

**Primary Care Commissioning Committee (PCCC)
 Key Messages/Decisions from the meetings
 held in public in January and March 2019**

Item 22j

Governing Body meeting

20 May 2019

Author(s)	Louise Robinson, Primary Care Contracts Manager
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 meetings held in private on 24 January and 21 March 2019 and is accompanied by the unadopted minutes of the meetings.	
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 particularly at a period of change.	
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 meetings
held in public held in January and March 2019**

Governing Body meeting

2 May 2019

Primary Care Commissioning Committee – January 2019

10/19 Key Messages for Governing Body Public

The Chair confirmed the following key messages for Governing Body:

- **Financial Report Month 9 (7/19)**
Assurance was sought by Committee that the additional funding will be allocated against priority and need and had requested an update at the next meeting with regard to bids due to be received beginning of February 2019.
- **Accountable Care Partnership Update (8/19)**
The Committee received update but noted points made about the importance of working with the voluntary sector and Healthwatch.
- **Transformational Funding Quarterly Update (9/19)**
The Committee sought assurance with regard to future investment for Care Homes LCS 19/20.
- **Matters Arising - Minute 116/18 – Process of Engaging with Primary Care Commissioning Committee (6/19e)**
The Committee requested that wider scale communication regarding the process of how to engage with all Committee meetings and this would be communicated shortly to Primary Care before the next Committee meeting scheduled for 21 February 2019.

Primary Care Commissioning Committee – February 2019

To note: this meeting was stood down

Primary Care Commissioning Committee – March 2019

25/19 Key Messages for Governing Body

The Chair confirmed the following key messages for Governing Body:

- **Financial Plan and Initial Budgets for 2019/20 (21/19 – paper E)**
Committee's major concern expressed regarding 'top-slicing' of
- **The Five Year Framework for the GP Contract (22/19 – paper F)**
Discussion around really good progress around where the CCG already stands and also some of the issues raised with regard to the structure of future neighbourhoods and the opportunity to do more with these.
- **Urgent Care Review of Strategic Objectives (23/19 – paper G)**
Committee noted the excellent process particularly with the groups that had not been previously reached and noted that still needed to work more closely with partner organisations particularly Sheffield Teaching Hospitals.

**Adopted minutes of the meeting of the Primary Care Commissioning Committee
held in public on Thursday 24 January 2019
1.30 pm – 3.00 pm, Boardroom, 722**

Present: Ms Chris Nield, 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
Mr Alun Windle, Deputy Chief Nurse (for Chief Nurse)

(Non voting members) Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative
Dr Duncan Couch, Local Medical Committee representative
Dr Trish Edney, Healthwatch Representative Sheffield
Dr Anthony Gore, Clinical Director, Care Outside of Hospital
Dr Terry Hudson, CCG Governing Body GP Elected City-wide Representative
Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning
Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning (for Programme Director, Primary Care)

In attendance: Ms Lucy Ettridge, Deputy Director of Communications
Ms Roni Foster-Ash, PA to Medical Director and Programme Director, Primary Care
Mr Thomas Hollis, Business Support Officer - Mental Health Portfolio, NHS CCG (Observer)
Mr Steve Knight, Director of Primary Care (Primary Care Sheffield)

Members of the public

One member of the public was 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.

1/19 Welcome

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

2/19 Apologies for Absence

Apologies for absence from voting members had been received from Professor Mark Gamsu, Lay Member, Mrs Mandy Philbin, Chief Nurse and Mrs Maddy Ruff, Accountable Officer.

Apologies for absence from non-voting members had been received from Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital (for Programme Director, Primary Care)

ACTION

Mr Greg Fell, Director of Public Health, Sheffield City Council,
Dr Zak McMurray, Medical Director and Dr Chris Whale,
Secondary Care Doctor.

The Chair declared the meeting was quorate.

It was noted that the Deputy Chief Nurse who was attending the meeting on behalf of the Chief Nurse had comparable qualifications to the Chief Nurse and therefore could attend as a voting member (in accordance with the terms of reference of the Committee).

3/19 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>

No declarations of interest were received for this meeting in relation to specific agenda items.

4/19 Questions from members of the public

The Chair advised that no questions from the public had been received prior to the meeting.

5/19 Minutes of the meeting held on 20 December 2018

The minutes of the 20 December 2018 were agreed as a true and accurate record.

6/19 Matters Arising

a) Minute 119/18(a) (minutes 106/18(a) and 92/18 refer) - Urgent Care in Primary Care

Revised proposal to be put on forward planner to include the following recommendations:

- Reconsider urgent care proposals for minor illness and minor injuries.
- Receive a revised pre-consultation business case in summer 2019.

- Receive proposals to maintain development of primary care as part of 2019/20 planning.

The Director of Delivery - Care Outside of Hospital confirmed that a series of Urgent Care workshops were currently ongoing and that an update would be given to the Committee at the 21 February 2019 meeting.

Post meeting note: 21 February meeting cancelled so deferred to 21 March 2019.

KG/SB

**b) Minutes 119/18(b) (minutes 106/18(c) / 94/18(b) / 71/18 refer)
Locally Commissioned Services Review – Primary Care Quality Contract**

The Committee previously agreed to receive further detailed proposals for a wider, more inclusive Quality Contract to be fully implemented across Sheffield by April 2020.

