

**Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the meeting
held on 25 January 2018**

Item 19d

Governing Body meeting

1 March 2018

Author(s)	Katrina Cleary, Primary Care Programme Director
Sponsor Director	Nicki Doherty, Director of Delivery of Care Outside of Hospital
Purpose of Paper	
The paper summarises the key points arising from the Primary Care Commissioning Committee meeting on 25 January 2018 and is accompanied by the unadopted minutes of the meeting.	
Key Issues	
Key issues are set out in the paper.	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Governing Body	
The Governing Body is asked to note the key messages and decisions in the Executive Summary.	
Governing Body Assurance Framework	
<i>Which of the CCG's objectives does this paper support?</i>	
5. Organisational development to ensure CCG meets organisational health and capability requirements	
Principal Risk 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.	
Are there any Resource Implications (including Financial, Staffing etc)?	
None	

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

Not applicable

Have you involved patients, carers and the public in the preparation of the report?

Not applicable

**Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the meeting
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Governing Body 1 March 2018

1. Submission of Formal Petition from Sheffield Save Our NHS

1.1 32 members of the public were in attendance to present the Committee with the formal petition in response to the Urgent Care consultation. In particular the petition asks the CCG to reconsider the planned closures of the Walk-in Centre and Minor Injuries Unit.

2. Primary Care Neighbourhood Development Tool

2.1 A paper was presented to the Committee which proposed the principles of the Primary Care Neighbourhood Development Tool. There will be further consultation with the Local Medical Committee (LMC); however the Committee agreed the following:

- The Locally Commissioned Service (LCS) would request practices within Neighbourhoods to self-assess their maturity.
- The self-assessment would inform the Local Care Network funding to be used to support necessary development.
- The LCS contract specification variation will stipulate that the final payment will be conditional on the Neighbourhood completing the self-assessment.

2.2 The Committee will be updated in April 2018 with findings on the self-assessment and suggestions for the future.

3. Financial Report Month 9

3.1 The Committee received a paper for noting from the Director of Finance. Queries were raised regarding the £75k underspend on the Care Homes LCS which is due to a reduction in the number of beds being covered by General Practices. The LCS is being reviewed to ensure full coverage of the enhanced service provided by the LCS in addition to the Primary Care core services these patients receive.

4. Interpreting Services

4.1 The Committee was updated on the current contractual arrangements for interpreting services in Sheffield Primary Care. A new interpreting service arrangement went live in September 2017 in partnership with Sheffield Teaching Hospitals Foundation Trust and Sheffield City Council. Although feedback has been positive, the CCG received a report from Healthwatch raising issues regarding the provision of interpreting services for the Deaf community and feedback has also been received via the Urgent Care consultation from the Refugee Council in relation to ease of access and skills of interpreters. The Director of Delivery of Care Outside of Hospital confirmed that interpreting services will be considered via the Patient Experience and Engagement and Equality Committee going forward.

**Unadopted minutes of the meeting of Primary Care Commissioning
Committee held on Thursday 25 January 2018 at 2.00 pm
Boardroom, 722 Prince of Wales Road**

- Present:** Mr Tony Williams, Lay Member (Chair)
- (Voting Members)** Ms Nicki Doherty, Director of Delivery Care Outside of Hospital
Ms Amanda Forrest, Lay Member
Professor Mark Gamsu, Lay Member
Miss Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer
- (Non-Voting Members)** Mrs Katrina Cleary, Programme Director, Primary Care
Dr Mark Durling, Sheffield Local Medical Committee (LMC)
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
- In attendance:** Ms Roni Foster- Ash, PA to Medical Director and Programme Director,
Primary Care
Ms Jane Harriman, Head of Quality (on behalf of Mrs Mandy Philbin,
Acting Chief Nurse) - part

Members of the public:

There were 32 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

01/1 Introduction, welcome and Apologies for Absence

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.

Apologies for Absence

Apologies for absence from voting members had been received from Mrs Mandy Philbin, Acting Chief Nurse.

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

Apologies for absence from those who were normally in attendance had been received from Mrs Rachel Pickering, Primary Care Co-Commissioning Manager

The Chair declared the meeting was quorate.

02/18 Declarations of Interest

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

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

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

The Director of Finance highlighted that no conflicts of interest had been noted prior to the meeting. It was agreed that non-voting members, Dr Anthony Gore (Partner in Practice), Dr Terry Hudson (Sheffield GP) and Dr Mark Durling (Sheffield GP) in relation to agenda item 6 (06/18) 'Neighbourhood Maturity Development Tool' had a potential interest but that this did not require any of them to absent themselves from the discussion.

