

**Primary Care Commissioning Committee  
 Unadopted minutes of the meeting held in public on 29 March 2017  
 Boardroom, 722 Prince of Wales Road**

**A**

**Present:** Mr John Boyington CBE, Lay Member (Chair)  
**(Voting Members)** Mrs Penny Brooks, Chief Nurse  
 Mrs Nicki Doherty, Interim Director – Care Outside of Hospital  
 Ms Amanda Forrest, Lay Member  
 Professor Mark Gamsu, Lay Member  
 Ms Julia Newton, Director of Finance  
 Mrs Maddy Ruff, Accountable Officer

**(Non Voting Members)** Dr Nikki Bates, CCG Governing Body GP  
 Mrs Katrina Cleary, Programme Director Primary Care  
 Ms Victoria Lindon, Senior Primary Care Manager, NHS England  
 Dr Zak McMurray, Medical Director

**In Attendance:** Mr Gary Barnfield, Head of Medicines Management (for item 24/17)  
 Dr Duncan Couch, Sheffield Local Medical Committee (LMC)  
 Executive (on behalf of the LMC Chair)  
 Dr Trish Edney, Healthwatch Sheffield Representative  
 Ms Carol Henderson, Committee Administrator  
 Mr Greg Fell, Sheffield Director of Public Health  
 Mr Michael Lyall, Practice Manager, Sothall and Beighton Practice  
 (for item 21/17)  
 Mrs Rachel Pickering, Primary Care Co-Commissioning Manager  
 Mr Derek Roe, Practice Manager, Baslow Road, Shoreham Street and  
 York Road Surgeries (for item 22/17)  
 Ms Michelle Varney, Branch Site Manager, Student Health and  
 Sheffield Hallam University (Porterbrook Medical Centre)  
 (for item 22/17)

**Members of the public:**

There were six 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
15/17	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting.</p>	

The Chair welcomed Dr Duncan Couch, Local Medical Committee (LMC) Representative who was attending the meeting on behalf of Dr Mark Durling, Chair of the LMC).

**16/17 Apologies for Absence**

There had been no apologies for absence from voting members.

Apologies for absence from non voting members had been received from Dr Amir Afzal, CCG Governing Body GP.

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chair, Sheffield Local Medical Committee (LMC).

The Chair confirmed that the meeting was quorate.

**17/17 Declarations of Interest**

The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG), and that 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 declared by members of the committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Primary Care Commissioning Committee or the CCG website at the following link:

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

Dr Bates declared a conflict of interest in item 7 (paper D): Update on Shoreham Street Premises as she was a GP at Porterbrook Medical Centre, a practice that provided dedicated health services for students at Sheffield Hallam University (SHU).

The Primary Care Commissioning Committee agreed that Dr Bates did not have to leave the room for this discussion but would not participate in the discussion, unless at the invitation of the Chair, or participate in the decision making process.

There were no further declarations of interest this month.

**18/17 Questions from the Public**

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

19/17

### **Minutes of Previous Meeting**

The minutes of the meeting held on 4 January 2017 were agreed as a true and accurate record, subject to the following amendment:

#### **Month 8 Financial Position (minute 08/17 refers)**

Second sentence of fifth paragraph to read as follows:

It would be helpful to be able to do this for the March Members' Council meeting as we needed that open and honest discussion about where the money is going, and show that we have listened to them as well

20/17

### **Matters Arising**

#### **a) Update on Interpreting Services (minute 06/17(a) refers)**

The Programme Director Primary Care reminded members that a member of the public had submitted a question to the committee in November 2016 relating to the commissioning / recommissioning of interpreting services in Sheffield, and in particular regarding the arrangements the committee had made to monitor the quality and effectiveness of the newly contracted interpreting service. She reminded members that, as a result of the procurement of this service, two providers, Language Line Solutions and DA Languages Ltd, had been awarded contracts for different elements of the service

She advised members that, in relation to the service provided by DA Languages Ltd: a service for seven high using GP practices for 242 hours per week, a number of quality issues had been raised by some of these practices which had led to the CCG reviewing whether the contract specification was being met, and resulted in the service with them being terminated by the CCG. She advised that Language Line was providing a temporary service to ensure that the service was ongoing.

The Programme Director advised members that the intention now was to re-procure the service within the next few weeks, and that the seven practices were being kept fully up to date of the process and had been asked to report any concerns to the CCG. However, the situation remained challenging but it was ensuring that patients were receiving the service they needed. She advised that there was no reason why clinicians from the seven high using practices should not be involved in the re-procurement of the service.