The Director of Delivery - Care Outside of Hospital confirmed that this information was included in the Primary Care Update Report - 24 January 2019 meeting (held in private). She further advised that feedback had been received from both practices and the LMC (Local Medical Committee) with regard to the previously agreed Locally Commissioned Services. The CCG had responded to this and were progressing the development of the Contract. She advised that the changes that had been put in place are now receiving positive feedback.

c) Minute 119/18(c) (minutes 106/18(d), 94/18(c) and 75/18 refer) – Universal Credit

The Committee is to receive an update at the next meeting scheduled for 21 February 2019 meeting to include information on the possible effects of the national pause on the roll out of Universal Credit for new registrants in Sheffield and specifically, what effect this may have on primary care.

Post meeting note: 21 February meeting cancelled so deferred to 21 March 2019.

ND

d) Minute 119/18(e) (112/18 refers) – Financial Planning 2019/20

The Director of Finance confirmed that, due to late publication of financial allocations, the report on Financial Planning 2019/20 had been deferred to the 21 February 2019 meeting.

Post meeting note: 21 February meeting cancelled so deferred to 21 March 2019.

JN

e) Minute 116/18 – Process of Engaging with Primary Care Commissioning Committee

CCG to be proactive in advising GP practices of the process of engaging with the Primary Care Commissioning Committee when any decisions were being made which may have an impact on their

practice(s). The Committee had previously agreed that this would be publicised via the GP Practice Bulletin along with the process for asking questions about papers to Governing Body public meetings.

The Director of Delivery - Care Outside of Hospital confirmed that the CCG Communication Team was currently working on a wider communication setting out the process for engaging with all CCG Governing Body and Committee meetings and that this would be communicated shortly to Primary Care.

It was agreed that this communication would be sent out before the next Committee meeting scheduled for 21 February 2019.

LE /ND

f) Minute 124/18 – Digital Programme Update

The Committee members welcomed the report and how helpful it was to receive.

- All future reports to include a key for the acronyms used within the report.
- All future reports be aligned to and highlight the CCGs transformational priorities giving details of how and what the associated benefits would be to patients.

AL

AL

Next update report scheduled to Committee for April 2019.

The Deputy Director of Strategic Commissioning advised that an update on the APEX tool (as previously requested by the Committee) had now been added as a standing item in Primary Care Update Report (private) within the IT section.

g) Minute 126/18 - Update on recruitment to the Primary Care Team

The Director of Delivery, Care Outside of Hospital confirmed that an update regarding recruitment to the Primary Care Team had been included in Primary Care Update Report (private) and added that she was pleased to report that

Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital had recently returned to work following a period of sick leave.

The Chair confirmed that she had met with the Deputy Director of Delivery, Care Outside of Hospital Care earlier that day and she had asked her to give her thanks for the hard work undertaken by both Abby Tebbs (Deputy Director of Strategic Commissioning and Planning) and Joanne Ward (Primary Care Commissioning Manager) in her absence.

7/19 Financial Report Month 9

The Director of Finance presented this report which gave an update based on month 9 information.

She advised that the major change in the financial position from month 8

was the result of an unexpected non-recurrent allocation received from NHS England in December as follows

- **Funding for the 1% additional pay award for GPs and practice staff agreed as part of the DDRB (Doctors' and Dentists' Review Body) final agreement (£592k)**

She explained that the CCG had already provided for this cost pressure as it had been expected that the funding would need to be found from within the initial delegated budget. Therefore, this “windfall” allocation was available to invest non-recurrently on other priorities in 2018/19 and the proposed approach to prioritise the funding was set out in section 4 of the paper. PCCC members discussed this and were content with the process and criteria for prioritisation proposed.

It was agreed that a summary on the use of the funding would be given to Committee at the next meeting scheduled for 21 February 2019.

JN

Furthermore, the Director of Finance drew the attention of the Committee to the following points within the report:

- **Funding at approximately £1 per head for the development of primary care networks (neighbourhoods) (£575k)**
The Director of Finance advised that, because the CCG had already substantially invested this year in primary care networks, it was proposed that it would be beneficial to carry this additional £1 per head forward for use in 2019/20. This would exceptionally be possible by utilising the funding for other pressures in 18/19 and then including the £1 per head budget as part of 2019/20 planning requirements.
- **Funding for Windows 10 implementation of (£58k)**
This is to pay for the roll out of Windows 10 and a plan is being developed. It is assumed this will all be spent in 2018/19.

The Director of Finance reflected that she was conscious of some understandable confusion within GP practices about the various “pots” of funding available, particularly for neighbourhood development, and which funding would flow direct to GP practices and which would be allocated at neighbourhood level. She confirmed that she would be working with the Director of Delivery - Care Outside of Hospital and the CCG Communication teams to clarify this information for practices shortly.

JN/ND/LE

- **Online Consultations - £347k in total**
The Senior Primary Care Manager, NHS England stated that her understanding of online consultations spend was slightly different from the minimal spend for 2018/19 presented in the paper. It was confirmed that expenditure is dependent on the completion of the procurement which is due late March. Given that this is a very demanding timescale, the Director of Finance’s prudent view is that spend will slip into

2019/20.

- **Reception and Clerical Training (Care Navigation) (£101k)**

The Director of Finance confirmed that this was specifically for Care Navigation and not general training of reception staff.- She confirmed that funding had been fully utilised last year with a good take up of training which may explain a slower uptake hence why take up this year may have been slower.

Dr Duncan Couch, Local Medical Committee representative sought clarification on the Care Navigation plans and how funding or training places could be accessed. The Deputy Director of Strategic Commissioning and Planning agreed that she would provide further detail at the next meeting.

