Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee Reports 29 June 2016, 21 July 2016 and 8 September 2016

P

Governing Body meeting

6 October 2016

Author(s)	Sarah Baygot, Communications
Sponsor	John Boyington, Chair Primary Care Commissioning Committee

Is your report for Approval / Consideration / Noting

Noting

Are there any Resource Implications (including Financial, Staffing etc)?

No resource implications outwith currently identified budgets

Audit Requirement

CCG Objectives

Which of the CCG's objectives does this paper support?
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
Individual issues considered by the Primary Care Commissioning Committee will, when necessary, have Equality Impact Assessments carried out. Where appropriate EIAs have been carried out on specific agenda items.

PPE Activity

How does your paper support involving patients, carers and the public?
Individual issues considered by the Primary Care Commissioning Committee will determine how patients, carers and the public will be engaged.
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Recommendations

The Governing Body is asked to note the decisions of the Primary Care Commissioning Committee.

Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the 29 June 2016 meeting

Proposed Interim Arrangements – Westfield Practice: The Programme Director presented an interim service model for Westfield Health Centre to relocate some of their clinical service provision from Westfield Health Centre to Owlthorpe surgery. She advised the committee that the practice's list size had reduced to such an extent that it had resulted in a reduced demand for access to services at the Westfield site. The paper proposed an interim service model to relocate some of the clinical service provision to Owlthorpe Surgery, which would ensure continued access to services for Westfield patients who would remain registered with Westfield and continue to have access to primary care services as needed.

The Primary Care Commissioning Committee approved the proposed interim service model for Westfield Health Centre.

Proposed Temporary List Closure – Mosborough Health Centre: The Programme Director presented this report which provided the committee with details of an application from Mosborough Health Centre. She reported that had discussed the application with the Senior Primary Care Manager and, all things being considered, felt that the committee should not support the application to close the practice list. The Programme Director advised that she had visited the practice, who were very willing to work with the CCG, however, she felt they were just feeling the same pressures as other practices as their list size had not increased, and it was about the CCG working with them to manage that.

The Primary Care Commissioning Committee did not support the application to close the list of Mosborough Health Centre.

Post meeting note: the practice agreed to withdraw its application.

Proposed Temporary List Closure – Manchester Road Surgery: The Programme Director presented this report which provided the committee with details of an application from Manchester Road Surgery to close its registered list of patients on a temporary basis for four months with the reasoning for this, in that one of the two partners had recently had an accident and was likely to be absent from the practice for the next four months, which meant there were currently significant short term pressures on the practice.

The Primary Care Commissioning Committee supported the application to temporarily close the list of Manchester Road Surgery, unless it could be determined that there was another mechanism that could be used that could stop the practice taking on new patients.

Mr Simpkin congratulated the committee on discussing the list closure issues in public as it had been very helpful to understand the debate and decision making process.

NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Adopted minutes of the meeting held in public on 29 June 2016
Boardroom, 722 Prince of Wales Road

Present:	Mr John Boyington CBE, Lay Member (Chair)
(Voting Members)	Professor Mark Gamsu, Lay Member
	Mrs Maddy Ruff, Accountable Officer.
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Dr Trish Edney, Healthwatch Sheffield Representative
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
	Dr Zak McMurray, Medical Director
In Attendance:	Ms Sarah Baygot, Communications
	Mrs Katrina Cleary, Programme Director Primary Care
	Ms Carol Henderson, Committee Administrator
	Ms Susan Hird, Consultant in Public Health (on behalf of the Director of Public Health)

Members of the public:
There were five 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 Delivery

Minute		ACTION
41/16	**Welcomes** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting. ***It was noted that the meeting was not quorate as only three out of the five voting members were in attendance at the meeting (a quorum is four voting members) and therefore any decisions made at today's meeting would need to be ratified by either Ms Julia Newton, Director of Finance or Mr Kevin Clifford, Chief Nurse (the committee's other two voting members) after the meeting, and any such ratifications minuted accordingly.***	
42/16	**Apologies for Absence** Apologies for absence from voting members had been received from Mr Kevin Clifford, Chief Nurse, and Ms 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, Sheffield Director of Public Health, and Mrs Amanda Forrest, Lay Member.

43/16 Declarations of Interest

There were no declarations of interest this month. The Chair advised members that in future not only would any conflicts of interested need to be noted but there would also need to be a note of action taken to manage this.

44/16 Questions from the Public

A member of the public had submitted questions prior to the meeting. The responses to these are attached at Appendix A.

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

45/16 Minutes of Previous Meeting

The minutes of the meeting held on 4 May 2016 were agreed as a true and accurate record, subject to the following amendment:

a) Change to the name of a non voting member in attendance at the meeting

Mr Graham Fell to be changed to Mr Greg Fell.

46/16 Matters Arising

a) Locally Commissioned Service (LCS) – Delegation to Commissioning Executive Team (CET) (minute 35/16 refers)

The Programme Director Primary Care reported that, subject to several final amendments, the committee had virtually approved the two LCSs developed to encourage practice engagement in key commissioning priority areas, namely elective care and prescribing.

She advised the committee that she had met with the Chair of the Local Medical Committee (LMC) the previous week, who was happy to accept the LCSs as they stood at that time. As the Chair of the LMC advised that he was not yet in receipt of the final specifications, the Accountable Officer responded that she would personally follow this up. **MR**

The Programme Director advised the committee that the LCSs would now be sent out to member practices. **KaC**

b) The Sheffield Alliance of the Willing: Building a Truly Local Health and Care System (minute 36/16 refers)

Professor Gamsu advised the committee that, following the discussion at the May

committee meeting, he had fed back members' comments to the Health Inequalities Steering Group. He reported that they were trying to do a piece of work replicating some of information on based on the Glasgow 'Deep End' initiative, however, in Glasgow it showed that was some evidence of inverse relationship in practice resourcing and so we needed to test that out in Sheffield. It was very important that we integrated the work the CCG was doing on health inequalities into that work and he would keep the committee updated on progress. **MG**

c) 2016/17 Initial Budgets Update (minute 37/16 refers)

The Senior Primary Care Manager, NHS England, advised members that, although it had been discussed with the CCG's finance colleagues, there were no plans at this time to start providing a breakdown of indicative figures for optometrists, pharmacists and dentists on an individual CCG basis.

47/16 Proposed Interim Arrangements – Westfield Practice

The Programme Director presented this report which proposed an interim service model for Westfield Health Centre to relocate some of their clinical service provision from Westfield Health Centre to Owlthorpe surgery (which currently provided a service to Westfield patients at Westfield Health Centre through an Alternative Provider Medical Services (APMS) contract that had commenced on 11 March 2016 for a period of 12 months). She reminded members that this contract had had to be put in place at short notice due to the termination of the contract with the previous service provider by NHS England with effect from 11 March.

She advised the committee that the practice's list size had reduced to such an extent that it had resulted in a reduced demand for access to services at the Westfield site. The paper proposed an interim service model (section 4) to relocate some of the clinical service provision to Owlthorpe Surgery, which would ensure continued access to services for Westfield patients who would remain registered with Westfield and continue to have access to primary care services as needed. She advised the committee that she had met with the practice and sought assurances that this would be the case and had met with local MPs and Councillors to discuss their concerns.

