NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 29 June 2016
Boardroom, 722 Prince of Wales Road

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Present:	Mr John Boyington CBE, Lay Member (Chair)
(Voting Members)	Professor Mark Gamsu, Lay Member
	Mrs Maddy Ruff, Accountable Officer.
(Non Voting Members)	Dr Amir Afzal, CCG Governing Body GP
	Dr Mark Durling, Chair, Sheffield Local Medical Committee
	Dr Trish Edney, Healthwatch Sheffield Representative
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
	Dr Zak McMurray, Medical Director
In Attendance:	Ms Sarah Baygot, Communications
	Mrs Katrina Cleary, Programme Director Primary Care
	Ms Carol Henderson, Committee Administrator
	Ms Susan Hird, Consultant in Public Health (on behalf of the Director of Public Health)

Members of the public:
There were five members of the public in attendance.
A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the Director of Delivery

Minute		ACTION
41/16	**Welcomes** The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting. ***It was noted that the meeting was not quorate as only three out of the five voting members were in attendance at the meeting (a quorum is four voting members) and therefore any decisions made at today's meeting would need to be ratified by either Ms Julia Newton, Director of Finance or Mr Kevin Clifford, Chief Nurse (the committee's other two voting members) after the meeting, and any such ratifications minuted accordingly.***	
42/16	**Apologies for Absence** Apologies for absence from voting members had been received from Mr Kevin Clifford, Chief Nurse, and Ms Julia Newton, Director of Finance Apologies for absence from non voting members had been received from	

Dr Nikki Bates, CCG Governing Body GP, Mr Greg Fell, Sheffield Director of Public Health, and Mrs Amanda Forrest, Lay Member.

43/16 Declarations of Interest

There were no declarations of interest this month. The Chair advised members that in future not only would any conflicts of interested need to be noted but there would also need to be a note of action taken to manage this.

44/16 Questions from the Public

A member of the public had submitted questions prior to the meeting. The responses to these are attached at Appendix A.

There were no further questions from members of the public this month.

45/16 Minutes of Previous Meeting

The minutes of the meeting held on 4 May 2016 were agreed as a true and accurate record, subject to the following amendment:

a) Change to the name of a non voting member in attendance at the meeting

Mr Graham Fell to be changed to Mr Greg Fell.

46/16 Matters Arising

a) Locally Commissioned Service (LCS) – Delegation to Commissioning Executive Team (CET) (minute 35/16 refers)

The Programme Director Primary Care reported that, subject to several final amendments, the committee had virtually approved the two LCSs developed to encourage practice engagement in key commissioning priority areas, namely elective care and prescribing.

She advised the committee that she had met with the Chair of the Local Medical Committee (LMC) the previous week, who was happy to accept the LCSs as they stood at that time. As the Chair of the LMC advised that he was not yet in receipt of the final specifications, the Accountable Officer responded that she would personally follow this up. **MR**

The Programme Director advised the committee that the LCSs would now be sent out to member practices. **KaC**

b) The Sheffield Alliance of the Willing: Building a Truly Local Health and Care System (minute 36/16 refers)

Professor Gamsu advised the committee that, following the discussion at the May

committee meeting, he had fed back members' comments to the Health Inequalities Steering Group. He reported that they were trying to do a piece of work replicating some of information on based on the Glasgow 'Deep End' initiative, however, in Glasgow it showed that was some evidence of inverse relationship in practice resourcing and so we needed to test that out in Sheffield. It was very important that we integrated the work the CCG was doing on health inequalities into that work and he would keep the committee updated on progress. **MG**

c) 2016/17 Initial Budgets Update (minute 37/16 refers)

The Senior Primary Care Manager, NHS England, advised members that, although it had been discussed with the CCG's finance colleagues, there were no plans at this time to start providing a breakdown of indicative figures for optometrists, pharmacists and dentists on an individual CCG basis.

47/16 Proposed Interim Arrangements – Westfield Practice

The Programme Director presented this report which proposed an interim service model for Westfield Health Centre to relocate some of their clinical service provision from Westfield Health Centre to Owlthorpe surgery (which currently provided a service to Westfield patients at Westfield Health Centre through an Alternative Provider Medical Services (APMS) contract that had commenced on 11 March 2016 for a period of 12 months). She reminded members that this contract had had to be put in place at short notice due to the termination of the contract with the previous service provider by NHS England with effect from 11 March.

She advised the committee that the practice's list size had reduced to such an extent that it had resulted in a reduced demand for access to services at the Westfield site. The paper proposed an interim service model (section 4) to relocate some of the clinical service provision to Owlthorpe Surgery, which would ensure continued access to services for Westfield patients who would remain registered with Westfield and continue to have access to primary care services as needed. She advised the committee that she had met with the practice and sought assurances that this would be the case and had met with local MPs and Councillors to discuss their concerns.

The Chair asked if there were any lessons to be learned in relation to Due Diligence due to the failure of the original contract with Danum Medical Services Limited (DMSL). The Programme Director advised that this would come through when we come to make a recommendation to the Westfield practice.

The Chair of Sheffield LMC commented that there was a problem, which was not exclusive to that particular provider, but was wider than Sheffield when offering APMS contracts to private providers, including inconveniences for the practices and their patients when they decide to give notice, and wider governance issues.

The Chair welcomed Ms Larraine Liddell, Practice Manager of Westfield Health Centre, who was in attendance at the meeting as a member of the public.

Ms Liddell commented that her thoughts were that the previous provider had tried to grow too quickly and take on too much over a short period of time. The Chair commented that there was a duty on whoever was commissioning the service provider to make sure that the provider was not over stretching but was capable of developing naturally, thus remaining in a healthy state.

The Senior Primary Care Manager advised members that all comments made today would be taken on board. She confirmed that a Due Diligence process and checks were always undertaken as part of any procurement process, however, there were always lessons to be learned. She advised members that, for this particular procurement, the decision to award the contract had been made on the information provided at that time, but that provider had a number of issues, that had not been in evidence at the time of procurement, that had subsequently unravelled in a short space of time.

Professor Gamsu commented that Due Diligence could never be a completely perfect but if there was some learning that NHS England could send out formally that would be very helpful.

Professor Gamsu asked if Healthwatch Sheffield were aware of the proposals. The Healthwatch representative responded that this was concerning as they had not been made aware, and it would have been helpful if they had been advised to be prepared for when patients ring up to speak to someone about their concerns. She also advised the committee that this was not an isolated situation as there were similar practices undergoing a similar type of reorganisation, and suggested that, in future, there be some sort of standard guidance / checklist for practices to follow. She commented that, as Westfield did not have its own website as it had taken on a temporary contract, there were also other ways to get the message out to patients including, through libraries and shops, etc.

Professor Gamsu advised the committee that they were reviewing this through the CCG's Patient Equality Engagement Experience Group (PEEEG). He suggested that, in the first instance, practices could contact the CCG's communications and engagement team, which worked very closely with Healthwatch, and which practices may find helpful.

The Chair of Sheffield LMC commented that the issue of the Westfield practice was regrettable but it was important that commissioners recognise procurement method issues. Moving forward, we needed to give practices that have these kinds of challenges for a variety of reasons, options for support.

Mr Mike Simpkin, Sheffield Save Our NHS, who was in attendance at the meeting as a member of the public, commented that, if the CCG's Primary Care Strategy was about neighbourhood working, then we should open the communication channels and give practices the opportunity to understand how that might affect them.

Subject to ratification by either the Director of Finance or Chief Nurse after the meeting, the Primary Care Commissioning Committee approved the proposed

interim service model for Westfield Health Centre,

Post meeting note: The decision made by the committee's three voting members to approve the proposed interim service model for Westfield Health Centre was ratified by Mr Kevin Clifford, Chief Nurse, after the meeting.

48/16 Month 2 Financial Position

On behalf of the Director of Finance, the Chair presented this report which provided the committee with information on the financial position for primary care budgets at Month 2 and any key risks and challenges. He suggested that members direct any material questions to the Director of Finance and her team.

The Primary Care Commissioning Committee received and noted the report.

49/16 Review of Primary Care Commissioning Committee Meetings

The Programme Director presented this report which provided an assessment of the extent to which the agenda of each committee meeting had supported the committee's intention to conduct its business in an open and transparent manner, as far as had been practically possible. She advised members that the paper also included a rationale as to why papers had been discussed in the private sessions which, she felt, had been kept to a minimum. Her thoughts were that, following the first six full meetings, it would be helpful to have a confirm and challenge session / more qualitative review in private to test out the rationale / reasoning for papers presented in the private session. This would be separate. to the formal committee meetings and include a small group of members of the committee and Mr Simpkin would be invited to attend. There would then need to be continued review on a regular basis. **KaC**

The Primary Care Commissioning Committee:

- Agreed that the approach taken to including papers in the private sessions of committee meetings had been reasonable.
- Agreed to undertake a further review in three months time.

50/16 Proposed Temporary List Closure – Mosborough Health Centre

The Programme Director presented this report which provided the committee with details of an application from Mosborough Health Centre, a Personal Medical Services (PMS) practice, to close its registered list of patients on a temporary basis for six months (Appendix 1), with the reasoning for this set out at section 2.1. She advised the committee that this practice was, geographically, the closest practice to the Westfield Practice site, and they were concerned that if a decision was made to do anything other than keep the Westfield site open, then those patients registered with Westfield may choose to register with them which, they felt, was a real risk as they did not have the capacity or space for further expansion. She reported that had discussed the application with the Senior Primary Care Manager and, all things being considered, felt that the committee

should not support the application to close the practice list. She advised the committee that the contracts for PMS and General Medical Services (GMS) did not differ in terms of closing a list size.

Dr Afzal commented that it did not look as though there had been any material change to the practice's registered list with less than a 1% increase in size in the past two years. He advised members that he was supportive of neighbourhood working, but it was a struggle to get the GPs on board, especially as there was a fine balance between telling them they were going have to do something and their being encouraged to do it.

The Chair of Sheffield LMC advised members that it was important to be accurate and clear about the GP contract regulations. He advised that the practice, as with all practices, did not have to apply for formal list closure and could decline temporarily not to take on a patient as long as it did not discriminate against anyone. They were entitled on a temporary basis not to register patients, which had been tested and proven. He reported from a case the previous year whereby Manchester CCG had tried to issue a breach of contract notice to a practice, which had had to be withdrawn. He felt that it was a potentially continuing problem, with the only thing to do in a positive fashion was for the CCG and NHS England to support practices and to help mitigate against the risks. He felt that the narrative the practice put forward was very reasonable and not approving the application could be giving out a potentially difficult message.

The Senior Primary Care Manager advised the committee that, in addition to discussing this with the CCG and the LMC, she had spoken to NHS England who had given out a clear message back that a practice must always seek formally to close a practice list and go through the process set out. However, if a practice felt that it was almost approaching crisis situation, for example services would be jeopardised, that practice could approach them and say they had no other choice to close their list, and would need to demonstrate the actions they had taken to make this an absolutely last resort. She reported that, historically, whilst not many practices had had applications to close their lists approved in the past, for those practices that had had applications approved it had not address the issues and they still had the same pressures they had started with.

The Medical Director asked if a practice with a closed list could potentially lose their Enhanced Services. The Senior Primary Care Manager advised that the practice should have initially reviewed whether or not it could provide core services. The Medical Director also commented that it was a priority to make sure that patients received core services, and he could see nothing in the application that suggested that this practice was under more pressure than other practices.

Professor Gamsu commented that the percentage variation difference in list size over the past two years did not seem to be a huge driver in this instance, and practices submitting an application needed to consider the impact on the wider neighbourhood. The Programme Director advised that she had visited the practice, who were very willing to work with the CCG, however, she felt they were

just feeling the same pressures as other practices as their list size had not increased, and it was about the CCG working with them to manage that.

The Healthwatch representative commented that this practice was obviously stretched and fearful of getting more patients, but they had indicated that they were willing to wait and see what happened, which was very accommodating. Pragmatically, the committee could say they would not approve the application at this stage but would wait and see what happened over the next few months. She felt that this part of Sheffield needed a plan for primary care that would reassure patients of the plans that were in place to be able to provide services, ie workforce planning.

The Accountable Officer commented that her view was that whatever the regulations stated was the easiest thing to do, whilst stating that the CCG was very sympathetic and would be willing to review the position in the next six to nine months. The committee needed to see an in-depth review, which it currently did not have, with an action plan, of what was going on in that area, and ultimately a plan for across the city as there were some significant areas of risk.
Professor Gamsu also expressed concerns that we did not have the metrics to be able to do any analysis and we needed to be confident that we had got the methodology to be able to do that.

The Chair of Sheffield LMC felt the solution should be better than just having an analysis and should be about investment in capacity and resilience. The Accountable Officer reminded the committee that she had asked for a plan on what we were practically going to do and believed this was what the CCG should be doing with NHS England.

In summary, the Chair commented that, whilst the application did not make a compelling case for list closure, the committee had appreciated the practice's worries and their trying to get ahead of the curve. His opinion though was that the committee could not accept that as a rationale for accepting the application, but that was not to say that they could not submit a more compelling case now or later. We should advise the practice that we understood and sympathised with the pressures they were working under and were sensitive to the reasoning behind it, but that their case had not been forcefully made and we should work with them to look at other avenues to help them resolve their concerns. He asked if there was a way for finessing the practice to withdraw their application, together with an assurance that the CCG was committed to working with them and would look sympathetically if they made another application with a stronger case as we did not want to send the message out that we were just rejecting the application without an acknowledgement of the problems the practice faces.

He also asked if the Chair of the LMC could forward the legal view he had previously received with regard to practices being able to close their lists without formal agreement. **MD**

Subject to ratification by either the Director of Finance or Chief Nurse after the meeting, the Primary Care Commissioning Committee did not support the

application to close the list of Mosborough Health Centre.

Post meeting note: The decision made by the committee's three voting members not to support the application to close the list of Mosborough Health Centre was ratified by Mr Kevin Clifford, Chief Nurse, after the meeting.

51/16 Proposed Temporary List Closure – Manchester Road Surgery

The Programme Director presented this report which provided the committee with details of an application from Manchester Road Surgery, a Personal Medical Services (PMS) practice, to close its registered list of patients on a temporary basis for four months (Appendix 1), with the reasoning for this, in that one of the two partners had recently had an accident and was likely to be absent from the practice for the next four months, which meant there were currently significant short term pressures on the practice. She advised the committee that she had been in discussions with the practice, who were also looking at a number of options and keeping the CCG in the loop, and were absolutely committed to opening their list again in four months time.

The Senior Primary Care Manager advised the committee that the practice list size had increased year on year for the last six years.

The Programme Director suggested that, due to timing of meetings, it would be helpful if the committee could give delegated authority to one of the voting members to authorise an emergency issue such as this on their behalf.

The Chair of Sheffield LMC agreed to clarify the technical regulations for closure of practice lists, and would then issue some guidance to the constituents in Sheffield. **MD**

Subject to ratification by either the Director of Finance or Chief Nurse after the meeting, the Primary Care Commissioning Committee supported the application to temporarily close the list of Manchester Road Surgery, unless it could be determined that there was another mechanism that could be used that could stop the practice taking on new patients.

Post meeting note: The decision made by the committee's three voting members to support the application to temporarily close the list of Manchester Road Surgery, unless it could be determined that there was another mechanism that could be used that could stop the practice taking on new patients, was ratified by Mr Kevin Clifford, Chief Nurse, after the meeting.

52/16 Overview of Care Quality Commission Ratings for General Practice

The Programme Director presented this report which provided the committee with an overview of the Care Quality Commission (CQC) ratings from their inspections of Sheffield based general practices since May 2015, and to assure the

committee that, where those practices were given Red or Amber overall ratings, they were working with the CQC to achieve the actions required.

The Chair of Sheffield LMC asked if the committee could be assured that the ratings reported were in fact the final ones as some ratings had been subject to an appeals process. The Chair advised that the Quality Assurance Committee, who reviewed the report at each of its quarterly meetings, could ensure that Due Diligence had been undertaken.

The Accountable Officer suggested that, as this was a relatively new series of inspections, to look at benchmarking ourselves against a similar CCG cohort of practices.

The Primary Care Commissioning Committee received and noted the report.

53/16 **Estates and Technology Transformation Fund (formerly known as Primary Care Transformation Fund**

The Programme Director gave an oral update and advised the committee that the deadline for putting our priorities on the national portal was 30 June. She advised that there had been more than 50 initial premises bids, the bulk of which would be deemed not to be transformational. A confirm and challenge and prioritisation process with the Locality Managers had been undertaken for all bids not just estates, and had agreed a proposal that they had three technical bids, two of which would be first priorities. She explained that the CCG's Director of Finance had to give commitment on the portal that the funding was available for revenue consequences, if any of the bids were approved, but the message was that we have no money in terms of growth and would anticipate this would come through the Sustainability Transformation Plan (STP) route. She advised that it had not been the easiest process to deal with and had been the subject of discussion by the CCG's Commissioning Executive Team (CET) for some time.

She advised the committee that there were a number of bids submitted that were for more 'day to day' things than for transformation and so should have been submitted through the core capital funding route in this regard, would be writing out to practices to advise them of the position. **KaC**

In response to a question from the Chair of Sheffield LMC, the Programme Director explained that there had been a consistent approach to reviewing premises bids, using a national set of criteria, many of which had been around improving access to services. The confirm and challenge process had looked at how they would look locally and support the hub and spoke model of consistent with neighbourhood working as outlined within the Primary Care Strategy.

Finally, the Programme Director advised the committee that a final version of the bids would be shared with members for information. **KaC**

The Primary Care Commissioning Committee noted the update.

54/16	**Any Other Business** Mr Simpkin congratulated the committee on discussing the list closure issues in public as it had been very helpful to understand the debate and decision making process. There was no further business to discuss this month.
55/16	**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.
56/16	**Date and Time of Next Meeting** Thursday 21 July 2016, 2.00 pm –4.00 pm, Boardroom, 722 Prince of Wales Road

Questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Primary Care Commissioning Committee on 29 June 2016

Question 1 What will be the benefits to Sheffield of the new deal for GPs announced in April?

CCG response:. *The detail relating to how the opportunities signalled within the General Practice Forward View is still being worked though at a national level. We continue to work with NHS England colleagues to understand what the requirements and timescales of individual initiatives are likely to be. Through its out of Care Out of Hospital Strategies (Primary Care, Urgent Care and Active Support and Recovery) the CCG is clear that more services need to be provided to patients more locally and we continue to work on the changes signalled within the strategies. Whilst the resource which might come down from a national level to support this work would be extremely useful we are clear that change needs to happen and we continue to work on key initiatives that will support this direction of travel.*

Question 2 What are the likely effects of the threatened 6% cut to the national Community Pharmacy budget and local cuts such as the Council's proposed reduction to their Short Term Intervention Team (STIT) on the implementation of the Primary Care Strategy?
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CCG response:. *The CCG is not responsible for community pharmacists and the impact of the changes to the community pharmacy budget is not yet known. We strongly value the role of local pharmacists and will be monitoring the situation. Separate from community pharmacists the CCG has invested in pharmacists to support general practice in a variety of roles.*

With regard to STIT, as public sector organisations we must make efficiencies at the same time as redesigning and improving services. By their very nature efficiencies are intended to make savings without reducing the level of service. When efficiencies are implemented care must be taken to ensure there are no unintended consequences