AT

- **2019/20 Allocations**

The Director of Finance confirmed that allocations were announced on 10 January 2019 but that there is no detail available yet on how the 6.2% uplift for primary care, which equates to £4,746k for Sheffield, will be deployed as CCGs await the conclusion of the national negotiations on the new GMS contract. She confirmed that the Committee will receive an update as soon as this information is known.

JN

The Director of Delivery - Care Outside of Hospital suggested that the CCG review the Primary Care Strategy as part of understanding of future investment priorities.

ND

The Primary Care Commissioning Committee considered the financial position at month 9.

8/19 Accountable Care Partnership and Integrated Care System Update

The priorities and progress of the Accountable Care Partnership (ACP) and South Yorkshire and Bassetlaw Integrated Care System (ICS) workstreams were presented for the Committee.

The Director of Primary Care (Primary Care Sheffield) gave a presentation on the Sheffield ACP Primary Care workstream. This provided the Committee with an update on the progress of the work to date against the agreed priority areas. .

The five key priorities are as follows:

- developing general practice at the heart of primary care;
- developing a primary care workforce for the future;
- integrating wider primary care into the system and developing and realising the full potential of the team in its widest sense;
- developing neighbourhood working as integrated, multi-organisational, multi-disciplinary teams;

- delivering population health management to enable all layers of delivery;

The Committee noted that the delivery of the CCG's primary care strategy sits within a wider strategic framework across both the Sheffield and South Yorkshire and Bassetlaw. The CCG works within both place and system to ensure that priorities support the achievement of the primary care strategy and the strategic aims and objectives of the CCG to secure high quality care for the people of Sheffield.

Presentation to be made available via website.

RFA

Questions from members:

Paper D Appendix 1 'What we intend to deliver' – Ms Forrest asked if there was any involvement from the voluntary sector in this piece of work. The Director of Primary Care (Primary Care Sheffield) responded that PCS is working with Voluntary Action Sheffield to ensure that the voluntary sector was, where appropriate, represented on all of the task and finish groups.

The Healthwatch representative asked how the patient benefitted from this work, noting that neither patients nor patient journey are mentioned. She felt it was unclear if a patient went to a neighbourhood or a GP. The Director of Primary Care (Primary Care Sheffield) gave assurance that the patient remained at the centre of these plans and that getting local people at the heart of what we do is priority for the ACP, this includes working closely with organisations such as Healthwatch. It was agreed that this may not come through strongly enough in this report and that in future this could be enhanced.

The Chair summarised as follows:

The responsibility of the CCG is for the patients in Sheffield, engagement with patients and representation of their voice within the bigger footprints of ACP and ICS. The potential advantages this brings in meeting patient needs, requires further consideration. Engagement with the voluntary sector together with the work with Healthwatch will support this. The Director of Primary Care (Primary Care Sheffield) clarified that Becky Joyce at the ACP is currently working on this as part of the overarching ACP programme.

The Director of Delivery - Care Outside of Hospital confirmed that a workstream has been initiated within the ACP to take ICS Digital plans forward and that this involves GP engagement.

The Primary Care Commissioning Committee noted the plans and priorities identified by the ACP and ICS primary care work-streams, and the progress against delivering these.

The Deputy Director of Strategic Commissioning and Planning presented this report, providing the Committee with the third quarterly update on delivery against the Transformational Fund agreed by the Committee in March 2018.

This report also gave an update on high level plans approved by the Committee in October 2017 the key one being £600k for the Neighbourhood bids.

£1,539,000 was available to spend in 2018/19 on primary care transformation and resilience In quarter 3 (31 December 2018), following implementation of the plans presented to the Committee in the Q2 Update Report, a total of £163k has been committed, leaving £638k still to be allocated in quarter 4. This includes the £600k for neighbourhood further faster bids, although the closing date for bids is 1 February there is a high level of confidence, based on early indications, that the full £600k will be allocated.

The CCG Primary Care Team have continued to develop the plan to utilise the remaining £38k, this is being undertaken as part of the exercise described in the Month 9 Report from the Director of Finance to allocate the windfall allocation from NHS England, and potential areas for investment include:

- additional practice nurse leadership training;
- additional GP IT investment;
- estates developments and training;
- further investment in neighbourhood projects.

Dr Bates sought clarification regarding £8,400 to fund a joint post under the 'Workforce' section (Paper D, page 3). The Deputy Director of Strategic Commissioning and Planning confirmed that this is a post to support delivery of the ACP primary care workstream programme which is jointly funded by PCS and the CCG.

Within the 'Estates' section, she also clarified that no additional funding had been utilised for this in quarter 3.

The Senior Primary Care Manager, NHS England sought further detail around the £16,062 for shared working between aligned practices on prescribing under 'Digital / Technology' section. The Deputy Director of Strategic Commissioning and Planning confirmed that this was to enable digital solutions for shared prescribing work between practices and IT to support this.

Dr Edney sought clarification about potential investment in Care Homes as a review of the Care Home LCS is ongoing.

The Director of Finance advised that the CCG needed to firstly look at priorities for spending in 19/20 and the Director of Care Outside of Hospital confirmed that the Care Home LCS was one of the priorities for this.

The Director of Finance also advised that separately the CCG was considering additional small-scale investment in some specific initiatives relating to Care Homes that would be sourced via a different budget.

The Primary Care Commissioning Committee noted the report.