The Chair asked if there were any lessons to be learned in relation to Due Diligence due to the failure of the original contract with Danum Medical Services Limited (DMSL). The Programme Director advised that this would come through when we come to make a recommendation to the Westfield practice.

The Chair of Sheffield LMC commented that there was a problem, which was not exclusive to that particular provider, but was wider than Sheffield when offering APMS contracts to private providers, including inconveniences for the practices and their patients when they decide to give notice, and wider governance issues.

The Chair welcomed Ms Larraine Liddell, Practice Manager of Westfield Health Centre, who was in attendance at the meeting as a member of the public.

Ms Liddell commented that her thoughts were that the previous provider had tried to grow too quickly and take on too much over a short period of time. The Chair commented that there was a duty on whoever was commissioning the service provider to make sure that the provider was not over stretching but was capable of developing naturally, thus remaining in a healthy state.

The Senior Primary Care Manager advised members that all comments made today would be taken on board. She confirmed that a Due Diligence process and checks were always undertaken as part of any procurement process, however, there were always lessons to be learned. She advised members that, for this particular procurement, the decision to award the contract had been made on the information provided at that time, but that provider had a number of issues, that had not been in evidence at the time of procurement, that had subsequently unravelled in a short space of time.

Professor Gamsu commented that Due Diligence could never be a completely perfect but if there was some learning that NHS England could send out formally that would be very helpful.

Professor Gamsu asked if Healthwatch Sheffield were aware of the proposals. The Healthwatch representative responded that this was concerning as they had not been made aware, and it would have been helpful if they had been advised to be prepared for when patients ring up to speak to someone about their concerns. She also advised the committee that this was not an isolated situation as there were similar practices undergoing a similar type of reorganisation, and suggested that, in future, there be some sort of standard guidance / checklist for practices to follow. She commented that, as Westfield did not have its own website as it had taken on a temporary contract, there were also other ways to get the message out to patients including, through libraries and shops, etc.

Professor Gamsu advised the committee that they were reviewing this through the CCG's Patient Equality Engagement Experience Group (PEEEG). He suggested that, in the first instance, practices could contact the CCG's communications and engagement team, which worked very closely with Healthwatch, and which practices may find helpful.

The Chair of Sheffield LMC commented that the issue of the Westfield practice was regrettable but it was important that commissioners recognise procurement method issues. Moving forward, we needed to give practices that have these kinds of challenges for a variety of reasons, options for support.

Mr Mike Simpkin, Sheffield Save Our NHS, who was in attendance at the meeting as a member of the public, commented that, if the CCG's Primary Care Strategy was about neighbourhood working, then we should open the communication channels and give practices the opportunity to understand how that might affect them.

Subject to ratification by either the Director of Finance or Chief Nurse after the meeting, the Primary Care Commissioning Committee approved the proposed

interim service model for Westfield Health Centre,

Post meeting note: The decision made by the committee's three voting members to approve the proposed interim service model for Westfield Health Centre was ratified by Mr Kevin Clifford, Chief Nurse, after the meeting.

48/16 Month 2 Financial Position

On behalf of the Director of Finance, the Chair presented this report which provided the committee with information on the financial position for primary care budgets at Month 2 and any key risks and challenges. He suggested that members direct any material questions to the Director of Finance and her team.

The Primary Care Commissioning Committee received and noted the report.

49/16 Review of Primary Care Commissioning Committee Meetings

The Programme Director presented this report which provided an assessment of the extent to which the agenda of each committee meeting had supported the committee's intention to conduct its business in an open and transparent manner, as far as had been practically possible. She advised members that the paper also included a rationale as to why papers had been discussed in the private sessions which, she felt, had been kept to a minimum. Her thoughts were that, following the first six full meetings, it would be helpful to have a confirm and challenge session / more qualitative review in private to test out the rationale / reasoning for papers presented in the private session. This would be separate. to the formal committee meetings and include a small group of members of the committee and Mr Simpkin would be invited to attend. There would then need to be continued review on a regular basis. **KaC**

The Primary Care Commissioning Committee:

- Agreed that the approach taken to including papers in the private sessions of committee meetings had been reasonable.
- Agreed to undertake a further review in three months time.

50/16 Proposed Temporary List Closure – Mosborough Health Centre

The Programme Director presented this report which provided the committee with details of an application from Mosborough Health Centre, a Personal Medical Services (PMS) practice, to close its registered list of patients on a temporary basis for six months (Appendix 1), with the reasoning for this set out at section 2.1. She advised the committee that this practice was, geographically, the closest practice to the Westfield Practice site, and they were concerned that if a decision was made to do anything other than keep the Westfield site open, then those patients registered with Westfield may choose to register with them which, they felt, was a real risk as they did not have the capacity or space for further expansion. She reported that had discussed the application with the Senior Primary Care Manager and, all things being considered, felt that the committee

should not support the application to close the practice list. She advised the committee that the contracts for PMS and General Medical Services (GMS) did not differ in terms of closing a list size.

Dr Afzal commented that it did not look as though there had been any material change to the practice's registered list with less than a 1% increase in size in the past two years. He advised members that he was supportive of neighbourhood working, but it was a struggle to get the GPs on board, especially as there was a fine balance between telling them they were going have to do something and their being encouraged to do it.

The Chair of Sheffield LMC advised members that it was important to be accurate and clear about the GP contract regulations. He advised that the practice, as with all practices, did not have to apply for formal list closure and could decline temporarily not to take on a patient as long as it did not discriminate against anyone. They were entitled on a temporary basis not to register patients, which had been tested and proven. He reported from a case the previous year whereby Manchester CCG had tried to issue a breach of contract notice to a practice, which had had to be withdrawn. He felt that it was a potentially continuing problem, with the only thing to do in a positive fashion was for the CCG and NHS England to support practices and to help mitigate against the risks. He felt that the narrative the practice put forward was very reasonable and not approving the application could be giving out a potentially difficult message.

The Senior Primary Care Manager advised the committee that, in addition to discussing this with the CCG and the LMC, she had spoken to NHS England who had given out a clear message back that a practice must always seek formally to close a practice list and go through the process set out. However, if a practice felt that it was almost approaching crisis situation, for example services would be jeopardised, that practice could approach them and say they had no other choice to close their list, and would need to demonstrate the actions they had taken to make this an absolutely last resort. She reported that, historically, whilst not many practices had had applications to close their lists approved in the past, for those practices that had had applications approved it had not address the issues and they still had the same pressures they had started with.

The Medical Director asked if a practice with a closed list could potentially lose their Enhanced Services. The Senior Primary Care Manager advised that the practice should have initially reviewed whether or not it could provide core services. The Medical Director also commented that it was a priority to make sure that patients received core services, and he could see nothing in the application that suggested that this practice was under more pressure than other practices.

Professor Gamsu commented that the percentage variation difference in list size over the past two years did not seem to be a huge driver in this instance, and practices submitting an application needed to consider the impact on the wider neighbourhood. The Programme Director advised that she had visited the practice, who were very willing to work with the CCG, however, she felt they were

just feeling the same pressures as other practices as their list size had not increased, and it was about the CCG working with them to manage that.

