

## *Sheffield Clinical Commissioning Group*

### Primary Care Commissioning Committee Unadopted minutes of the meeting held in public on 17 November 2016 Boardroom, 722 Prince of Wales Road

A

**Present:** Mr John Boyington CBE, Lay Member  
**(Voting Members)** Mrs Penny Brooks, Chief Nurse  
Professor Mark Gamsu, Lay Member  
Ms Julia Newton, Director of Finance

**(Non Voting Members)** Dr Amir Afzal, CCG Governing Body GP (from item 100/16)  
Dr Alastair Bradley, Local Medical Committee (LMC) Representative  
(on behalf of the Chair of the LMC)  
Dr Trish Edney, Healthwatch Sheffield Representative  
Mr Greg Fell, Sheffield Director of Public Health (from item 102/16)  
Ms Amanda Forrest, Lay Member  
Ms Victoria Lindon, Senior Primary Care Manager, NHS England  
Dr Zak McMurray, Medical Director

**In Attendance:** Ms Carol Henderson, Committee Administrator  
Mr Peter Moore, Director of Strategy and Integration (for item 104/16)  
Ms Eleanor Nossiter, Acting Head of Communications and  
Engagement  
Mrs Rachel Pickering, Primary Care Co-Commissioning Manager (on  
behalf of the Programme Director Primary Care)

#### **Members of the public:**

There were two 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
96/16	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting.</p> <p>The Chair welcomed Dr Alastair Bradley, Local Medical Committee (LMC) Representative, who was attending the meeting on behalf of Dr Mark Durling, Chair of the LMC), and Ms Rachel Pickering, Primary Care Co-Commissioning Manager, who was attending the meeting on behalf of Mrs Katrina Cleary, Programme Director Primary Care.</p>	

97/16	<p><b>Apologies for Absence</b></p> <p>Apologies for absence from voting members had been received from Mrs Maddy Ruff, Accountable Officer.</p> <p>Apologies for absence from non voting members had been received from Dr Nikki Bates, CCG Governing Body GP, Mrs Katrina Cleary, Programme Director Primary Care, Dr Mark Durling, Chair, Sheffield Local Medical Committee, and Dr Devaka Fernando, Secondary Care Doctor.</p> <p>The Chair confirmed that the meeting was quorate.</p>
98/16	<p><b>Declarations of Interest</b></p> <p>There were no declarations of interest this month. The Chair reminded members that, in future, 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.</p>
99/16	<p><b>Questions from the Public</b></p> <p>A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.</p> <p>There were no further questions from members of the public this month.</p> <p>Dr Afzal, CCG Governing Body GP, joined the meeting at this stage.</p>
100/16	<p><b>Minutes of Previous Meeting</b></p> <p>The minutes of the meeting held on 5 October 2016 were agreed as a true and accurate record, subject to the following amendments:</p> <p><b>a) Apologies for absence (minute 83/16 refers)</b></p> <p>Ms Amanda Forrest to be added to the list of apologies from the non voting members.</p> <p><b>b) Primary Care Commissioning Committee: Draft Internal Audit Report (minute 90/16 refers)</b></p> <p>Last sentence of eighth paragraph to read as follows:</p> <p>The Programme Director advised that, as the Chair had done exactly that at the meeting held on 8 September (under minute 72/16), she hoped that the rating in the audit could now be changed to Green.</p>

**101/16 Matters Arising**

**a) Primary Care Commissioning Committee: Draft Internal Audit Report (minute 90/16 refers)**

The Acting Head of Communications and Engagement advised members that she and the Programme Director Primary Care had met to review the various mechanisms we had for communications with our Member practices. They had agreed to try and make it as easy as possible to see what was relevant by drawing up a template with areas that would be relevant to all practices, including decisions taken at Primary Care Commissioning Committee (PCCC) meetings, and items for noting.

The Primary Care Co-Commissioning Manager advised members that she had circulated the implementation plan for the transfer of responsibilities from NHS England to the CCG to a number of colleagues within the organisation requesting an update on various actions. The final plan would be presented to the committee after the final target date for actions had passed.