10/19 Key Messages for Governing Body

The Chair confirmed the following key messages for Governing Body:

- **Financial Report Month 9 (7/19)**
Assurance was sought by Committee that the additional funding will be allocated against priority and need and had requested an update at the next meeting with regard to bids due to be received beginning of February 2019.
- **Accountable Care Partnership Update (8/19)**
The Committee received update but noted points made about the importance of working with the voluntary sector and Healthwatch.
- **Transformational Funding Quarterly Update (9/19)**
The Committee sought assurance with regard to future investment for Care Homes LCS 19/20.
- **Matters Arising - Minute 116/18 – Process of Engaging with Primary Care Commissioning Committee (6/19e)**
The Committee requested that wider scale communication regarding the process of how to engage with all Committee meetings and this would be communicated shortly to Primary Care before the next Committee meeting scheduled for 21 February 2019.

11/19 Any Other Business

No other business was discussed.

Member of public in attendance Mr C Khan suggested to the committee that every surgery should have photographs of members of staff on display to assist patients, and that practices should provide and clearly display details on their complaints procedure.

The Healthwatch representative provided Mr Khan with details of their complaints and feedback procedure.

12/19 Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday 21 February 2019, 1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road.

**Unadopted minutes of the meeting of the Primary Care Commissioning Committee held in public on Thursday 21 March 2019
1.30 pm – 3.00 pm, Boardroom, 722**

- Present:** Ms Chris Nield, Lay Member (Chair)
(Voting Members) Ms Amanda Forrest, Lay Member
 Professor Mark Gamsu, Lay Member
 Miss Julia Newton, Director of Finance
 Mr Alun Windle, Deputy Chief Nurse (for Chief Nurse)
- (Non voting members)** Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative
 Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital (for Programme Director, Primary Care)
 Dr Mark Durling, Local Medical Committee representative
 Dr Trish Edney, Healthwatch Representative Sheffield
 Mr Greg Fell, Director of Public Health, Sheffield City Council
 Dr Anthony Gore, Clinical Director, Care Outside of Hospital
 Dr Terry Hudson, CCG Governing Body GP Elected City-wide Representative
 Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning
- In attendance:** Ms Roni Foster-Ash, PA to Medical Director and Programme Director, Primary Care
 Ms Kate Gleave, Deputy Director of Commissioning (for agenda item 23/19)
 Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning
 Ms Joanne Ward, Primary Care Co-Commissioning Manager

Members of the public

No members of the public were 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.

13/19 Welcome

The Chair welcomed members of the CCG Primary Care Commissioning Committee to the public to the meeting.

14/19 Apologies for Absence

Apologies for absence from voting members had been received from Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital, Mrs Mandy Philbin, Chief Nurse and Mrs Maddy Ruff, Accountable Officer.

ACTION

Apologies for absence from non-voting members had been received from Dr Zak McMurray, Medical Director and Dr Chris Whale, Secondary Care Doctor.

The Chair declared the meeting was quorate.

It was noted that the Deputy Chief Nurse who was attending the meeting on behalf of the Chief Nurse had comparable qualifications to the Chief Nurse and therefore could attend as a voting member (in accordance with the terms of reference of the Committee).

15/19 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>

The following declarations of interest were received for this meeting:

- **Agenda item 6 - 19/19 – Update on Universal Credit**
- Professor Mark Gamsu declared a possible conflict of interest as Chair of Citizens Advice Sheffield which is a provider of Universal Credit support.

The Chair noted advised members that, as this item was an update for noting only and no decisions were to be made, Professor Gamsu would be able to participate in any discussion.

- Dr Nikki Bates CCG Governing Body GP Elected City-wide Representative, Dr Mark Durling, Local Medical Committee representative, Dr Anthony Gore Clinical Director, Care Outside of Hospital and Dr Terry Hudson CCG Governing Body GP Elected City-wide Representative and declared conflict of interests in the above item as Sheffield GPs and could potentially financially benefit.

The Chair advised members that Dr Bates, Dr Hudson and Dr Gore could remain in the room and take part in the discussion as they were non-voting members of the committee and this was an update only, no decisions were to be made.

- **Agenda item 8 (paper E) 21/19 - Financial Plan and Initial Budgets for 2019/20**

Dr Nikki Bates CCG Governing Body GP Elected City-wide Representative, Dr Mark Durling, Local Medical Committee representative, Dr Anthony Gore Clinical Director, Care Outside of Hospital and Dr Terry Hudson CCG Governing Body GP Elected City-wide Representative and declared conflict of interests in the above item as the plans being asked to approve could directly affect general practice and therefore they could potentially benefit from any further investment into primary care.

The Chair advised members that Dr Bates, Dr Hudson and Dr Gore could remain in the room and take part in the discussion as they were non-voting members of the committee.

- **Agenda item 9 (paper F) 22/19 - The Five Year Framework for the GP Contract**

Dr Nikki Bates CCG Governing Body GP Elected City-wide Representative, Dr Mark Durling, Local Medical Committee representative, Dr Anthony Gore Clinical Director, Care Outside of Hospital and Dr Terry Hudson CCG Governing Body GP Elected City-wide Representative and declared conflict of interests in the above item as the plans being asked to approve could direct effect general practice.

The Chair advised members that Dr Bates, Dr Hudson and Dr Gore could remain in the room and take part in the discussion as they were non-voting members of the committee.

- **Agenda item 11 (paper H) 24/19 - GP Retention Scheme Application**

Dr Mark Durling, Local Medical Committee representative declared a conflict of interests in the above item as he receives a payment for the new Sheffield GP Mentorship service

The Chair advised members that Dr Durling could remain in the room and take part in the discussion as he was a non-voting member of the committee.