The Healthwatch representative commented that this practice was obviously stretched and fearful of getting more patients, but they had indicated that they were willing to wait and see what happened, which was very accommodating. Pragmatically, the committee could say they would not approve the application at this stage but would wait and see what happened over the next few months. She felt that this part of Sheffield needed a plan for primary care that would reassure patients of the plans that were in place to be able to provide services, ie workforce planning.

The Accountable Officer commented that her view was that whatever the regulations stated was the easiest thing to do, whilst stating that the CCG was very sympathetic and would be willing to review the position in the next six to nine months. The committee needed to see an in-depth review, which it currently did not have, with an action plan, of what was going on in that area, and ultimately a plan for across the city as there were some significant areas of risk. Professor Gamsu also expressed concerns that we did not have the metrics to be able to do any analysis and we needed to be confident that we had got the methodology to be able to do that. **MR**

The Chair of Sheffield LMC felt the solution should be better than just having an analysis and should be about investment in capacity and resilience. The Accountable Officer reminded the committee that she had asked for a plan on what we were practically going to do and believed this was what the CCG should be doing with NHS England.

In summary, the Chair commented that, whilst the application did not make a compelling case for list closure, the committee had appreciated the practice's worries and their trying to get ahead of the curve. His opinion though was that the committee could not accept that as a rationale for accepting the application, but that was not to say that they could not submit a more compelling case now or later. We should advise the practice that we understood and sympathised with the pressures they were working under and were sensitive to the reasoning behind it, but that their case had not been forcefully made and we should work with them to look at other avenues to help them resolve their concerns. He asked if there was a way for finessing the practice to withdraw their application, together with an assurance that the CCG was committed to working with them and would look sympathetically if they made another application with a stronger case as we did not want to send the message out that we were just rejecting the application without an acknowledgement of the problems the practice faces.

He also asked if the Chair of the LMC could forward the legal view he had previously received with regard to practices being able to close their lists without formal agreement. **MD**

Subject to ratification by either the Director of Finance or Chief Nurse after the meeting, the Primary Care Commissioning Committee did not support the

application to close the list of Mosborough Health Centre.

Post meeting note: The decision made by the committee's three voting members not to support the application to close the list of Mosborough Health Centre was ratified by Mr Kevin Clifford, Chief Nurse, after the meeting.

51/16 Proposed Temporary List Closure – Manchester Road Surgery

The Programme Director presented this report which provided the committee with details of an application from Manchester Road Surgery, a Personal Medical Services (PMS) practice, to close its registered list of patients on a temporary basis for four months (Appendix 1), with the reasoning for this, in that one of the two partners had recently had an accident and was likely to be absent from the practice for the next four months, which meant there were currently significant short term pressures on the practice. She advised the committee that she had been in discussions with the practice, who were also looking at a number of options and keeping the CCG in the loop, and were absolutely committed to opening their list again in four months time.

The Senior Primary Care Manager advised the committee that the practice list size had increased year on year for the last six years.

The Programme Director suggested that, due to timing of meetings, it would be helpful if the committee could give delegated authority to one of the voting members to authorise an emergency issue such as this on their behalf.

The Chair of Sheffield LMC agreed to clarify the technical regulations for closure of practice lists, and would then issue some guidance to the constituents in Sheffield. **MD**

Subject to ratification by either the Director of Finance or Chief Nurse after the meeting, the Primary Care Commissioning Committee supported the application to temporarily close the list of Manchester Road Surgery, unless it could be determined that there was another mechanism that could be used that could stop the practice taking on new patients.

Post meeting note: The decision made by the committee's three voting members to support the application to temporarily close the list of Manchester Road Surgery, unless it could be determined that there was another mechanism that could be used that could stop the practice taking on new patients, was ratified by Mr Kevin Clifford, Chief Nurse, after the meeting.

52/16 Overview of Care Quality Commission Ratings for General Practice

The Programme Director presented this report which provided the committee with an overview of the Care Quality Commission (CQC) ratings from their inspections of Sheffield based general practices since May 2015, and to assure the

committee that, where those practices were given Red or Amber overall ratings, they were working with the CQC to achieve the actions required.

The Chair of Sheffield LMC asked if the committee could be assured that the ratings reported were in fact the final ones as some ratings had been subject to an appeals process. The Chair advised that the Quality Assurance Committee, who reviewed the report at each of its quarterly meetings, could ensure that Due Diligence had been undertaken.

The Accountable Officer suggested that, as this was a relatively new series of inspections, to look at benchmarking ourselves against a similar CCG cohort of practices. **KeC**

The Primary Care Commissioning Committee received and noted the report.

53/16 **Estates and Technology Transformation Fund (formerly known as Primary Care Transformation Fund**

The Programme Director gave an oral update and advised the committee that the deadline for putting our priorities on the national portal was 30 June. She advised that there had been more than 50 initial premises bids, the bulk of which would be deemed not to be transformational. A confirm and challenge and prioritisation process with the Locality Managers had been undertaken for all bids not just estates, and had agreed a proposal that they had three technical bids, two of which would be first priorities. She explained that the CCG's Director of Finance had to give commitment on the portal that the funding was available for revenue consequences, if any of the bids were approved, but the message was that we have no money in terms of growth and would anticipate this would come through the Sustainability Transformation Plan (STP) route. She advised that it had not been the easiest process to deal with and had been the subject of discussion by the CCG's Commissioning Executive Team (CET) for some time.

She advised the committee that there were a number of bids submitted that were for more 'day to day' things than for transformation and so should have been submitted through the core capital funding route in this regard, would be writing out to practices to advise them of the position. **KaC**

In response to a question from the Chair of Sheffield LMC, the Programme Director explained that there had been a consistent approach to reviewing premises bids, using a national set of criteria, many of which had been around improving access to services. The confirm and challenge process had looked at how they would look locally and support the hub and spoke model of consistent with neighbourhood working as outlined within the Primary Care Strategy.

Finally, the Programme Director advised the committee that a final version of the bids would be shared with members for information. **KaC**

The Primary Care Commissioning Committee noted the update.

54/16	**Any Other Business** Mr Simpkin congratulated the committee on discussing the list closure issues in public as it had been very helpful to understand the debate and decision making process. There was no further business to discuss this month.
55/16	**Confidential Section** 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.
56/16	**Date and Time of Next Meeting** Thursday 21 July 2016, 2.00 pm –4.00 pm, Boardroom, 722 Prince of Wales Road

Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the 21 July 2016 meeting

Developing Primary Care Intelligence
Rachel Gillott, Deputy Director for Delivery and Performance informed PCCC of the work taking place to develop primary care intelligence, a piece of work that PCCC highlighted needed to take place in the June meeting.

Rachel informed PCCC that there is lots of information available but it is not currently coordinated and all in the same place due to the changes that have taken place within the NHS in the last 5 years. This paper looks at how the CCG can piece it all back together.

