NHS
Sheffield
Clinical Commissioning Group

A

Unadopted Minutes of the meeting of Primary Care Commissioning Committee held on Thursday 22 March 2018 at 2.00 pm
Boardroom, 722 Prince of Wales Road

Present:	Professor Mark Gamsu, Lay Member (Chair)
(Voting Members)	Ms Nicki Doherty, Director of Delivery Care Outside of Hospital, Ms Amanda Forrest, Lay Member (Chair) Mrs Diane Mason, Senior Finance Manager (on behalf of the Director of Finance) Mrs Mandy Philbin, Acting Chief Nurse Mrs Maddy Ruff, Accountable Officer
(Non-Voting Members)	Mrs Katrina Cleary, Programme Director, Primary Care Dr Duncan Couch, Sheffield Local Medical Committee (LMC) Dr Trish Edney, Healthwatch Sheffield Representative Dr Anthony Gore, Clinical Director Care outside of Hospital Dr Terry Hudsen, CCG Governing Body member Ms Victoria Lindon, Senior Primary Care Manager, NHS England
In attendance:	Mr Gary Barnfield, Head of Medicines Management Ms Roni Foster- Ash, PA to Medical Director and Programme Director, Primary Care Ms Kate Gleave, Deputy Director of Strategy and Integration Mr Brian Hughes, Director of Commissioning & Performance Mr Richard Kennedy, Engagement Manager Mrs Helen Mulholland, Engagement Manager Mrs Eleanor Nossiter, Strategic Communications, Engagement and Equality Lead Mr Steven Haigh, Director of Primary Care Sheffield

Members of the public:

There were 24 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.

ACTION

Announcements from the Chair

- **Tony Williams**

  The Chair informed all present of the very sad news that Mr Tony Williams, previous Chair of the Primary Care Commissioning Committee and Lay Member of the CCG, had

passed away having recently resigned due to recent diagnosis of ill health. Mr Williams had joined the CCG in September 2017 and made a significant contribution to the organisation.
A moment of silent contemplation was given in honour of Mr Williams.

- **Format of today's meeting**

  The Chair advised that, due to the interest in the Urgent Care Consultation reports, this would be the first item on the agenda.

23/18 Introduction, welcome and Apologies for Absence

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee, members of the public and those in attendance to the meeting. The Committee individually introduced themselves to the members of the public.

Apologies for Absence

Apologies for absence from voting members had been received from Miss Julia Newton, Director of Finance.

Apologies for absence from non-voting members had been received from Dr Nikki Bates, CCG Governing Body GP, Mr Greg Fell, Director of Public Health, Sheffield City Council, Dr Zak McMurray, Medical Director and Dr Chris Whale, Secondary Care Doctor.

The Chair declared the meeting was quorate.

24/18 Urgent Primary Care Consultation Report

The Chair advised that members of the public were welcome to stay for the full meeting or would have the opportunity to leave directly after this item if that was their main focus of interest.

The Chair advised members of the public that printed copies of the report were available at this meeting.

The Chair announced that the purpose of this item was to consider the feedback and agree the key themes and that no decisions would be made on the options or any responses to any of the issues raised.

The Chair noted that reviewing the feedback is an important part of the consultation process and it is important that we take time to do this properly and consider all the issues raised and any alternative suggestions put forward, in line with our legal duties.

The Chair stated that the CCG was fully aware that people are keen to understand the timetable for decision making. The CCG would be spending March and April reviewing the feedback and what it is telling us, April to June working through the issues raised with clinicians and partners and June to September working up the recommendations for how to proceed, which will be brought back to the Committee in September for approval.

The Chair advised that as local elections were taking place May 2018, there would be a period of purdah (22 March to 4 May 2018) during which no public discussions would take place with regard to this issue. This would need to be factored in to any considerations.

The Deputy Director of Strategy and Integration presented this paper (C), which detailed the results of the formal public consultation on urgent primary care undertaken between 26th September 2017 and 31st January 2018. She advised that the consultation had provoked and continues to provoke a range of strong views on the proposals to improve access to same day urgent appointments within the city and reiterated the CCGs thanks to all the people who had taken the time, energy and effort to contribute towards it.

She noted that the team had adjusted its engagement approaches throughout the consultation period to try to ensure that it reached as many of the under-represented groups as possible during the process.

