NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 8 September 2016
Boardroom, 722 Prince of Wales Road

A

Present:	Mr John Boyington CBE, Lay Member (Chair)
(Voting Members)	Mrs Penny Brooks, Chief Nurse
	Professor Mark Gamsu, Lay Member
	Ms Julia Newton, Director of Finance
	Mrs Maddy Ruff, Accountable Officer
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Dr Nikki Bates, CCG Governing Body GP
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Dr Trish Edney, Healthwatch Sheffield Representative
	Dr Devaka Fernando, Secondary Care Doctor
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
In Attendance:	Ms Sarah Baygot, Communications
	Dr Alastair Bradley, Sheffield Local Medical Committee (observing)
	Mrs Katrina Cleary, Programme Director Primary Care
	Ms Carol Henderson, Committee Administrator
	Ms Faye Schofield, Practice Manager, Westfield and Owlthorpe Surgeries (for item 76/16)

Members of the public:
There were three 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

Minute		ACTION
70/16	**Welcome and Introductions** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting. He also welcomed Mrs Penny Brooks, Chief Nurse, to her first meeting, Dr Alastair Bradley, Sheffield LMC Executive Officer, who was in attendance at the meeting as an observer, and Ms Faye Schofield, Practice Manager, Westfield and Owlthorpe Surgeries, who was in attendance at the meeting for the discussion taking place under minute 76/16 (paper E).	

71/16 **Apologies for Absence**

Apologies for absence from non voting members had been received from Mr Greg Fell, Sheffield Director of Public Health, and Dr Zak McMurray, Medical Director.

72/16 **Declarations of Interest**

The GPs employed in general practice declared a conflict of interest in Item 7: Neighbourhood Locally Commissioning Service (LCS) (paper D).

Members accepted this as a technical conflict as their practices would receive payment for providing the services, and agreed to take any of the GP's comments in the wider context of the discussion.

There were no further declarations of interest this month. The Chair 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.

73/16 **Questions from the Public**

A member of the public had submitted questions before the meeting. The CCG's responses to these are attached at Appendix A.

74/16 **Minutes of Previous Meeting**

The minutes of the meeting held on 21 July 2016 were agreed as a true and accurate record, subject to the following amendments:

Stocksbridge Medical Group Sale and Leaseback of Current Premises Proposal (minute 63/16 refers)

Final sentence of fifth paragraph to read as follows:

With regard to the latter, this advised that it would be a 20 year lease with no break clauses, unless they jointly agreed to terminate it before then.

75/16 **Matters Arising**

a) Review of Primary Care Commissioning Committee (PCCC) Meetings (minutes 49/16 and 62/16(b) refer)

The Programme Director Primary Care advised the committee that a confirm and challenge session had been arranged for 19 September to

test out the rationale / reasoning for papers presented in the private PCCC session. She advised that colleagues from Healthwatch and Sheffield Save Our NHS (SSONHS) had agreed to join them. Feedback would be given to the next meeting. **KaC**

b) Overview of Care Quality Commission (CQC) Ratings for General Practice (minutes 52/16 and 62/16(c) refer)

The Chief Nurse advised the committee that the series of CQC inspections should be completed by the end of October 2016. She advised that she had been invited to attend the February 2017 Overview and Scrutiny Committee (OSC) meeting to provide an update on CQC ratings for Sheffield practices.

c) Developing Primary Care Intelligence (minute 64/16 refers)

The Programme Director Primary Care advised members that the CCG's Deputy Director of Delivery and Performance would be joining the private session for a discussion around developing business intelligence to support primary care requirements.

76/16 Future of Westfield Practice

Ms Faye Schofield, Practice Manager, Westfield and Owlthorpe Surgeries, was in attendance for this item.

The Programme Director Primary Care presented this report which provided members with a reminder of the background to previous papers presented, asked the committee to approve a proposal to develop a plan to cease service provision within the Westfield Health Centre over the next two to three months, and asked them to agree, as part of the plan, to disperse the remaining list on the date of the Westfield closure, to the Owlthorpe practice.

