

**Primary Care Commissioning Committee (PCCC)
Key Messages/Decisions from the meetings
held in June and July 2018
Governing Body meeting**

September 2018

Primary Care Commissioning Committee – June 18

Primary Care Annual Report

The Committee received its first Primary Care Annual Report. Approval was given by the committee and the Deputy Director of Delivery of Care Outside of Hospital agreed to make suggested amendments before submitting to NHSE.

Beighton Health Centre Proposal

The Locality Manager (Hallam and South Locality) presented the report to the Committee, which gave an update with regard to ongoing work to utilise void space at Beighton Health Centre.

Main points highlighted

- Despite engagement by the Township Neighbourhoods and Woodhouse and District Forum, work has been complicated by lack of clarity over who would hold the lease from NHS Property Services.
- Conversations are ongoing with providers in Sheffield to hold the lease and support a business case to move forward and include CQC registration.

The Committee recognised that this has the potential to be an important community resource available in Beighton.

The Primary Care Commissioning Committee:

- Supported the proposal to give time to allow the development of a realisable plan to utilise Beighton Health Centre.
- Approving the continuation of funding already allocated, for a further period up to 2 years. It was agreed that this would allow enough time to demonstrate the engagement of the two Township Neighbourhoods, with the support of a Sheffield provider, in the utilisation of Beighton Health Centre.

- The Committee asked for assurance and it was agreed that a more detailed plan would be present at the September meeting.

General Practice Resilience Programme

The Deputy Director of Delivery Care - Outside of Hospital, presented a report to the Committee which:-

- Confirmed the evaluation for 17/18 funding
- Set out the CCG's approach to 18/19 applications for funding

The Primary Care Commissioning Committee approved:

- The evaluation of funding allocated to Sheffield in 17/18
- The process being employed to develop bids for 18/19

The Committee also agreed that a further update regarding the detail of the 2018/19 bids for Sheffield would not be required at the July 2018 meeting.

Assurance of General Practice Access

The Locality Manager (West) presented to the committee a comprehensive update on 'Access' across the city, which saw a lengthy discussion take place.

The Committee was asked to approve the report which was to be submitted to NHSE to give assurance.

The Primary Care Commissioning Committee approved the following response to NHS England before the 30 June 2018.

- Assured with the following key themes.
 - E-Dec submissions and Patient Participation Group (PPG) engagement have been verified.
 - Patient behaviour and impact on non-primary care services has been considered and reviewed.
 - Patient complaints related to practices have been reviewed.
 - In relation to the key themes around opening arrangements in meeting the reasonable needs of patients, for practice and subcontracted arrangements, we need to understand more what the definition means and work with practices and partners on this within realistic timelines and within the context of our overall strategy of at scale working and the urgent primary care proposals.
- In relation to themes around PPG representation and patient engagement, we have received information from practices regarding PPGs, which is assuring, we do further work to support practices in this area as part of the wider programme of work around patient engagement.

- In relation to the theme on review of all complaints, we do further work to consider and review more fully.
- Taking account of all above, Sheffield CCG will be confirming to NHS England that we have not taken any contractual action to date, and will confirm whether any is needed on completion of the above.

A progress paper would be brought to Committee for meeting in September.

Primary Care Commissioning Committee – July 18

Transformational Fund – Quarterly update

The Deputy Director of Delivery Care - Outside of Hospital presented this report to the Committee.

The Primary Care Commissioning Committee noted the update provided and that before the plan for 2018/19 was finalised there would be discussion with the LMC (with input from Citywide Locality Group). A further update would be brought to Committee meeting in September / November 2018.

Locally Commissioned Services Review – Primary Care Quality Contract

The Senior Programme Manager, Active Support and Recovery presented the report (paper E) to the Committee, which updated the Committee on the work that has taken place on current Locally Commissioned Services (LCS) contracts and specifications. She made a series of recommendations to the Committee on the way forward for 2018/19 and beyond, including the proposed implementation of a Primary Care Quality Contract for Sheffield.

The intention is to maintain current funding for Primary Care but change to an overarching Quality Contract rather than individual LCSs over a one and half year period to March 2020.

The Primary Care Commissioning Committee approved the following recommendations:

- The proposal to move towards establishing a Quality Contract in Sheffield.
- As a first step the 3 engagement LCSs (at £4 per head pa based on weighted list size) would be combined from 1 October 2018.
- That a further proposal be brought back to Primary Care Commissioning Committee to incorporate other funding into the Quality Contract, from LCSs due to expire in April 2019, e.g. the 'PMS Transition Over and Above monies' (£5 per head pa based on weighted list size) and other potential LCS funding.
- To receive further detailed proposals for a wider more inclusive Quality Contract being fully implemented across Sheffield by April 2020.

- For this work to be undertaken by a sub-group, incorporating representation from Primary Care, Contracting, Finance, Portfolio Leads and the LMC and patient voice who will report back to the Committee either by exception or in line with the above timescale.
- The Committee requested that the CCG ensure clear communication to practices regarding the above proposals / changes via attending each of the next Locality Council meetings.

GP Retention Scheme

The Director of Delivery Care - Outside of Hospital, presented this report which outlined a proposed approach for assessing and approving applications to the GP Retention Scheme which is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice, replacing the Retained Doctors Scheme 2016. Successful applications may help practice resilience.

The Primary Care Commissioning Committee had previously discussed at length the national criteria, resulting in the request for clearer local criteria and a protocol, therefore this paper focussed on the proposed local criteria.

It was proposed that in order for an application to be successful the Primary Care Committee will need to be assured that:

- There is a future sustainability issue for the practice that this scheme would help resolve
- There are no known performance issues that would make the practice unsuitable for a retained GP
- There are no other opportunities, for example through the Accountable Care Partnership transformation or GP Forward View investment, that would be more appropriate for the practice

Resource Implications;

The Director of Delivery Care - Outside of Hospital advised that this scheme has financial implications for the CCG in relation to approved applications. For any successful applications the CCG is responsible for sessional payments and an annual scheme payment to the practice and applicant from within the CCG's delegated primary care co-commissioning budget for up to 5 years with an annual review each year to ensure that they remain eligible.

The Primary Care Commissioning Committee recommended further actions and asked that the practice and applicant be informed of the next steps.

Primary Care Contract Decision Making Process

The Deputy Director of Delivery Care - Outside of Hospital, presented this report regarding the decision making processes in relation to the management of all aspects of Primary Care Contracts for Sheffield CCG (GMS, PMS and APMS contract) ensuring appropriate governance is in place around delegated responsibilities.

The purpose of the paper was to:

- To confirm the decision making processes and governance arrangements in relation to the above
- To take the opportunity of reviewing all associated contractual current procedures, practices and documentation
- To give the Primary Care Commissioning Committee assurances following the review that robust arrangements are in place

The Primary Care Commissioning Committee noted this paper in line with delegated governance arrangements and supported the following recommendations of:

- The undertaking of a review programme of all policies, procedures and support documentation in relation to the contractual areas referenced above
- The summary detail of the review programme to be considered and signed off at a future meeting once the review has been fully complete.
- Regular contractual briefings covering any issues raised, proposed actions and ongoing updates /progress, to be included as a standard item on future PCCC agenda in association with Quality updates already included.

Universal Credit

The Director of Delivery Care - Outside of Hospital, presented this report raising awareness amongst the Committee, particularly noting the implications for primary care, of the upcoming roll out of Universal Credit across Sheffield. The roll out will begin in November 2018 and is a 4 year programme of change to the welfare system.