The Deputy Director of Strategy and Integration went on to report that it had become clear that despite this, the CCG had not heard from some specific groups sufficiently; this included some parts of of the city for example at the end of the process it was clear that 50% of the respondents to the main survey came from three postcodes (S8, S10 and S11). The CCG therefore commissioned two telephone surveys to ensure that we heard from all strata within Sheffield, and particular selected postcodes who had not engaged through the main consultation process.

There were significantly different responses from the three surveys in relation to some of the questions that had been asked.

An example of this difference was the response to the urgent treatment centre options. Generally there had been very little support for Option 2 (children with minor illness being treated at the Northern General Urgent Treatment Centre alongside the adults across all three of the surveys however, there were clearly some very mixed views around option 1 and option 3 and also there were a number of people across the city who were not convinced by any of the options that had been proposed, preferring either status quo or to suggesting something different.

A number of alternative proposals were suggested in response to the consultation for both the urgent treatment centre from an adult perspective and also the urgent eye care proposals (listed in paper C). Part of the process over the next few months will be to work through these and what the implications would be, alongside how the CCG could potentially mitigate some of issues that have been raised under the 3 proposed options.

The Chair drew attention to the summary at the beginning of the report, which he felt provided a useful overview of the initial analysis of the responses.

Ms Forrest raised concerns regarding people with mental health issues in need of urgent care that was not necessarily related to their mental health condition. She had not particularly seen this addressed within the consultation and sought reassurance of this.

The Deputy Director of Strategy and Integration advised that this had originally been highlighted as a possible concern and confirmed that teams had gone out and engaged with different groups within the communities particularly focusing on those with mental health conditions for example, dementia cafes and the relevant local charities. The CCG was confident they had communicated with and engaged with those communities and groups and that feedback had been received from this group.

She advised that the main survey had highlighted 14% of participants identified as having a disability identified themselves as having a mental health condition. It was possible that more patients could have responded and not identified themselves as having a mental health condition for example if they felt uncomfortable ticking this box, and therefore this may not be a true representation of this group.

Ms Forrest stated that the telephone surveys directed at different postcodes did give some different insights . She stated that she found it interesting that different views where received from different postcodes.

The Strategic Communications, Engagement and Equality Lead advised that one of the reasons for undertaking a telephone survey was that the CCG was very aware of the strength of feeling coming from the south of the city, understanding the issues raised there, but were concerned about why the CCG was not hearing from the north of the city; the survey was instigated to ensure a balanced appoach between the south and the north of the city. She advised that a random sampling across all postcodes had also been undertaken. Issues were drawn out for different geographical areas or different groups of people so that these could be investigated and addressed for example if this went ahead, what would be the impact for these

people.

Ms Forrest advised that in some of the public meetings she chaired there had been concerns (and sometimes heated discussions) raised regarding the eye care proposal, yet the statistics in the feedback did not reflect this concern. She asked for reassurance that the CCG had investigated what these concerns had been regarding the eye care issues.

The Deputy Director of Strategy and Integration noted that she did not currently feel fully assured that concerns regarding eye care had been fully investigated and advised that there had been mixed views received via the feedback with 100 responses in total with reference to eye care.

The CCG has asked for all individual responses regarding eyecare to be collated so that these could be considered in more detail.

The Primary Care Commissioning Committee:

- **Accepted the Urgent Primary Care Consultation feedback reports.**
- **Noted the need to reflect on the feedback and the alternative proposals suggested during the consultation.**
- **Agreed to receive a further report in May 2018.**

KG / EN

25/18 Questions from members of the public

The Chair advised that written submissions had been received prior to the meeting from both Mike Simpkin and Ruth Milson and that a formal response would be provided within 7 working days. Reponses would also be posted on the website and would be included as part of the minutes of this meeting.

The Chair advised that in keeping with the usual process for meetings held in public, members of the public will be given the opportunity to ask questions at the start of the meeting but any questions not previously submitted in writing would be noted and responded to as per the above.

As an allocated time slot of fifteen minutes had been given for this section, the Chair advised that if it was not possible to hear all the questions in the allocated time, two members of staff present in the room (Helen Mulholland and Richard Kennedy) would collect questions and contact details.

- **Petition received from Mr Alistair Tice regarding Urgent Care Consultation**

  Mr Alastair Tice submitted a further 1,223 signatures regarding the previous petition to the committee concerning the Urgent Care consultation.