The CCG will work closely with NHS England and the Local Authority to develop a comprehensive understanding of the sources of information available. In addition, a CCG Task and Finish Group has been set up to clarify the current information requirements, identify the information and data available within the CCG and determine how it is better coordinated and maintained, identify the information and data available from other organisations such as NHS England and Public Health England and determine any gaps in data and information.

PCCC agreed for the CCG team to proceed with the work but said that the CCG should be clear about the purpose of the information needed. The information should be data for the city - used for helping the CCG with commissioning decisions, helping patients and stopping duplication. It was also emphasised this stage it is about collating all current data, not collecting new data.

A progress update will be brought to the PCCC August/September meeting.

Month 3 Financial Position
Julia Newton, Director of Finance provided PCCC with a report on the financial position for primary care budgets at month 3 (June 2016) including key risks and challenges. At this stage of the year there is limited information on actual or projected spend against some budget lines but a forecast year end position was produced.

It is too early at this stage to extrapolate any data on projected spend for primary care delegated budgets but as this progresses they will be included in the monthly report. There are a few variances in the primary care delegated budget for month 3 and the CCG is working with NHS England colleagues to investigate these however we remain fairly confident that overall the expenditure will be contained within the budget.

PCCC was also informed about the 1% non-recurrent reserve, which all CCGs are required to hold back by NHS England. We are waiting to see if/when we can use this. PCCC requested that a list comes to the next private meeting of PCCC stating what this funding could be used for to help ease pressures in primary care, if the money becomes available.

Stocksbridge Medical Group Sale and Leaseback of Current Premises Proposal

Katrina Cleary, Programme Director for Primary Care informed PCCC of the plans for the sale and leaseback of Stocksbridge Medical Group.

The Johnson Street premises is currently owned by the partners of the practice, some of who are shortly retiring and looking to release their capital from the building. Like many practices that are looking at sustainability for the future by putting the premises into third party ownership it will allow the practice to attract new GP partners and support them to move forward.

The practice are planning on moving into new premises so sale and leaseback would be an interim arrangement until the new premises are completed and lease agreed.
PCCC approved the recommendations but were clear that future sale and leaseback requests would be dealt with on a case by case basis.

Alternative Provider Medical Services (APMS) Practices – Locally Commissioned Services

Katrina Cleary, Programme Director for Primary Care presented a paper to PCCC highlighting the population needs of the Clover Group's practices (Highgate Surgery, Darnall Primary Care Centre, Mulberry Medical Practice, Jordanthorpe Health Centre and City Practice). This was requested in April after PCCC received a paper describing the challenges around this Groups' practices due to the national 'equalisation of funding' for GP practices implemented by NHS England in October 2015 which aims to make funding per patient for all practices the same.

PCCC were informed that Mulberry Practice provides specialist services for vulnerable groups that were not recognised in the formula used to determine the practice funding. Some of the patient groups include asylum seekers and victims of human trafficking, therefore services provided are well over and above the core (essential) services that practices are funded to provide. Some of the other Clover Group practices also have a need for additional funding for patients who do not speak English.

PCCC approved the request for additional funding for the Mulberry Practice and additional funds for support the Clover Group with non-English speaking patients.

NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Adopted minutes of the meeting held in public on 21 July 2016
Boardroom, 722 Prince of Wales Road

Present:	Mr John Boyington CBE, Lay Member (Chair)
(Voting Members)	Mr Kevin Clifford, Chief Nurse
	Professor Mark Gamsu, Lay Member (from item 61/16 onwards)
	Ms Julia Newton, Director of Finance
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Dr Nikki Bates, CCG Governing Body GP
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Dr Trish Edney, Healthwatch Sheffield Representative
	Mr Greg Fell, Sheffield Director of Public Health
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
In Attendance:	Ms Sarah Baygot, Communications
	Mrs Katrina Cleary, Programme Director Primary Care
	Mrs Rachel Gillott, Deputy Director of Delivery and Performance (for item 64/16)
	Ms Carol Henderson, Committee Administrator

Members of the public:
There were five 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 Delivery

Minute		ACTION
57/16	**Welcomes** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting. ***It was noted that the meeting was not quorate at this stage as Professor Gamsu had advised that he had been delayed returning from a meeting offsite. Therefore any decisions made until his arrival would need to be ratified by either himself or Mrs Maddy Ruff, Accountable Officer, after the meeting, and any such ratifications minuted accordingly. It was noted that the committee terms of reference were to be reviewed to try to prevent a recurrence of this situation.***	

58/16 **Apologies for Absence**

Apologies for absence from voting members had been received from Mrs Maddy Ruff, Accountable Officer.

Apologies for absence from non voting members had been received from Dr Devaka Fernando, Secondary Care Doctor, Mrs Amanda Forrest, Lay Member, and Dr Zak McMurray, Medical Director.

59/16 **Declarations of Interest**

There were no declarations of interest this month. The Chair advised members that in future not only would any conflicts of interested need to be noted but there would also need to be a note of action taken to manage this.

60/16 **Questions from the Public**

A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.

Professor Gamsu joined the meeting at this stage. This meant that the meeting was now quorate.

Post meeting note: No decisions had been made during this time.

61/16 **Minutes of Previous Meeting**

The minutes of the meeting held on 29 June 2016 were agreed as a true and accurate record, subject to the following amendments:

a) Proposed Temporary List Closure – Mosborough Health Centre (minute 50/16 refers)

An action for the eighth paragraph to be attributed to the Chief Nurse.

62/16 **Matters Arising**

a) The Sheffield Alliance of the Willing: Building a Truly Local Health and Care System (minutes 36/16 and 46/16(b) refer)

Professor Gamsu advised the committee that he would keep them advised of progress under any other business at future meetings.

The Committee agreed that this item could be removed from matters arising.

b) Review of Primary Care Commissioning Committee (PCCC) Meetings (minute 49/16 refers)

The Programme Director Primary Care advised the committee that she was in the process of arranging a confirm and challenge session / more qualitative review in private in October (following the September PCCC meeting) to test out the rationale / reasoning for papers presented in the private PCCC session, which would include representatives from NHS England, Sheffield Healthwatch, and Sheffield Save Our NHS (SSONHS). **KaC**

c) Overview of Care Quality Commission Ratings for General Practice (minute 52/16 refers)

The Chief Nurse advised the committee that the vast majority of practices in Sheffield that had been inspected at this stage had received overall ratings as Good. He suggested that he share the report that was received by the Quality Assurance Committee (QAC) at their quarterly meetings. **KeC**

63/16 Stocksbridge Medical Group Sale and Leaseback of Current Premises Proposal

The Programme Director Primary Care presented this report which updated the committee on the progress so far in relation to the ongoing discussions between Stocksbridge Medical Group (the former Valley Medical Centre) and a developer with regard to the proposed development of new premises in the commercial Fox Valley development in Stocksbridge.

She advised the committee that, from a practice perspective, they were looking to succession plan for the future and the best way forward as they have a number of GPs very close to retirement age. In the short term, therefore, the practice was looking at sale and lease back opportunities of its current premises, which would be an agreement between the current GPs and the new owners. She also advised the committee that the District Valuer (DV) had been involved for a while now, to work out what the core square meterage of a practice would be in any potential new premises within the Fox Valley development.

