down time in the city. The interim Director (Care outside of Hospital) also extended her thanks to the Primary Care Co-Commissioning Manager for her contribution in managing the communication across the city.	

45/17	**Date and time of Next Meeting** 29 June 2017, 2.30 – 4.30 pm, 722 Boardroom	

NHS
Sheffield
Clinical Commissioning Group

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

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.

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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.

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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.

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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.
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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.

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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	

NHS
Sheffield
Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 27 July 2017
Boardroom, 722 Prince of Wales Road

Present:	Professor Mark Gamsu, Lay Member (Chair)	MG
(Voting Members)	Ms Amanda Forrest, Lay Member	AF
	Ms Julia Newton, Director of Finance	JN
	Mrs Maddy Ruff, Accountable Officer	MR
(Non-Voting Members)	Mrs Katrina Cleary, Programme Director Primary Care	KC
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England	VL
In Attendance:	Dr Trish Edney, Healthwatch Sheffield Representative	TE
	Mr Greg Fell, Sheffield Director of Public Health	GF
	Ms Roni Foster-Ash, Personal Assistant Medical Director and Programme Director Primary Care	RFA
	Mrs Rachel Pickering, Primary Care Co-Commissioning Manager	RP
	Dr Duncan Couch (on behalf of the Chair of the LMC)	DC
	Mr Mike Speakman, Director Willowbeck Management and Technical Solutions **(for item 65/17)**	MS
	Dr Anthony Gore, Clinical Director – Care Outside of Hospital (deputising for Mrs Nicki Doherty)	AG

Members of the public:
There were 7 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.

Acronyms:
CHP – Community Health Partnerships
GPFV - GP Forward View
LCS - Locally Commissioned Service
LIFT - Local Investment Finance Trust
MDU - Medical Defence Union
NHSE – NHS England
PCS – Primary Care Sheffield
PPG - Patient Participation Group
RCGP – Royal College of General Practitioners
SCCG – Sheffield Clinical Commissioning Group

Minute		ACTION
59/17	**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. The Committee and invited attendees individually introduced themselves to the members of the public.

60/17 Apologies for Absence

Apologies for absence from voting members had been received from Mrs Penny Brooks, Chief Nurse, Mrs Nicki Doherty, Interim Director – Care Outside of Hospital (Dr Anthony Gore, Clinical Director Outside of Hospital attended as deputy).

Apologies for absence from non-voting members had been received from Dr Amir Afzal, CCG Governing Body GP, Dr Nikki Bates, CCG Governing Body GP, Dr Zak McMurray, Medical Director, Dr Chris Whale, Secondary Care doctor.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee (LMC).

Due to four voting members of the Committee being present, the Chair confirmed that the meeting was quorate.

61/17 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

Dr Anthony Gore, Clinical Director – Care Outside of Hospital, attended the meeting as deputy for Mrs Nicki Doherty, Interim Director – Care Outside of Hospital. Under governance due to conflict of interest, it was agreed that as a Sheffield GP he would not participate in any aspect of voting.

62/17 Questions from the Public

The Chair advised that no questions from the public had been received this month.