  Mr Tice advised that, although he appreciated that the official consultation period had now ended, he felt that the additional signatures should be received. He stated that in his view these further emphasised the huge public concern and opposition to the CCG's proposals within the consultation to close the Minor Injuries Unit at the Royal Hallamshire Hospital and the Walk In Centre at Broad Lane.

  The Chair thanked Mr Tice for his petition**.**

  The Strategic Communications, Engagement and Equality Lead advised that the submitted petition would be dealt with as follows:-

  1. As with all petitions it would be taken to the CCGs Governing Body meeting to be noted in public so all members are aware of it. **EN / KG**

  2. As it has been submitted outside of the closing date everyone reviewing the feedback will be made aware of this. **EN / KG**

  3. Within the report there is a section that advises of the original submitted petition therefore an addendum will be added to advise of the further submitted petition. **EN / KG**

Questions from the Public

Questions from the public to the Primary Care Commissioning Committee along with responses from the CCG are attached at Appendix A.

The Chair thanked everyone for their contributions and advised that a formal response would be provided by the CCG within 7 working days to the above questions submitted prior to the meeting. The responses would also be added to the website and submitted with the minutes of this meeting.

26/18 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Primary Care Commissioning committee meetings that might conflict with the

business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that not only do any conflicts of interests need to be noted but there needs 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 made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link: http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm

Declarations of interest where noted from:-

- Dr Anthony Gore (Clinical Director Care outside of Hospital) and Dr Terry Hudsen (CCG Governing Body member) for the following agenda items as GP Partners in Sheffield as a potential source of income:-

  - Agenda item 10 - 'Transformational Support and Resilience Funding Proposal'
  - Agenda item 11 - 'Primary Care at Scale Additional Funding'
  - Agenda item 12 - 'Improving Prescribing Quality Locally Commissioned Services'

- Dr Anthony Gore (Clinical Director Care outside of Hospital) also declared in interest in agenda item 7 – 'Proposal to relocate Meadowgreen Health Centre to Jordanthorpe Health Centre Site' – as this was very close and overlapping with his practice area in Woodseats and potential might affect in terms of losing or gaining patients at his practice.

  The Chair advised as the above GPs were non-voting members of the Committee and no mitigating action need be taken in regard to their declarations of interest and that that their views as GPs would be welcomed.

- Ms Forrest declared an interest in agenda item 6 – 'Urgent Primary Care Consultation Report'. She advised that Falkland House, the practice she is involved with had sent in a separate petition on the Urgent Care proposal.

  The Chair advised there was no decision to be made at today's Committee no mitigating action need be taken in regard to this declarations of interest and that that Ms Forrest's views would be welcomed.

  The Chair declared a conflict of interest in relation to Agenda item 11 - 'Primary Care at Scale Additional Funding' and his role at Darnall

Wellbeing, which is part of one of the 16 neighbourhoods working at scale. No mitigating action was considered necessary for this particular discussion.

The Chair advised that as the meeting was due to finish at 3.30 pm and as Katrina Cleary was leading on the majority of the agenda items, the assumption would be that members had previously read the relevant papers and that she would very briefly introduce each agenda item.

27/18 Minutes of the meeting held on 22 February 2018

The minutes of the meeting held on 22 February 2018 were agreed as a true and correct record with the exception of the following:-

- Page 5 – David Emmas, Practice Manager is from Pitsmoor surgery and not Flowers Health Centre.

28/18 Matters Arising

1. **Minute 89/17 – Beighton Health Centre Proposal**
   Investigate further the various options for use of Beighton Health Centre as outlined in paper C and update committee with findings in 6 months. This item was progressing and would be brought back to the Committee in May 2018 for update and approval. **KaC**

2. **Minute 108/17 – Financial Update**
   Use of NHS England Funding – incorporated into agenda item 10 'Transformational Support and Resilience Funding Proposal

3. **Minute 08/18 (a) – Interpreting Services**
   Formal response to Healthwatch regarding the action plan along with initial Healthwatch report emailed to all committee members 23 March 2018.