**KaC/RP**

The Senior Primary Care Manager, NHS England, advised members that, as requested at the previous meeting, she had sought clarification from colleagues as to what Internal Audit was doing in terms of reviewing other CCG PCCCs and if any comparator reports would be made available. She reported that, as far as she was aware, none of the other PCCCs had been subject to the Internal Audit process. The Director of Finance advised that it would be up to the other CCGs to decide if they wanted to include this on their own individual Internal Audit programme or not.

**b) Proposed Practice Visits Programme (minute 91/16 refers)**

The Healthwatch representative confirmed that reports from Healthwatch's enter and view visits were sent to the CCG's Chief Nurse, Head of Patient Experience, and Engagement Manager, once they were published. The Chief Nurse responded that she would ensure that these reports were shared internally with the appropriate people within the organisation.

**PB**

With regard to the schedule of practice visits, Ms Forrest reminded members that the CCG's four Lay Members had indicated previously that they would like to be involved in the visits but, at this stage, had not been asked for their availability. In this respect, she requested that they be advised of dates and times as soon as possible to plan into their diaries. The Primary Care Co-Commissioning Manager explained that the team had only just started to schedule meetings into diaries and would ensure these were sent out to the Lay Members even though it was not a requirement for them to attend. The Committee recognised

**RP**

that the Local Medical Committee (LMC) Chair had highlighted the importance of Governing Body members attending visits to be able to know what it was like to be on the front line of general practice. She also explained that it would be a rolling programme that went beyond the end of March.

Mr Fell, Director of Public Health, joined the meeting at this stage.

#### **102/16 Review of Primary Care Commissioning Committee Terms of Reference**

The Director of Finance presented the revised Terms of Reference. She advised members that the Terms of Reference for all committees and sub-committees of Governing Body had been 'decoupled' from the CCG Constitution, which now enabled them to be updated and amended quickly and effectively to reflect current circumstances, whilst still undergoing a rigorous governance process, including an annual review to check they were still fit for purpose.

She advised members that the proposed changes set out in section 2 reflected some practical changes, for example the change of leadership within the organisation, and an increase in the number of voting members from five to seven, which would make the committee more resilient. At this stage, there were no proposals to change the actual remit or quorum of the committee.

The Primary Care Commissioning Committee:

- Considered the report and the proposed changes to the Terms of Reference.
- Recommended the proposed changes to Governing Body for approval.

#### **103/16 Month 6 Financial Position**

The Director of Finance presented this report which provided members with an update on the financial position for primary care budgets at Month 6, together with a discussion on the key risks and challenges to deliver a balanced position at year end. She reminded members that she was reporting on the CCG's formal delegated expenditure position and other spend on primary care services. She advised that she had no major changes to report since last month.

Professor Gamsu reminded members about the discussion at the previous meeting when members had suggested putting together a 'shopping list' to use against any spare slippage from budgets / the 1% (£747k) non recurrent reserve we are required to hold. The Director of Finance explained that she had not put in train a process for engaging with localities in this regard as there remained a very strong steer from NHSE that the 1% would not be released for local use given the overall

financial pressures faced by the NHS. She advised, however, that with the Programme Director Primary Care, she would keep under review if particular “pressure points” emerged as a potential call against further slippage on delegated budgets.

The Primary Care Commissioning Committee:

- Considered the risks and challenges to delivery of a balanced financial position against primary care budgets.
- Noted the financial position at Month 6.

## **104/16 Winter Resilience Proposal**

Mr Peter Moore, Director of Strategy and Integration, was in attendance for this item, and presented proposals for the use of £350k of slippage from primary care budgets for the creation of a Locally Commissioned Service (LCS) for winter resilience and a request for the committee to agree the LCS criteria and whether to adopt a ‘pick list’ approach or suppose use of the funding for additional urgent appointments only. He advised the committee that the proposals had initially been discussed in private at Governing Body on 3 November. He also thanked the Primary Care Co-commissioning Manager for putting the paper together in the tight timescale. He drew members’ attention to the key highlights.