She advised the committee that the CCG and NHS England (NHSE) were looking at how they could support the practice in its sustainability. They were also asking the committee to support the DV's identified reimbursable area for the proposed new premises as being 833m2 for the purposes of General Medical Services (GMS) provision, and to request that the practice and developers of the Fox Valley development confirm to the CCG whether the practice relocation to a new site was likely to happen and within which timescale. With regard to the latter, she reported that the practice's practice manager had responded that the proposed timescale of end of October 2016 to confirm to the CCG that the practice relocation was likely to happen was quite tight and therefore would be looking to confirm either way by end of December 2016.

In response to a question from Professor Gamsu, the Programme Director confirmed that there would be no financial implications for the CCG relating to the proposed sale and lease back of the current premises.

The Director of Public Health asked about the role of the CCG and NHSE in the proposed arrangements, and questioned what would happen if the new owner of the current building decided to sell it and build something else. The Senior Primary Care Manager advised that the CCG, through its delegated co-commissioning role, reimbursed all its practices through notional rent, etc, and where it did this it was agreeing for them to provide services. With regard to the latter, this advised that it would be a 20 year lease with no break clauses, unless they jointly agreed to terminate it before then.

Dr Afzal asked why the nearby Deepcar Local Improvement Finance Trust (LIFT) was mentioned within the paper. The Programme Director responded that, whilst the developer and the practice would like to see further expansion of services in the Stocksbridge area, it was important for the committee to recognise that the CCG was funding the Deepcar building which was not currently fully utilised so had to give due consideration to that. There was no suggestion that the practice should move into that building.

The Chair of Sheffield Local Medical Committee (LMC) suggested that the committee support the proposals as it should mitigate against future risks to the practice, provided it was all within the regulations. He also commented that sale and leaseback had become quite popular nationally, even though it did still require incoming GP partners to make a 20 year lease headline commitment.

Dr David Baron, GP at Stocksbridge Medical Group, who was in attendance for this item as a member of the public, thanked the Programme Director and Senior Primary Care Manager for the work they had undertaken to support the practice. He also advised the committee that the practice's Patient and Public Participation Group were overwhelmingly in favour of the proposals.

The Primary Care Commissioning Committee:

- Subject to any minor changes to the premises that might need doing, approved the proposed sale and leaseback arrangement of the Johnson Street surgery premises on the understanding that this lease would be surrendered by Landlord and Tenant if, and when, terms were agreed for the new premises and a new lease was put in place for those new premises.
- Accepted the District Valuer's identified reimbursable area for the proposed new premises as being 833m2 for the purposes of general medical services provision, and acknowledged that this would be what the CCG reimbursed the practice on.
- Requested that the practice and developers of the Fox Valley development confirm to the CCG by the end of December 2016 whether the practice relocation to a new site was likely to happen and within which timescale.

64/16 **Developing Primary Care Intelligence**

Mrs Rachel Gillott, Deputy Director of Delivery and Performance was in attendance for this item and presented this report which set out the proposed actions and timescales to take forward a piece of work the committee had requested in June regarding the development of a more robust business intelligence approach relating to practice specific issues as the availability of that information did not exist in a co-ordinated way as it had in the former Primary Care Trust (PCT). She drew the committee's attention to the key issues.

The paper reflected, at section 2, the CCG's current understanding of the position. She advised the committee that a task and finish group had been established to seek to identify the full suite of information that was available, and the different drivers and different pieces of information that would need to be pulled together to inform the decision making of the organisation and support neighbourhood working. She advised members that, although we were in a better position that we used to be, there may be gaps in what they were able to pull together, however, she hoped to be able to provide an update to the committee at the next meeting. **RG**

The Director of Public Health fully supported developing this intelligence and suggested that the Deputy Director of Delivery and Performance contact members of his team to discuss what public health information was available from the Public Health England (PHE) Fingertips tool, which is a data product with a range of indicators at GP practice level that is widely used and considered very useful. However, he advised the committee that he had heard that there were some uncertainties about the future production of Fingertips. **RG**

Professor Gamsu commented that paper F Alternative Provider Medical Services (APMS) Practices that would be discussed later in the meeting provided a good example of a proactive approach to gathering primary care intelligence, which was not just led by the data available nationally but also told a story of what was actually happening.

The Chief Nurse advised the committee that Quality did not hold, but absorbed, the information that primary care generated, and had to make the best use as possible of that information.

Dr Afzal commented that whilst he was under the impression that this type of data gathering would be used to understand problems in primary care, there was a fine line between delving into private areas relating to practice business and into something that would be good for the whole of Sheffield. The Programme Director commented that this would not be about delving into business decisions, etc, but into the range of data sources that were publicly available but not easily accessible by the CCG, and having that information available for the purposes of this committee, and for any number of potential users within certain parameters.

Dr Bates reported that at the City-Wide Locality Group meeting earlier in the week there had been a plea for some very good data, which was especially important it was if the CCG was going to be developing neighbourhoods. She also reported that all practices in Sheffield had a requirement to make a presentation to the Care Quality Commission (CQC) as part of the series of CQC practice inspections, which was a bit like a story of what they have done and contained a lot of interesting information. She commented that it would be very helpful if this information could be shared with the CCG.

The Chair of Sheffield LMC commented that his observation was that there was a wealth of practice information relating to monitoring and activity availability so it was common sense to prevail and to make it meaningful and to use it as a tool to help patients and inform commissioning decisions. However, he asked the CCG to use caution in their interpretation of referral and consultation patterns, etc, from individual practices.

The Senior Primary Care Manager advised the committee that NHS England (NHSE) did not hold any information but accessed information from elsewhere, all of which was also accessible by the CCG. The Deputy Director of Delivery and Performance commented that the CCG needed to use NHSE knowledge as it was very difficult to get data and interpret what it was actually telling us and some would only give us an indication of what we needed to know. The Senior Primary Care Manager advised that she would be happy to work with the CCG with regard to turning the data into information and that information into intelligence.

Dr Edney advised the committee that Sheffield Healthwatch had established a new website that contained details of all Sheffield practices, on which anyone was invited to comment. It could also refer people to the practice's own website and to NHS Choices.

The Chair suggested that this could be a very comprehensive piece of work that needed to be developed. His thoughts were that as there was a lot of intelligence around, and we had four Locality Managers (LMs) in addition to the LMC working with our member practices, the PCCC, as a committee, should be trying to pull some of this subjective information together.

The Chair of Sheffield LMC asked for a commitment from the CCG to consult with them before any request for data gathering was sent out to practices. The Programme Director responded that the CCG was not at the stage as yet of being clear what questions needed to be asked of practices but it would not be about asking for new information but about gathering the information that was already there. Any proposal for new data gathering would need to be presented to the PCCC for discussion and approval.

Finally, the Chair asked the Programme Director if she would ask the Locality Managers to provide some general information that could form part of a discussion in a private PCCC session. **KaC**

The Primary Care Commissioning Committee:

- Noted the context and background to developing primary care intelligence.
- Agreed to the actions on developing primary care intelligence outlined in section 3.

65/16 Month 3 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 3 together with a discussion on the key risks and challenges to deliver a balanced position at year end. She advised members that, although there was still limited information on actual or projected spend against some budget lines, she had been able to include some year to date information for the first time and there were a number of budgets where we had a bit more clarity, but the forecast year end financial position was currently to plan.

The Chair asked about section 2.3 and when it was expected that the CCG would be able to utilise the 1% non recurrent reserve it was required by NHSE England to hold back, and what it would be used for. The Director of Finance explained that the requirement for all CCGs to hold back 1% across their budgets including Primary Care co-commissioning budgets was part of the overall settlement arrangement between HM Treasury and NHSE. It reflects the considerable financial challenges faced by the NHS, particularly by provider trusts to achieve financial balance and permission for any spend against the 1% was linked to the overall financial position of the NHS. Thus the most likely scenario at this stage was the CCG would have to release the reserve and increase our year end surplus.

The Chair of Sheffield LMC commented that it was very frustrating in general practice to have this uncertainty. He suggested that ideally the CCG should develop a 'wish / to go list', with practices developing a variety of schemes for investment that could be ready for submission when the time was ready. The Director of Finance responded that she felt it would be inappropriate to give false expectations and so was cautious about putting a whole tranche of work in place at this stage.

The Programme Director reminded the committee that the CCG was trying to gather intelligence, which would help PCCC, as a committee, to shape where investment was most needed, eg to support the development of the neighbourhood model..

The Chair suggested that a future private session consider options for use of the funding non recurrently to make that biggest impact involving also the Locality Managers.

The Primary Care Commissioning Committee received and noted the report.

66/16 **Alternative Provider Medical Services (APMS) Practices – Locally Commissioned Services**

The Programme Director presented this report. She reminded members that due to the timescales and uncertainty regarding the new contract holders of The Clover Group of practices, it had not allowed this group of practices to be included in the special cases process that had started in August 2016. To this end, on 1 April 2016, the committee had received and discussed a paper describing the challenges and issues around the Clover Group and Broad Lane Medical Centre under the remit of special cases. At that meeting they had agreed to the recommendations for more time to understand the complexities of their population's needs and to receive a final funding and contracting proposal for implementation no later than 1 October 2016. The paper presented today provided that proposal and a detailed description of the work of The Mulberry Practice that had been provided by The Clover Group.

She advised the committee that the CCG now felt that it understood the differences of the five practices that comprised The Clover Group in terms of a patient basis. She also advised the committee that they had gone through significant due process and it was clear that the Mulberry, Darnall and Highgate practices provided services over and above core contract services.

Mulberry Practice: The practice provides a service that meets the needs, and not just the primary care needs, of very vulnerable patients, and it had taken a considerable amount of time to understand what the demands of those services were. On an ongoing basis, it was evidenced that their patients did not use the hospitals due to the substantial services provided by the practice and relied on the practice for their main and sole services.

The practice did not have a district nursing service as their patients were spread across the city so part of the proposal was for the practice to have their own.

Darnall Primary Care Centre and Highgate Surgery

The Programme Director advised the committee that, based on the data submitted so far, both practices have very high use of interpreting services that goes beyond the 10% of the total list size threshold agreed by the committee in 2015. In this respect it was proposed to fund an amount, to be agreed within the overall contract offer to The Clover Group, for the cohort of non-English speaking patients within these two practices in line with the existing communities Locally Commissioned Service (LCS).

Dr Afzal asked how non-English speaking patients were defined. The Programme Director explained that this was defined by the degree to which practices use the interpreting services, if they have their own services, and if someone is required to come into the practice to provide that service.

Dr Afzal also commented that The Mulberry provided phenomenal services, including extensive health screening for Hepatitis B and C and latent TB, which should be recognised, and their health care professionals were super specialists, but, from a resourcing point of view, asked where their finances come from and why a practice care practice was dealing with something that was not primary care. The Programme Director explained that they provided a specialist medical service and basically the patients had nowhere else to go. The Director of Finance also explained that the reality was that the money used to come to the practice from NHS England, which was transferred to the CCG for primary care.

The Chair of Sheffield LMC also commented that this practice required recognition for the services it provided.

Professor Gamsu commented that it was a really good piece of work and pleasing to see the full story included, but it was concerning to see that the practice's budget had been cut by almost one third since Primary Care Trust (PCT) days. The Senior Primary Care Manager explained that whilst there had been a reduction in the level of funding, there had also been changes in the way the contract was funded. . Professor Gamsu commented that this highlighted that members needed to develop further expertise on how it interpreted data.

At the invitation of the Chair Ms Rachel Pickering, Practice Manager for The Clover Group, who was in attendance at the meeting as a member of the public, thanked the committee for their positive comments about The Mulberry Practice, and advised that the services provided by the practice were recognised nationally, with Sheffield being a city of sanctuary. She advised members that, for The Clover Group, there had been a significant cut in funding as the CCG had had to move to Equalisation of funding, but wanted to be treated as any other practice. She thanked the Programme Director, in particular, for her support to the practice over the past year.

The Primary Care Commissioning Committee:

- Agreed additional funds for the existing specialist service at The Mulberry Practice, via a locally commissioned service which, for 2016/17 would be £230k pro-rata for six months.
- Agreed additional funding to extend the current communities LCS to support The Clover Group with its non-English speaking patients.

67/16 **Any Other Business**

There was no further business to discuss this month.

68/16 **Confidential Section**

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.

69/16	**Date and Time of Next Meeting** **Please note that the date and time of the next meeting has been rescheduled to take place on Thursday 8 September 2016, 2.00 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road**

Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the 8 September 2016 meeting

Future of Westfield Practice

Katrina Cleary, Programme Director Primary Care at NHS Sheffield CCG and Sarah Hipkiss, Primary Care Business Manager at NHS England, provided the Committee with a paper proposing to stop service provision within the Westfield Health Centre over the next two to three months, and to disperse the remaining patient list to the Owlthorpe practice.

The Committee was informed that the Owlthorpe practice had been supporting Westfield patients on an emergency contract over the past few months following the Committee's previous agreement that services could be reduced at the Westfield practice due to its reduced list size over recent years and after the current provider's contract had been terminated.

As part of the discussion the Committee discussed transport for patients to Owlthorpe Practice and it was agreed that when there was a closure date for Westfield that patients that had not yet registered with an alternative practice would be given a list of practices that would take them and the transport links that were available (including community transport). It was also proposed that patients that had not exercised Choice and re-registered with an alternative practice by the time of the closure would be automatically transferred to Owlthorpe practice, which would ensure continuity of services.

The Committee approved the proposal to develop a plan to cease service provision within the Westfield Health Centre and agreed to disperse the remaining list, on the date of Westfield closure to the Owlthorpe practice, advising the patients accordingly.

Month 4 Financial Position

Julia Newton, Director of Finance provided the Committee with a report on the financial position for primary care budgets at month 4 (July 2016) including key risks and challenges.

She reminded the Committee that she was reporting on the CCG's formal delegated expenditure position and other spend on primary care services, and advised members that there had been no material changes to the position reported last month.