4. **Minute 13/18 – Question from Sheffield Save our NHS 11 February 2018**
   Accountable Officer to discuss the format for any future articles regarding the representation of Sheffield CCG at next meeting with Sheffield Star Newspaper scheduled for 27 March 2018. **MR**

29/18 Proposal to relocate Meadowgreen Health Centre to Jordanthorpe Health Centre Site

The Chair drew the Committee's attention to the map on page 8 of the report (paper D) and confirmed that the proposal was for sites 1 (Old School site) and 2 (Lowedges site) to relocate to site 3 (Jordanthope site).

The Programme Director Primary Care updated the Committee on progress in relation to the proposed relocation of Meadowgreen Health Centre into the Jordanthorpe Health Centre LIFT Building as approved in principle at Primary Care Commissioning Committee meeting in November 2017 where approval was given for the practice to continue working up the proposals principally with regard to determining whether Community Health Partnerships (CHP) would support from the customer capital the refurbishment required within the building.

She advised that a PID (Project Initiation Document) was enclosed within the paper which had now gone to CHP. The practice had pulled together some issues and set out some timelines. The direction of travel remains the same as previously presented. CHP will be seeking a firm view from the CCG that this is something that is supported.

Highlights:

- Space in existing primary care premises limited practices' ability to offer wide range of services and support training role
- Void space within LIFT building causing a cost pressure to CCG
- Opportunity to link the two points above with a beneficial outcome

One key issue highlighted the relocation of sites 1 and 2 over a very busy dual carriageway and that the views of the patient population should be taken into account and patient views will be brought to the Committee to enable these to be taken into account along with all other factors.

Ms Forrest asked for clarification regarding pre-engagement with patients taking into account the relocation would result in patients having to cross a major busy road and bearing in mind that in the past we have very little influence on public transport routes. She felt that there would be some issues of concern to the public regarding this. She asked for clarification with regarding to working with patients / patient participation groups.

The Accountable Officer requested that a map showing pedestrian crossings etc be brought to the Committee for assurance otherwise she confirmed that she felt this would be a very positive move for patients, providing modern healthcare in a greatly improved building.

Dr Hudsen sought clarification with regard to section 2 of the report and asked whether there would be any changes to practice boundaries. The Programme Director Primary Care confirmed that no changes were anticipated to the current practice boundary.

The Primary Care Commissioning Committee:

- **Considered the contents of this paper (D)**
- **Supported the basis of the PID to CHP in relation to the necessary refurbishment of the site**
- **Approved the relocation of Meadowgreen practice to the Jordanthorpe HC as per the timescale set out in paper D and subject to final negotiation with CHP and also subject satisfaction of patient feedback being presented to the Committee.**

KaC

The Chair emphasised the need to be very clear to the patients what the impact of the relocation would entail including the potential benefits, of the building and the services available, to enable the patients to make an informed view.

The Acting Chief Nurse confirmed that the above would also be picked up in the Quality and Equality Impact Assessment, which will be required as part of the process.

30/18 2017 /2018 Financial Report Month 11

The Senior Finance Manager reported that the position remains unchanged to that previously reported at month 10 as you would expect at this late stage in the financial year.

A more detailed breakdown of the financial report month 11 is outlined in paper E.

The Primary Care Commissioning Committee considered the financial position at month 11.

31/18 2018 / 2019 Financial Plan and Initial Budget

The Senior Finance Manager presented this report (Paper F) which sought the committee's formal approval of the detailed initial 2018/19 primary care budgets.

She confirmed that these are the initial opening budgets and are all based on the intelligence available at the present time.

- Key highlights of delegated budgets which are detailed in Appendix 1:-
    - The allocation growth is as previously notified ie 1.9% uplift which results in £1.5m additional funding.

- The budgets allow for the funding of all known cost pressures. The projected impact is a cost pressure for Sheffield CCG in excess of the 1.9% cash uplift as our uplift was well below the national average. It has been possible to fund these cost pressures mainly by recycling the funding made available through the PMS transition exercise (now in year 5).

- The budgets are predicated on the assumptions in the paper (F). The key one being that the DDRB (Doctors' and Dentists' Remuneration Board) has not stated what the final settlement will be in terms of pay rise for doctors etc and this is unlikely to be confirmed until the end of May 2018. The budgets allow for a 1% pay rise. Should the DDRB uplift exceed 1% then it is not yet known whether additional national funding will be made available to cover the costs. Should national funding not be forthcoming to cover a higher settlement then the CCG does have a 1% reserve set aside of £740k and this will be the first call against it. If the 1% reserve is not required for this purpose then this will be brought to a future Committee to agree how best to use the reserve. We are also awaiting the publication of the national General Medical Service (GMS) contract negotiations which again are not expected until May.