At the invitation of the Chair, a member of the public advised the committee that their practice had advised that they were experiencing a 12 minute wait for calls to the service to be answered and patients were being told that Google or Wikepdia translation services would be the

best solution to use. He did not feel that this was an appropriate answer and so was tentative about accepting assurances from the CCG that the current arrangements were satisfactory.

The Programme Director responded that there would be key performance indicators (KPIs) to work through as part of the contract specification, which would be monitored by the CCG. However, practices should be connected to the service within 90 seconds and so should be contacting the CCG if they remained unhappy with the length of wait and to advise which languages these waits related to.

Dr Bates advised members that on the number of occasions when she had to contact the service, it had been a very easy process, irrespective of which language was required.

Ms Forrest advised members that all sorts of patient experience was being gathered within the CCG, and that it was very important in holding the service provider that has the contract to account.

The Primary Care Commissioning Committee noted the update, the varying feedback from committee members and members of the public, and that being advised to use Google Translation was not a satisfactory alternative to using the services of an interpreter.

## **21/17 Sothall and Beighton Practice Proposal**

The Chair welcomed Mr Michael Lyall, Practice Manager, Sothall and Beighton Practice, who was in attendance for this item.

The Programme Director presented this report which updated members on the challenges facing the Sothall and Beighton practice, which they had previously discussed in private.

She advised that the practice had now been able to increase its medical capacity and was now able to continue to offer a service to all its patients; however, there remained a capacity issue when working over the two sites. The CCG and the practice had been engaging with a range of stakeholders, including MPs and local Councillors, to seek views on the various options including the relocation of all services to the Sothall site.

She advised that she was seeking approval from the committee for the practice to be disengaged fully from the Beighton site, which would mean the practice centralising its service offer from the Sothall site. Options for alternative use of the Beighton site were being explored, including working with the practices in the surrounding area to discuss possible neighbourhood offers, which would be presented as a business case to the committee in due course. The Programme Director also advised members that an action plan (including how patients would be

informed) for the transfer of services to Bighton would need to be developed. In this respect, she advised that a local MP had written to the CCG setting out how he wished to inform patients of the changes.

The Programme Director also advised members that the practice was in discussions with Assura (a national company that is a long term investor and developer of primary care properties) as to the sale and lease back options and that part of this approach had been assuring ourselves that there was a need for a primary care premises in that part of the city. The Senior Primary Care Manager, NHS England (NHSE) advised members that the committee was considering the proposed sale and leaseback under the NHS Premises Directions, which required confirmation that CCG was in agreement to continue to commission Primary Medical Services (PMS) to be delivered from Sothall Medical Centre for at least the period of the proposed lease and to reimburse rent costs in line with the NHS Premises Directions. It also required confirmation that the CCG was in agreement with the terms of the lease, in relation to any implications for the CCG as commissioner. With regard to the due diligence of the proposed landlord, the relationship was between Assura and the practice. She also advised that the rent cost set out in the proposed lease was the same cost for reimbursement as the practice currently receives. Future rent reviews would be undertaken in line with the NHS Premises Directions.

Ms Forrest reminded members that they had previously discussed patients being able to travel to other sites to access services and the suggestion that the CCG and local politicians try and make representation to the bus providers about modifying particular bus routes, etc, as it could be an issue for some patients. She asked if there was any outcome from these negotiations.

The Programme Director explained that the MPs and local Councillors had also raised this with the CCG, and advised that there had been little response from the bus companies but could keep on having those conversations. The Primary Care Co-Commissioning Manager advised members that there was a direct bus service between the two sites. She also advised that a questionnaire had been developed and sent out to patients that usually attended the Bighton site, with 92% of the patients that had responded indicating that they would be happy to use the Sothall site, and also that the site has a very high quality good service, with the practice's KPIs indicating that it has very good access, with patients wanting to continue to go there.

The Primary Care Commissioning Committee:

- Supported the proposal to move all services to the Sothall site.
- Supported the proposal for a three month (rapid) review period to work up a plan for the use of the Bighton Health Centre facility as they recognised the need for primary medical care services, noting that there may be some good alternative options, especially as there

would be a pharmacy on-site that would continue to operate.