The Programme Director reminded members that the Owlthorpe practice had been supporting the Westfield patients on an emergency contract over the past few months following the committee's agreement that services could be reduced at the Westfield practice due to its reduced list size over recent years. At the invitation of the Chair, Ms Schofield advised members that Westfield's list size had now reduced considerably to 670 patients.

The Programme Director advised members that the paper should give them assurance as to the approach being taken to ensure that GP services were available to Westfield patients at the Owlthorpe practice, and with engagement with registered patients of the Westfield practice, local MPs and Councillors, and neighbouring practices. She advised members that she and the Senior Primary Care Manager, NHS England, had met with local MPs the previous week, who had been

fairly accepting of the position.

She advised members that there had been no interest from the wider market to tender for the contract to provide the GP services, or from any of the neighbouring practices, other than Owlthorpe, to increase their list sizes. With this in mind she was recommending to the committee to move forward and plan that services would cease to be provided at the Westfield practice, with those patients that had not exercised Choice to register with an alternative practice being automatically allocated to Owlthorpe practice, which would ensure continuity of services.

Ms Forrest advised members that she had not been of the impression from the feedback from patients that they were accepting of the fact the proposal to cease providing services from the Westfield practice and transfer them to Owlthorpe. Her thoughts were that the feedback told us that there was some simmering anger about what has gone on, so it was up to the CCG to make transition of patients and services as smooth as possible. It was also very important that negotiations with the transport services regarding improving the bus routes to Owlthorpe took place and we should pull whatever levers we could, especially as were part of the Sheffield partnership.

The Programme Director responded that we could try and make representation to the transport services and suggested that local politicians also do likewise although, as they were also on tight budgets, we needed to be realistic as to what was achievable. The Chief Nurse advised that there was also the Sheffield Community Transport bus available for use by members of the public, but which would also incur a cost for patients.

The Healthwatch representative asked if those patients that had not yet registered with an alternative practice would be advised that there was a chance of using community transport as a means of travel to their new practice. The Programme Director advised that, when it was certain as to what date the Westfield practice would close, the remaining registered patients would be given as much information as possible, including a list of practices that would take them and the transport links that were available. However, those patients that had not re-registered by the time of the closure would be transferred automatically to Owlthorpe practice. Ms Schofield commented that the practice would like to take on all the patients and keep on all the practice staff if possible.

The Chair of Sheffield LMC commented that he trusted that the communication with patients would include their right to exercise Choice, and that the allocation regulations did not necessarily ensure continuity of services as patients could be removed by the practice they had been allocated to, so the most desirable thing was for the patient

to find a practice they felt comfortable with.

Ms Forrest commented that she was bemused by how the situation had deteriorated as it had, with the company that had tendered to provide the service walking away within a short space of time. The Programme Director advised that the company had gone into receivership even though robust due diligence had taken place. She reported that, earlier in the day, a small team of CCG staff and members of the Governing Body had met to start looking at the whole process of that procurement, including lessons learned and the due diligence that had been undertaken.

The Accountable Officer commented that this had also got to be a reality check for members of the public, ie that practices are a business and that they cannot survive or make a living if they are too small.

The Chair of Sheffield LMC was very pleased that the CCG was reflecting upon the lessons learned from this procurement and how it might inform future intentions and strategy going forward. He advised the committee that his understanding was that the company had gone out of business as they were basically running a lot of Alternative Provider Medical Services (APMS) practices in a variety of areas and had not been able to sustain that.

The Chair thanked Sarah Hipkiss, Primary Care Business Manager, NHS England, and the Programme Director Primary Care for a very clear and helpful paper.

