

**Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the meeting
held on 21 December 2017**

Item 18e

Governing Body meeting

11 January 2018

Urgent Care Consultation Interim Report

An update was provided to the Committee for noting on the key themes emerging from feedback at the halfway point of the consultation.

The analysis has identified communities and under-represented groups that have not inputted into the consultation and targeted work is underway to ensure the CCG has heard from all communities.

Contracting Options for Urgent Primary Care

A paper was presented to the Committee which set out the key contracts affected by the Urgent Care consultation. This identified potential gaps in provision in line with contract end dates and the envisaged commencement of a new service model.

Two options to address the gaps in provision were presented and agreed to support option 2 to extend all contracts until March 2019 to achieve a uniform end date and allow for a period of stability prior to transition.

Clinical Assessment Services, Education and Support (CASES) Pilot Evaluation

The Committee received a paper for approval of the recommendations from the outcomes of the evaluation of the pilot of CASES.

CASES commenced in July 2016 as a 2 year pilot and reviewed in November 2017. The paper presented a number of options for the future of the service and a revised procurement timetable, together with a recommendation and agreement that the current pilot be extended for 9 months (until 31 March 2019) to provide continuity of service during procurement.

It was agreed that Option2; Competitive Procurement of a Revised CASES Peer Review Service for a period of 3 years was the preferred option. A revised specification based on the recommendations of the pilot would be developed.

The Locally Commissioned Service for CASES would cease attached to this model, with the intention that the funding for existing CASES LCS would be recycled as part of the discussions regarding the LCS contracts.

It was noted that the evaluation lacked specific patient engagement with an action for a further discussion at SPEEC.

**Minutes of the meeting of Primary Care Commissioning Committee held on
Thursday 21 December 2017 at 2.00 pm
in the Boardroom, 722 Prince of Wales Road**

- Present:** Mr Tony Williams, Lay Member (Chair)
Ms Nicki Doherty, Director of Delivery Care Outside of Hospital
- (Voting Members)** Professor Mark Gamsu, Lay Member
Miss Julia Newton, Director of Finance
Mrs Mandy Philbin, Acting Chief Nurse
Mrs Maddy Ruff, Accountable Officer (part)
- (Non-Voting Members)** Dr Nikki Bates, CCG Governing Body GP
Dr Alastair Bradley, Sheffield Local Medical Committee (LMC)
Mrs Katrina Cleary, Programme Director, Primary Care
Dr Trish Edney, Healthwatch Sheffield Representative
Dr Anthony Gore, Clinical Director Care outside of Hospital
Dr Terry Hudson, CCG Governing Body member
Ms Victoria Lindon, Senior Primary Care Manager, NHS England
Dr Zak McMurray, Medical Director
- In attendance:** Mrs Karen Shaw, Executive Assistant to Chair and Accountable Officer
Ms Sue Norton, Strategic Communications and Engagement Lead
Mrs Rachel Pickering, Senior Primary Care Co Commissioning Manager
Mr Richard Kennedy, Engagement Manager
Ms Abigail Tebbs, Deputy Director of Strategic Commissioning and Planning

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 Finance.

ACTION

99/17 Welcome

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

100/17 Apologies for Absence

Apologies for absence from voting members had been received from Ms Amanda Forrest, Lay Member.

Apologies for absence from those who were normally in attendance had been received from Dr Chris Whale, Secondary Care Doctor.

The Chair declared the meeting was quorate.

101/17 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Primary Care Commissioning committee meetings that might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that not only do any conflicts of interests need to be noted but there needs to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:

<http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm>

The Director of Finance highlighted that no conflicts of interest had been noted prior to the meeting but advised that amongst the non-voting members, Dr Nikki Bates, Dr Anthony Gore and Dr Alastair Bradley, as partners in their practices, should declare an interest in agenda items 106/17 and 107/17 as shareholders in Primary Care Sheffield Ltd, and in 106/17 because any extension of the access hubs would see funding continuing to GP practices as part of current contractual arrangements. She advised that these conflicts of interest should be handled by the relevant GPs not commenting on the pros/cons of the contract extensions under item 106/17 and that the GPs could comment on the CASES evaluation outcomes but not the contract extension proposals.

102/17 Questions from members of the public

Mr Mike Simpkin, Sheffield Save our NHS, had sent the following question, which the Director of Finance read to the meeting:

'The papers for today's meeting suggest that the full Business Case for changes to Urgent Care will be brought to committee in September 2018 but that work on the Urgent Treatment Centre at Northern General needs to start on 1st July. This reinforces the belief that the purpose of the current consultation is to legitimate a decision already taken – as indicated by the limited option choice. Please can you provide an update and straightforward account of the decision-making timetable and which bodies will actually be involved in recommending, deciding and ratifying particularly in the context of the proposed accountable care system after April 2018.'