The Primary Care Commissioning Committee:

- Noted the likely impact of Universal Credit roll out on patients in Sheffield
- Noted the potential for Universal Credit roll out to push patients who are 'just about managing' into crisis
- Continue to receive updates from the Health Inequalities Steering Group on work with Localities (especially North and Central) to increase awareness and preparedness
- The Director of Delivery Care - Outside of Hospital to bring update to Committee meeting in September

**Adopted minutes of the meeting of the Primary Care Commissioning Committee
held on Thursday 21 June 2018 at 1.30 pm, Boardroom, 722**

- Present:** Professor Mark Gamsu, Lay Member (Chair)
- (Voting Members)** Ms Nicki Doherty, Director of Delivery - Care outside of Hospital
Ms Amanda Forrest, Lay Member
Miss Julia Newton, Director of Finance
Mrs Mandy Philbin, Chief Nurse
Mrs Maddy Ruff, Accountable Officer
- (Non voting members)** Dr Duncan Couch, Local Medical Committee representative
Dr Trish Edney, Healthwatch
Dr Anthony Gore, Clinical Director, Care outside of Hospital
Ms Victoria Lindon, Senior Primary Care Manager, NHS England
- In attendance:** Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital
(for Katrina Cleary)
Mrs Rachel Dillon, Locality Manager (West Locality)
Ms Roni Foster-Ash, PA to Medical Director and Programme Director,
Primary Care
Mrs Eleanor Nossiter, Strategic Communications, Engagement and
Equality Lead
Mr Gordon Osborne, Locality Manager (Hallam and South Locality)

Members of the public

There were 5 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

50/18 Welcome

The Chair welcomed members of the CCG Primary Care Commissioning Committee, members of the public and those in attendance to the meeting.

The Chair welcomed Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital who confirmed that she was attending on behalf of Mrs Katrina Cleary, Programme Director, Primary Care, who was currently on sick leave. She confirmed that she was currently undertaking work on Primary Care in the Programme Directors absence.

51/18 Apologies for Absence

Apologies for absence from non-voting members had been received from Dr Nikki Bates, CCG Governing Body member, Mrs Katrina Cleary, Programme Director, Primary Care, Greg Fell, Director of Public Health,

Sheffield City Council, Dr Terry Hudson, CCG Governing Body member, Dr Zak McMurray, Medical Director, Dr Chris Whale, Secondary Care Doctor

The Chair declared the meeting was quorate.

52/18 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also 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. 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>

No declarations of interest were received for this meeting.

The Deputy Director of Delivery - Care Outside of Hospital confirmed that, as she may be attending future meetings on behalf of the Programme Director, Primary Care, she will complete a Conflicts of Interest form specifically relating to Primary Care

SB

53/18 Questions from members of the public

The Chair advised that written submissions had been received prior and during the meeting from Mike Simpkin and Deborah Cobbett and that a formal response would be provided within seven working days, be posted on the website and would be included as part of the minutes of the meeting.

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

54/18 Minutes of the meeting held on 17 May 2018

Subject to the following amendments, the minutes of the 17 May 2018 were agreed:

- Attendees list - Dr Trish Edney's title as 'Dr' and not 'Mrs'
- Item 45/18 'Matters Arising' page 5 (and separate Matters Arising Schedule 45/18(a) - action should read 'GO' (Gordon Osborne) not 'MO.

- Item 47/18 (Sheffield PPG Network Update' - page 7 paragraph 1 should read 'Practices, as part of their contract, are required to 'support' a PPG and not 'provide' a CCG.
- Item 47/18 (Sheffield PPG Network Update' - page 7 paragraph 3 should read Deborah 'Cobbett' not 'Corbett'.

55/18 Matters Arising

a) 'Minute 41/18 - Urgent Primary Care Update Paper

The preferred service model for implementation would be brought to PCCC for approval in October 2018 at the earliest (previously September) - this is on the forward planner for October 2018.

The Chair gave the following statement regarding the above:

The CCG originally planned to bring a paper on the next steps for the urgent care proposals. However the CCG has been doing more work with our partners and the public, including the workshop last week with our public reference group and need more time to consider these discussions and what we have heard.

The CCG appreciates that people are keen to know the outcome and we have consistently said it is important that we take the time to look carefully at all the feedback we have heard and make sure we are clear about the best approach.

We have set out provisional timings but these may continue to change as we work through the issues raised.

Dr Edney (Healthwatch Representative) gave feedback on the above mentioned Public workshop advising that there had been approximately 40 people in attendance. She stated that the group she had been involved in spent the first 90 minutes in groups of about 8 discussing how long they thought it acceptable to travel to buy a pint of milk – as an analogy for going to primary care (comparing walking, bus and car) and a similar exercise to buy a strimmer – as an analogy for an urgent care treatment centre. Attendees were then presented with the 17 possible options for a re-arrangement of the urgent care centres and were told that 6 of these options were now out – leaving 11. A facilitator from the CCG was at each table addressing 2 of the options and then rotated to enable each table to look at 2 options at a time. Unfortunately time ran out and were only able to discuss less than half of the options. The group was then given 5 to 10 mins to look at the criteria to be used to weight the options and given the opportunity to add their opinions to flipcharts displayed around the room,

Dr Edney advised that she had received feedback from other attendees that they had not felt fully consulted during this session and felt that the meeting had been given a very limited time to discuss the full topics.

The Strategic Communications, Engagement and Equality Lead thanked Dr Edney for her feedback and her perspective of the meeting. She informed that as part of this meeting the CCG had wanted to cover the fact that many people had previously expressed their concern about the travel and transport element and this meeting was to sound out different people's reactions and views to the various options put forward. She confirmed that the CCG had received a lot of very useful feedback including comments that they had not heard before.

The Strategic Communications, Engagement and Equality Lead agreed that the CCG sometimes did underestimate how much time people need for what they would like to discuss and noted this for future meetings.

She further advised that this meeting was not meant to be a consultation on every single option but was to get some general reactions to the suggestions received during the consultation.

She asked the Committee to note that the CCG had received a lot of feedback from this event with the majority of it being very positive, with attendees finding it very helpful and informative, confirming that they would like to remain involved in this process. She felt that overall this had been a very worthwhile meeting. She also confirmed that this was the first of a number of events.

56/18 Financial Report at Month 2

The Director of Finance presented this report (paper C) which gave committee a summary of the financial position for the first two months of 2018/19, highlighting any issues emerging early in the financial year which may have an impact on the year-end position.

She advised that there had been no changes to budgets at Month 2. In relation to Delegated Budgets, as the CCGs is still awaiting the final outcome of national negotiations in relation to GP pay (the Doctors and Dentists Review Body settlement) the CCG is in the same position in terms of uncertainties and risks as set out in the paper on opening budgets to the Committee in March 2018. Thus there is still the need to hold the reserves created as part of budget setting as uncommitted at this stage.

The Director of Finance highlighted a few small under and overspends at Month 2 and confirmed that in the light of limited data she had forecast spend to match budget at year end.

The Primary Care Commissioning Committee noted the financial position at month 2.

57/18 2017/18 Primary Care Annual Report

The Deputy Director of Delivery Care Outside of Hospital, presented this report to the Committee (paper D) for consideration and approval of Sheffield CCG's Primary Care Annual report for the financial year 17/18.

The Committee thanked the Deputy Director of Delivery – Care Outside of Hospital along with the Primary Care team for producing this first Annual Report for this Committee and noted that it has been produced to a very short time scale made more challenging by the current staffing shortages within the Primary Care Team.

