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NHS Sheffield Clinical Commissioning Group

Unadopted Minutes of the Primary Care Commissioning Committee 1 April 2016

Governing Body meeting

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5 May 2016

Author(s)	Katrina Cleary, Programme Director Primary Care
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)?

Yes. The decisions of the committee will probably have resource implications, to fund services to meet the health needs identified. The Commissioning Executive Team (CET) will be responsible for developing and agreeing commissioning plans in response to the special cases identified.

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.

The decisions of the committee help mitigate risk 4.5 Contractual and financial constraints facing local practices resulting in an inability of some practices to deliver existing non-core work and/or expand service provision as envisaged in commissioning plans.

Equality impact assessment

Have you carried out an Equality Impact Assessment and is it attached?
Individual issues considered by the Primary Care Committee will, when necessary, have Equality Impact Assessments carried out.

PPE Activity

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

Recommendations

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

NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 1 April 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
	Ms Julia Newton, Director of Finance
	Mrs Maddy Ruff, Accountable Officer
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Mr Graham Fell, Sheffield Director of Public Health
	Ms Victoria Lindon, Contract Manager, NHS England
	Dr Trish Edney, Healthwatch Sheffield Representative
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Ms Amanda Forrest, Lay Member
	Dr Zak McMurray, Medical Director (from item 22/16)
In Attendance:	Mrs Katrina Cleary, Programme Director Primary Care
	Mrs Chris Elliott, Management Trainee
	Mrs Carol Henderson, Committee Administrator

Members of the public:
There was one member 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
16/16	**Welcomes** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting. The Chair welcomed Dr Trish Edney. Healthwatch Sheffield representative, and Mr Greg Fell, Sheffield Director of Public Health to their first meeting. He also welcomed Mr Chris Elliott, Management Trainee, to the meeting.	
17/16	**Apologies for Absence** There had been no apologies for absence from voting members. Apologies for absence from non voting members had been received from , Dr Nikki Bates, CCG Governing Body GP.	

18/16 **Declarations of Interest**

There were no declarations of interest this month.

19/16 **Questions from the Public**

A member of the public had submitted questions before the meeting. The Chair felt that the questions would be more appropriate to be asked to Governing Body as they related to strategies that Governing Body would be asked to approve. The member of the public was happy with this approach.

20/16 **Minutes of Previous Meeting**

The minutes of the meeting held on 18 February 2016 were agreed as a true and accurate record, subject to the following amendments:

a) Update on Co-Commissioning of Primary Care (minute 09/16 refers)

First sentence of fourth paragraph to read as follows:

The Chair agreed with this and suggested that Primacy Care Sheffield could help with sessions so support practices as providers.

b) Update on Closure of Bents Green Practice (minute 11/16 refers)

First sentence of thirteenth paragraph to read as follows:

The Chair suggesting setting some time aside, either at a future meeting or workshop, to discuss this and future processes such as this, in more detail.

21/16 **Matters Arising**

a) Update on Co-commissioning of Primary Care: Training and Development Plans (minute 09/16 refers)

The Programme Director Primary Care reminded members that two separate plans had been discussed – one for committee members and one for member practices. She reported that Mr Elliott had written to all members asking them for their individual needs. More work would be undertaken in the next two months with the Locality Managers to identify what needs there might be in general practice, and to discuss the suggestion of getting small groups of practice managers together. **KaC**

b) Primary Care Commissioning Committee Workplan (minute 13/16(a) refers)

The Programme Director advised the committee that she would be developing a workplan to help them through the next six to nine months. Part of this would include a number of half day organisational development sessions. At the **KaC**

meeting taking place in private later in the afternoon, members would look at the Primary Care Strategy and discuss the role of the committee in taking this forward.

c) Conflicts of Interest (minute 13/16(b) refers)

The Chair reminded members that, at the last meeting, they had discussed the issue of whether voting members who were registered with a member practice in the CCG should declare the practice in their register of interests. There had been a mixed view with some in favour and some against so he had agreed to try to resolve the matter outside the meeting. In this respect, he had emailed members asking privately for their personal position and their view on whether, as an alternative to publishing this information, they would be content to disclose it to him as Chair so that he could be aware of any impending conflicts of interest. He reported that the majority of members were less than comfortable with this information being published but would be happy to disclose the information privately to him.