The Director of Finance confirmed that the decision had not been taken and that the Urgent Care Consultation had been extended until the end of January 2018 to allow further views to be sought, particularly in areas not currently represented. The timetable was to be refined post extension of consultation so no work will begin until after the Committee decision

planned for September 2018 at the latest.

A formal response would be sent to Mr Simpkin following the meeting.

Mr Simpkin advised that the petition, which he was going to submit at today's meeting, would now be submitted at the January meeting of the Committee. This was agreed by the Committee.

103/17 Minutes of the meeting held on 23 November 2017

The minutes of the meeting held on 23 November 2017 were agreed as a true and correct record subject to the following amendments: -

Minute 89/17 – Bighton Health Centre Proposal – Option 1 – second paragraph to read - Consider if the proposals from the Neighbourhoods are sufficient by testing out options over a six month period, with consideration given to how rents to be paid and reimbursed as part of this options appraisal.

Option 2 - First paragraph - within the property this may not be as straight forward as this guidance suggests therefore if this option was decided

Minute 90/17 – Manor Park Medical Centre and Park Health Centre Merger Application – Page 6 - paragraph to read – The Committee was informed that both patient populations, as well as local MPs and Councillors, were currently being consulted with at open meetings. The providers will continue to consult/inform/engage as part of the ongoing merger process.

104/17 Matters Arising

a) Minute 76/17, 88/17 – Interpreter Service – Update on procurement of this service to the committee in December

This item was deferred to January 2018.

KaC

b) Minute 89/17 – Bighton Health Centre Proposal

This item was progressing and would be brought back to the Committee in six months' time.

KaC

105/17 Urgent Care Consultation Interim Report

Sue Norton, Strategic Communications and Engagement Lead, and Richard Kennedy, Engagement Manager, presented this paper, which provided the Committee with an update on the key themes emerging from feedback at the halfway point of the consultation and the gaps in responses that have been identified.

It was noted that the Engagement team have been using the weekly

analysis provided by the independent analysis company to identify communities whose voices have not been heard as clearly as others. These under-represented groups include:

- Specific postcodes in the North and East of the City
- Black and ethnic minority communities
- Older people over 80
- Students and younger people (16 – 21) not in education

This information has been used to employ alternative engagement approaches to ensure that the CCG has heard from as many of our Sheffield communities as possible, recognising that current methods used may not be as effective for some groups. This has included working with local voluntary community groups to arrange focus groups with specific communities to collect qualitative feedback, arranging an event for students in conjunction with Sheffield University and identifying local community meetings to attend.

Professor Gamsu commented that the CCG's Strategic Patient and Public Engagement Committee would also receive regular updates on this work.

The Committee noted the report.

106/17 Contracting Options Appraisal for Urgent Primary Care

The Deputy Director of Strategic Commissioning and Planning presented this paper, which set out the key contracting information on services currently providing urgent care (excluding GP practices as part of their core contract and acute hospital inpatient care) within the Sheffield healthcare system. It highlighted a gap between certain contract end dates and the envisaged commencement of a new service model, subject to the outcome of the current public consultation. The paper provided two options to address this position and the key issues were then articulated.

The Committee discussed the presented options and agreed to support Option 2 in the paper; to extend contracts until March 2019 in order to achieve a uniform contract end date. Under this option the current providers of the Walk in Centre, Extended Access and the Wicker Pharmacy Out of Hours service would be offered contract extensions until 31 March 2019 to bring them in line with other contracts and to ensure continued service provision. This option also allowed for an interim period of stability prior to transition, without the need for a full procurement process and all of the resources and risks associated that.

The Committee approved Option 2.

107/17 Clinical Assessment, Services, Education and Support (CASES) Pilot Evaluation

The Deputy Director of Strategic Commissioning and Planning presented this paper, which sought to inform the Committee of the CASES GP Peer Review Service pilot evaluation outcomes and to seek approval for the

recommendations made, following the review, for the future of the service.

She explained that a two year pilot of the CASES model commenced delivery in July 2016 with the implementation of CASES Phase 1: GP Peer Review and Advice. A full formal evaluation had been initiated and authorised by the Elective Care Workstream Steering Group of the Sheffield Accountable Care Partnership, and was conducted in November 2017. The evaluation reviewed the effectiveness of the pilot service in meeting the stated objectives of the model and informed recommendations with regard to the future of the service. The results of the evaluation were presented in the report.

Based on the findings of the evaluation and the current strategic context, this paper presented a number of options for the future of the service; recommending the development and procurement of a revised and expanded Peer Review Service to support the delivery of elective care priorities for Sheffield. A revised procurement timetable was presented, together with a recommendation that the current pilot be extended for 6 or 9 months (the latter to account for possible operational pressures that would fall in January when the 6 month extension would end) to provide continuity of service during the procurement process.