03/18 Questions from members of the public

Members of the PCCC introduced themselves to members of public present

- **Submission of formal petition from Sheffield Save Our NHS**

Sheffield Save Our NHS formally submitted a petition in response to NHS Sheffield CCG's consultation on Urgent Care. In particular the petition asks the CCG to re-consider the planned closures of the city centre NHS Walk-in Centre and Minor Injuries Unit at the Hallamshire Hospital.

Members of the public asked questions at the meeting. The CCGs responses to these are attached at Appendix A.

04/18 Minutes of the meeting held on 21 December 2017

The minutes of the meeting held on 21 December 2017 were agreed as a true and correct record.

05/18 Matters Arising

1. Minute 89/17 – Beighton Health Centre Proposal

This item was progressing and would be brought back to the Committee in May 2018.

2. Minute 108/17 – Financial Update

Use of NHS England Funding – To be incorporated in Primary Care Commissioning Committee paper regarding proposed spend and transformation funding.

06/18 Neighbourhood Maturity Development Tool

The Chair acknowledge that there had been some confusion regarding whether the paper should be deferred and confirmed that it would be appropriate to discuss the paper in terms of moving on in principle but added an additional recommendation that the CCG meet with a representative of the Local Medical Committee (LMC) to address concerns raised with regard to some of the draft details and the implementation of the development tool.

MD advised that the LMC had sent a detailed response regarding the above highlighting areas of concern, specifically with regard to governance issues and had requested a formal consultation to discuss issues raised confirmed that the LMC on a whole did support the theme of developing neighbourhoods groups with general practices.

ACTION: LMC and SCCG to meet to discuss

KC/MD

Due to the time constraint relating to the Locally Commissioned Services requirement and the Local Care Network funds the Programme Director, Primary Care, proposed that the principles outlined in the paper and not the draft supporting details could be discussed and approved at the meeting.

After due consideration the Committee agreed the following:

1. The Locally Commissioned Service would be the key vehicle to ask practices within neighbourhoods to self-assess their maturity within the final version of the Neighbourhood Maturity self-assessment tool.
2. The self-assessment would be used to inform how the Local Care Network funds would be used to support the necessary development within the city.
3. Approved a variation to the existing neighbourhoods LCS contract

specification such that the final payment of 75p per head to GP Practices on 1 April 2018 is conditional on their relevant neighbourhood completing the self-assessment in the Neighbourhood Maturity Development Tool and the GP practice participating in this work.

4. Approved the principle to utilise the £1 per head available for Local Care Network development linked to priorities identified as part of the self-assessment and linked to the completion of development action plans for the year ahead.
5. Included a new recommendation that the CCG to meet and consult with the LMC regarding the implementation

Professor Mark Gamsu asked for clarification if this was a locally developed tool and how it linked to People Keeping Well?

The Programme Director Primary care responded advising that this is principally a locally developed tool however recently enhanced to incorporate Local Care Networks requirement from NHS England and in order to secure the £1 per patient.

The Accountable Officer advised that from a national perspective, only the leading 8 ACS's (Accountable Care Systems) were given the £1 per head as pilot (not nationally) to see how this could be rolled out across the country. She confirmed that she had herself and the Programme Director Primary Care had attended a national meeting held in December 2018 and are now trying to incorporate the two.

The Programme Director Primary Care advised that the CCG were attempting to get a balance between national requirements and micro neighbourhoods requirements etc. and that also have Active Support and Recovery vehicle which compliments this (People Keeping Well is part of AS&R).

Professor Mark Gamsu raised a question regarding Patient participation groups attached to GPs

The Programme Director Primary Care opportunity to look at this at the 3 levels area – opportunity to add this into the tool as it stands?

ACTION: Programme Director Primary Care to liaise with Patient Participation colleagues to incorporate 3 levels into Assessment Tool.

KaC

Ms Amanda Forrest emphasised the need to be clear that this is at the primary care end of neighbourhood development and rather than calling it Neighbourhood Development Tool suggested that this should be labelled slightly differently.

ACTION: It was agreed to rename the paper accordingly.

KaC

Ms Amanda Forrest asked for clarification on timescale.

Director of Delivery Care Outside of Hospital responded that once the tool

is right – will go out to practices to self-assess. She clarified that the intention was to take this back to the Committee in April with findings of assessment and what is suggested is needed in terms of other things eg £1 per head.

07/18 Financial Report at Month 9

The Director of Finance presented this report, which updated the Committee on the financial position at Month 9 and forecast out-turn.

She explained that as summarised in the paper, there were small underspends on both the Delegated budgets and CCG commissioned budgets at month 9. The forecast outturn is for a £453k underspend on Delegated budgets having released the general contingency reserve as this is unlikely to be required. She highlighted that a larger underspend is expected on CCG Commissioned budgets reflecting the previous decision by Committee to re-profile a significant element on spend on the £1.50 per head non recurrent transformation fund into 2018/19.