- Under the Premises Direction which was part of the fully delegated role of the CCG, supported the proposal for the sale and leaseback of the Sothall site which would mean a move from reimbursed notional rent to reimbursed actual rent.
- Requested an update in June 2017.

Dr Tim Williams thanked the CCG for the support it had provided to the practice over the last three years, and commented that locating to one site would help to provide a sustainable service and to develop the skill mix that was required in the Five Year forward View (FYFV).

On behalf of the committee, the Chair wished the practice well and suggested that it would be helpful if they could present an update report to a future meeting.

## **22/17 Update on Shoreham Street Premises**

Ms Michelle Varney, Branch Site Manager, Student Health and Sheffield Hallam University and Susie Upritchard (Porterbrook Medical Centre), and Mr Derek Roe, Practice Manager, Baslow Road, Shoreham Street and York Road Surgeries, were in attendance for this item.

As notified under minute 17/17, Dr Bates declared a conflict of interest in this item as she was a GP at Porterbrook Medical Centre, a practice that provided dedicated health services for Sheffield University students.

The Primary Care Commissioning Committee agreed that Dr Bates did not have to leave the room for this discussion but would not participate in the discussion, unless at the invitation of the Chair, or participate in the decision making process.

The Programme Director presented this report which set out the context and rationale for a proposal to the committee for their approval in principle for the Baslow Road, Shoreham Street and York Road surgeries to pursue further discussions with a view to relocating the Shoreham Street premises to the New Era Square development (as set out in section 2). She advised members that the current premises at Shoreham Street had very little scope to expand and they had been offered a plot of up to 340 square metres that could be used for primary care services. She advised that one of the things that we wanted to explore was whether that would be sufficient in terms of modern general practice, but best practice guidance advises that that size is about right for their list size and to be able to offer slightly expanded core services. She also advised that the practice was wanting to start to have more formal discussions with the developers about the infrastructure, for example rent, space, and furnishing of the rooms, etc.

The Programme Director advised members that there was a view that

the expected 800-1000 residents of the 600 new residential flats in the development would be predominantly foreign students that were likely to be studying at Sheffield Hallam University or the University of Sheffield. In this respect, she advised members that representation to the CCG had been received from a number of interested parties, particularly from those practices that currently provide health services to a number of the student population in the city who had raised a number of concerns including that there was no acknowledgement in the paper that the planned residents were to be specifically students from China and likely to be studying at one of the two Sheffield universities. They had also raised concerns that there had been no prior notification of the development to the practices serving either of the student communities or to the Sheffield Hallam University International Office, that there had been no consideration that students were a specific patient group with particular health needs, and no consideration of the financial impact on any neighbouring practices.

The Programme Director explained that, principally, there were two practices in the city that serviced the university and student population which enabled those practices to offer a service model that really met the needs of that population. The concern, therefore, was that there might be a significant number of patients that did not register with one of those practices, so it was about working through with Shoreham Street as to how they could offer that same service model. However, whatever services the CCG commissioned, it needed to make sure that it was a safe service that met the needs of that population.

The Programme Director explained that 'approval in principle' basically meant the practice being able to have formal conversations with the developer, saying to them that the CCG was interested in principle but that there was a process to follow and work through, and for them to then come back to the committee with a business case requesting formal approval.

The Senior Primary Care Manager commented that it was about being clear what the CCG was and was not supporting but this sounded like an opportunity in terms of new space where space seemed to be at a real premium, how best to use that space, and how it fitted with the practice, other practices, and the CCG's strategies.

The Accountable Officer reminded members that part of the Primary Care Strategy was about how the CCG supported practices to move out of basically poor premises, which was not the same as premises that had been newly built for new services. She commented that the current premises were no longer adequate enough to be able to meet the demand of their growing population. In terms of approval in principle, she commented that the committee recognised the concerns that had to be worked through, however, it felt as though the proposals fitted with the Primary Care Strategy. However, she was not sure as to whether or

not it was within the committee's remit to approve the developers having conversations with the practice, but it would be disappointing if they couldn't approve this in principle and for all these issues to be brought back for discussion at the next meeting.

The Healthwatch representative commented that this proposal was a complete reversal to the previous item which was about a practice retracting back to its main hub and losing its branch surgery, and in respect asked how confident the practice was that they it would be able to continue to staff a branch site. The Programme Director explained that the practice was already operating as though Shoreham Street was a main surgery in terms of the services that it offered, and did not think it would be problematic unless the population increased significantly.