There was some discussion around the non-recurrent return to the CCG's general reserves of £133k relating to the reversal of 2015/16 accruals. The Director of Finance explained that at each year end, estimates have to be made for certain expenditure areas in the accounts and that in the following year when the actual cost is known the estimate is reversed and actual costs accounted for. The usual practice is for budgets to be adjusted to reflect this.

Neighbourhood Locally Commissioned Service (LCS)

Katrina Cleary, Programme Director Primary Care at NHS Sheffield CCG informed the Committee of the 'Neighbourhood' model of working which will see the closer integration of services outside of hospital. The aim of the LCS will be to support wider neighbourhood working with health and social care services and other statutory services and the voluntary sector; and to support primary care sustainability and working at scale and for people to work together in neighbourhoods to engage together to find the best way to provide and support services. It was stressed that this is not about clinical service provision but about securing practice engagement which will require GP and nurse time. It would be for the practices in the neighbourhoods to use that money the way they felt best, which could include buying materials to support them.

The Committee were informed that a budget of c£1.1m was available and an annual sum of £1.50 per weighted patient would be offered for an initial period to those practices recognised as working within a neighbourhood model. It was proposed that payment would be every 6 months up front.

The Primary Care Commissioning Committee approved the LCS, however the Director of Finance said she would need to discuss the proposal to pay practices upfront on a six monthly basis with the Programme Director outside of the meeting, as the CCG did not normally give third parties money six months in advance as it was not good governance.

NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 8 September 2016
Boardroom, 722 Prince of Wales Road

Present:	Mr John Boyington CBE, Lay Member (Chair)
(Voting Members)	Mrs Penny Brooks, Chief Nurse
	Professor Mark Gamsu, Lay Member
	Ms Julia Newton, Director of Finance
	Mrs Maddy Ruff, Accountable Officer
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Dr Nikki Bates, CCG Governing Body GP
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Dr Trish Edney, Healthwatch Sheffield Representative
	Dr Devaka Fernando, Secondary Care Doctor
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
In Attendance:	Ms Sarah Baygot, Communications
	Dr Alastair Bradley, Sheffield Local Medical Committee (observing)
	Mrs Katrina Cleary, Programme Director Primary Care
	Ms Carol Henderson, Committee Administrator
	Ms Faye Schofield, Practice Manager, Westfield and Owlthorpe Surgeries (for item 76/16)

Members of the public:
There were three 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
70/16	**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. He also welcomed Mrs Penny Brooks, Chief Nurse, to her first meeting, Dr Alastair Bradley, Sheffield LMC Executive Officer, who was in attendance at the meeting as an observer, and Ms Faye Schofield, Practice Manager, Westfield and Owlthorpe Surgeries, who was in attendance at the meeting for the discussion taking place under minute 76/16 (paper E).	

71/16 **Apologies for Absence**

Apologies for absence from non voting members had been received from Mr Greg Fell, Sheffield Director of Public Health, and Dr Zak McMurray, Medical Director.

72/16 **Declarations of Interest**

The GPs employed in general practice declared a conflict of interest in Item 7: Neighbourhood Locally Commissioning Service (LCS) (paper D).

Members accepted this as a technical conflict as their practices would receive payment for providing the services, and agreed to take any of the GP's comments in the wider context of the discussion.

There were no further 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.

73/16 **Questions from the Public**

A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.

74/16 **Minutes of Previous Meeting**

The minutes of the meeting held on 21 July 2016 were agreed as a true and accurate record, subject to the following amendments:

Stocksbridge Medical Group Sale and Leaseback of Current Premises Proposal (minute 63/16 refers)

Final sentence of fifth paragraph to read as follows:

With regard to the latter, this advised that it would be a 20 year lease with no break clauses, unless they jointly agreed to terminate it before then.

75/16 **Matters Arising**

a) Review of Primary Care Commissioning Committee (PCCC) Meetings (minutes 49/16 and 62/16(b) refer)

The Programme Director Primary Care advised the committee that a confirm and challenge session had been arranged for 19 September to

test out the rationale / reasoning for papers presented in the private PCCC session. She advised that colleagues from Healthwatch and Sheffield Save Our NHS (SSONHS) had agreed to join them. Feedback would be given to the next meeting. **KaC**

b) Overview of Care Quality Commission (CQC) Ratings for General Practice (minutes 52/16 and 62/16(c) refer)

The Chief Nurse advised the committee that the series of CQC inspections should be completed by the end of October 2016. She advised that she had been invited to attend the February 2017 Overview and Scrutiny Committee (OSC) meeting to provide an update on CQC ratings for Sheffield practices.

c) Developing Primary Care Intelligence (minute 64/16 refers)

The Programme Director Primary Care advised members that the CCG's Deputy Director of Delivery and Performance would be joining the private session for a discussion around developing business intelligence to support primary care requirements.

76/16 Future of Westfield Practice

Ms Faye Schofield, Practice Manager, Westfield and Owlthorpe Surgeries, was in attendance for this item.

The Programme Director Primary Care presented this report which provided members with a reminder of the background to previous papers presented, asked the committee to approve a proposal to develop a plan to cease service provision within the Westfield Health Centre over the next two to three months, and asked them to agree, as part of the plan, to disperse the remaining list on the date of the Westfield closure, to the Owlthorpe practice.

The Programme Director 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. At the invitation of the Chair, Ms Schofield advised members that Westfield's list size had now reduced considerably to 670 patients.

The Programme Director advised members that the paper should give them assurance as to the approach being taken to ensure that GP services were available to Westfield patients at the Owlthorpe practice, and with engagement with registered patients of the Westfield practice, local MPs and Councillors, and neighbouring practices. She advised members that she and the Senior Primary Care Manager, NHS England, had met with local MPs the previous week, who had been

fairly accepting of the position.

She advised members that there had been no interest from the wider market to tender for the contract to provide the GP services, or from any of the neighbouring practices, other than Owlthorpe, to increase their list sizes. With this in mind she was recommending to the committee to move forward and plan that services would cease to be provided at the Westfield practice, with those patients that had not exercised Choice to register with an alternative practice being automatically allocated to Owlthorpe practice, which would ensure continuity of services.

Ms Forrest advised members that she had not been of the impression from the feedback from patients that they were accepting of the fact the proposal to cease providing services from the Westfield practice and transfer them to Owlthorpe. Her thoughts were that the feedback told us that there was some simmering anger about what has gone on, so it was up to the CCG to make transition of patients and services as smooth as possible. It was also very important that negotiations with the transport services regarding improving the bus routes to Owlthorpe took place and we should pull whatever levers we could, especially as were part of the Sheffield partnership.

The Programme Director responded that we could try and make representation to the transport services and suggested that local politicians also do likewise although, as they were also on tight budgets, we needed to be realistic as to what was achievable. The Chief Nurse advised that there was also the Sheffield Community Transport bus available for use by members of the public, but which would also incur a cost for patients.

The Healthwatch representative asked if those patients that had not yet registered with an alternative practice would be advised that there was a chance of using community transport as a means of travel to their new practice. The Programme Director advised that, when it was certain as to what date the Westfield practice would close, the remaining registered patients would be given as much information as possible, including a list of practices that would take them and the transport links that were available. However, those patients that had not re-registered by the time of the closure would be transferred automatically to Owlthorpe practice. Ms Schofield commented that the practice would like to take on all the patients and keep on all the practice staff if possible.