No further declarations of interest were received for this meeting in relation to specific agenda items.

16/19 Questions from members of the public

The Chair advised that no questions from the public had been received prior to the meeting.

The Director of Finance joined the meeting.

17/19 Minutes of the meeting held on 24 January 2019

The minutes of the 24 January 2019 were agreed as a true and accurate record with the exception of the following:

- Ms Victoria Lindon – amendment to title - now **Assistant Head of Primary Care Co-Commissioning**
- **7/19 Financial Report Month 9 – Online Consultants - £347k in total (page 5) – should read as follows:**

The Senior Primary Care Manager, NHS England stated that her understanding of online consultations spend was slightly different from the minimal spend for 2018/19 presented in the paper. It was confirmed that expenditure is dependent on the completion of the procurement which is due late March. Given that this is a very demanding timescale, the Director of Finance's prudent view is that spend will slip into 2019/20.

18/19 Matters Arising

- a) Minute 6/19(a) (minutes 119/18(a), 106/18(a) and 92/18 refer) - Urgent Care in Primary Care**
Update given under agenda item 10 – 23/19 (Paper G)
- b) Minute 6/19(c) (minutes 119/18(c), 106/18(d), 94/18(c) and 75/18 refer) – Universal Credit**
Update given under agenda item 6 – 19/19 (Paper C)
- c) Minute 6/19(c) (minutes 119/18(e) and 112/18 refer – Financial Planning 2019/20**
Report given under agenda item 8 – 21/19 (Paper E)
- d) Minute 6/19(e) (minute 116/18 refers) – Process of Engaging with Primary Care Commissioning Committee**
CCG to be proactive in advising GP practices of the process of engaging with the Primary Care Commissioning Committee when any decisions were being made which may have an impact on their practice(s). The Committee had previously agreed that this would be publicised via the GP Practice Bulletin along with the process for asking questions about papers to Governing Body public meetings.

The Director of Delivery - Care Outside of Hospital confirmed that the CCG Communication Team was currently working on a wider communication setting out the process for engaging with all CCG Governing Body and Committee meetings and that this would be communicated shortly to Primary Care.

It had been previously agreed that this communication would be sent out before the next Committee meeting scheduled for 21 February 2019.

Deputy Director of Delivery - Care Outside of Hospital Primary Care

advised that the Comms team had not been able to prioritise this due to other media priorities. This is planned to go out in the next GP bulletin on Tuesday 26 March 2019.

Post meeting noted: Completed April 2019.

SB /LE

e) Minute 6/19(f) (minute 124/18 refers) – Digital Programme Update

The Committee members welcomed the report and how helpful it was to receive.

- a. All future reports to include a key for the acronyms used within the report.
- b. All future reports be aligned to and highlight the CCGs transformational priorities giving details of how and what the associated benefits would be to patients.

AL

AL

Post meeting note: Above completed and to be included in next update report scheduled to Committee for 18 April 2019.

f) Minute 7/19 – Financial Report Month 9

• Reception and Clerical Training (Care Navigation)

The Committee had previously requested clarification on the Care Navigation plans and how funding or training places could be accessed.

The Deputy Director of Strategic Commissioning and confirmed that a report on Care Navigation plans would be presented to the Committee at a future date and had been added to the forward planner.

AT

Post meeting note - Completed – ‘Care Navigation - progress and current position’ paper for noting to Committee meeting 18 April 2019

• 2019/20 Allocations

Updated included in agenda item 8 – 21/19 - Financial Plan and Initial Budgets for 2019/20.

• Primary Care Strategy

The Director of Delivery - Care Outside of Hospital suggested that the CCG review the Primary Care Strategy as part of understanding of future investment priorities. It was confirmed that this had been added to the forward planner for 20 June 2019.

ND

19/19 Update on Universal Credit

Professor Mark Gamsu declared a possible conflict of interest as Chair of Citizens Advice Bureau Sheffield which is a provider of Universal Credit support.

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

She confirmed that a number of updates had previously been made to the Committee on the process and the progress made. This report informed the Committee on the progress to date.

She confirmed that the CCG were fully engaged in work across the city with city partners to support both applicants and primary care as a whole through a variety of mechanisms as detailed in section 7 of the report (paper C).

She advised that, this is of significant local and national interest and is currently prominent in the media.

It was confirmed that Universal Credit (UC) has not yet been rolled out in Sheffield. This is with regard to new claimants and people with change of circumstances that will currently be utilising the new system.

- **Access to WIFI**

Ms Forrest requested an update of currently issues with practices encountering issues with access to Wi-Fi. This is also highlighted in the performance report in primary care report.

The Deputy Director of Delivery - Care Outside of Hospital confirmed that a request had been made to prioritise completion of Wi-Fi installation in 'Deep End' practices. Work is currently being undertaken to remedy issues regarding access to free Wi-Fi in practices. She further confirmed that this is currently a regional issue and not just limited to Sheffield.

- **Letter from Health and Wellbeing Board to Secretary of State**

Mr Fell advised that a letter was being sent shortly from the Chair and Co-Chair of the Sheffield Health and Wellbeing Board to The Secretary of State outlining definite impacts on people's health and wellbeing (particularly mental health) and on primary care demand with regard to the implementation of UC. He further confirmed that this letter also outlines some specific recommendations.