At the invitation of the Chair, Mr Derek Roe, Practice Manager, Baslow Road, Shoreham Street and York Road Surgeries, advised members that he had visited the New Era Square development a number of times since October 2016 and also advised that the developers were now reconsidering their original model of 800 educational site type flats to 600 larger type flats, but not necessary all of these would be for the student population.

At the invitation of the Chair, Ms Michelle Varney, Branch Site Manager, Student Health and Sheffield Hallam University (Porterbrook Medical Centre) advised members that, at her practice, they mainly saw members of the student population.

The Primary Care Commissioning Committee:

- Approved in principle the relocation of the Shoreham Street Surgery to the New Era development, recognising that a further report would need to be presented to the next meeting that covered all the issues members had raised.
- Asked the Programme Director to circulate the letter that had been received from the practices that currently provided health services to a number of the student population in the city, and who had raised a number of concerns, to members of the committee.

**KaC**

**KaC**

**23/17**

### **Branch Closure Request Dr Mehrotra – Richmond Road / Darnall**

The Primary Care Co-Commissioning Manager presented this report which sought support from the committee to work through the required programme of work for the surgery to relocate all of its services from its branch site at Richmond Road to its main site at Darnall. She advised members that she had met with the practice in October 2016 to explore this option. She advised that the practice had a population of 3500 patients which they were trying to operate over the two sites and had come to the conclusion that, due to the dwindling list size of c.800 patients at Richmond Road, it would not be viable to keep the branch open. She advised that the practice had now submitted a formal letter

to the CCG asking for consideration of the closure of its branch site.

The Primary Care Co-Commissioning Manager advised members that the practice had started to consult with its patients, through a patient survey and patient participation group meeting, and concerns had been raised by members, particularly of the elderly population, that it may not be an option for them to travel to Darnall as there was no direct bus service between the two sites, which could mean that they would need to register with another practice.

The Primary Care Co-Commissioning Manager advised members that, as part of the formal process, the CCG would be contacting the surrounding practices as closure of the branch site would have an impact on other service providers.

Professor Gamsu commented that the proposal to close the branch site would make the practice population even smaller, especially if patients chose to register with another practice instead of travelling to the Darnall site. The Primary Care Co-Commissioning Manager explained that the practice was aware of the risks, including that some patients may decide not to travel to Darnall, however, 25% of patients had indicated on a previous survey that they would be likely to travel more than two miles to get to the surgery. She acknowledged members' concerns that the results of the survey did not give much of a sense of what the patients really think. However, she advised that the practice hoped to retain its list and operate out of Darnall, and accepted that some patients would choose to register with surrounding Richmond practices, however, it was felt that if none of the Richmond branch's patients moved to Darnall the practice felt it would still be viable. She advised that the CCG would work with the surrounding Richmond practices as part of the risk assessment, especially in relation to the impact of a large number of patients registering with a single practice, which would be an issue for them - as it would for any practice.

Dr Bates suggested that, especially with regard to succession planning, it would be helpful for members to have sight of some 'soft' intelligence of the practice, for example, the number of GPs, and if they were at the beginning or the end of their career path, etc.

The Chair recommended that members supported the proposal, subject to a satisfactory implementation plan that took account of the issues raised.

The Primary Care Commissioning Committee supported the proposal of a branch closure, subject to a satisfactory implementation plan that took into account the issues raised, as noted above.

24/17

### **Prescribing Quality Improvement Scheme 2017/18**

Mr Gary Barnfield, Head of Medicines Management, was in attendance for this item and presented this report which asked members to approve the continuation of the current scheme, but with an extended scope. He reminded members that we had a long history of cost effective prescribing in Sheffield, which should be about both quality and value for money at the same time.

Mr Barnfield drew members' attention to the proposed extended scheme, as set out in sections 2 to 4, which included a number of components including proposals about how any savings (ie if a practice underspent its allocated prescribing budget, if the locality in which an underspending practice resided underspent, and if the city as a whole underspent), could be spent. There would also be a gain share arrangement between any locality that underspent and the CCG. He also advised that any practice that did not underspend would not be eligible for a practice payment, but could be eligible for locality funding, if the locality agreed.

Mr Barnfield drew members' attention to Appendix 1, which set out what practice payments could and could not be spent on, which would give each practice flexibility as they did not all have the same skill mix.

The Primary Care Commissioning Committee approved the continuation of the Prescribing Quality Improvement Scheme, with the extended scope outlined in sections 2, 3 and 4.