63/17	**Minutes of Previous Meeting** The minutes of the meeting held on 29 June 2017 were agreed, subject to the following amendments: • 51/17 GP Opening Hours • Last sentence on the bottom of page 3 should read 'In a recent submission 75% of practices in Sheffield were shown not to be **open** on a Thursday afternoon, and therefore core offer access was considered not to be in place. • Dr Edney requested that the following be noted. Page 4, last paragraph had not been represented exactly as she had stated however she confirmed that she agreed with the principles outlined and was happy for it to remain the same.	
64/17	**Matters Arising** There were no matters arising that were not already included on the agenda.	
65/17	**Sheffield Primary Care Estates Strategy** Mr Mike Speakman, Director Willowbeck Management and Technical Solutions was in attendance to present this item. **ACTION: Presentation to be made available via website**	**RFA**
	The Chair emphasised that, although there is not a formal requirement to consult on this, he felt that it would be useful to incorporate public engagement into action plans and consider who third sector organisations might also be engaged. The Programme Director advised that this strategy is still draft and there is still opportunity to make amendments before recommending to Governing Body for approval in September. The Chair highlighted that in the beginning of the strategy document (under 'Important Notes' – paragraph 2) it states that 'This is a confidential document for discussion purposes and any application for disclosure under the Freedom of Information Action 2000 should be considered against the potential exemptions contained in s.22' etc. **ACTION: As this document had now been made available in the public meeting it was agreed to remove this paragraph from the strategy document.**	**KC**
	Sheffield Primary Care Estates Strategy:- Mr Mike Speakman presented as follows:- • Purpose	

The Sheffield Estates Strategy provides the framework to develop the necessary built environment and promote the aims of 'fit for the future', the Primary Care Strategy for Sheffield and delivering the GP Forward View Transformation Plan.

- Developed in 3 principal stages
  - Where are we now? (current estate = 111 properties).
  - Where do we want to be? (principles and future needs / developing Neighbourhood Plans / resolving the gap – practice level assessment).
  - How do we get there? (short / medium and long term, finding routes etc).

- In Summary
  - Our Primary Care estate is at the heart of the communities we serve – we need to ensure it remains so.
  - A mixed economy of ownership - requires differential approach, but a common goal of quality.
  - We must recognise that our GP providers need confidence and clarity to make longer term plans that ensure sustainability.
  - There will be difficult decisions ahead – engagement is key
  - The estate is just one part of the transformation that is required
  - We all aspire to a productive Primary Care estate that enables high quality, accessible care delivered locally.

The Chair acknowledged that this does feel like a good step forward in the sense that we now have an overarching approach in the city. The key part being the actions that emerge from this.

The Chair sought views from the public regarding the presentation.

- Helen Lenthall, Business Manager at Hackenthorpe Medical Centre and also GP Support Manager – Estates advised that she is currently working on Capital Bids - looking at practices making individual improvements. She thought the strategy was excellent but raised the gap in knowledge and understanding within primary care regarding wider estate issues.

Questions from PCCC members:

- Ms Forrest sought clarity from Mr Speakman regarding his statement that LIFT premises were the best in Sheffield as she was aware of developments in the city which are 'state of the art' which are not LIFT premises?

Mr Speakman responded that the LIFT premises are amongst the best. They are a very significant investment, size, quality and sustainable. They are maintained in 'A'. These were the most expensive asset per square foot which emphasised the need for them to be utilised in the best possible way especially when considering occupying the void space which we are already paying for. In line with the principles Mr Speakman stated that we should ensure that that these assets are being used for the best patient benefit. That they are used not for providing offices (as there are far cheaper rental options available for this although this would be 'ticking the box' as being occupied) but for primary care and services that support primary care and are patient facing.

Mr Speakman stated that South Yorkshire is not alone in having high void rates and that the mechanism drives other providers out when they are particularly financially stretched to go into lower cost and arguably lower quality accommodation. The challenge is finding a new model and both himself and The Programme Director have engaged with CHP to come up with a different model which they are currently working on – taking a much more pragmatic approach.

Mr Speakman gave an example of a possible extreme option of not charging rent for certain premises to a provider (as we were already paying for them) as long as the premises were used for high accessibility, high patient facing services this would transform discussion around how we make a productive estate, that does not cost any more to the health system, but really transforms providing extended primary care within the region.

The Accountable Officer questioned if this was the only model / option as she felt this was not the best answer to the solution. Mr Speakman clarified that there are a range of options to be considered.

- Ms Forrest and the Accountable Officer both expressed concerns regarding both previous and current lack of flexibility eg strict set of criteria required / blockages / barriers within the system for utilisation of LIFT buildings. The Accountable Office expressed that she would like LIFT premises to be utilised for community services / mulit-purposes eg libraries, sports facilities, nurseries etc and not just specifically for clinical services. The Programme Director confirmed that the strategy did highlight the need for changes in these areas and, in addition the need for our current relationship with CHP to change to enable it to be a more positive one and that not only

community groups but current tenants to be more satisfied with the service they receive from CHP.

- The Sheffield Director of Public Health questioned where and how did this fit into the public service reform / One Public Estate in Sheffield. What is the fit of this into that?
  Mr Speakman confirmed that the strategy did fit with the One Public Estate agenda.

- Dr Edney raised concerns regarding the seemingly lack of patient involvement / engagement in relation to this strategy eg patient accessibility (LIFT building not easy to use if wheelchair user eg long corridors) and acceptability. She felt that it did not currently take into account patient opinion, convenience, patient input and involvement in the planning of this (which she felt to be critical) and also emphasised potential patient transport issues.

- The Accountable Officer stated that she thought that it was an extremely, well written, clear and concise report. She agreed with Dr Edney regarding patient engagement / transport issues and asked if this would be addressed at the next stage and was included as part of the process. The Accountable Officer stated that she was very pleased that the report showed potential solutions for use of void LIFT space which was currently a great concern.

- The Chair asked Mr Speakman to give a brief definition of LIFT.
  MS advised that LIFT = Local Investment Finance Trust. This was a means to try and develop more community based facilities and was initiated / piloted approximately 2004 / 2005. Owned by a company that is owned by the Department of Health and is a private finance initiative.

  The Accountable Officer stated that when LIFT schemes were first established PCTs existed and that CCGs had inherited them. This is when a change in arrangements had occurred.

The Chair summarised key actions as follows:

- The need to address issues relating to service quality and cost
- Change / build on relationship with CHP
- Culturally – the need to take into account how our premises run – this also relates to quality in particular with regard to disability etc
- The need to continue to develop further discussions with the public as we progress this work to result in a stronger mandate
- Constant consideration of and concentration on the vision that we are seeking to achieve.

The Accountable Officer emphasised that, as this work is Citywide it would therefore need to go Governing Body and also be included as part of the Account Care Partnership work.

Month 3 Financial Position

66/17 The Director of Finance advised that at this early stage of the year at the end of quarter 1, overall there is a small underspend against budget but it is expected that by year end that this will be absorbed and hence the forecast spend is to plan. She advised that neither NHS England nor the CCG had been advised of any significant changes relating to core contract budgets since last month.

The Director of Finance drew the Committee's attention to the paper to be approved later in the meeting relating to the proposed use of the non recurrent Transformation Funds.

Update on Thursday Afternoon Opening

67/17 Further to actions previously agreed at last meeting, the Programme Director made a brief presentation outlining the current position as follows:-
ACTION: Presentation to be made available via website. **RFA**

The presentation demonstrated that there had been considerable improvement in a relatively short space of time on the number of practices willing to secure access across core hours. This was due to the considerable efforts being made by the Locality Managers in engaging practices and helping drive improvement.

A Task and Finish Group has been established which meets fortnightly and which representatives from the key organisations. This group will develop the 'at-scale' option for practices to consider, however, it is anticipated that a mixed economy of individual practices and 'at-scale' models being developed.

The few practices not offering a full access solution continue to be engaged with to understand the issues resulting in their stance.

Timescales are tight and risks remain regarding the options being developed.

The Senior Primary Care Manager (NHSE) confirmed that a lot of work underway both at and outside of Task and Finish group. A very clear position of where SCCG are and where they are trying to get to and it was good for NHSE to be involved.

The Chair asked for LMC view on current situation as they had previously expressed some concerns at the last meeting specifically

around patient safety. Dr Couch (LMC) noted that there has recently been a more proactive approach from practices and general feeling is that majority of practices would be opting for Collaborative (PCS and GP Collaborative) model.

Ms Forrest emphasised the need to be very careful how practices communicate this eg not just via their websites, but enabling patients to understand, in advance and in context what this was about as she felt there was a danger of this being communicated as an urgent response etc – this is about expanding Primary Care. Need for bigger education and communication programme around this.

The Programme Director asked to be noted that this will not necessarily result in an increase in accessibility in practices. For the most part it is the same level of accessibility but spread over the core hours (Monday to Friday). Therefore there would not be an influx of additional appointments at individual practice level. The Programme Director agreed the need to be careful that we are not raising expectations.

The Primary Care Co-Commissioning Manager advised that as part of the Task and Finish group, practices will be working with SCCG and engagement team to consult with their own patient groups as well as the fact that we will have the measure in the national survey. The practices will be expected to work with their patient groups and their wider patient population on access in general for their own practices to demonstrate that practices are opting for what their own patients want.

The Primary Care Co-Commissioning Manager stated that increasing access is not just about appointments but about patients being able to talk to their practice, requesting a prescription, having a visit and more local access to services even if that is not at their GP practice so the HUB and Neighbourhood solution might not put lots of new appointments into the system but it still does increase better access for patients.

Dr Edney noted that one of the things that patients particularly would like to do is to pick up their prescriptions on a Thursday afternoon.

It was agreed at the last meeting that The Programme Director would give a regular update on Thursday Afternoon Opening.

ACTION: Programme Director to give an updated presentation at September meeting. **KC**

68/17 **Transformational Support**

The Programme Director presented this item and advised that it incorporated two separate yet related items:

- The CCG'sTransformational Support Funding; and
- The Resilence Plan Funding Request to NHSE

- Transformational Support Funding

  As there were a number of members of the public present at the meeting, the Chair asked The Programme Director to clarify Transformation Support Funding. The Programme Director advised that as part of the 2017/18 planning guidance CCG's were required to either identify £3 per head for one year only or £1.50 per head for 2 years to support resilience, sustainability, transformation and 'at scale' working in primary care. This was not necessarily for a LCS (Locally Commissioned Service). Funding needed to principally focus on the GPFV (GP Forward View) High Impact Changes and where practices were identifying local challenges to their ongoing sustainability. Sheffield CCG Governing Body agreed to the approach of £1.50 per head, per year for 2 years. Within the paper the section is 'Progress Timeline' outlined how we got to the point of producing this plan

  The Programme Director advised that practices had identified there main challenges to be around:

  - Workforce issues
  - Estates
  - Technology
  - 'At scale' working
  - continuation of GPFV schemes which started last year

  The Programme Director advised that second paper relating to this item was the proposal that SCCG had submitted to NHSE about resilience in General Practice. The Programme Director confirmed that SCCG were not as yet sure how much of this they may get therefore the Transformation Support plan may need to change if SCCG did not get the full Resilience Funding ask from NHSE.

  The Committee will receive on a quarterly basis progress and expenditure updates as part of the overall GPFV primary care workplan.

- Resilience plan submission to NHSE

  The Primary Care Co-Commissioning Manager confirmed that the Resilience plan had been submitted to NHSE approximately 2 weeks ago. It had been shared with the LMC (Local Medical Committee). The Primary Care Co-Commissioning Manager

advised that a key meeting by NHSE held yesterday (also attended by the Senior Primary Care Manager = NHSE).

The Primary Care Co-Commissioning Manager reported that the resilience proforma that was developed was in line with that which practices responded to in the resilience questionnaire in April 2017.

ACTION: The Primary Care Co-Commissioning Manager confirmed that a full analysis of the resilience response would be brought to the committee in September along with the Workforce data as this was heavily influencing the workforce strategy. **RP / KC**

The Primary Care Co-Commissioning Manager advised that the Vulnerable Practice Scheme, was developed last year by NHSE to support practices that were struggling or in 'special measures'. There was a number of Sheffield practices that went through that scheme last year and SCCG are about to embark on an evaluation of the effectiveness of the support that they received as what we do not want to do is to duplicate anything that is not supporting etc. This is currently being jointly undertaken by SCCG, NHSE. The vulnerable practice / resilience scheme will carry on another 3 to 4 years. The Primary Care Co-Commissioning Manager reported that SCCG are currently awaiting the outcome from NHSE's deliberations on the SCCG submission.

The Senior Primary Care Manager (NHSE) advised that at its meeting, an NHSE panel had looked in detail at each of the CCG's in South Yorkshire and Bassetlaw who had submitted their resilience plans. The Senior Primary Care Manager (NHSE) advised that at this stage they were unable to confirm any outcome at yet as the panel had some queries and requested further information from some of the CCGs on their resilience plans submitted.

ACTION: The Senior Primary Care Manager (NHSE) advised that NHSE should be in a position to confirm if SCCG bid had been successful week commenting 31 July 2017. **VL**

The Primary Care Co-Commissioning Manager reiterated that resilience funding did not sit with SCCG but with NHSE and that, in effect the CCG is required to bid against.

The Director of Finance queried what would happen if the full bid

was not successful and it was noted that an exercise to reprioritise the elements within the Transformation Plan might be needed. Therefore it would be useful for the committee to approve The Programme Director to have the flexibility to alter the plans as necessary.

Ms Forrest sought assurance that the NHSE panel had taken into account SCCG's plan in its entirety at the meeting The Senior Primary Care Manager (NHSE) confirmed they had as SCCG had put its entire plan forward.

The Sheffield Director of Public Health raised the extent to which the funding could be used to tackle health inequalities. The Programme Director advised that the offer was made to all practices in the city to identify their areas of vulnerability, rather than focussing on areas of inequality etc

The Chair asked if the funding could be used to support the – further development of PPGs (Patient Participation Groups) in the city? The Programme Director advised that this would need to be within the context of a business case demonstrating how this would support resilience, sustainability and transformation of practices. Ms Forrest advised that that the last meeting the PPG had stated that they would be very interested in being involved at a neighbourhood level. This may be more sustainable and some smaller practices may struggle to have individual PPG.

ACTION: The Chair requested that at an appropriate point (within the next 6 months) the PCCC receives a report on PPGs (re approach) as an agenda / discussion item. The Interim Director – Care Outside of Hospital would be asked to arrange this. **ND**

The Primary Care Co-Commissioning Manager advised that she had recently attended RCGP / NHSE event around resilience. Having joined the South Yorkshire and Bassetlaw table at the event, The Primary Care Co-Commissioning Manager reported that a number of the CCG's were enthused by the work that SCCG had being doing around GP Support Manager roles and the wider GPFV approach.

The Finance Director asked to take into consideration that this is non-recurrent money. Some of the options do require ongoing costs and just need to be careful and at the moment we are only asking the Committee to approve expenditure for this financial

year.

The PCCC approved the recommendations for the use of the Transformational Support funding. The Committee also agreed that The Programme Director did not need to bring this item back if she needed to marginally flex it.

The PCCC also noted the challenges of the delivery of the schemes and the financial challenge, particularly if Sheffield does not receive Resilience Funding.

69/17

Any Other Business

- **Presentations at Public Meeting**
  It was agreed that any / all presentations shown at the public meeting would be made available via the website
  ACTION: RFA **RFA**

The Chair reported that he had not been advised of any items to be discussed under this item, therefore, there was no further business to discuss in public this month.

70/17

Date and Time of Next Meeting

The Accountable Officer advised that the date and time of the September meeting (previously scheduled for Thursday 28 September 2017 might need to change due to it clashing with the date of the CCG's AGM.
ACTION: Dates and timings of next meeting to be confirmed **RFA**

Could you please note that the meeting scheduled to take place on Thursday 24 August 2017 has been cancelled.