The Deputy Director of Delivery Care Outside of Hospital indicated that there would be an aspiration in future reports to develop the content beyond that required for reporting purposes but to consider how we can take the opportunity to recognise front line staff and make the document one that speaks more effectively to staff and to the public. She confirmed that, taking into account comments from the Committee a revised version of the report would be sent to NHS England.

Comments received from the Committee:-

- Ms Forrest (Lay Member) requested that a separate Patient Participation Groups section be added to the report. **SB**
- The Committee agreed to amend the name of the report to clarify that this report reflects the delegated responsibilities of PCCC rather than Primary Care in general. **SB**
- Dr Edney requested that a section on 'Access' be added to the report taking into account that one of the largest changes within Primary Care for this year was access on Thursday afternoons. **SB**
- Clarify 'Notices' 5.2 (page10) of the report 'Notices' – should this be 'Contract Notices' **SB**
- The Director of Delivery – Care Outside of Hospital requested that once finalised and working alongside the Communications and Engagement team, the report be shared with practices and made available via website (Primary Care page). **SB**
- The Director of Finance requested a meeting with The Deputy Director of Delivery – Care Outside of Hospital, to discuss the finance section of this report **JN/SB**
- The Senior Primary Care Manager, NHS England to meet with The Deputy Director of Delivery – Care Outside of Hospital to give feedback on the report . **VL/SB**

The Primary Care Commissioning Committee approved the report, subject to a revised version of the report to be produced by the

Deputy Director of Delivery Care Outside of Hospital to include the above requests and then being submitted to NHS England.

SB

58/18 Beighton Health Centre Proposal

The Locality Manager (Hallam and South Locality) presented the report (paper E) to the Committee, which gave an update with regard to ongoing work to utilise void space at Beighton Health Centre.

1. Introduction / Background

- Due to the consolidation of services at Sothall Health Centre, the branch site of Beighton Health Centre remains vacant. (There remains a pharmacy situated inside the building).
- At the Primary Care Commissioning Committee meeting held on 3 November 2017 an options paper was received to consider further use of Beighton Health Centre. The Committee had previously approved in principle a period of 6 months, to explore the chosen option of utilisation of the centre for the benefit of the community and health service provision by Neighbourhoods Townships 1 and 2.

2. Progress

- Despite engagement by the Township Neighbourhoods and Woodhouse and District Forum, work has been complicated by lack of clarity over who would hold the lease from NHS Property Services.
- Practices and third sector agencies have been positive, however as the offer of any vacant space is limited by such a short time frame, many are unable to commit further.
- Conversations are ongoing with providers in Sheffield to hold the lease and support a business case to move forward and include CQC registration.

3. Finance

Whilst there is no request for additional funding the Committee was reminded of the £81,213 annual rent and utilities charge already funded by the CCG

The Committee recognised that this has the potential to be an important community resource available in Beighton and that the CCG is determined to ensure that if there is an interest locally that a range of difference interests, including community organisations, have the opportunity to come forward and look at how they could use this facility.

The Primary Care Commissioning Committee supported the

proposal to give time to allow the development of a realisable plan to utilise Beighton Health Centre, approving the continuation of funding already allocated, for a further period up to 2 years. It was agreed that this would allow enough time to demonstrate the engagement of the two Township Neighbourhoods, with the support of a Sheffield provider, in the utilisation of Beighton Health Centre.

The Committee asked for assurance and it was agreed that a more detailed plan including milestones and timescales for delivery will be developed to ensure progress and the monitoring of risks / issues. Escalation points and safeguards will be built into the plan to ensure there is a defined process to escalate any issues. This plan is to be shared with the Committee and brought to the meeting in September 2018.

GO/SB

59/18 NHS England General Practice Resilience Programme (GPRP) - 2017/18 Evaluation and 2018/19 Primary Care Approach

The Deputy Director of Delivery Care - Outside of Hospital, presented this report (paper F) to the Committee which:-

- Confirmed the evaluation for 17/18 funding
- Set out the CCG's approach to 18/19 applications for funding

The Deputy Director of Delivery - Care Outside of Hospital, advised that NHS Sheffield CCG is required to evaluate the resilience funding allocated to Sheffield practices in 17/18 in order to a) provide the information to NHSE for their records and b) in order to inform the Sheffield bids for 2018/19

There is £283K of NHS England resilience monies available across South Yorkshire and Bassetlaw for 2018/19 and NHS Sheffield Primary Care would like to be in a position to submit bid proposals in order to maximise the amount of funding available to support Sheffield practices that fulfil the national criteria.

Bids for 2018/19 are to be submitted to NHSE by 6 July 2018.

SB

The Primary Care Commissioning Committee approved:

- **The evaluation of funding allocated to Sheffield in 17/18**
- **The process being employed to develop bids for 18/19**

The Committee also agreed that a further update regarding the detail of the 2018/19 bids for Sheffield would not be required at the July 2018 meeting.

60/18 Assurance of General Practice Access

The Locality Manager (West Locality) made a presentation to the Committee as follows. She advised that a paper had previously been circulated for virtual discussion and approval regarding the Sheffield CCG stance regarding the assurance of general practice access. This paper was then shared again with the Committee for information.

As previously reported:

- Historically a significant number of practices closed for half day predominantly on a Thursday afternoon.
- The Direct Enhanced Service for Extended Hours contractually requires practices not to close for half a day.
- NHS England guidance on what is meant by 'reasonable needs' was issued in November 2017, however this was not supported by the BMA.
- LMC feel strongly that there is no contractual obligation on practices to meet the guidance definition on what is meant by meeting the 'reasonable needs'.

NHS England have identified 32 practices in Sheffield where it requires further assurance.

A presentation was then made to the Committee summarising the comments received with regard to agreeing the detail of the SCCG position to be described to NHS England on or before 30 June 2018. The comments received are summarised as follows:

1. Comments from PCCC

- A number of operational issues were flagged
- Management of impact and operational delivery
- We need to use our knowledge of the state of play of PPGs in the city to help with this work
- Assurance that those who are closed have adequate access to sub-contracted services
- Interest in seeing the data from the WIC/OOH/Hubs
- A query in relation to any neighbourhood clusters where it is difficult for patients to access their own GP and use other services.
- Further information regarding E-Dec data being correct.
- Highlighting a contradiction in the paper regarding the impact of a firm line
- It does not make clear how the CCG will determine whether the arrangements meet the reasonable needs of patients and any next steps
- The LMC is happy for the paper to be used as a basis for the response, however it has specific concerns about the ongoing debate around practice opening, definition of reasonableness

2. The Locality Manager (West Locality) presented action to date:

- The KLOE (Key Lines of Enquiry) template has been issued to those practices identified by NHS England seeking information about patient impact and engagement on access
- The KLOEs were a shortened version of those recommended by NHS England to reduce the burden on already stressed practices, recognising that some of the information is already held centrally
- Checked practice website data with E-Dec data
- Assessed data from Walk in centre, A&E and Hubs

The Locality Manager (West Locality) highlighted key points for the Committee to note in relation to this, as follows:

- This exercise has been conducted in a short space of time.
- The information should be treated with caution as it has not been triangulated with other factors related to practices – shortage of staff/quality of service/numbers of sessions provided/size of practice.
- The committee has not considered in detail the definition of reasonableness provided by NHS England and whether any action should be based on this without consideration of impact on all practices in Sheffield.

The Locality Manager (West Locality) summarised the position as below:

Locally

- Practices have stated no negative patient feedback on their opening hours, though not all practices had engaged with their patients about access recently or at all.
- The extended access hubs locally do not demonstrate any increase in activity on a Thursday, when more practices are not open, than on other days.