It was noted that 'Option 2: Competitive Procurement of a Revised CASES Peer Review Service' was the preferred option. This option proposed that the CCG proceed to develop a revised specification and financial model for CASES Peer Review Service based on the outcomes and recommendations of the evaluated pilot. The service model would include all routine GP referrals and the model would focus on unwarranted variation, in both quantity and quality of referrals, and identify ways to address this.

There would be no CASES specific Locally Commissioned Service (LCS) payment for practices attached to this model, however compliance with CASES Peer Review Service would be mandated for all practices subject to the usual ability for GPs to use their professional freedom. The intention would be that the circa £1.1m funding for the existing CASES LCS would be recycled as part of the discussions ongoing in relation to the LCS review, which would be brought to the January 2018 meeting.

It was proposed that the CCG would commission the service initially for a period of three years to align with and support the other developments within elective care and across general practice.

Subject to business cases approval, the CASES Peer Review Service would be provided through an open and competitive tender process for a period of three years, with the option to extend for a further year.

The Committee discussed all the options in detail.

ND/EN

Dr Trish Edney, Healthwatch, raised a concern about the lack of reference in the evaluation to patient experience and involvement, which was noted. Professor Mark Gamsu requested that a further discussion be held at the

next SPEEC about engagement. The Interim Director of Delivery – Care Outside of Hospital agreed to take this conversation forward.

Maddy Ruff, Accountable Officer, left the meeting.

The Committee:-

- Approved the proposal to pursue Option 2: Competitive Procurement of a Revised CASES Peer Review Service
- Approved the proposed approach to manage potential conflicts of interest in the procurement process
- Approved the procurement timeline with a proposed service commencement of 1 April 2019 (not 1 January 2019).
- Approved the extension of the current pilot service for 9 months to 31 March 2019, subject to the agreement of a pricing structure and business model that makes the service at least cost neutral for the period of the extension
- Approved the implementation, from April 2018, of a mandatory pathway for routine referrals through the CASES Peer Review Pilot service, following agreement with the Local Medical Committee
- Noted the recommendation to undertake further publicity to raise awareness of the service, education and benefits in primary care with immediate effect.
- Noted that a discussion be held at SPEEC to review how to secure patient voice and engagement in service specifications.

108/17 Financial Report at Month 8

The Director of Finance presented this report, which updated the Committee on the financial position at Month 8 and gave a forecast on the potential year end position. She reported that there had been no material changes in the forecast expenditure on delegated budgets and if this was the position at month 9, she anticipated releasing the £0.4m general contingency reserve to support management of the CCG's overall challenged financial position.

She brought to Committee's attention that subsequent to the preparation of the report the CCG had been notified that it would receive £200k from the national winter pressures funding (as announced in the autumn budget) for primary care access. This was on the back of the £350k additional appointments proposal, which the committee had approved in November. The Director of Finance confirmed that this would mean that £200k of the CCG's own allocation would be released back into general reserves to support the funding of community services winter pressures addressing delayed transfers of care, where unfortunately the CCG had not been successful in its bid for additional funding despite significant additional expenditure on, for example, community equipment and intermediate care beds.

She highlighted that the main change in the forecast for CCG additionally commissioned services was the proposed slippage in expenditure on the Practice Transformational Support budget. She drew members attention to

the rationale for this and explained that the extended primary care team will consider updated proposals to cover both the 2017/18 slippage and 2018/19 budget in January 2018 with the intention of presenting the proposals to the Committee in February 2018 for approval. This approach was agreed by the Committee and, as part of this, Members also noted that proposals relating to the use of the NHSE funding for local care networks (c£580k or £1 per head) would be presented to the January meeting for approval. An initial discussion on options would take place in the private session of this Committee.

KaC

The Committee discussed the issues around primary care workforce. The Local Medical Committee representative commented that NHS England had stipulated that the Practice Transformation support funding should be assigned to front line services and he did not consider this to be the case with regard to the already committed funding. The Programme Director for Primary Care fundamentally disagreed with this stating that the money was for the sustainability, resilience and transformation of primary care and that funding was being prioritised appropriately including flowing directly to practices where appropriate.

ND

Professor Mark Gamsu commented that he was concerned 'what good quality primary care looks like' and would like any investment to be proportionately allocated across all health care professionals, not just one particular group.

The Committee noted the financial position at Month 8 and the potential risks and challenges to the delivery of a balanced financial position against primary care budgets.

109/17 Any Other Business

It was noted that Professor Mark Gamsu would be sending his apologies for the January meeting. Secretariat to check quoracy.

RFA

110/17 Date and Time of Next Meeting

The next meeting will take place on 25 January 2018, 2.30 – 4.30 pm, Boardroom, 722 Prince of Wales Road.