The Primary Care Commissioning Committee:

- Discussed fully the content of the paper.
- Approved the proposal to develop a plan to cease service provision within the Westfield Health Centre over the next two to three months.
- Agreed, as part of the above plan, to disperse the remaining list, on the date of Westfield closure to the Owlthorpe practice, advising the patients accordingly.
- Agreed to support / reinforce possible improvements to transport services between the two practices.
- Requested an update in due course.

KaC

77/16 **Month 4 Financial Position**

The Director of Finance presented this report which provided members with an update on the financial position for primary care budgets at Month 4 together with a discussion on the key risks and challenges to deliver a balanced position at year end. She reminded members that she was reporting on the CCG's formal delegated expenditure position and other spend on primary care services, and advised members that

there had been no material changes to the position reported last month.

Professor Gamsu asked where the Neighbourhood Locally Commissioned Service (LCS) (to be discussed under minute 77/16) fitted in this budget. The Director of Finance explained that it was from the CCG's commissioned services reserves (ie for neighbourhoods developments) of £1.114m.

The Chair asked about the month 4 budget movements and in particular the non recurrent return to the CCG's general reserves of £133k relating to the reversal of 2015/16 accruals. The Director of Finance explained that at each year end estimates have to be made for certain expenditure areas in the accounts and that in the following year when the actual cost is known the estimate is reversed and actual costs accounted for. The usual practice is for budgets to be adjusted to reflect this.

Dr Afzal reminded members that there was a time in GP fundholding when funding was ring fenced and could only be used in certain ways and, in this respect, asked if these budgets were reserved for general practice only or could they be used elsewhere within the CCG. The Director of Finance explained that officially there was no ring fencing but we would be looking to spend the delegated co-commissioning budgets on primary care. She advised that the direction of travel was investment in out of hospital care.

The Primary Care Commissioning Committee:

- Noted the financial position at Month 4.
- Considered the risks and challenges to delivery of a balanced financial position against primary care budgets.

78/16 **Neighbourhood Locally Commissioned Service (LCS)**

The Programme Director Primary Care presented this report. She advised members that the aim of the LCS was to support wider neighbourhood working with health and social care services and other statutory services and the voluntary sector; and to support primary care sustainability and working at scale and for people to work together in neighbourhoods to engage together to find the best way to provide and support services. It was not about clinical service provision but about securing practice engagement, basically in our Care Outside of Hospital Strategy, and was principally to recommend that to secure practice engagement it required GP and nurse time. It would be for the practices in the neighbourhoods to use that money the way they felt best, which could include buying materials to support them

The Programme Director advised the committee that, with regard to the financial offer and timeframe, a total budget of c£1.1m was available.

An annual sum of £1.50 per weighted patient (based on the weighted population as at 1 April of each year of the LCS) would be offered for an initial period to those practices recognised as working within a neighbourhood model, which it was proposed to pay upfront on a six monthly basis with effect from 1 October 2016.. She advised that, for the 10 neighbourhoods that have already been agreed, the initial proposal was to backdate their payment, but they had advised that it made sense to have the same effective date for all the neighbourhoods. She advised that practices would be asked to complete a temple stating what they intend to do with regard to innovation change so we could work out what extra support they needed.

At the invitation of the Chair, Mr Mike Simpkin who was in attendance at the meeting as a member of the public on behalf of Sheffield Save Our NHS (SSONHS) advised members that, at a GP Patient Participation Group (PPG) meeting earlier in the week, the GP partner present had advised that the £1.50 per head special allowance for neighbourhood working, which the committee was being recommended to agree today, was for backfill of posts only and could not be used for materials to promote neighbourhood working. He asked if this was the case. If the PCCC was putting restrictions on the use of this allowance, could it state them clearly so that local patients and the public could understand the extent to which the use of the allowance was specified by the CCG or by local decisions of the practices involved.

The Programme Director advised that the LCS was an offer to practices engaging in neighbourhood working to principally support the extra time of GPs and practice managers to engage in neighbourhood working. It is not anticipated that it would be used to fund extra services within the neighbourhood. The LCS is designed in a way to enable neighbourhood practices to determine how they wish to use the funds on offer and if, for example, they determined that they would wish to use some of the funds to produce materials to support neighbourhood working, it would be within their gift to do so.

The Programme Director advised that discussions had taken place within the City-wide Locality Group (CLG) relating to the primary care sustainability element of the LCS. She commented the CCG had managed to secure resource for 50 practices to engage in the Productive General Practice Programme this year, which was the equivalent of over £0.5m management support to practice sustainability plans.

The Programme Director reported that the ‘big tent’ events which had taken place in some of the neighbourhoods, had been successful and well attended. Ms Forrest suggested that she and Professor Gamsu engage in some of these events, and commented that, even though in some of the neighbourhoods it was going to be less easy to get

	organisations together around the table, it was a massive opportunity to get people talking, and in this respect was really keen to help. The Programme Director advised that the Academic Health Science Network (AHSN) were offering local CCGs help and support in bringing together their local neighbourhoods for information sharing so there was also an opportunity to do this through that route. Dr Afzal commented that, whilst these events were still quite embryonic, 17 organisations that had not met before had attended the one that had taken place in Central Locality and started talking to each other. He commented that was in favour of the LCS not being outcomes based and was supportive and keen to approach this. Professor Gamsu commented that there was also something about how this level of investment would be perceived by the voluntary and community sector as from their point of view it would be a lot of money so, especially through the 'big tent' events, we needed to explain why we were doing it. The Director of Finance advised members that she would discuss the proposal to pay practices upfront on a six monthly basis with the Programme Director outside of the meeting, as the CCG did not normally give third parties money six months in advance as it was not good governance. The Primary Care Commissioning Committee approved the Locally Commissioned Services, subject to further discussions and agreement about the payment options, as noted above.	**JN/KaC**
79/16	**Any Other Business** There was no further business to discuss this month.	
80/16	**Confidential Section** The Committee resolved that representatives of the press, and other members of the public, be excluded from the following item, having regard to the confidential information being presented as part of the business to be transacted, publicity on which would be prejudicial to the public interest.	
81/16	**Date and Time of Next Meeting** Wednesday 5 October 2016, 1.00 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road	

Appendix A

Questions from Mr Mike Simpkin, Sheffield Save our NHS to the CCG Primary Care Commissioning Committee 8 September 2016

Question 1: **As I understand it, the intention of the CCG is to set up primary care services so that people seek alternative sources of help for their healthcare where appropriate before or instead of consulting their GP. Can the CCG give an assurance that if NHS England do implement any such instruction, people who have consulted other forms of NHS care instead of their GP will have had their contact recorded in such a way that they are not counted as 'ghost' patients and removed from GP lists?**

***CCG response**: The NHS England policy for managing patient lists states that for patients not seen by general practice in the last five years, the process is as follows:*

- *Practices to provide Primary Care Service England (Capita) a list of all those patients that have not had a consultation within the last five years;*
- *Primary Care Service England (Capita) send a letter to all those identified patients to confirm address and registration, taking into account the requirement to ensure that disabled patients receive information in a format that they can understand and they receive support to help them communicate (as mandated in the Accessible Information Standard).;*
- *Primary Care Service England (Capita) send reminder letters if no reply is received after four weeks;*
- *Primary Care Service England (Capita) activate removal of the patient from the practices registered list, if any letters return undelivered or where no response is received within two months of the date of the original letter being sent;*
- *Primary Care Service England (Capita) remove patients from the list in any cases where the practice does not confirm the address within six months.*

Question 2: Can the CCG give assurance that patients who access other forms of NHS Care will have this recorded so as to not be identified as not having had a consultation with the practice?

CCG response: *This assurance cannot be given at this stage. Some services currently notify general practice when a patient has received input from them, whilst others do not. However, enabling the sharing of patient data in a safe and confidential way across relevant services is a key priority nationally and locally and this situation might change in the future.*