Citywide

- There is no significant impact on services (WIC, A&E) in the times when the citywide GP collaborative is in operation in core hours
- There is no notable trend in negative patient feedback in the National GP Patient survey for this group of practices overall.
- However, there are three practices that have attracted significant feedback via Care Opinion/NHS Choices

The Locality Manager (West Locality) concluded that:

- Overall, the Committee should be assured that there are no large scale problems with access in the city
- There may be more work to support a small number of practices with regard to access and engagement with their patients.
- Further work is required to triangulate practices' information with other sources of data and knowledge.
- Further understanding of the service provided by the Collaborative

will be helpful, but should be done within the context of the Urgent Primary Care developments.

The Primary Care Commissioning Committee approved the following response to NHS England before the 30 June 2018.

- Assured with the following key themes.
 - E-Dec submissions and Patient Participation Group (PPG) engagement have been verified.
 - Patient behaviour and impact on non-primary care services has been considered and reviewed.
 - Patient complaints related to practices have been reviewed.
 - In relation to the key themes around opening arrangements in meeting the reasonable needs of patients, for practice and subcontracted arrangements, we need to understand more what the definition means and work with practices and partners on this within realistic timelines and within the context of our overall strategy of at scale working and the urgent primary care proposals.
 - In relation to themes around PPG representation and patient engagement, we have received information from practices regarding PPGs, which is assuring, we do further work to support practices in this area as part of the wider programme of work around patient engagement.
 - In relation to the theme on review of all complaints, we do further work to consider and review more fully.
 - Taking account of all above, Sheffield CCG will be confirming to NHS England that we have not taken any contractual action to date, and will confirm whether any is needed on completion of the above.

The Director of Delivery - Care outside of Hospital advised that a progress paper would be brought to Committee for meeting in September 2018.

ND

The Committee thanked The Locality Manager (West) along with Lisa Shackleton for their input into this acknowledging that a very large piece of work had been undertaken.

Copy of presentation given to be added to website.

RFA

61/18 Any Other Business

There was no further business to discuss this month.

62/18 Date and Time of Next Meeting

The next meeting will take place on Wednesday 25 July 2018, 2.00 pm – 3.30 pm, Boardroom, 722 Prince of Wales Road

Committee meeting scheduled for 18 October 2018 has now been rescheduled to 8 November 2018.

**Responses to questions from members of the public to the
CCG Primary Care Commissioning Committee 21 June 2018**

Questions from Mr Mike Simpkin, Sheffield Save our NHS

- 1. How many full time GP vacancies are there at the moment? How many posts have been vacant for more than 6 months?**

CCG response: As a CCG, we do not regularly collect information on General Practice workforce, posts filled and vacant. Practices are required to complete the Primary Care web tool, an NHS England based tool, which collects workforce information but is not accessible at a CCG level. However, we undertook a snap shot of practices' workforce in 2017 in order to understand more the challenges practices are facing, and inform how we can support them, via our workforce strategy. There are on average approximately 10-12 unfilled GP vacancies in the existing GP workforce.

- 2. How many practices have nurse-practitioner posts? How many of these are filled?**

CCG response: In that snap shot in 2017, out of 80 responders, 33 practices recorded they have Advanced Nurse Practitioner posts. No information was requested regarding the vacancies.

- 3. Does the CCG have information on the GP locum bill - excluding out of hours services**

CCG response: The CCG reimburses practices for locum spend to cover sickness, maternity and paternity leave. These payments are approved by NHS England and funded by the CCG. During 2017/18 the CCG paid £785k for locum reimbursement.

- 4. How is the relationship between District/Community-based nursing services and local GP surgeries managed?**

CCG response: The CCG does not employ staff to manage relationships across services, and therefore not between district/community-based nursing services and local GP surgeries. We as a system are working towards integrating services, putting the person at the centre of everything we do, therefore we are encouraging all our services to work more closely together, especially as we develop our out of hospital care via neighbourhoods and multi-disciplinary Team working. The CCG has a number of forums in which services can raise questions or concerns. They will then be dealt with on a case by case basis.

Mr Simpkin submitted at further question at the meeting regarding Primary Care Annual Report (57/18)

'The Primary Care Report seems to me to cover a lot of the good and technical work which the CCG has been doing with practices but it seemed to me to sit quite uneasily with the CQC report on integration which reports to the Accountable Care Partnership Board (held on Tuesday) which flags up quite a lot of issues, not just to do with integration in general. At that meeting there was a fair amount of discussion about how people at the front line could actually be involved etc.

So I wondered if there was a way in which the CCG, when writing its report, could actually recognise problems in a way that is meaningful to people in the front line rather than spin them off under using optimistic titles as 'ambitions', 'lessons learned' etc which sometimes sparks off some scepticism.'

CCG response: The Deputy Director of Delivery Care Outside of Hospital acknowledged that in future reports there would be a preference to develop the content beyond that required for reporting purposes but to consider how we can take the opportunity to recognise front line staff and make the document one that speaks more effectively to staff and to the public. She confirmed that, taking into account comments from the Committee a revised version of the report would be sent to NHS England.

Question from Deborah Cobbett – Sheffield Save Our NHS? regarding Primary Care Annual Report (57/18)

'I could not find mention of Patient Participation Groups and the public voice more widely and the involvement of Healthwatch etc in the Primary Care Annual Report'.

CCG response: This was responded to as part of the presentation under 57/18 where the Deputy Director of Delivery confirmed that this would be reflected in the final Annual Report.

**Unadopted minutes of the meeting of the Primary Care Commissioning Committee
held on Wednesday 25 July 2018 at 2.00 pm, Boardroom, 722**

- Present:** Ms Nicki Doherty, Director of Delivery - Care outside of Hospital
(Voting Members) Ms Amanda Forrest, Lay Member (Chair)
Ms Chris Nield, Lay Member
Miss Julia Newton, Director of Finance
Mrs Mandy Philbin, Chief Nurse
Mrs Maddy Ruff, Accountable Officer
- (Non voting members)** Dr Nikki Bates, CCG Governing Body member
Dr Trish Edney, Healthwatch
Ms Victoria Lindon, Senior Primary Care Manager, NHS England
- In attendance:** Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital (for Katrina Cleary)
Ms Lucy Ettridge, Deputy Director of Communications
Ms Roni Foster-Ash, PA to Medical Director and Programme Director, Primary Care
Ms Lorraine Watson, Senior Programme Manager, Active Support and Recovery

Members of the public

There were 3 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

63/18 Welcome

The Chair welcomed members of the CCG Primary Care Commissioning Committee, members of the public and those in attendance to the meeting.

The Chair introduced and welcomed Ms Chris Nield, Lay Member who would be the new Chair of the Primary Care Commissioning Committee commencing from the next meeting.

The Chair advised that Mr Mike Simpkin from Sheffield Save Our NHS, who was present at the meeting as a member of the public, had been attending Primary Care Commissioning Committee and Governing Body meetings for the last six years, would now be stepping down from his role. The Chair thanked Mr Simpkin for his active involvement, in attending these meetings over the years. Mr Simpkin advised that he would be writing to the Chair of both above meetings to also thank them for their courtesy and co-operation throughout these years.

64/18 Apologies for Absence

Apologies for absence from voting members had been received from Professor Mark Gamsu, Lay Member.