22/16 Approval of 2016/17 Budgets

The Director of Finance presented this report which provided initial information on the delegated primary care budgets and the CCG Locally Commissioned Service (LCS) budgets for 2016/17.

She advised that the aim going forward was for committee to receive monthly reports on the CCG's total spend with primary care as it would be for this committee to oversee. This would partly be to remove conflict of interest issues on any decisions on spend which might occur at the CCG's Governing Body.

She highlighted that the CCG had been allocated £74.7m for the delegated primary care functions, which would become part of the CCG's overall resource allocation and be accounted for within the CCG's statutory accounts for 2016/17. She advised members that whilst the delegation agreement set out certain requirements on the CCG, the advice through the finance route at NHSE was that funding was not ring fenced. However, this did not mean that the CCG was planning to divert any of the funding into other areas of spend. On the contrary, as part of its overall 2016/17 planning, the CCG was looking to increase spend on primary care services and committee would be able to monitor this through the monthly budget reports.

She advised that the co-commissioning budgets presented today were very much a first iteration as the finance teams at the CCG and NHS England (NHSE) were working together on the details, including the impact of recent announcements on national changes to core contract arrangements for 2016/17.

Dr McMurray, Medical Director, joined the meeting at this stage.

The Accountable Officer advised members that she and the Director of Finance were in the process of going through a series of meetings with NHSE on the

CCG's overall financial plan for 2016/17. As we have a significant financial challenge and are currently not complying with all three business rules, they are going through every line in our plan including challenging any discretionary investment.

The Director of Finance explained that only two of the three finance business rules applied to the primary care co-commissioning allocation, which meant there was no requirement to deliver a 1% surplus against this allocation.

The Chair of Sheffield LMC raised concerns about the QIPP expectations that were detailed on page 4 of the report, in that the CCG's QIPP plan of £19.5m included a £500k contribution from the uncommitted delegated primary care budget reserves, especially in light of the challenges and fiscal problems that primary care was facing. The Contract Manager advised that NHSE had been required to have a QIPP plan in previous years in relation to primary care budgets as there was a need to look for efficiencies in all areas of spend.

The Chair of Sheffield LMC commented that there was a slight dichotomy in that the CCG was saying that it wanted primary care to be sustainable and transformational but at the same time was saying that savings would have to be made of its budget. He further commented that he would like to re-iterate a push for these monies to remain in primary care. The Director of Finance responded that perhaps a more appropriate presentation would be to show that all the co-commissioning reserves would be used for spend on primary care services but that this would include spend on new locally commissioned services which previously would have been funded from the CCG's main programme allocation, but which were not affordable from that allocation because of the huge QIPP (efficiency) challenge which the CCG faced in 2016/17. She advised that the next iteration of the financial plan and budgets would make these changes.

Ms Forrest commented that it was sometimes difficult to grasp where QIPP was up to and, in this respect, would welcome a briefing to understand the primary care implications and how to relate the different strands of work to it. The Chair suggested that any further clarification could either be sent to the committee by email or be included in next month's report. In the meantime, the Accountable Officer and Director of Finance would discuss the position with the Chair of Sheffield LMC.. **MD/JN**

Post meeting note: Primary care financial position, including QIPP, to be put on LMC / CCG meeting agenda

The Director of Finance also advised the committee that she had included a section on governance arrangements for the delegated budgets (section 6) that proposed giving responsibility to colleagues at NHS England to continue with responsibility for transactions associated with administering the budgets, which would mean giving them write-access to the CCG's general ledger system. It also proposed that the CCG was the budget holder for authorisation of expenditure, with an authorisation limit set for the Programme Director and unlimited authorisation levels for the Director of Finance and Accountable Officer, which was in line with how most CCG budgets operate.

The Primary Care Commissioning Committee:

- Noted the resource allocation made to the CCG in respect of the delegated primary care budget of £74.7m for 2016/17.
- Approved the initial primary care budgets and Local Commissioned Service budgets for 2016/17 set out in Appendix A and Appendix B noting the assumptions used to calculate the budgets.
- Considered the issues and financial risks for the delegated Primary Care budget set out in section 5.
- Noted the proposed governance arrangements for the delegated Primary Care budget set out in Section 6.