There was a real pressure on the whole primary care system to make sure we have additional capacity going into the areas at the front of the hospital, and outside of this there were also some investments around the exit from the hospital process. The five proposals, as discussed with practices, localities, and the LMC, to buy this additional activity for primary care to supplement its current activity, were set out at section 1 as follows:

1. Additional urgent care appointments per day in primary care to reduce A&E activity - which should prevent some A&E attendances.
2. Buying some double or triple appointments for GPs to have more time to either prevent an admission or put in place planned care packages / wrap around services to prevent admissions for those patients most at risk of admission.
3. Buying some double or triple appointments to give GPs the time for secondary care to provide a proper handover following the discharge of those patients with complex needs, to ensure their care could then be maintained in primary care.
4. Additional administration time to be worked during the four day Christmas shut down to pay for GP time to process the expected high number of discharge letters and results.
5. For practices to open and provide emergency walk in appointments on Bank Holiday Tuesday 27 December.

He advised members that there would have to be some monitoring to understand the impact of the initiatives, including evidence that they had demonstrated their use of the funds and the outcomes.

The Primary Care Co-Commissioning Manager advised the committee that it would be a similar approach to that taken for the additional urgent care appointments that had been provided in primary care for the last three years.

The LMC Representative confirmed that the LMC had reviewed and commented on the proposals. He commented that, whilst they were similar proposals to previous years, the first one would be easy to implement but the next two would be more difficult to monitor, especially as the patient's care package would need to be place before there was any element of the hospital discharging the patient. He also asked for clarification as to what the approach would be if a practice chose only to implement one of the options.

The Director of Strategy and Integration explained that the approach would be that the activity was given a currency. For option 1, the funding would be worked out on a per capita basis with a practice allowed the number of expected appointments to be achieved per week / month, and options 2 to 5 calculated to equal appointment times. It would need to be made mathematically as straight forward as possible.

Ms Forrest commented that the biggest pressure at the moment was delayed transfers of care (dtocs), and this was not just about GP morale but about supporting the whole system to be more effective. She also commented that for next winter it would be helpful to have some involvement from Patient Participation Groups (PPGs), which would be a very powerful forum to have a voice from.

The Director of Public Health advised that, whilst it was proposed that deployment of the funding would be on a pro rata basis, this did not necessarily tie in with where health inequalities were. He also commented that they needed to get the evaluation of the initiatives right. The Primary Care Co-Commissioning Manager advised that all the recent LCSs had been based on weighted populations, which did bring in equity of services.

The Chief Nurse suggested that, in order to get plans well in train for winter 2017/18, preparation commence in January 2017. She also commented that, with regard to evidence of what works well in avoiding admissions, etc, we needed to be influenced by what the GP knows works well at their practice that stops people turning up at A&E.

Dr Afzal commented that he could see the practicalities of what the LCS was offering, and that double and triple appointments would be useful for him personally as a GP, but that he would be happy just to have option 1 for that little bit of extra resilience.

The Healthwatch representative expressed concerns about the proposal to establish additional appointments on 27 December, as there might be

confusion for patients in knowing which surgeries would be providing these appointments, which meant that we needed to start advertising what we were doing as a city, now. Professor Gamsu reminded members that, according to the Yorkshire Ambulance Service NHS Trust (YAS) the busiest day of the year for the service was Boxing Day. In this respect, he commented that making the 111 service aware of these arrangements was an important supplement.

The Senior Primary Care Manager, NHS England, commented that we may have practices that would like to offer these extra appointments but they needed to have the capacity to be able to do this. She also asked how this linked to the Walk in Centre, and if there seemed to be a link to the reduction of A&E attendances in all the initiatives we had put into place during the winter over the last three years. Professor Gamsu commented that there was a broader issue about winter resilience which was not just about primary care, and wanted assurance that these proposals fitted in with that.