Apologies for absence from non-voting members had been received from, Mrs Katrina Cleary, Programme Director, Primary Care, Dr Duncan Couch, Local Medical Committee representative, Greg Fell, Director of Public Health, Sheffield City Council, Dr Anthony Gore, Clinical Director, Care outside of Hospital, Dr Terry Hudson, CCG Governing Body member, Dr Zak McMurray, Medical Director, Dr Chris Whale, Secondary Care Doctor.

The Chair declared the meeting was quorate.

65/18 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). She also 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. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

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

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

Declarations of interest were received as follows:

Dr Nikki Bates, CCG Governing Body member as a Sheffield GP with regard to following agenda items:-

- Item 70/18 - Transformation Fund – Quarterly Update
- Item 71/18 - Locally Commissioned Services Review – Establishment of a Primary Care Quality Contract
- Item 72/18 - GP Retention Scheme
(Discussion regarding the approach only)

The Chair advised that Dr Bates would be able to comment on the above items noting that voting would not be affected as Dr Bates was a non-voting member of the Committee.

66/18 Questions from members of the public

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

Mr Alastair Tice submitted a further 3,427 signatures regarding the previous petitions to the Committee concerning the Urgent Care consultation.

The Chair thanked Mr Tice for handing in the petition to the committee and confirmed the following:

- In line with the CCG's constitution, as with all petitions, it would be taken to the CCGs Governing Body meeting to be noted in public so all members are aware of it.
- As it has been submitted outside of the closing date everyone reviewing the feedback will be made aware of this.
- Within the report there is a section that advises of the original submitted petition therefore an addendum will be added to advise of the further submitted petition.

Mr Tice advised that, although he appreciated that the official consultation period had now ended and thanked the CCG for accepting the additional petition signatures.

He felt that the additional signatures reflected the scales of opposition still exists to the proposals as they still stand which involve the closure of the Minor Injuries Unit at Hallamshire and the closure of the Walk In Centre at Broad Lane.

- **Questions from the Public**

The Chair advised that written submissions had been received prior and to the meeting from Mr Alistair Tice, Mr Mike Simpkin, Ms Laura Gordon and Mr Steve Ayris and that a formal response would be provided within seven working days, be posted on the website and would be included as part of the minutes of the meeting.

The Chair clarified that the workshop held with public reference group was not a consultation on new options but part of the process the CCG were currently undertaking to consider the feedback received from the consultation. This is an important distinction as, although the group represents different areas and communities across the city, it does not replace the need to consult people in Sheffield. If the CCG decide to pursue any different options to the ones we consulted on, it would need to carry out another full public consultation.

As part of the process for considering the feedback, the CCG is working with partners, clinicians and local people to look at the issues raised and possible mitigations, as well as reviewing the alternative approaches that were suggested.

The key points from the discussions and meetings the CCG has been having with all stakeholders are being fed back to the Urgent Care Programme Board for consideration and used to inform the recommendations that will be brought to the Primary Care Commissioning Committee.

The write ups of the discussions at the public reference group workshop will be shared imminently with the group and will also be available on the urgent care consultation section of our website shortly. The CCG would advise when this was available to members of the public who had submitted questions in relation to this.

RFA

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

67/18 Minutes of the meeting held on 21 June 2018

The minutes of the 21 June 2018 were agreed as a true and accurate record.

68/18 Matters Arising (B)

a) Minute 41/18 - Urgent Primary Care Update Paper

The preferred service model for implementation would to be brought to the Committee for approval in November 2018 at the earliest (previously October).

KG

b) Minute 57/18 – 2017/18 Primary Care Annual Report

The Deputy Director of Delivery Care Outside of Hospital advised that all previous requests and feedback had been addressed and that the updated report had now been submitted to NHS England. The Senior Primary Care Manager, NHS England confirmed this report was for record purposes only and no response would be received back from NHS England.

c) Minute 58/18 – Beighton Health Centre

Detailed plan including milestones and timescales for delivery to be developed to ensure progress and the monitoring of risks / issues. Escalation points and safeguards will be built into the plan to ensure there is a defined process to escalate any issues. Plan to be shared with the Committee and brought to September meeting.

GO /SB

d) **Minute 59/18 - NHS England General Practice Resilience Programme (GPRP) - 2017/18 Evaluation and 2018/19 Primary Care Approach**

The Deputy Director of Delivery Care Outside of Hospital advised that Bids for 2018/19 had now been submitted to NHS England and that the CCG were also currently in the process of re-submitting bid they had received feedback on.

e) **Minute 60/18 - Assurance of General Practice Access**

Progress paper to be brought to Committee for meeting in September 2018.

Copy of presentation from previous meeting had now been added to website.

ND

69/18 Financial Report at Month 3

The Director of Finance presented this report (paper C) confirming that there were no material changes to budgets or expenditure since the month 2 report. She advised that CCGs are still awaiting the outcome on the DDRB (Doctor and Dentist Review Body) negotiations. As a result, the uncertainties and risks set out in the paper to the Committee in March 2018 remain unchanged and hence there is still a need to hold all reserves as uncommitted at this stage.

The Director of Finance advised that while there are a few small underspends on budgets at month 3, given that we are still in the early stage of the financial year, the forecast position has been maintained at break even.

The Primary Care Commissioning Committee noted the financial position at month 3.

70/18 Transformation Fund – Quarterly Update

The Deputy Director of Delivery Care - Outside of Hospital presented this report to the Committee (paper D).

On 22 March 2018, the Primary Care Commissioning Committee received a paper on the CCG Transformational Support funding use across Sheffield general practice.

The Committee was assured that it would receive on a quarterly basis progress and expenditure updates as part of the financial reporting process. The March paper was provided as Appendix 1 for information.

This first report (paper D) was to provide the first quarterly update on the agreed five key areas, showing what has been committed from the 2018/19 budget in quarter one of 2018 -as detailed in 3.2 of the paper.

- Workforce
- Estates
- Digital Technology
- Neighbourhood and At Scale Working
- Support to GPFV High Impact Changes and Wider Sustainability (this was 'Training to Mitigate Commissioning Risk' in March's paper)

The GP Forward View (GPFV) sets out the key funding and infrastructure elements which support GP practices to become resilient, sustainable and able to transform to meet new system challenges. The 2017/18 Planning Guidance stated that CCGs should plan to spend non recurrently a total of £3 per head of population over a two year period in support of the primary care resilience, sustainability and transformation agenda.

Sheffield CCG originally planned to spend £1.50 in each year (a total of £1,766k) but as there was agreed slippage of spend in 2017/18 £1,539k is available to spend in 2018/19.

Further detail was requested regarding the funding to support prescribing and regarding progress on deployment of the workforce planning tool. Update to be provided at next meeting.

SB

The Primary Care Commissioning Committee noted the update provided and that before the plan for 2018/19 was finalised there would be discussion with the LMC (with input from Citywide Locality Group). A further update would be brought to Committee meeting in September / November 2018.

SB

71/18 Locally Commissioned Services Review – Primary Care Quality Contract

The Senior Programme Manager, Active Support and Recovery presented the report (paper E) to the Committee, which updated the Committee on the work that has taken place on current Locally Commissioned Services (LCS) contracts and specifications. She made a series of recommendations to the Committee on the way forward for 2018/19 and beyond, including the proposed implementation of a Primary Care Quality Contract for Sheffield.

The February 2018 meeting of Primary Care Commissioning Committee considered a paper, which following a full review of LCSs, provided a detailed set of recommendations. In February it was agreed that certain LCSs should be given short term extensions to September 2018 or March 2019 while further work was undertaken to consider a larger proposal.

Paper E looks at the larger proposal and makes recommendations on the principle of implementing a Quality Contract for Primary Care in Sheffield, making a number of suggestions for approval over a period of time with funding proposals aligned accordingly from

October 2018 through to March 2020.

The intention is to maintain current funding for Primary Care but change to an overarching Quality Contract rather than individual LCSs over a one and half year period to March 2020.

It is proposed to replace the three engagement LCSs initially with a single quality contract to the same total value and to then review other LCSs and to potentially add to if additional investment becomes available.

A query was raised as to whether the proposal would or should take account of some of the inequalities in the system. Committee members were reminded that the CCG already had in place the “special cases” or so called Significant Additional Patient Pressures (SAPP) LCS arrangements to address particular issues as a result of the Carr Hill Formula and that current engagement and “over and above” LCSs were designed to provide equitable funding.

The Primary Care Commissioning Committee approved the following recommendations:

- **The proposal to move towards establishing a Quality Contract in Sheffield.**
- **As a first step the 3 engagement LCSs (at £4 per head pa based on weighted list size) would be combined from 1 October 2018.**
- **That a further proposal be brought back to Primary Care Commissioning Committee to incorporate other funding into the Quality Contract, from LCSs due to expire in April 2019, e.g. the ‘PMS Transition Over and Above monies’ (£5 per head pa based on weighted list size) and other potential LCS funding.**
- **To receive further detailed proposals for a wider more inclusive Quality Contract being fully implemented across Sheffield by April 2020.**
- **For this work to be undertaken by a sub-group, incorporating representation from Primary Care, Contracting, Finance, Portfolio Leads and the LMC and patient voice who will report back to the Committee either by exception or in line with the above timescale.**
- **The Committee requested that the CCG ensure clear communication to practices regarding the above proposals / changes via attending each of the next Locality Council meetings.**

LW

LW

LW

72/18 GP Retention Scheme

The Director of Delivery Care - Outside of Hospital, presented this report (paper F) which outlined a proposed approach for assessing and approving applications to the GP Retention Scheme which is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice, replacing the Retained Doctors Scheme 2016. Successful applications may help practice resilience.

At its 17 May 2018 meeting the Primary Care Commissioning Committee requested that a proposal be developed for the Sheffield process for receiving applications for the GP retention scheme, in particular suggested criteria against which a decision could be made. This paper was in response to that request.

This paper proposed a protocol for Sheffield, (appendix A) setting out the context, the national eligibility criteria, the application process and the proposed Sheffield criteria against which an application will be assessed.

The Primary Care Commissioning Committee had previously discussed at length the national criteria, resulting in the request for clearer local criteria and a protocol, therefore this paper focussed on the proposed local criteria (section 3.2 of Appendix A). It was proposed that in order for an application to be successful the Primary Care Committee will need to be assured that:

- There is a future sustainability issue for the practice that this scheme would help resolve
- There are no known performance issues that would make the practice unsuitable for a retained GP
- There are no other opportunities, for example through the Accountable Care Partnership transformation or GP Forward View investment, that would be more appropriate for the practice

Resource Implications

The Director of Delivery Care - Outside of Hospital advised that this scheme has financial implications for the CCG in relation to approved applications. For any successful applications the CCG is responsible for sessional payments and an annual scheme payment to the practice and applicant from within the CCG's delegated primary care co-commissioning budget for up to 5 years with an annual review each year to ensure that they remain eligible.

Each practice employing a retained GP will be able to claim an allowance relating to the number of sessions for which the GP is engaged.

In addition, the processing of applications, establishing available funding, and monitoring and reviewing successful applications will

have a resource implication for the CCG and will require capacity to be secured to deliver this. At present we are not sure how many applications we are likely to receive and it is proposed that we actively monitor demand and ensure that the capacity in place remains sufficient.

The Senior Primary Care Manager, NHS England advised that although this was a complex scheme for the CCG however it was important not to lose sight that it is about retaining the individual GP. All agreed the underlying principle.

The Primary Care Commissioning Committee:

Discussed and approved the draft GP Retention Scheme Protocol (Appendix A) subject to the additions / amendments being incorporated into the final version:

- | | |
|--|-----------|
| • Add additional section to provide advice on practices that would fall into the category of having a sustainability issues | ND |
| • Add into the protocol section that the CCG would be supportive of a neighbourhood approach | ND |
| • Discussion to take place at the Primary Care Workforce Group regarding the following: | ND |
| • Challenge about transfer of the budget from Health Education England | ND |
| • How the CCG engage with / inform applicant prior to receiving the application assisting applicant in identifying a practice | ND |
| • Look at what peer review would look like | ND |

and noting below:

- **Practice involved has a future sustainability issue that this would resolve**
- **There are no known performance issues that would make the practice unsuitable for a retained GP**
- **No other suitable alternatives available**
- **Considered the resource implications as set out in the paper recognising that this is a cost pressure to the delegated budget of the CCG**
- **Communication out to GPs regarding details of the scheme including resource implications for the CCG**
- **The Primary Care Commissioning Committee also made a commitment at its 17 May meeting to reconsider the**

application that had already been received against the agreed criteria; it was noted that this application was being presented to the meeting in the private section.

73/18 Primary Care Contract Decision Making Process

The Deputy Director of Delivery Care - Outside of Hospital, presented this report (paper G) regarding the decision making processes in relation to the management of all aspects of Primary Care Contracts for Sheffield CCG (GMS, PMS and APMS contract) ensuring appropriate governance is in place around delegated responsibilities.

The decision making processes in relation to the management of all aspects relating to the 'Framework for Managing General Practice Performance and Quality' which underpins Primary Care Contract management – set out in point 1 of the paper.

The decision making processes in relation to the management of all aspects of Locally Commissioned Services (LCS) ensuring appropriate governance is in place at a local level.

The purpose of the paper was to:

- To confirm the decision making processes and governance arrangements in relation to the above
- To take the opportunity of reviewing all associated contractual current procedures, practices and documentation
- To give the Primary Care Commissioning Committee assurances following the review that robust arrangements are in place

Process for the following are required to be considered by Primary Care Commissioning Committee:

- Practice mergers
- Branch Closures
- Procurement of new contracts/contract changes
- Death of a single hander
- Newly designed enhanced services
- Significant contract variations such as termination notice/removal of a contract or reduction of multi partner practice to single hander
- One off payments

The Committee thanked The Deputy Director of Delivery Care - Outside of Hospital for this report which clarified the obligations of the Primary Care Commissioning Committee and giving assurance that it is legally and contractually following correct processes.

The Primary Care Commissioning Committee noted this paper in line with delegated governance arrangements and supported

the following recommendations of:

- **The undertaking of a review programme of all policies, procedures and support documentation in relation to the contractual areas referenced above**
- **The summary detail of the review programme to be considered and signed off at a future meeting once the review has been fully complete.**
- **Regular contractual briefings covering any issues raised, proposed actions and ongoing updates /progress, to be included as a standard item on future PCCC agenda in association with Quality updates already included.**

74/18 Neighbourhood Development Priorities

The Senior Programme Manager, Active Support and Recovery presented the report (paper H) to the Committee updating the Primary Care Commissioning Committee on the Neighbourhood Development tool as part of the neighbourhood LCS and the use of the £1 per head funding from NHS England to support delivery of the neighbourhood development plans;

It was noted that the Committee had previously approved the following at the meeting held on 25 January 2018

- GP Practices through their Neighbourhoods to be asked to complete the Primary Care Neighbourhood Development Tool in order to receive the remaining 75p of £1.50 per head for year 2 of the Neighbourhood engagement LCS ending on 30 September 2018.
- £1 per head to be utilised for development plans identified by Local Care Networks / Neighbourhoods

Key issues:

As part of the national priority to develop Local Care Networks (Neighbourhoods), NHS England has non-recurrently allocated a sum of £1 per head. Locally, this has been made available in 2018/19 to pump prime the development priorities identified by Neighbourhoods. Paper H detailed how the neighbourhoods plan to spend this money.