23/16 **Special Cases Communities Locally Commissioned Service**

The Locality Manager, West, presented this report which described, and asked the committee to approve, the approach regarding the Locally Commissioned Service (LCS). She advised the committee that this was one part of the equalisation of GP finances and, in this respect, reminded members of the special cases process through which a number of practices had been identified as needing extra funding specifically to meet the needs of a significant amount of their patients not covered under the Carr-Hill formula. The CCG's Commissioning Executive Team (CET) had agreed in February to put in place a two year Locally Commissioned Scheme that would be complementary to the redesign of interpreting services (people who need an interpreter). The proposed approach for this had been developed by a group of five north practices and Devonshire Green (which had all been approved as a 'special case') working with the CCG and Local Medical Committee (LMC). It was worth noting that Burngreave Surgery had been included as a recent addition to this process as a possible recipient of the LCS due to the proximity to some of the north practices. The practice was due to lose funding through the equalisation of GP finances but had not submitted a special case. Evaluation of their interpreting spend showed that they had used c.£1k worth of interpreting services against other high users in the north that had used between £9k-£15k worth.

She drew the committee's attention to the key highlights.

It had been quite difficult to identify what the key focus of the LCS was. A range of options had been looked at, mainly around the lack of data, coding problems, and problems with using interpreting data as a mark of significant demand. This had not been an easy process or a quick solution as not all practices currently have that data.

Professor Gamsu asked what the view of those practices in this core group was to the proposed approach. The Locality Manager, West responded that they were happy with this approach as it had been developed with, and by, them, however, this was only one part of the process. The Programme Director advised members that it did not get those practices to the point that they were not now losing a significant amount of money and there were still some practices where affordability remained an issue.

Dr Afzal asked if a baseline could be provided so that, if practices started coding this service properly, part of it was accepted as part of core services. The Locality Manager, West, responded that the proxy could be the amount of use the practice has on interpreting services.

The Chair of Sheffield LMC commented that it was a brief fix for a recurrently difficult problem. However, it would be a help and he was sure it would be welcomed by practices but it would not stabilise those practices financially and they might close, which would have all sorts of ramifications. The Director of Finance responded that, although the LCS was initially only proposed for two years, it was possible that it could be extended.

Professor Gamsu commented that it was not a complete fix, that there were underlying issues that remained which meant there were some vulnerabilities, and it would be helpful in papers such as this if this was recognised. He also suggested including some wane posts saying where progress had been made but where underlying concerns remained.

Dr Edney asked if the service would include family interpreting and / or telephone interpreting. The Programme Director advised that wider work based on these services was being undertaken with the practices most affected, including some family members. The Locality Manager, West explained that, where a person needed an interpreter in a consultation it would be included. It was the need for interpretation, not who was providing it. The Accountable Officer advised members that there were guidelines of what merited a good interpreting service which she hoped would be followed.

The Programme Director advised the committee that the CCG had not agreed that there would be an ongoing special cases process, but this could be part of the committee's learning in the development sessions that were being arranged.

The Primary Care Commissioning Committee:

- Approved the funding approach to the special cases practices.
- Approved the exclusion of Burngreave Surgery, who had not submitted a special case, unless they could prove otherwise during the first year.

24/16 **Primary Care Co-Commissioning Update**

The Programme Director presented this report which was presented to give assurance to the committee that the CCG had now moved to Level 3 (full delegation) Co-commissioning of primary medical care services from 1 April 2016. She advised the committee that a delivery plan had been produced (attached at Appendix 1) which was a live document and would act as a tool to highlight possible risks that related to primary care co-commissioning, with any risks being added to the CCG's operational risk log. She advised that this was the opportunity for the committee to flag up any glaring omissions.

Ms Forrest questioned as to whether the national training sessions the Lay

	Members had attended earlier in the year on primary care commissioning should be included on the plan. The Primary Care Commissioning Committee received and noted the report.	
25/16	**Any Other Business** The Chair reminded members that he had sent a note out prior to this meeting requesting that, if items arose after papers had been sent out / published, then he would be grateful if people discussed them with him first and, if accepted, they would be notified to all members of the committee in advance. Very urgent items should be notified to him immediately before the meeting so they could agree whether or not the item could properly be discussed.	
26/16	**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. The Chair advised members that he would keep an ongoing check on items being discussed in private and whether, or when, they should be presented in the public domain.	**JB**
27/16	**Date and Time of Next Meeting** Wednesday 4 May 2016, 1.00 pm – 2.30 pm, Boardroom, 722 Prince of Wales Road	