Dr Edney, Healthwatch Representative raised a query regarding the forecast underspend on the care homes LCS of £75k. The Director of Finance explained that this is a result of the fact that the CCG has been unable to agree contracts to cover all homes and there has been a reduction in the number of beds.'

The Director of Delivery Care Outside of Hospital reported that there was currently work being undertaken regarding the Care Home LCS, looking into what would be the best approach moving forward as the intention of the CCG was to have full coverage across the city. .

She confirmed that in addition as part of the work to reduce delayed transfers of care colleagues in the Local Authority had created capacity to support people being assessed in a different environment.

The Programme Director, Primary Care, reminded Committee that all patients in Care Homes have access to primary care core services and that the LCS is about an enhanced service.

Primary Care Committee noted the report.

08/18 Interpreting Services

The Director of Delivery Care Outside of Hospital updated the Committee on current contractual arrangements for interpreting services in Sheffield following recent procurements. She reported that the CCG had gone live with a new interpreting service arrangement from September 2017. After a previous review of interpreting services it was agreed that Language Line would be the best solution to put in place. This was implemented in partnership with Sheffield Teaching Hospitals and Sheffield City Council.

In doing this along with wider practice engagement it was identified that there were a number of practices in city with a high volume of patients who did not speak English as their first language and that this was not a practical solution.

The CCG then had a second lot of contract with the company with more of a face to face arrangement with the interpreters. The contract that was set up in September 2017 required Language Line to have internal quality assurance systems that including monitoring, management and review of feedback and also required them to have easy to follow and confidential procedures to enable patients, clinicians and practice staff to feed back in their preferred language or format.

The Director of Delivery Care Outside of Hospital advised that to date the feedback received has been positive with no issues raising concern however the CCG have received a report from Healthwatch raising issues relating to the provision of interpreting services for the deaf, deafblind and partially deaf.

Feedback had also been received via the Urgent Care consultation from the Refugee Council in relation to issues concerning the ease of access and skills of interpreters.

The Director of Delivery Care Outside of Hospital confirmed that the CCG were aware that the above concerns from both organisations generally relate more broadly to the shared contract rather than to the specific CCG contract. She confirmed that the CCG would be meeting with their partners across the city to understand what the contractual actions would be around this with some specific contractual recommendations outlined in the HealthWatch report with the majority of these recommendations being for the providers to take on eg CHC (Continuing Health Care).

ACTION: An action plan will then be produced and CCG will formally respond to HealthWatch.

ND

The Director of Delivery Care Outside of Hospital confirmed Interpreting Services would now be dealt with via the Patient Experience and Engagement and Equality Committee and that various meetings had already been put in place to take this forward.

ACTION: In relation to Paper E, Page 4, 'total of 34 complaints received relating to lateness / availability of an interpreter', Director of Delivery Care Outside of Hospital, to clarify what this number is out of

ND

The Primary Care Commissioning Committee noted the update provided.

09/18 Any Other Business

No other business was discussed.

10/18 Date and Time of Next Meeting

The next meeting will take place on Thursday 22 February 2018, 2.30 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road.

Trish Edney apologies given and noted for next meeting.

Questions from members of the public to the NHS CCG Primary Care Commissioning Committee on 25 January 2018

- **Submission of formal petition from Sheffield Save Our NHS**

Sheffield Save Our NHS formally submitted a petition in response to NHS Sheffield CCG's consultation on Urgent Care. In particular the petition asks the CCG to re-consider the planned closures of the city centre NHS Walk-in Centre and Minor Injuries Unit at the Hallamshire Hospital.

On behalf of Sheffield Save Our NHS, Deborah Cobbett, gave an overview of the reasoning behind the submission of the petition and specifically requested more dialogue with the people of Sheffield because they believe the proposals "are unclear, unconvincing and unrealistic."

They also asked "where are the details of the local service options?"

1. Will you please consider our very serious submitted petition

She also asked the following questions regarding the future of the NHS in Sheffield:-

2. Will the CCG please be more open with the people of Sheffield about the destruction of our health service.
3. Will the CCG speak out against the cuts that are being imposed about the expensive contracts that you have to put out to tender, and about the hostile legal action that you get due to contracting process
4. Will you please reject unwarranted closures
5. Will you please speak out and join with Sheffield Save Our NHS about the undermining of clinical referrals

CCG response: *We are sorry to hear that some people believe the proposals are unclear, unconvincing and unrealistic. The CCG has tried to address some of the concerns we have heard about lack of detail by posting additional information on our website. This includes which practices sit within each neighbourhood and travel times. Also there are factsheets about how neighbourhoods currently work across the city.*

Any future model for urgent care agreed after all the consultation feedback has been analysed and discussed in detail would not be fully implemented until 2020. This would be to allow us to develop the neighbourhoods further and all the supporting infrastructure that they would need to provide urgent care within 24 hours for their local population.