- **LMC advice to GPs regarding issuing medical reports for claimants**

Dr Durling advised that the LMC had made a minor amendment to the guidance for Sheffield GPs and this was fully compliant with the national picture for general practice. He further confirmed that this guidance had now been communicated out to practices via the LMC website newsletter however expressed it in down to individual practices as to what they which to approach this as the guidance is on what they are obliged to do and not to do.

He further advised that the LMC had requested a meeting with the Citizens Advice Bureau (CAB) however they had postponed this meeting.

The LMC held a productive meeting with the DWP (Department for Work and Pensions) including the senior assessors and people who are responsible for the implementation of the process across Sheffield for Q&A sessions to ensure clarity with regard to the roles of doctors and what they expected in terms of assessment (as there has been misunderstanding within the system).

He further confirmed that the LMC had offered to support a pilot for the role out of UC of CAB within Neighbourhoods however CAB had confirmed that they did not have the capacity to undertake this.

As Chair of Citizens Advice Bureau Sheffield, Professor Gamsu confirmed that he would assist in the communication co-working between the CAB and LMC.

MG

It was agreed that the Committee would receive a further update on Universal Credit at a 20 June 2019 meeting.

SB

The Primary Care Commissioning Committee noted the contents of the report.

20/19 Financial Report Month 11

The Director of Finance presented this report which gave an update on the forecast out-turn position for 2018/19 based on the month 11 information. She explained that there had been no substantive changes since the previous month.

She drew Committee members' attention to section 3 for the report which updates on the plans for use of the primary care at scale monies and other non-recurrent budgets. This included confirmation of the funding to neighbourhoods.

The Committee requested that future finance reports highlight if any £ per head funding is on a weighted population or registered population basis as for some practices this can make a significant difference to their level of funding. The Director of Finance confirmed it is usual for funding to be received and therefore allocated on a weighted population basis.

JN

The Chair highlighted the transformation fund (page 4 of report). She advised that she had been involved in the panel for determining the prioritisation of funding to neighbourhoods and was very impressed with both the ideas and how they had been interpreted in terms of making a difference, including developing partnerships with the voluntary sector and other agencies.

The Primary Care Commissioning Committee considered the financial position at month 11.

21/19 Financial Plan and Initial Budgets for 2019/20

The Director of Finance presented this report which outlined the initial budgets for 2019/20 for both delegated services and CCG additional primary care commissioned services, based on information at the 12 March 2019. However, she also needed to bring to Committee's attention a late change in the allocation for delegated services which.

She confirmed that assumptions have had to be made in the absence of full guidance and that a range of key risks and uncertainties as outlined in the paper will need to be managed in year.

She highlighted that Table 1 on page 3 of the report summarised the known funding available on 12 March and that the remainder of the paper proposes how this should be deployed. Based on knowledge at the time of writing the report, she explained that the funding allows for the new GP contract commitments to be met assuming that NHS E only require c£600k return of funding for the national indemnity scheme.

In addition she explained that the funding for locally commissioned services appears just sufficient to meet known commitments plus likely new commitments for IT pressures, with c£600k reserves for winter pressures and care planning but there is very limited headroom at only £12k for in year pressures and so some new commitments may need to be delayed.

The budget has been increased as required by NHS England by £900k (£1.50 per head) related to the new GP contract arrangements re networks.

Members of Committee asked a number of questions. Dr Bates asked for confirmation on whether the £1.50 would be allocated on registered or weighted population. It was noted that CCGs await the detailed technical guidance from NHS England due out on 28 March, before this can be confirmed.

Professor Gamsu highlighted that the new GP Framework Contract states for areas with high inequalities, NHS England expects a CCG will be using some of their additional funding for inequalities to boost primary care capacity and access and does Sheffield CCG receive any additional funding for inequalities? The Director of Finance explained that the Carr Hill formula is the national formula used to determine allocations for primary care and it does include an element for inequalities. A practice which has a higher weighted population than its registered population receives in effect a higher level of funding per patient. The CCG uses the standard national £/weighted population for core contract funding. Sheffield CCG received uplift slightly lower than the national average for primary care and so has no additional "headroom" funding.

Dr Durling sought clarity with regard to the QIPP (efficiency) requirement discussed on page 7 of the report. The Director of Finance confirmed that the CCG is not seeking QIPP from within the delegated funding as the CCG acknowledges that this should always be spent on primary care

JN

services. At the same time she re-affirmed that the CCG has to reserve the ability to seek QIPP or preferably re-utilisation of funding on other areas of primary care from the CCG programme allocations approved by Governing Body.

The Director of Finance then advised that the CCG had subsequently received a Gateway letter dated 19 March (received by the CCG 20 March) confirming changes to allocations for next year. This letter confirmed that nationally NHS England are to “top-slice” £238m out of the 2019/20 uplift for the national clinical indemnity scheme, resulting in a 2.88% reduction in every CCG’s headline allocation for primary care. For Sheffield CCG this will mean an allocation uplift of £2.4m rather than £4.7m. This reduction had not been anticipated.

The CCG requires further clarity about interpretation of the national letter of 7 March 2019 which quoted a figure of £60m for the current nationally funded element of the indemnity scheme She indicated that urgent work has started to clarify the implications but a first estimate is a cost pressure of £1.8m into next year’s budgets, unless further clarification nationally revealed that the CCG has over provided for other elements of the new contract arrangements. She confirmed that the CCG will honour the nationally agreed GP contract arrangements and so any pressures will need to be met from within other areas of the CCG funding.