- Key highlights of additional primary care budgets which are detailed in Appendix 2:-

  - The Senior Finance Manager advised members that the budgets are based on the financial outturn in this year 2017/18 as a starting point and an assessment had been carried out to determine any under/over spend was likely to continue into the new financial year.

  - In February 2018 the Committee received a paper on the Locally Commissioned Services and this budget allows for all the Locally Commissioned Services budgets to be maintained in line with that paper.

  - No inflation or efficiency factor has been applied and so budgets have been kept at the 17/18 price level.

  - Appendix 2 details various pots of non-recurrent funding which have been already set aside in the budget. Recommendations for the use of these pots of funding will be presented to the committee today and in due course.

  - For information in Appendix 3, further details of pots of funding that the CCG might receive in year some of those are included in budgets, some of which are just highlighted as that which the CCG expects to receive in 18/19. This previously was presented

to Governing Body and is included for information.

The Primary Care Commissioning Committee:

- **Approved the initial 18/19 budgets for primary care as set out in Paper F Appendices 1 and 2.**
- **Noted the risks/issues to delivery of a financially balanced position for the year ahead.**
- **Noted the additional non recurrent funding expected to be available in 2018/19 as set out in Paper F Table 1 and Appendix 3**

32/18 Transformational Support and Resilience Funding Proposal

The Programme Director Primary Care presented this paper (G), which set out the key areas for non-recurrent investment into primary care in 2018/19 for use of the Transformational Support funding across Sheffield general practice; asking the Primary Care Commissioning Committee to discuss and approve the direction of travel.

The report highlighted the following key Issues:-

- Schemes to achieve desired transformational impact given timescales of implementation
- Adequate resource in the CCG to manage the programme
- Mindful of any issues relating to procurement
- Non-recurrent funding
- Financial challenges facing the SCCG

Context

The GP Forward View (GPFV) sets out the key funding and infrastructure elements that support GP practices to become resilient, sustainable and transform to meet new system challenges. The 17/18 Planning Guidance stated that CCGs should plan to spend a total of £3 per head of population over a two year period in support of the primary care resilience, sustainability and transformation agenda.

Sheffield CCG will have invested the £3 per head over the two year period 2017/18 and 2018/19. A separate paper to the Committee was presented regarding the 2018/19 Initial budgets for primary care (see 31/18). This sets out the various budgets available for continuing and new investment in 2018/19 based on the latest information. The Transformational Support Funding discussed in this paper is one of those budgets.

Transformational Support Funding

Throughout 2017/18 the Primary Care Commissioning Committee

received and approved a number of papers in relation to transformation and resilience funding, with the last paper in December noting the proposed spend in 2017/18 of £227k Transformation Funding (that is from the £3 per head budget) to support immediate priorities, for example, vulnerability, workforce, estate strategy implementation, with the remaining amount being vied into 2018/19. Table 1 outlined in paper (G) set out how this was spent.

Determining Priorities for 2018/19

The Programme Director Primary Care advised that the priorities were determined via a range of engagement routes including a resilience questionnaire to patients, Practice Manager engagement events and the ongoing work within the Extended Primary Care Team.

This resulted in the agreed priorities being:-

- Workforce
- Estates
- Technology
- At scale working
- Continuation of previous GPFV schemes in support of the 10 high impact changes

Transformational Proposals 18/19

A significant amount of support has already gone into transforming care and new models in general practice in the last 12 months, however 2018/19 creates a further opportunity to focus on and invest in the areas that will have the biggest impact.

The Transformational Support funding will also continue to support and embed those effective work-streams already identified, most of which are starting to demonstrate an impact, evaluate positively and are releasing time for care

The table detailed in the paper (G) outlined the key priority areas for investment as a proposed way forward in the use of the 2018/19 Transformational Support funding.

Dr Hudsen asked for reassurance regarding priorities for investment (as outlined table on page 4 of the paper (I)) such as e-Consultations and other technological transformations; he asked that the committee be assured that we have sufficient evidence to fund and implement these things particularly e-Consultations

The Programme Director Primary Care advised that there was a separate allocation that may be added to the existing one depending on the level of interest or disinterest in the city. The CCG has signalled to NHS England as to where they would like to be in the implementation phase across the ICS footprint. The GP Support Manager responsible for digital has already written out to practices to

see if there is any interest. This is not just about technology but about how the workforce as a whole supports general practice.

The Primary Care Commissioning Committee approved the use of the Transformational Support funding to progress the priority areas highlighted within this report.

33/18 Primary Care at Scale Additional Funding

The Programme Director Primary Care presented this paper (H) for approval by the Committee for Sheffield CCG's proposal to invest a further 50p per head of population to develop and support Neighbourhood Multi-Disciplinary Team (MDT) working.

Key issues:-

Neighbourhood working is a key priority across Health and Social Care. Neighbourhood leads report that MDT working remains a challenge and this is an opportunity to improve on the current state by further supporting the work to develop Neighbourhood maturity.

Introduction / Background

Sheffield is making excellent progress in developing its ambition to become a person-centred city. It has already made significant investment in primary care to support primary care workforce development and delivery of care planning approaches and developing patient activation.

Sheffield has made good progress in developing its neighbourhood model and has 16 neighbourhoods at varying levels of maturity. The recent development of Sheffield's local Neighbourhood Development Tool is designed to ensure a consistent but locally relevant plan for development supported by access to high quality neighbourhood level data.

In 2017/18 Sheffield has also piloted an enhanced case management / virtual ward model in one of its four localities, which has shown considerable success and has highlighted the importance of the development of robust relationships across the multidisciplinary team.

MDT Working

It is clear that high quality multi-disciplinary team (MDT) meetings are fundamental to enabling the achievement of Sheffield's ambition to deliver care and support closer to home. Whilst some practices have worked hard to prioritise effective MDT development, this is not consistent across the city. Where it works well however feedback from health and care practitioners and patients is very positive. The CCG is keen to replicate this across the city to provide a foundation for further

developments.

One of the challenges Sheffield now faces is ensuring that all practices have a commitment to developing relationships with colleagues across professional disciplines and organisations. This fits well with the objectives articulated within the Place Based Plan and the local Primary Care Neighbourhood Development Tool.

The CCG has been allocated non-recurrent funding (50p per head for practices) from NHS England to support the set-up and development of a consistent and robust MDT approach across Sheffield practices and neighbourhoods.

Existing mechanisms are in place to distribute the funding to practices in a timely way and it will be made clear that this is one-off funding to "pump-prime" the set-up and develop MDTs and regular MDT meetings. The further development of the MDT will become a part of the Neighbourhood development. This will align with the process the Committee has agreed in relation to the Local Care Networks investment.

Proposed Approach

A pro-forma has been created for Neighbourhoods to complete requesting them to indicate the levels of engagement across the Neighbourhood and the patient group, which has been identified as the beneficiaries of an MDT style of working. (Pro-Forma enclosed as Appendix 1 in paper H).

The Neighbourhoods that are allocated the 50p per head to operate the MDT approach be required to submit quarterly reports to Sheffield CCG.

The Primary Care Commissioning Committee approved the use of the 50p per head of population from NHS England to support the set-up and development of MDTs within Neighbourhoods.

34/18 Improving Prescribing Quality Locally Commissioned Services

The Head of Medicines Management presented this paper (I) which requested approval of an addendum to be inserted in the GP engagement prescribing quality LCS and approval of the Prescribing Quality Incentive Scheme (PQIS) for 2018/19

The paper provided recommendations relating to the Improving Prescribing Quality LCS schemes. These schemes form part of the medicines management practice engagement strategy and the PQIS LCS is included in the 18/19 CCG QIPP programme.

These arrangements have been successful in enhancing practice

engagement with the medicines management team in ways that have led to improvements in the quality of prescribing and use of the prescribing budget.

In February 2018 The Primary Care Commissioning Committee approved a 6 month extension to Service 17: To Support Practice Engagement with Prescribing Quality.

There are however, immediate and short lived opportunities to enhance the focus on safe and high quality prescribing. Engagement with the national polypharmacy and de-prescribing agenda is already occurring across the city. Supporting the prescribing lead in each practice to complete an online resource and discuss the principles within their practice will help facilitate increased awareness and opportunities for action. In addition there is an immediate and potentially time limited opportunity to utilise a prescribing support package that offers significant benefits in terms of management of long term conditions and patient safety.

Proposal

It is therefore proposed that the LCS for Support Practice Engagement with Prescribing Quality is offered, with an addendum as follows (and detailed in the attached service specification 17):

- The nominated prescribing lead must undertake and complete the PrescQIPP polypharmacy and de-prescribing on-line course, by the end of Q1. Following completion of the course the lead must ensure that the practice engages with the polypharmacy de-prescribing agenda and provide evidence that this is the case if requested.

- The practice must agree to the installation of Eclipse software and support the supply of data to Prescribing Services Ltd in order to enable reporting on prescribing and enhanced medicines optimisation.

In recognition of the resource required to support the addendum, discussions are taking place around utilising the primary care transformation fund to make a one off payment of circa £1,000 per practice.

It is also proposed that the Prescribing Quality Improvement Scheme (PQIS) as detailed in the attached service specification 17a should continue for 18/19.

The Head of Medicines Management advised that this system is a specifically designed application to help identify and reduce risks associated with medication. It has been designed by a GP, approved and supported by NHS Digital and is on the GP systems of choice

framework which is why it is currently available free of charge.

The Programme Director Primary Care confirmed that if a practice signs up for LCS they do not automatically sign up for this – they have the option to sign up for it.

Director of Delivery Care Outside of Hospital, sought assurance around PQIS in relation to how are we making sure that we are not having an unintended consequence on quality in practice e.g. where someone genuinely needs higher cost medication. The Head of Medicines Management advised that there is a completely separate high cost drugs risk pool that supports these patients.

Senior Primary Care Manager, NHS England asked if engagement had been made with Embed regarding technical support, software on to active systems etc. The Head of Medicines Management advised that Embed are aware.

Director of Commissioning & Performance advised that he would meet with The Head of Medicines Management to discuss this further regarding Embed **BH / GB**

The Head of Medicines Management advised that Embed are aware. A pilot is currently taking place in the city and the system has already identified some patients at increased risk, which thankfully the practice was already aware of and managing carefully.

The Primary Care Commissioning Committee:

1. **Approved the proposed addendum to Service 17: To Support Practice Engagement with Prescribing Quality (Paper I appendix 1)**
2. **Approved the commissioning of Service 17a: Prescribing Quality Improvement Scheme (PQIS) for 18/19 (Paper I appendix 2)**

35/18 Care Home LCS – Proposal from PCS

The Programme Director Primary Care presented this paper (J), which sought approval from the Committee for the proposed change to contracting arrangements with a number of practices in relation to the current Care Home Locally Commissioned Service

She advised that there are mixed views within practices in regard to the Care Home LCS. Some homes remain uncovered for non-core services. Practices have approached PCS for a solution. This will entail one practices taking full contractual responsibility for patients in the affected Care Homes.

Introduction / Background

The Care Homes Locally Commissioned Service has been in place for a number of years in Sheffield. It was initially designed to resource practices to provide, as far as possible, full cover to individual homes and to develop care plans for each patient which would support them avoiding unnecessary hospital admissions.

The proposal from Primary Care Sheffield (PCS) within paper J was produced in response to approaches from a number of practices asking PCS to consider an alternative service model. The paper set out the PCS proposed approach which has been shared and consulted upon with CCG colleagues.

Contractual Implications

Having one Primary Care provider assuming responsibility for patients within a Nursing Home is in line with that which the CCG has supported through the lifespan of the LCS, and colleagues in contracting have experience in facilitating lead practice arrangements.

The proposal from PCS entails the Heeley Green practice – for which PCS is the main contractor – taking full core and non-core GMS responsibility for the effected Care Home patients. NHSE colleagues advise that, subject to patients being able to exercise choice, this is permissible. The proposal sets out how PCS intends to engage with patients, carers and the Nursing Homes once practices have finally confirmed their agreement to the approach (Paper J appendices).

After discussion and various questions raised by the Committee the Chair summarised as follows:

- A key point made by a number of people was in relation to the public choice and recognising the sensitivity around people moving and potentially losing their relationship with their existing GP.
- It was agreed that a further paper is to be presented to Committee if patient/carer views were not supportive of the approach
- Issues were raised around sustainability for Heeley Green with regard to the service.
- Concerns raised with regard to service quality and Heeley Green's ability to respond, for example, with regard to acute incidents that might occur.

The Director of Delivery Care Outside of Hospital asked for clarification on whether the Committee was now requesting a complete review of the existing LCS or if we are supporting the proposal under the existing LCS and PCS is considered an appropriate alternative provider.

The Programme Director Primary Care supported the Director of Delivery Care Outside of Hospital's point and confirmed all points raised were valid but are primarily concerned with how the existing LCS is made up rather than the proposal for PCS to take on some of the pressure that is currently

The Programme Director Primary Care advised that the CCG intends to review the LCS, which would take some time. All points raised are absolutely relevant. Issued raised with regard to patient engagement are about the LCS and not specifically about the PCS approach. These would need to be taken into account if the LCS itself were reviewed.

The Chair went on to emphasise that the point raised regarding patient engagement is concerned with ensuring that residents of the affected care homes understand the implications of this arrangement.

The Primary Care Commissioning Committee:

- **Discussed the content of this paper;**
- **Approved the inter-practice transfer of patients under the current processes for care home patients to Heeley Green Surgery, subject to sufficient scale to enable PCS to provide a dedicated resource to support the points raised during the committee's discussion and subject to patient / carer views supporting the proposed approach.**

36/18 Framework for Managing General Practice, Performance and Quality

The Acting Chief Nurse presented this Paper (K). This framework establishes a 5 step assurance and escalation process for Sheffield CCG to follow when concerns are raised within General Practices and reflects the NHS England's Quality Assurance Process.

In response to this Sheffield CCG has adopted the NHS England Quality Assurance Framework and developed the Framework for Managing General Practice Performance and Quality, which clearly outlines the escalation process and Sheffield CCG's governance structure. This has been developed through wider engagement and building on lessons learnt within the CCG.

1. Introduction / Background

1.1 Sheffield CCG was formally authorised to take responsibility for commissioning of primary care services within Sheffield on the 1st April 2016, this includes the duty to secure continuous improvement in the quality of General Practice services.

The increased responsibility of managing General Practice services has highlighted areas for Sheffield CCG to improve governance around the management of concerns raised about General Practice services.

1.2 In response to this Sheffield CCG has adopted the NHS England Quality Assurance Framework and developed the Framework for Managing General Practice Performance and Quality which clearly outlines the escalation process and Sheffield CCG governance structure.

2. The Framework for Managing General Practice Performance and Quality

2.1 The framework identifies the responsibility of the practice, Sheffield CCG, NHS England and Care Quality Commission as well as acknowledging the role of the Local Medical Committee in this process.

2.2 The framework has established a clear governance process for Sheffield CCG through a 5 step process as follows:

- Stage 1 - Assessment **-** Routine Quality Assurance Monitoring
- Stage 2 - Minor Concerns - Routine Local Quality Assurance/Practice Visit
- Stage 3 - Moderate Concerns- Enhanced Local Quality Assurance Visit
- Stage 4 - Major Concerns - Enhanced Quality Review
- Stage 5 - Escalation- Formal action

2.3 The framework incorporates the roles of both quality and contracting including the escalation process for managing concerns in primary care.

The Director of Delivery Care Outside of Hospital confirmed that, once approved by the Committee, the CCG will implement a really strong piece of communications work so that practices will understand what the processes are and bringing consistency to our engagement with practices.'

MP

It was agreed to add in 'Patient Participation Groups' under 'Patient Experience Indicators' into the report – paper K page 18

The Primary Care Commissioning Committee considered this

Framework with regard to:

1. **Ensuring that Sheffield CCG has good governance around quality assurance when managing General Practice linking into Primary Care Team.**

2. **Establishment of clear roles and responsibilities when managing concerns raised about General Practice.**

3. **Identify a clear assessment and monitoring processes.**

4. **Establishing a clear escalation and de-escalation process within Sheffield CCG.**

37/18 Any Other Business

- **Timings of Committee Meetings**
  Members of the Committee agreed that future meetings of the Primary Care Commissioning Committee would start at the earlier time on 1.30 pm and that updated diary appointments would be sent to all members and timing of meetings be updated on the website. **RFA**
  Post meeting note: updated diary appointments sent and timings updated on website 27 March 2018.

38/18 Date and Time of Next Meeting

The next meeting will take place on Thursday 19 April 2018, 1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road.

Note all meetings now starting at earlier timing of 1.30 pm as agreed at this meeting.