We will of course seriously consider the petition and are grateful to Sheffield Save Our NHS for their work in raising awareness of this important consultation. The petitions we receive will be included in the formal feedback and form part of the independent analysis.

The CCG is committed to ensuring the whole population of Sheffield can access high quality health care.

Mike Simpkin on behalf of Sheffield Save Our NHS, expressed that there had been concerns regarding the format of the consultation from the beginning but expressed appreciation of the efforts to extend it and the efforts of the engagement team in organising meetings right until the end of the consultation.

As people are still finding it very difficult to understand exactly what is being proposed he requested that a clear timetable for the decision-making process be set out to enable people to understand and make further responses at appropriate times.

CCG response: *We have heard and acted on feedback from the public and other organisations and groups that they would like to receive more information around the proposals and the consultation extension gave us an opportunity to respond to this appropriately and to speak to more people drawn from the different geographies and communities, including hard to reach groups. We understand that people need to have a clear timetable set out for both the decision making process and in the longer term, any implementation of final proposals. We will endeavour to share this as soon as we have finalised the details both internally and with our partner organisations and other key stakeholders e.g. the Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee. At this stage, we are however clear that the Primary Care Commissioning Committee will receive a report on the feedback from the public consultation on 22nd March 2018 and the same committee expects to approve a decision on 20th September 2018.*

- **Heeley Labour Party – Andy Shallice**

Andy Shallice, on behalf of Heeley Labour Party raised the following questions:-

1. Are you concerned, as we are, that there was no option on the consultation to keep the services where they are at present?

CCG response: *We firmly believe as a CCG that doing nothing is not an option as it would not address the access issues patients have consistently raised with us over the past few years in communities across the city. We also have to address the growing future challenge of workforce amongst GPs and nurses.*

We stated at the beginning of the process that the inclusion of a preferred option did not mean that this would necessarily be the option implemented at the end of the process. However, due to the complex nature of the

subject it was however considered helpful to highlight to the public and stakeholders which option we believed offered the greatest benefits to patients and the health care system.

2. Given the fact that it is, in our experience that it has never been so easy to collect signatures for a petition in the middle of winter, in Jordanthorpe, Woodseats, in Gleadless Valley, in Heeley and in Richmond, one of the things that has become aware to us is that very few people are aware of the proposals to close and move services.

CCG response: *We have worked with the local press, who happily have been very supportive in spreading the word, as well as local radio and TV. In addition we have distributed thousands of leaflets across the city, including at supermarkets, GP practices, pharmacies, libraries, etc; held three public meetings about the consultation and numerous drop-in events as well as meeting with many community groups and other organisations. We have also used social media to spread the word as well as our own website. I am also pleased to report that many partner organisations and other groups have helped us promote the consultation.*

3. Virtually everyone in the district that our Labour Party covers, in the South East of the City, expressed a view that quote 'everything is going to the Northern General'. That is not just a question of distance but is a psychological feeling that the services of the NHS, which are highly used and highly respected, particularly in terms of the Eye Clinic and the Minor Injuries Unit, are being moved so that they are not accessible to people in communities in the South East of the city and we find that extremely disturbing and would hope that you would concur with that?

CCG response: *The vast majority of urgent care is now delivered in general practice across the city – approximately 600,000 urgent same day appointments each year. The main focus of our proposals is to ensure that even more people can access the care they need locally by building on the neighbourhood model already in place across the city.*

Currently approximately 18,000 patients attend the MIU and 10,000 the eye clinic at Royal Hallamshire Hospital. We know that a proportion of the people attending the MIU have minor illness symptoms and would be treated in their local community and the same would be the case for people who need urgent (not emergency) eye care.

However, we fully acknowledge the concerns that have been raised by many people about travel, parking and accessibility to the Northern General site and any final proposals after consultation to implement this model would have to address those concerns.

- **Hallam Labour Party**

David Sedgley, on behalf of Hallam Labour Party raised the following question:-

Do you share the same concern that this represents a real reduction in services particularly for people the south of the city but also as a city as a whole? Will you speak out about it and put the case forward as best you can to try to maintain the level of service we currently have?

CCG response: *The proposals have been put forward to address the issue of access to general practice, raised by many people across the city over the last few years, and also the major challenge of a reducing workforce in general practice and nursing.*

The vast majority of urgent care is delivered in GP practices and the main part of our proposals is to provide more urgent care closer to people's homes, either at their own GP practice or a neighbouring one. We believe they would improve access to urgent care and ensure people get an appointment within 24 hours. We do not feel this is in any way a reduction in service.