Committee Members agreed that it would be helpful if a joint letter from the Director of Finance and the Chair of PCCC was sent to NHS England asking for urgent clarification on the above and registering our concern at the very late notification in the planning round when contracts with main providers have to be agreed within the next 24 hours and final plans submitted within two weeks.

JN

Post Meeting Note: Since the issue of further detailed guidance and an FAQ by NHS England the assessment of the likely cost pressure for 2019/20 has been reduced to £1.25m. A further paper explaining this calculation and how this might be handled is to be presented to the April meeting of PCCC, following Governing Body discussions on the overall CCG financial plan at its meeting in private session on 4 April 2019.

JN

The Director of Finance went on to advise that as a set of initial budgets needed to approved as they needed to be uploaded into the CCG’s general ledger to enable the CCG to start committing expenditure from the start of April 2019.

The Primary Care Commissioning Committee approved the initial budgets for 2019/20 as set out in appendices 1 and 2 to this paper and noted the key assumptions, risks and uncertainties at this stage in the process.

22/19 The Five Year Framework for the GP Contract

The Clinical Director, Care Outside of Hospital gave presentation to the Committee on Primary Care Plans which outlined the following:-

NHS Long Term Plan -

- confirms the 10 year direction of travel for primary care

NHS England published a five year framework for the GP Contract in February 2019, this:

- translates the NHS Long Term Plan commitments into a framework for the GP Contract;
- provides an overview of funding commitments for the period.
- details the new Network DES arrangements formalising Primary Care Networks (PCN's)

These changes align closely with the CCGs goals for primary care and provide an opportunity to move forwards to transform care outside of hospital in the City.

- Sheffield Strategy, GP Contract Reform
- Network Funding
- Timetable for PCN (Primary Care Network) Establishment
- The ask of practices / networks
- **The ask of the Primary Care Commissioning Committee**
 - **Agree forward planner**
 - **Sign off process for Primary Care Networks (PCN) approval April 2019**
 - **Approve PCN at Committee meeting in May 2019 (deadline for NHS England for any submissions is 31 May 2019)**
 - **Determine frequency of updates**
- What had been achieved in 2018 / 19 (new investment)
- Plans for 2019 / 20

'Primary Care Plans' presentation to be emailed to Committee members and added to website.

Post meeting note – completed 22 March 2019

The Healthwatch Representative sought clarification as to what are the effects for the patients of the practices for this.

The Clinical Director, Care Outside of Hospital advised that the coming together to deliver the DES will be a driver for better consistency in quality care.

The Healthwatch Representative asked if patients would be required to travel to another practice.

The Clinical Director, Care Outside of Hospital confirmed that this would not be required for the vast majority of services. Opportunity to provide

enhanced care – may need to travel to specialist trained nurse eg advanced nurse practitioner etc within network working at another practice.

The Healthwatch representative advised that one of the things patients do not want to do is change buses.

The Clinical Director, Care Outside of Hospital advised that the need to be constructing neighbourhood engagement opportunities. Not just practice level or disease specific, is about everything health and care and wider – health and wellbeing each specific defined area. There is opportunity to get patient engagement in all of this. Sheffield neighbourhoods are wider and different to primary care networks as defined in GP contracts. Joint work being undertaken with the council under People Keeping Well and also the council are looking at a neighbourhood model for their services to also fit in with the PCN boundaries. The CCG are also looking at all other commissioned services eg mental health, children's, elective services etc to think about the tiered model – what is appropriate to be delivered at neighbourhood level. .

Professor Gamsu enquired about the risks and implications around of some practices wanting to change neighbourhoods.

The Clinical Director, Care Outside of Hospital advised that Sarah Chance at the CCG was currently undertaking a lot of work with neighbourhoods around this. Communication (produced in conjunction with LMC) due to go out to practices regarding requirements for neighbourhood eg geographical requirements, size etc which will also encourage engagement from practices on any changes they may wish to implement. The CCG will engage and question any oddities to ensure that what comes to the Committee in May is a logical patchwork of primary care networks which work.

Taking into account that there would be some changes to neighbourhood for valued reasons, Ms Forrest requested a guide, set on a group of principles, on why the Committee would approve any significant changes when this is brought back for approval in May.

The Deputy Director of Delivery - Care Outside of Hospital assured the Committee advised that the process of this would be brought to the Committee in April meeting – approval would be brought to Committee in May meeting. Professor Gamsu requested that the Committee allocated a suitable amount of time for this to be discussed at the April meeting.

The Deputy Director of Delivery - Care Outside of Hospital assured the Committee that there are conversations currently taking place between the CCG, LMC and PCS around consistent messages and what would be sensible and a guide for Sheffield and are offering up lots of support to go out to networks. The current feedback is that there will not be vast amounts of change however there are some changes being proposed quite rightly as there are a number of neighbourhoods that are not big enough and will not get paid. The support is being offered and largely

AG / SB

being taken up.

Director of Public Health, Sheffield City Council emphasised that there is work to do on Social Prescribing around getting model right.

Dr Hudson - once networks are formed it is down to that network to provide services. How do we police this eg ensure that what they are doing may not result in inequality etc?

Dr Hudson - do we have any understanding around network numbers eg per head / weighted in their own right? Assistant Head of Primary Care Co-Commissioning advised that still awaiting confirmation on these details. Sizes required are between 30,000 and 50,000 – less concern around maximum size – more concern around reaching minimum size.