The Chair of Sheffield LMC commented that he trusted that the communication with patients would include their right to exercise Choice, and that the allocation regulations did not necessarily ensure continuity of services as patients could be removed by the practice they had been allocated to, so the most desirable thing was for the patient

to find a practice they felt comfortable with.

Ms Forrest commented that she was bemused by 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. The Programme Director advised that the company had gone into receivership even though robust due diligence had taken place. She reported that, earlier in the day, a small team of CCG staff and members of the Governing Body had met to start looking at the whole process of that procurement, including lessons learned and the due diligence that had been undertaken.

The Accountable Officer commented that this had also got to be a reality check for members of the public, ie that practices are a business and that they cannot survive or make a living if they are too small.

The Chair of Sheffield LMC was very pleased that the CCG was reflecting upon the lessons learned from this procurement and how it might inform future intentions and strategy going forward. He advised the committee that his understanding was that the company had gone out of business as they were basically running a lot of Alternative Provider Medical Services (APMS) practices in a variety of areas and had not been able to sustain that.

The Chair thanked Sarah Hipkiss, Primary Care Business Manager, NHS England, and the Programme Director Primary Care for a very clear and helpful paper.

The Primary Care Commissioning Committee:

- Discussed fully the content of the paper.
- Approved the proposal to develop a plan to cease service provision within the Westfield Health Centre over the next two to three months.
- Agreed, as part of the above plan, to disperse the remaining list, on the date of Westfield closure to the Owlthorpe practice, advising the patients accordingly.
- Agreed to support / reinforce possible improvements to transport services between the two practices.
- Requested an update in due course.

KaC

77/16 **Month 4 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 4 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, and advised members that

there had been no material changes to the position reported last month.

Professor Gamsu asked where the Neighbourhood Locally Commissioned Service (LCS) (to be discussed under minute 77/16) fitted in this budget. The Director of Finance explained that it was from the CCG's commissioned services reserves (ie for neighbourhoods developments) of £1.114m.

The Chair asked about the month 4 budget movements and in particular the non recurrent return to the CCG's general reserves of £133k relating to the reversal of 2015/16 accruals. The Director of Finance explained that at each year end estimates have to be made for certain expenditure areas in the accounts and that in the following year when the actual cost is known the estimate is reversed and actual costs accounted for. The usual practice is for budgets to be adjusted to reflect this.

Dr Afzal reminded members that there was a time in GP fundholding when funding was ring fenced and could only be used in certain ways and, in this respect, asked if these budgets were reserved for general practice only or could they be used elsewhere within the CCG. The Director of Finance explained that officially there was no ring fencing but we would be looking to spend the delegated co-commissioning budgets on primary care. She advised that the direction of travel was investment in out of hospital care.

The Primary Care Commissioning Committee:

- Noted the financial position at Month 4.
- Considered the risks and challenges to delivery of a balanced financial position against primary care budgets.

78/16 **Neighbourhood Locally Commissioned Service (LCS)**

The Programme Director Primary Care presented this report. She advised members that the aim of the LCS was to support wider neighbourhood working with health and social care services and other statutory services and the voluntary sector; and to support primary care sustainability and working at scale and for people to work together in neighbourhoods to engage together to find the best way to provide and support services. It was not about clinical service provision but about securing practice engagement, basically in our Care Outside of Hospital Strategy, and was principally to recommend that to secure practice engagement it required GP and nurse time. It would be for the practices in the neighbourhoods to use that money the way they felt best, which could include buying materials to support them

The Programme Director advised the committee that, with regard to the financial offer and timeframe, a total budget of c£1.1m was available.

An annual sum of £1.50 per weighted patient (based on the weighted population as at 1 April of each year of the LCS) would be offered for an initial period to those practices recognised as working within a neighbourhood model, which it was proposed to pay upfront on a six monthly basis with effect from 1 October 2016.. She advised that, for the 10 neighbourhoods that have already been agreed, the initial proposal was to backdate their payment, but they had advised that it made sense to have the same effective date for all the neighbourhoods. She advised that practices would be asked to complete a temple stating what they intend to do with regard to innovation change so we could work out what extra support they needed.

At the invitation of the Chair, Mr Mike Simpkin who was in attendance at the meeting as a member of the public on behalf of Sheffield Save Our NHS (SSONHS) advised members that, at a GP Patient Participation Group (PPG) meeting earlier in the week, the GP partner present had advised that the £1.50 per head special allowance for neighbourhood working, which the committee was being recommended to agree today, was for backfill of posts only and could not be used for materials to promote neighbourhood working. He asked if this was the case. If the PCCC was putting restrictions on the use of this allowance, could it state them clearly so that local patients and the public could understand the extent to which the use of the allowance was specified by the CCG or by local decisions of the practices involved.

The Programme Director advised that the LCS was an offer to practices engaging in neighbourhood working to principally support the extra time of GPs and practice managers to engage in neighbourhood working. It is not anticipated that it would be used to fund extra services within the neighbourhood. The LCS is designed in a way to enable neighbourhood practices to determine how they wish to use the funds on offer and if, for example, they determined that they would wish to use some of the funds to produce materials to support neighbourhood working, it would be within their gift to do so.

The Programme Director advised that discussions had taken place within the City-wide Locality Group (CLG) relating to the primary care sustainability element of the LCS. She commented the CCG had managed to secure resource for 50 practices to engage in the Productive General Practice Programme this year, which was the equivalent of over £0.5m management support to practice sustainability plans.

The Programme Director reported that the ‘big tent’ events which had taken place in some of the neighbourhoods, had been successful and well attended. Ms Forrest suggested that she and Professor Gamsu engage in some of these events, and commented that, even though in some of the neighbourhoods it was going to be less easy to get

	organisations together around the table, it was a massive opportunity to get people talking, and in this respect was really keen to help. The Programme Director advised that the Academic Health Science Network (AHSN) were offering local CCGs help and support in bringing together their local neighbourhoods for information sharing so there was also an opportunity to do this through that route. Dr Afzal commented that, whilst these events were still quite embryonic, 17 organisations that had not met before had attended the one that had taken place in Central Locality and started talking to each other. He commented that was in favour of the LCS not being outcomes based and was supportive and keen to approach this. Professor Gamsu commented that there was also something about how this level of investment would be perceived by the voluntary and community sector as from their point of view it would be a lot of money so, especially through the 'big tent' events, we needed to explain why we were doing it. The Director of Finance advised members that she would discuss the proposal to pay practices upfront on a six monthly basis with the Programme Director outside of the meeting, as the CCG did not normally give third parties money six months in advance as it was not good governance. The Primary Care Commissioning Committee approved the Locally Commissioned Services, subject to further discussions and agreement about the payment options, as noted above.	**JN/KaC**
79/16	**Any Other Business** There was no further business to discuss this month.	
80/16	**Confidential Section** 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.	
81/16	**Date and Time of Next Meeting** Wednesday 5 October 2016, 1.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road	