The Director of Strategy and Integration advised members that there were six fundamental Sheffield health system winter priority service changes that would be put in place during the winter period, which had been discussed in full at the Governing Body meeting held in private on 3 November: Additional activity within primary care; Move the GP collaborative into the Helipad and trial GP triage at the front of A&E; Introduction of the assessment process within Sheffield Teaching Hospitals NHS Foundation Trust (STHFT); STHFT excellent emergency care programme; Disproportionate effort into reducing delayed transfers of care, and to ensure the Community Intermediate Care Service (CICS), Short Term Intervention Team (STIT) and independent sector flow, with the main focus on reducing admissions as much as possible. The prospective start date for these would be 1 December.

The Director of Strategy and Integration commented that the evaluation of all these initiatives would be really important, to ensure we get the right metrics in place. He also commented that the morale of staff was incredibly important as it could have a really big impact on the whole system if people knew they were being supported.

Dr Afzal commented that if we were going to do it properly, then we needed to gather some proper intelligence, including what is happening in primary care as well as in the hospitals.

The Medical Director commented that we have to do this as a whole system, ie not just focus on A&E.

The Primary Care Commissioning Committee:

- Approved the use of £350k of slippage from primary care budgets for the creation of a Locally Commissioned Service (LCS) for winter resilience.

- Agreed to remit to the executive team to agree the LCS criteria and whether to adopt a 'pick list' or support the use of the funding for additional urgent appointments only.
- Agreed that the process for next winter start earlier than this year, with patient and public consultation, to get ahead of the curve significantly.
- Asked the Director of Strategy and Integration to present information to a future meeting that demonstrated evidence that the right metrics were in place.

**PM**

#### **105/16 Update on Closure of Westfield Practice**

The Senior Primary Care Manager, NHS England gave an oral update and advised members that, further to the update at the previous meeting, the practice had closed as at 31 October 2016. She reminded members that the Owlthorpe practice had been supporting the Westfield patients on an emergency contract over the past few months following the committee's agreement that services could be reduced at the Westfield practice due to its reduced list size over recent years. She reported that all the registered patients had been dispersed, with a large number of patients transferred to the Owlthorpe Surgery, and those patients that either lived elsewhere in the city or out of Sheffield had registered with practices local to where they lived. She also advised members that she and the Primary Care Co-Commissioning Manager were in the process of sorting out the final practicalities of closing down the building.

**VL/RP**

The LMC representative asked if there was ongoing learning from this and how that would be disseminated. The Senior Primary Care Manager explained that the Owlthorpe Surgery had done a very good job to step in and run the Westfield practice at short notice, whilst managing a dwindling list. In this respect, she advised that their Practice Manager would be more than happy to support others in a similar position.

The Medical Director commented that there were also lessons to be learned from the original procurement, and reported that several discussions had already taken place as to how the situation had deteriorated as it had, with the company that had tendered to provide the service walking away within a short space of time. We also needed to understand why the company had gone into receivership even though robust due diligence had taken place.

The Healthwatch representative advised members that no adverse comments from patients had been received by Healthwatch in relation to the Westfield practice.

The Primary Care Commissioning Committee noted the update.



**106/16 Update on Manchester Road Surgery**

The Primary Care Co-Commissioning Manager presented this report which provided members with an update following their approval in July to close the practice's list on a short term basis due to the unforeseen long-term sickness absence of one of the two GP partners. She advised members that the CCG had now received notice that the practice had re-opened its list as the GP had returned to the practice on a phased return. She also advised that the practice had thanked the CCG and NHS England for their support during this time.

The Primary Care Commissioning Committee received and noted the report.

**107/16 Update on Special Cases**

The Director of Finance advised members that a formal appeal had been received from Firth Park Surgery on 14 December 2016 in relation to the data collected and presented in the paper prepared for consideration at this meeting. She advised that, following discussion with the Chair of the PCCC, he had felt that consideration of this paper should be deferred to allow time for the appeal to be formally considered by a panel to be chaired by Mr Phil Taylor, CCG Lay Member with responsibility for Governance. A revised paper including the outcome of the appeal would be presented to PCCC in January 2017.