The LMC Representative emphasised legal position for primary care networks are voluntary for practices. The Committee needed to be mindful of the immediate decisions are for year one only and the role of this Committee are certain and set.

Dr Bates - If practices are changing their neighbourhood could they also change their locality? It makes sense to have a complete network in a locality. The Deputy Director of Delivery - Care Outside of Hospital advised that there are numerous conversations taking place around primary care networks, neighbourhoods and localities.

The Primary Care Commissioning Committee noted the contents of this report.

23/19 Urgent Care Review of Strategic Objectives

The CCG undertook a consultation between September 2017 and January 2018, seeking public input into the proposals to reconfigure minor illness and minor injury in Sheffield. Since the consultation, analysis was undertaken of the consultation feedback and a final report and recommendations were brought to PCCC in September 2018. It was agreed that the approach and proposals would be reconsidered and options would be developed.

Since the PCCC meeting, the Urgent Care Team, working with partners and public representatives, have started to re-evaluate the drivers and root causes for change to be able to clearly identify the strategic objectives in improving urgent care

Key points include:

Problems and Issues identified so far cover a wide range of issues across the urgent care system and therefore the Review has secured additional oversight from the Accountable Care Partnership.

The Deputy Director of Commissioning gave a presentation which gave an update on the progress made on the review of urgent care since it took the decision in September 2018 to agree that the approach and

proposals would be reconsidered.

The presentation outlined the following:-

- What we are trying to achieve (make urgent care work better in Sheffield)
- What happened last time
- The new approach – lessons learnt – What is right for Sheffield
To be absolutely clear and gain a collective understanding of the problems and issues which need to be addressed to make urgent care right in Sheffield
- Work undertaken so far:
 - Groups targeted so far
 - Engagement
 - Engagement with groups and communities who were underrepresented in the last consultation has started
 - Communications
 - Public survey results as at 19 March 2019
 - Examples of some of the output of the workshops
 - Public Reference Group and Partner workshops have revised the definition of urgent care and started to identify problems and issues with patients' journeys.

Definition of Urgent Care:

Urgent Care means

- Advice and treatment for illness and injuries for all ages thought to be urgent (within 24 hours) – but not life threatening

This does NOT mean

- Emergency Care
- Which is for people with serious illness or injury or life threatening conditions that need immediate medical attention

Illness includes mental and physical health

- Key problems so far:
 - Confusing and inconsistent pathways
 - Ineffective use of and lack of resource
 - Inconsistent and lack of knowledge
 - Issues with culture and behaviour
- Next steps
 - Engagement to be completed by end of March and Engagement report to be drafted
 - Design Group Workshop to be held mid April 2019 to review output – prioritise list of problem
 - Paper to be taken to ACP Board and Primary Care Commissioning Committee in May / June 2019 – to approve list of identified problems, prioritised correctly and that all systems partners are committed to address these

Dr Gamsu advised that the CCG has been receiving a lot of feedback from general practice in the staff survey which is very helpful however there was currently a low response rate from STH (Sheffield Teaching Hospitals) staff. The Deputy Director of Commissioning confirmed that

this had been raised with the Trust.

Ms Forrest confirmed that a session with the STH Governors would take place the following day and this would be also be a good route to take.

The Committee noted the work that has been and was being undertaken with regards to the Urgent Care Review.

It was agreed that a further report would be brought to Committee; this has been added to the forward planner.

The Healthwatch representative asked to be noted the very positive remarks received from members of the public in attendance at workshops and design group that they felt very much involved and appreciated the effort.

'Urgent Care Review' presentation to be emailed to Committee members and added to website.

Post meeting note – completed 22 March 2019

The Primary Care Commissioning Committee noted the approach and progress made so far with the urgent care review.

KG

24/19 GP Retention Scheme Application

The Clinical Director, Care Outside of Hospital presented this report updating the Committee on a further application, approved by HEE (Health Education England) which had been received by the CCG.

He confirmed that the role of the Committee is to confirm whether or not there is sufficient budget to support an application received once the eligibility of both the Retained GP and the supporting practice have been approved by HEE.

A recurrent budget of £50k was established in 2018/19 to support applications;

On 20 September 2018, PCCC approved two applications from Stannington Medical Centre and Wincobank Medical Centre at a total cost of £25,000 per annum for up to five years leaving a further £25,000 uncommitted.

A further application to the GP Retention Scheme has been received by SCCG to provide three clinical sessions per week. The funding required to support this application would be £15,000 per annum for up to five years which would leave a remainder of £10,000.

The Primary Care Commissioning Committee:

- **approved this application to the GP Retention Scheme;**
- **noted the remaining recurrent budget for future applications.**

25/19 Key Messages for Governing Body

The Chair confirmed the following key messages for Governing Body:

- **Financial Plan and Initial Budgets for 2019/20 (21/19 – paper E)**
Committee's major concern expressed regarding 'top-slicing' of
- **The Five Year Framework for the GP Contract (22/19 – paper F)**
Discussion around really good progress around where the CCG already stands and also some of the issues raised with regard to the structure of future neighbourhoods and the opportunity to do more with these.
- **Urgent Care Review of Strategic Objectives (23/19 – paper G)**
Committee noted the excellent process particularly with the groups that had not been previously reached and noted that still needed to work more closely with partner organisations particularly Sheffield Teaching Hospitals.

26/19 Any Other Business

No other business was discussed.

27/19 Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday 18 April 2019, 1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road.

Apologies noted from:

- Ms Amanda Forrest, Lay Member
- Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning