NHS
Sheffield
Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 23 November 2017
Boardroom, 722 Prince of Wales Road

A

Present:	Tony Williams (Chair)
(Voting Members)	Ms Amanda Forrest, Lay Member Professor Mark Gamsu, Lay Member Miss Julia Newton, Director of Finance Mrs Mandy Philbin, Acting Chief Nurse Mrs Maddy Ruff, Accountable Officer
(Non-Voting Members)	Dr Nikki Bates, CCG Governing Body GP Mrs Katrina Cleary, Programme Director Primary Care Dr Duncan Couch, Sheffield Local Medical Committee (LMC) Dr Trish Edney, Healthwatch Sheffield Representative Mr Greg Fell, Director of Public Health, Sheffield City Council Dr Anthony Gore, Clinical Director – Care Outside of Hospital Ms Victoria Lindon, Senior Primary Care Manager, NHS England Dr Zak McMurray, Medical Director
In Attendance:	Ms Roni Foster-Ash, PA to Medical Director and Programme Director (Primary Care) Mr Gordon Osborne, Locality Manager - Hallam and South Locality (for item number 6 – 89/17)

Members of the public:
There were 10 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
83/17	**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.	
84/17	**Apologies for Absence** Apologies had been received from Mrs Nicki Doherty, Director of Delivery – Care Outside of Hospital. Apologies for absence from those who were normally in attendance had been received from Dr Chris Whale, Secondary Care Doctor and Mrs Rachel Pickering, Primary Care Co-Commissioning Manager The Chair confirmed that the meeting was quorate.	

85/17 **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

Declarations of interest were received from the following:

- Dr Nikki Bates (CCG Governing Body GP) in relation to agenda item number 13 (96/17) 'Winter Resilience Funding – Locally Commissioned Service (LCS)'
- Dr Anthony Gore, Clinical Director – Care Outside of Hospital in relation to agenda item number 13 (96/17) 'Winter Resilience Funding – Locally Commissioned Service (LCS)'

In relation to the above, Chair noted that because the proposal had already been approved virtually by voting members of PCCC (none of whom have a conflict of interest in this issue) there were no specific actions required.

- The Programme Director Primary Care identified that there was an urgent item to be raised under 'Any Other Business' regarding 'Christmas and New Year Period Expectations' – agenda item 14 (97/17)which all attending GPs would need to declare a declaration of interest in.

Chair noted that GPs would be able to comment factually on issues to help inform any decisions to be taken by the Committee.

86/17 **Questions from the Public**

The Director of Finance advised that the CCG had not received any questions from members of the public prior to the meeting. The Chair advised that questions received from the public from the previous meeting held on 25 September 2017 had been addressed and copies of the questions along with the CCG's responses where included in the minutes of last meeting under Appendix A.

87/17 **Minutes of Previous Meeting**

The minutes of the meeting held on 25 September 2017 were agreed as a correct record, subject to the following amendments:

a) Urgent Primary Care Options for Formal Consultation (minute 58/17 refers)

Dr Trish Edney (Healthwatch Sheffield Representative) requested that paragraph 8 to become an action (Accountable Officer agreed).

'Members discussed that there would be considerable workforce implications whichever option was agreed. There was also a gap in our whole system approach in that the CCG had a lack of influence with the providers of public transport in the city, which had to meet the needs of passengers) .'

Dr Trish Edney (Healthwatch Sheffield Representative) also raised concerns regarding the Urgent Primary Care Options for Formal Consultation document. Dr Trish Edney confirmed that several concerns had been raised by patients at the Healthwatch Board meeting held early that week; one regarding the lack of publicity regarding the consultation events but mainly that the document raised numerous concerns amongst patients. Dr Trish Edney confirmed that a meeting had been scheduled with Dr Anthony Gore (Clinical Director – Care Outside of Hospital), and other members of the Urgent Care team directly after the meeting to discuss specific issues in relation to Healthwatch concerns regarding the consultation.

88/17 **Matters Arising**

a) Transformational Support (minute 68/17 / 76/17 refers)

Full analysis of the resilience response to be brought to September along with the Workforce data (Lead KC/RP) – on November agenda.

b) Month 5 Financial Positon (minute79/17 refers)

Update on expenditure of transformation funds to be included in the Finance report at next meeting.

c) Interpreter Service (76/17)

The Healthwatch representative asked when an update on procurement of this service would be given. The Programme Director Primary Care responded that this contract had only just been agreed and would present an update to the committee in either November or December.

89/17 **Beighton Health Centre Proposal**

The Programme Director Primary Care presented this report (produced by Locality Manager - Hallam and South Locality - present at meeting). The report provided information on the proposed use of Beighton Health Centre. The Committee was asked to agree in principle the preferred option to be taken forward in both the short and medium term, including the commitment to continue funding the rental costs within that timeframe.

Discussion took place regarding the following:-

- Introduction / background
- Options available:-
  - **Option 1 – utilising the centre**
    - Neighbourhoods
      Degree of enthusiasm across the neighbourhood to use the facility as best they can to support the Out of Hospital strategy recognising that a lot of which is currently not finalised. This would in turn strengthen Third Sector relationships.

      Consider if the proposals from the Neighbourhood are sufficient for within the next few months, work up some tests to see if there is any merit and scope for those services coming in, bring some in see if they are viable and come back with findings and results over suggested approximate timescale of 6 months. At the same time exploring if anyone has a rent they want to pay, the CCG would probably meet that rent unless anyone wanted to start to contribute towards it.

    - Financial Implications
      The Programme Director Primary Care asked to committee to be mindful that whilst there would be no request for further funding there was an annual rental bill of £81,213.
  - **Option 2 – Disposing of the premises**

    The Programme Director Primary Care advised that recent guidance had suggested that if a commissioner had a building that was traditionally used for NHS services and was no longer using that, the building could be disposed of by NHS Property Services through CHP. As there is currently a pharmacy as a tenant within the property this may not be a straight forward that this guidance suggests therefore this this option was decided on it would take

some time to take this forward. The Locality Manager - Hallam and South Locality reinforced that if this option was decided upon this would take some time to dispose of the premises however there were plans in place to put this time to best use and these could be initiated quite quickly.

Deliberation took place regarding the options available.

The Primary Care Commissioning Committee approved Option 1 in principle and requested that the various options for use of Beighton Health Centre as outlined in paper C be investigates further and trialled for viability. KC to take forward and update committee with findings in 6 months. **KC**

The Reasons for decision:-

- Expanding Care out of Hospital – eg possible opportunity for community / voluntary services and organisations within the Beighton area (currently lacking in this area)
- Utilisation of void space
- Possible accommodation for use of Prescription Ordering Line (POL)

90/17 **Manor Park Medical Centre and Park Health Centre Merger Application**

The Programme Director Primary Care presented this report which provided information on the request from Manor Park Medical Centre and Park Health Centre GP surgeries to proceed to a formal merger process.

It was noted that colleagues from both practices were in attendance as members of the public.

The Programme Director drew Committee's attention to a typing mistake in the paper which should read that there would be no anticipated change to premises location for 5 years, and not the 3 years as stated in the paper.

The Primary Care Commissioning Committee discussed the content of the report and deliberated both the advantages and the risks to the proposed merger.

The Programme Director Primary Care clarified that both practices have looked at demographics eg patient area etc. Both are small practices with patient numbers reducing year on year. Both practices within the Central locality, patients are in favour (postal votes confirm that over 400 patients eg majority approve the merger plus public

meetings very positive feedback). The merger would form part of the Primary Care Strategy regarding sustaining primary care.

The Committee was informed that both patient populations were being consulted with currently as well as local MPs and Councillor open meetings. The providers will continue to consult/inform/engage as part of the on-going merger process.

Every registered patient had received a letter regarding the proposed merger inviting them to an evening meeting (paper D appendix 1).

The Primary Care Commissioning Committee approved the recommendations and proposed stages of the merger approval process under section 3.1 of the report.

91/17 **Crookes Valley Medical Centre and Harold Street Merger Application**

The Programme Director Primary Care presented this report which provided information on Crookes Valley and Harold Street GP Surgeries to proceed to a formal merger process.

Key issues:

- Dr Gabrawi (Crookes Valley GP) due to retire shortly.
- Two single-handed GP Providers, with a combined list of 3500
- Impact on other GP providers if patients migrate
- Crookes Valley registered population has a wide geography across Sheffield
- Additional workforce required in order to accommodate a merger
- Patient impact on the closure of a site

Other options have been explored. Patients have been involved in the process.

Demographics of the Crookes practice is citywide, mostly male, mostly Arabic speaking and one of the issues is that Dr Gabrawi and his staff use this dialect. Dr Patrick has previously been working at Crookes Valley Practice to get to know the patients. The intention is that the Arabic speaking staff will continue to be employed by the practice. Dr Patrick also arabic speaking and has been having conversations with an Arabic speaking GPs to replace Dr Grabrawi when he retires.

The Programme Director Primary Care asked Committee to note that this is quite a complex process. As this is a merger, then one of the GPs retiring, then premises no longer being used at one of the sites then a wider workforce coming into place and being centralised however the benefits are moving on to a larger, more resilient base.

The Programme Director Primary Care emphasised that the Committee was being asked to not only approve the merger subject to the due process of the reforms that practices need to be supporting in completing.

The Primary Care Commissioning Committee discussed the content of the report and deliberated both the advantages and the risks to the proposed merger.

The Primary Care Commissioning Committee approved the recommendations and proposed stages of the merger plan under section 3.1 of the report.

It was agreed that the Committee will continue to assess the above merger and that any concerns will be brought to the Committee if required. The Primary Care Team gave their assurance that they will continue to work closely with both practices.

92/17 **Resilience Plan 17/18 Submission to NHS England - Outcome**

The Programme Director Primary Care presented this report which provided an update on the Resilience Funding outcome which had been previously requested by the Committee.

She advised that a full financial report in terms of the primary care budget would be presented at the next meeting in December.

Key issues:-
- Required resource to support resilience and vulnerability
- Funding outcome is less than that applied for
- Ensuring equity of resource if available
- Identifying 'vulnerability'

The Primary Care Commissioning Committee noted the report and resilience funding outcome received from NHS England as outlined in paper F.

Senior Primary Care Manager, NHS England advised that since this report was produced for the committee an individual practice, following a CQC inspection, have found themselves requiring additional support. The CCG requested additional funding for this specific practice from NHS England which has now been approved.

93/17 **Financial Report Month 7**

The Director of Finance presented this report which provided information on the financial position for primary care budgets for 7 months to 31 October 2017.

The main issue was the approval to use the Winter Resilience reserve which would be covered under agenda item 13 (96/17).

The Primary Care Commissioning Committee:

- Noted the financial position at Month 7.
- Considered the potential risks and challenges to delivery of a balanced financial position against primary care budgets for 2017/18.

94/17 **Primary Care Charter – Accountable Care System**

The Accountable Officer presented this report which provided information on the South Yorkshire and Bassetlaw ACS Workstream Charter (Primary Care 2017/18 – 2020/21).

The purpose of this paper is to review the current version of the Accountable Care System (ACS) Primary Care and provide comment back to the ACS Primary Care Board.

Each of the workstreams in the Accountable Care System have been asked to prepare a charter to identify the vision, key themes and areas of work being undertaken across South Yorkshire and Bassetlaw (SYB). The document is a current work in progress and the Board has asked that it now be taken to all Primary Care Committees for comment.

The Accountable Officer ran through the individual key themes and advised that she had been informed that the CCG were hoping to get some additional funding on Primary Care Digital. She also confirmed that optometry & pharmacy were all actively involved in the primary care group for the ACS.

The Accountable Officer reassured the Committee that the key themes within this report coincide with all the key priorities within Sheffield and fit into the CCGs Primary Care Strategy. This also demonstrates how our vision for Sheffield fits with the Accountable Care System and how the two will work together

Comments received from Primary Care Commissioning Committee:-

- Dr Trish Edney, Healthwatch Sheffield Representative queried layout of the document regarding the 6 summary themes on page 7 which are different to Themes shown from page 9 onwards. The Acting Chief Nurse confirmed that the summary themes on page 7 were at STP level and the themes on page 9 onwards where in more detail at ACS level.

- Professor Mark Gamsu, Lay Member advised that he would like more clarification on health and equalities outlined in the document. The comparatives used in the document are to do with this is how the ACS, the South Yorkshire and Bassetlaw area

compares with the national averages when actually the inequalities within the places are a real concern to Sheffield. One of the things we need to recognise is the challenges within various places across the city regarding inequalities in certain areas versus other areas of the city. Work is currently being undertaken within Sheffield regarding this issue and highly probably that this was also an issue in other cities and felt that this should be highlighted within this report.

ACTION: MR / KC to feedback above comment to ACS Primary Care Board — **MR/KC**

- Mr Greg Fell, Director of Public Health, Sheffield City Council – reassurance sticking with the principle of equitable distribution rather than equal distribution to address health inequalities.

- Mr Greg Fell, Director of Public Health, Sheffield City Council – typo on page 25 'a reduced gap in healthy life expectancy by 5 years from an average of 20 to 15 years – incorrect

- Dr Zak McMurray, Medical Director queried section on workforce specifically regarding GP numbers on page 12 of the document. figures may be unrealistic and have now been updated. He emphasised that although he very much welcomed the document as a whole he felt that the current figures shown within this section may be unrealistic and not achievable.

- Mr Greg Fell, Director of Public Health, Sheffield City Council – theme 8 'Development of wider primary care' – community pharmacy, eye care, services dental' (page 31 of document). He felt that most would welcome looking beyond the NHS to the notion of primary care as well. Some of this is picked up via social prescribing but asked for thinking on how the two things mesh with each.

KC emphasised that this was an evolving document. , The document will be regularly updated through the ACS Primary Care Group via received feedback from various committees from around South Yorkshire.

ACTION: Accountable Officer to feedback above comments received from the Primary Care Commissioning Committee to the ACS Primary Care Board. – MR / KC / VL — **MR/KC/VL**

The Primary Care Commissioning Committee noted the paper.

95/17 **Backlog Maintenance and Statutory Compliance of Premises**

The Programme Director Primary Care presented this report which provided information relating to the management of Backlog Maintenance and statutory compliance in GP Primary Care Premises, and the process to gain satisfactory assurance on these matters.

The Programme Director Primary Care advised that this paper followed on from a paper recently discussed at Governing Body were members raised questions with regard to levels of backlog maintenance within practices.

Within the strategy two practices were highlighted as being as high risk in terms of backlog maintenance with the remainder being reported at medium to low risk.

The two practices concerned had been contacted with both giving assurance that the issues raised had been dealt with. Both risks were with regard to structural issues;

- One practice had a boiler that had not been serviced for a number of years. The practice had confirmed that this matter has now been addressed. The CCG were still awaiting evidence of the faulty boiler being fixed.

- The other practice had a query regarding possible traces of asbestos. This practice now given assurance that this issue had now been address and now has regular visits. Evidence of this had been received by the CCG.

The Programme Director Primary care gave assurance that neither of the above issues had had a detrimental effect on patient care.

The Programme Director Primary Care advised that the timeline highlighted within the paper had been slightly delayed with regard to letters going out to practices had been slightly delayed as they were awaiting feedback from the LMC before sending out.

She confirmed that the CCG's approach regarding the letter was that, recognising that that the six facet survey was taken a number of months ago, this is what was found, you may have already have already addressed some or all of these issues. Tell us what you have put right, tell us what is still outstanding and tell us what your plans are to put the outstanding work right. It is designed to be helpful to practices and to ensure that practices to be maintained to a certain standard.

Key issues:

- Surveys carried out in support of the Primary Care Estates Strategy identified that some practices have outstanding High or Significant risk backlog maintenance issues, and/or outstanding issues of statutory compliance relating to premises.

- Many issues are known to have been addressed having been identified during the survey

- A plan has been developed that requires each GP practice to provide further assurance on matters identified by the 23 December 2017

The Primary Care Commissioning Committee noted the paper with regard to the actions being taken currently.

96/17 **Winter Resilience Funding – Locally Commissioned Service (LCS)**

The Programme Director Primary Care presented this report which provided information on consideration and approval of Locally Commissioned Service for Winter Resilience.

The Programme Director Primary Care confirmed that the paper and approach had been approved. There were a number of question on an operational issues that are now being addressed and have been outlined in the new specification which has now gone out to practices. Ms Amanda Forrest, Lay Member asked for breakdown on of winter resilience figures 2016 /17 scheme to be distributed to members via email. The Director of Finance confirmed that figures would be advised. **JN**

Post meeting note 2016/17 scheme:

- **Circa 22k 'offered' appointments**
- **Circa 21k ' booked' appointments**
- **Circa 20k ' attended' appointments**

The Primary Care Commissioning Committee noted the proposed use of £350k to fund a Locally Commissioned Service for winter resilience in 2017/18 outlined in the proposed specification was approved virtually by the voting members of committee.

97/17 **Any Other Business**

- Christmas and New Year Period Expectations
  The Programme Director Primary Care informed the Committee of the expectations for GP Contractors of the Christmas and New Year period and asked for the Committee to agree the Commissioner position.

  Key issues:

  - CCG will not be approving requests to close early, without explicit clarity of how patients can access routine as well as care
  - Potential urgent care pressures if GP Practices chose to close early without access to routine care up to and following the Christmas period
  - Timescales for communications. The CCG letter went out to

practices on 21 November with an expected 28 day notice period if providers are proposing changes to their provision, this has had to be flexed (NHSE Communication arrived 6 November)

- The Commissioner position and approval of changes to GP contract provision over the period
- The Extended hours approval process to change during bank holidays needs to be managed locally for the DES
- The Extended hours contract (GPAF) Christmas period opening has not had formal CCG sign off and the PCS communications have not yet been sent out
- Providers are likely to have agreed their subcontracted arrangements with their out of hours providers for the Christmas period, before this has been agreed with the Commissioner
- Contractual implications of non-approved closure, deemed to not meet core contract requirements

The Programme Director Primary Care highlighted that the briefing note distributed to practices had an error showing Saturday 6 and Sunday 7 as core hours and confirmed that an amended version would be sent out to all practices.

Within the letter which listed the contractual core hours practices were expected to work and highlighted that the CCG were proposing that any practices that wanted to apply to close early on any of the core days that they would need to seek permission from the CCG. As the Primary Care Commissioning Committee was not due to meet until 21 December, the Programme Director Primary care asked the committee would like to delegate approval of if any requests received to an alternative committee early December eg SMT etc for approval or if the Committee wanted to make a decision at this meeting as to if any requests should be approved at all therefore all Sheffield practices should be required to open for the core hours over this period.

The Accountable Officer advised, that as lead on Urgent and Emergency Care for the city, plans were being made with partners regarding continuity management and the pressure on services eg hospitals and social care etc throughout the Christmas and New Year period, she felt that the Sheffield Practices should also be open for the core hours over this period.

After discussion The Primary Care Commissioning Committee agreed that, in line with other services that Sheffield practices would be required to open for the core hours as outlined in the briefing note.

It was agreed that further discussion should took place during 2018 to consider the possibility of a different, more flexible approach for next year Christmas and New Year period, for eg. A Neighbourhoods approach

98/17	**Date and Time of Next Meeting** The next meeting will take place on Thursday 21 December 2017, 2.00 pm – 3.30 pm, in the Boardroom, 722 Prince of Wales Road.