The Director of Finance explained that, with regard to practicalities, the LCS, as it was running now, was paid quarterly in arrears so no GP practice would be disadvantaged as they would not be expecting any further payment until January 2017.

The Primary Care Commissioning Committee noted that this item had been deferred to a future meeting.

**108/16 Any Other Business**

The Chair reported that he had been advised of one item to be discussed under this item.

**Report to the Overview and Scrutiny Committee (OSC) on the Care Quality Commission (CQC) Ratings for GP Practices in Sheffield**

The Primary Care Co-Commissioning Manager advised members that the Chief Nurse had been asked to put together a paper on the Care Quality Commission (CQC) Ratings for GP Practices in Sheffield for the Overview and Scrutiny Committee meeting in January. She advised that, due to timings of PCCC meetings and the deadline for papers to the OSC, it would not be possible to formally present a draft paper for members' comments prior to their deadline, and was suggesting that it

	<p>be circulated virtually to members the following day for comments by lunchtime on 24 November. This would give sufficient time for any amendments to be made prior to submission of the report by the required deadline.</p> <p>The Director of Public Health suggested that he circulate the OSC's forward planner for meeting papers to members to ensure they could plan well ahead in future.</p> <p>The Primary Care Commissioning Committee noted the update.</p> <p>The Chair reported that there was no further business to discuss this month.</p>	<p><b>RP</b></p> <p><b>GF</b></p>
<b>109/16</b>	<p><b>Confidential Section</b></p> <p>The Committee resolved that representatives of the press, and other members of the public, be excluded from the following item, having regard to the confidential information being presented as part of the business to be transacted, publicity on which would be prejudicial to the public interest.</p> <p>The Chair drew attention to the items that would be discussed in the private session:</p> <ul style="list-style-type: none"> <li>• Update on Business Intelligence for Primary Care</li> <li>• Update on Buchanan Road Surgery</li> <li>• Update on Sothall and Beighton Practices</li> <li>• GP Five Year Forward View Sustainability Transformation Plan (STP) Submission</li> <li>• Draft 2017/18 Primary Care Budgets</li> </ul>	
<b>110/16</b>	<p><b>Date and Time of Next Meeting</b></p> <p>Please note that the meeting originally scheduled to take place on Friday 16 December 2016 has been rescheduled to take place on Wednesday 4 January 2017, 2.00 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road</p>	

**Question from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Primary Care Commissioning Committee 17 November 2016**

**The commissioning / recommissioning of interpreting services in Sheffield and elsewhere over the last few years appears to have been fraught with difficulty, partly because of cost constraints. A poor service will affect not just patient care but also the use of the service - with potential and varied knock-on effects particularly for the practices which have been recognised as Special Cases. What arrangements has the PCCC made to monitor the quality and effectiveness of the newly contracted interpreting service (including the remedying of any problems)?**

**CCG response:** *The CCG completed a review in 2015 of interpreting service requirements. Members of the public, GP practices and communities were invited to participate in the review.*

*The CCG ran an Official Journal of the European Union (OJEU) compliant tender jointly with Sheffield City Council and Sheffield Teaching Hospitals NHS FT during the Summer of 2016.*

*Twelve bids were evaluated on a price and quality basis. All three commissioners were keen to ensure that we received a quality interpretation service and evaluated all bidders on this basis. Two service providers were selected and the new service arrangements commenced on 1 November 2016.*

*The service providers will be monitored via our contract management processes. The contract includes quality indicators that reflect the needs of the service. In addition a significant level of engagement is taking place with the new providers of the service as part of early implementation of the contract. We are expecting our first data return in December 2016. Should any concerns emerge they will be escalated through agreed contractual routes and to relevant CCG Committees such as Quality Assurance Committee. PCCC can request an update for any of its meetings.*