Introduction / Background

It is envisaged that Neighbourhoods will be a key vehicle for the delivery of health and social care services working within an overall Accountable Care Partnership framework but with considerable discretion for the design and delivery of local population focussed services that contribute to the citywide position.

As a response to the Neighbourhoods for clarity on their role and continued support from the CCG the Primary Care Neighbourhood

Development Tool was created to establish where the neighbourhoods are in terms of development, the extent of their ambition and the support required to achieve this.

Current Position

Responses were received from all neighbourhoods and the commitment to neighbourhood working and the number of initiatives taking place across the city is commendable. Positive examples of the work taking place have been shared internally and externally with key stakeholders at all levels to demonstrate the successes being delivered through neighbourhoods working together. This in itself has further developed relationships and working with partner organisations.

After reviewing all of the Primary Care Neighbourhood Development tools a number of potential areas for development were identified. The desire for MDT working across the city has been recognised by both Neighbourhoods and the CCG. As a result the CCG has approved an addendum to the Neighbourhood Engagement LCS for a further 50p per head to support MDT working. All Neighbourhoods have now identified the cohort of patients that they wish to focus on based on their populations needs. The practices hold weekly MDT meetings and monthly Neighbourhood meetings to share case studies on complex cases. The cohorts of patients being worked with include Frail Elderly, Long Term Conditions, Mental Health, Housebound Diabetics and Vulnerable Children.

As part of the self-assessment process, Neighbourhoods identified their priority patient groups and the development plans to further mature. Each of the 16 Neighbourhoods were then asked to produce Business Cases on one of more of priorities to move them forward linked to the £1 per head. As the funding is one off pump prime the referral criteria below was provided.

Inclusion Criteria

- Must be linked to the neighbourhoods priority patient group or identified development plan priorities
- Must clearly demonstrate how it contributes to the maturity of the neighbourhood linked to at least one of the 5 NHS England areas identified in the self- assessment tool
 - General Practice Working at Scale
 - Integrated working across the Health and Social care system
 - Targeting Care to Priority Patient groups
 - Managing Resource
 - Empowered Primary Care/ Neighbourhood Governance
- Can be used towards or for initial set up costs of a development priority

- Must be spent in the financial year 2018/19

Can be used to employ staff on a short term basis but any commitment after 31st March 2019 will become the ongoing responsibility of the specific neighbourhood, the CCG will not be liable for any required revenue post 31st March 2019.

Exclusion

- Any services or projects which are not connected to the development priorities or maturity of the neighbourhood
- To pay towards the existing costs of someone already employed within the system
- To earn interest on savings or hold cash amounts in anticipation of demands in future years
- Training and/or support covered by the Transformational Support and Resilience fund
- Digital technology and estates plans covered by the Transformation Fund

Summary of Development Priorities detailed on pages 5 to 8 of the report.

Due to this money being for pump priming initiatives, Neighbourhoods are working closely with partner organisations such as SOAR, Age UK, Woodhouse District Forum, Sheffield Teaching Hospitals, Primary Care Sheffield and Sheffield Health and Social Care Trust to ensure that clear exit strategies are in place. The majority of developments will see staff being seconded from partner organisations, some neighbourhoods hope that they can demonstrate a positive impact through these developments giving practices and stakeholders the confidence to invest in the services moving forward.

In terms of governance arrangements many neighbourhoods are working on developing informal Memorandums of Understanding outlining working arrangements between practices and some are agreeing more formal arrangements with Primary Care Sheffield.

The Senior Programme Manager, Active Support and Recovery confirmed that it has been made clear to neighbourhoods that this is not recurrently available to neighbourhoods and therefore needs to be self-sustaining.

There was some discussion around aligning the neighbourhood initiatives for mental health workers with the wider Mental Health Transformation Programme. It was confirmed that work was already underway to support that and that a meeting was planned later that week.

The Committee thanked the Senior Programme Manager, Active Support and Recovery and specifically Sarah Chance who had initiated the report.

The Primary Care Commissioning Committee noted the proposed Neighbourhood Developments and current position also noting that concerns raised regarding recruitment of additional staff at neighbourhood level which would be considered with key stakeholders outside of meeting.

SB / LW

75/18 Universal Credit

The Director of Delivery Care - Outside of Hospital, presented this report (paper I) raising awareness amongst the Committee, particularly noting the implications for primary care, of the upcoming roll out of Universal Credit across Sheffield. The roll out will begin in November 2018 and is a 4 year programme of change to the welfare system.

She advised that the briefing (Appendix 1) has been prepared by Sheffield City Council and Sheffield Citizen's Advice Bureau and is circulated on behalf of the citywide Universal Credit Partnership Group

The briefing note:

- Provides an introduction to Universal Credit (UC), including the latest announcements from Government.
- Capture what we know so far about the potential and likely impacts of UC on the city, including on specific customer groups and organisations.
- Provide an update on the most recent work that has been done to prepare for UC in the city.

Key issues:

As well as the predicted impact on citywide services highlighted, the briefing also describes the likely impacts UC will have on some of our most vulnerable patient groups including those with a long term disability, socially disadvantaged families with young children, families with English as a second language and the increased risk of overdose to substance misusers of welfare payments being made directly to patients instead of to landlords. Of significant concern is the likely time periods claimants will be left without an income and their subsequent ability to maintain a healthy diet and afford adequate heating and shelter.

Evidence from Citizens Advice in parts of the country with experience full UC rollout indicates that debt and housing problems increase significantly. This, in turn, has a significant impact on mental wellbeing, homelessness and demand on other public services, including the local authority, health services and voluntary and community sector organisations.

This increased demand on services is likely to be experienced in general practices as increasing numbers of patients seek support from healthcare professionals with their claim completion/appeals and through increased demand for mental health support.

Representatives from the Health Inequalities Steering Group are already engaging with the citywide UC Partnership Group to ensure that practices within CCG localities likely to be most affected by Universal Credit roll out are plugged into and informing the city's preparedness plans.

The CCG is starting to plan specific training for receptionist staff on UC, signposting and suicide awareness and hope to prepare additional briefings and signposting information for practices as the city's plans become clearer in September 2018.

Chair suggested making the Universal Credit briefing available to General Practice.

ND / SB to work with Comms team

The Primary Care Commissioning Committee:

- **Noted the likely impact of Universal Credit roll out on patients in Sheffield**
- **Noted the potential for Universal Credit roll out to push patients who are 'just about managing' into crisis**
- **Continue to receive updates from the Health Inequalities Steering Group on work with Localities (especially North and Central) to increase awareness and preparedness**
- **The Director of Delivery Care - Outside of Hospital to bring update to Committee meeting in September.**

ND

76/18 Any Other Business

No other business was discussed at this meeting.

77/18 Date and Time of Next Meeting

The Chair advised that the next meeting is scheduled to take place on Thursday 23 August 2018 (1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road).

It was agreed that the administrator would confirm the following

- quoracy with members
- any critical agenda items

The meeting date would then be confirmed via the Primary Care Commissioning Committee website.

RFA

**Questions from members of the public to the
CCG Primary Care Commissioning Committee 25 July 2018**

Question from Mr Alistair Tice

Is it not the intention of the PCCC to report back on the Public Reference Group consultation re Urgent Care options before October when you intend to bring your preferred service model for implementation to the Committee for approval? If not, then this is not a transparent process, and if so when and how do you intend to report back?

CCG Response: Firstly, it is important to clarify that the workshop held with public reference group was not a consultation on new options but part of the process we are going through to consider the feedback we received from the consultation. This is an important distinction as although the group represents different areas and communities across the city it does not replace the need to consult people in Sheffield. If we decide to pursue any different options to the ones we consulted on, we would need to carry out another full public consultation.

As part of the process for considering the feedback, we are working with partners, clinicians and local people to look at the issues raised and possible mitigations, as well as reviewing the alternative approaches that were suggested.

The key points from the discussions and meetings we have been having with all stakeholders are being fed back to the Programme Board for consideration and used to inform the recommendations that will be brought to the PCCC.

The write ups of the discussions at the public reference group workshop will be shared imminently with the group and will also be available on the urgent care consultation section of our website shortly.

Questions from Mr Mike Simpkin, Sheffield Save our NHS

QUESTION 1

a) Whilst welcoming the proposals in Paper F to encourage GP retention, does the CCG's workforce planning take into account that fewer and fewer newly qualified GPs wish to work full-time and that this will affect future career structure?

CCG Response: There is an Integrated Care System Workforce Plan and a locally an emerging primary care workforce strategy and plan. Both of these take account of the number of GPs in the system, the number of GPs who are nearing retirement and the most recent working preferences for GPs. The new models of care that are being developed will take account of all workforce factors and the workforce plans are being designed account for new ways of work and where relevant new roles.

The career structure for GPs would not change but what we do recognise is the potential for GPs to be provided with a greater choice in relation to where they would like to work. It is therefore essential that we ensure that Primary Care in Sheffield remains an attractive proposition to support and encourage GPs to work in the City.

b) Does the CCG's emphasis on person-centred care factor in the need for and possible beneficial consequences of continuity of care?

CCG Response: The person-centred care approach is one that puts the needs of the patients at the centre of their care, which means that where continuity is important to their treatment and care we will seek to ensure continuity is accessed.

QUESTION 2

Paper 1 outlines the potentially severe implications of the introduction of Universal Credit on the physical and mental health of many vulnerable individuals and families. Recent information suggests that the DWP safety net, as described, is full of holes. Are there plans to maximise publicity for help with Universal Credit problems (for both patients and NHS staff) through posters, leaflets and other media in GP surgeries and appropriate hospital areas? Also to ensure that front-line NHS staff who come into contact with UC-induced problems have a clear support and referral path for patients who need it?

CCG Response: We are actively participating in the citywide group that has been established to agree actions in response to the roll-out of Universal Credit. As part of this we will support the system-wide communications strategy for publicising the rollout and the support that is available. We are also working with the LMC to ensure as far as possible that there is a consistent response and understanding across practice staff.

Questions from Laura Gordon and Steve Ayris, Sheffield Liberal Democrats

QUESTION 1

In the Primary Care Commissioning Committee Meeting on 17 May 2018, it was noted that further consideration would be given to the 17 alternative options/11 grouped options proposed in the consultation on the future of urgent care in Sheffield. It was noted that the next step is grouping the options into 'potentially viable' and 'potentially unviable', after which a full feasibility assessment and options analysis will be conducted on those considered 'potentially viable'. A report was planned for June 2018. However, this report was not covered in the June meeting, with the chair noting that further time was needed. The minutes of the 'matters arising' section, however, suggest that the issue will next be discussed in October 2018 when a final decision will be made.

- a) Can the PCCC confirm whether the initial report on the grouping of alternative options by feasibility (initially expected in June 2018) is still planned? If so, when is it expected to be discussed?**
- b) If the report is still planned: in view of the multi-phase approach planned for the alternative options, can the PCCC confirm what the report on the alternative options for urgent care will cover? Will it include both the division into 'potentially viable' and 'not viable' and the full options analysis of any 'potentially viable' options?**
- c) If the report is no longer planned: what alternative plans does the PCCC have to make this information available for public scrutiny?**

CCG Response: To ensure we properly consider all the feedback from the consultation we are focusing on two main elements: understanding the issues raised and whether there are actions that could mitigate these and considering any alternative approaches suggested.

We originally planned to bring an update on this work to PCCC in June, which included consideration of the alternative approaches suggested and which could potentially be viable or worth considering further. However, during our consideration of the feedback we have

identified a number of issues that required further work and so have been focusing on this. We will still be sharing our conclusions about whether any of the alternative approaches are potentially viable or should be explored further as part of the information PCCC will need to consider before making a decision.

QUESTION 2

Some concerns were raised in the June meeting around the consultation process to date, with Dr Trish Edney (Healthwatch) noting that insufficient time had been given in the public meeting to discuss all the options in full.

- a) Can the PCCC outline in further detail what the proposed consultation process will be and whether further meetings will be held to allow all the options to be discussed?**
- b) Will the results of the consultation be published and if so what is the timeframe for this?**

CCG Response: It is important to clarify that the discussions referred to were not consultation events. The work we are currently doing is part of considering the feedback we received from the consultation and exploring the issues raised and if/how they could be addressed. The discussions we had with the public reference group included looking at the alternative approaches suggested in the feedback to help us identify any potential benefits that we should explore further. All the write ups of the discussions have been shared with the attendees and will be available shortly on the consultation section of our website at www.sheffieldccg.nhs.uk/get-involved/urgent-care-consultation.htm

If we decide to pursue any course of action that is different from the options put forward, including any of the alternative approaches suggested in the feedback, we would be legally required to carry out another consultation. This would mean consulting the general public, not just the public reference group and we would do this in a variety of ways, including public meetings.

QUESTION 3

The initial consultation attracted significant input from members of the public as discussed in the full consultation report released in March 2018. Will there be opportunities for the public in general (i.e. those who are not members of patient participation groups) to feed in their views on the proposed alternative options (or those deemed 'potentially viable')?

CCG Response: As explained above, if we decide to pursue any options that are different from those consulted on – including any of the approaches suggested in the consultation feedback – we would hold another consultation to get the views of the general public.

QUESTION 4

Is any information currently available on what options are still under consideration (i.e. which, if any, of the proposed alternative options have been deemed 'potentially viable' or are still under options analysis)?

CCG Response: We have not formally reviewed the alternative suggestions as a Programme Board yet so no conclusions have been reached. However, initial discussions indicate that 7 of the 17 approaches suggested in the consultation feedback are unlikely to be viable due to issues such as cost or workforce availability. The 10 we discussed at the PRG workshop were:

- Keep the Walk In Centre open (and shut the Minor Injuries Unit)
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- Site the urgent treatment centre (UTC) at the Walk In Centre (instead of at the Northern General Hospital)
- Have a UTC in the south as well as one in the north (ie 2 in the city)
- Site the UTC at the Royal Hallamshire Hospital (instead of at the Northern General Hospital)
- Option 1 plus a second UTC at the Royal Hallamshire Hospital
- Provide an enhanced minor ailments Walk In Centre staffed by prescribing nurses and prescribing pharmacists at the Wicker Pharmacy and Mobility shop
- Keep the Emergency Eye Clinic open
- Scale up the existing PEARs service (to accommodate urgent eye conditions)
- Use optometrists working in clusters similar to neighbourhoods