25/17

### **Primary Care Budgets 2017/18**

The Director of Finance presented this report which sought the committee's formal approval of the detailed initial 2017/18 primary care budgets. She reminded members that they had previously received an initial draft, but following the subsequent publication of the outcome of the national General Medical Services (GMS) contract negotiations, and with the help of colleagues in NHS England, a revised assessment of the impact had been undertaken. It had been assumed that the core contract terms would also apply to the Personal Medical Services (PMS) contracts, as in the past. She reported that the projected impact was a cost pressure for Sheffield CCG in excess of the CCG's 1.8% cash uplift as our uplift was well below the national average. She advised that this meant all of the uncommitted reserves would need to be used and also £90k transferred from the CCG's main allocation. This had unfortunately resulted in a re-assessment of the discretionary development which could be pursued in 2017/18. At the moment, as outlined in the paper, it meant that there was no budget for the winter resilience schemes along the lines of 2016/17 and, if there was no slippage against the co-

commissioned budget in year, then Governing Body would have to consider if CCG main allocation funding could be made available set against other competing priorities.

With regard to the initial budgets for the primary care additional Locally Commissioned Services (LCSs), as set out in Appendix 2, the Director of Finance advised members that she had taken the 2016/17 recurrent budget as the starting point and then with colleagues assessed whether any over or under spend in 2016/17 was likely to continue into the new financial year. She advised that this meant that it looked as though we could continue with all the LCSs for 2017/18, and would also leave a small development reserve for the Primary Care Programme Director and her team to undertake some initiatives, although this would leave no reserves for the CCG. The Director of Finance also explained that the non recurrent allocation of £883k (£1.50 per patient for practice transformational support) was ring fenced and a requirement of the GP Five Year Forward View, with recommendations for its use to be presented to the committee in due course.

**KaC**

The Primary Care Commissioning Committee:

- Approved the initial 2017/18 budgets for primary care.
- Noted the risks and issues to delivery of a financially-balanced position for the year ahead.
- Noted the additional national or local funding which would become available as part of the GP Five Year Forward View (FYFV) and Sustainability and Transformation Plan (STP) plans where this had been confirmed.

## **26/17 Month 11 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 11, 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.

She advised members that she had no particular issues to bring to their attention except to say that there had been small underspends on both the delegated budgets and Locally Commissioned Services (LCSs), some of which had been utilised on winter resilience and were also contributing to the overall financial position for the CCG.

The Primary Care Commissioning Committee:

- Noted the financial position at Month 11.
- Considered the risks and challenges to delivery of a balanced financial position against primary care budgets.

27/17

**Update on the Care Quality Commission (CQC) Review of the Matthews Practice 2016**

The Programme Director Primary Care presented this report which updated members on the practice's routine inspection by the CQC undertaken on 1 November 2016 and its rating overall as Inadequate. She advised members that this rating meant there was a contractual issue and so the practice had been put into special measures. She assured the committee that monitoring of the practice's progress against their remedial action plan was being dealt with through the CCG's primary care contracting team and other parts of the organisation, the quality team in particular.

The Programme Director advised members that, although the practice had been visited as part of the CCG's series of practice visits, some of the issues raised by the CQC would not have been discussed as part of these visits, which meant it had not previously given the CCG cause for concern.

The Healthwatch representative asked if the CCG reviewed patient 'rate and review' comments on Healthwatch's website, as well as those given on the NHS Choices patient experience website. The Primary Care Co-Commissioning Manager explained that she was working with the CCG's business intelligence team to start to develop a primary care dashboard, starting with results from the national access survey, which included a review of both the above websites, but would be happy to discuss how to pick up issues from a patient perspective with Ms Forrest and Professor Gamsu outside of the meeting.

Dr Bates commented that she was aware that there had been a high turnover of senior medical staff in this practice so the issues raised had come as no surprise to her.

The Chair advised members that, predominantly, the CCG's Quality Assurance Committee (QAC) would monitor this, with updates to the PCCC as appropriate. The Accountable Officer reminded members that they had received very few reports such as this and advised that most of our practices had been rated at the highest end of 'Good'.

The Primary Care Commissioning Committee received and noted the report.

28/17

**Update on General Practice Five Year Forward View (FYFV)**

The Programme Director Primary Care gave a presentation that updated members on progress with the CCG's implementation of the FYFV. She reminded members of the 10 high impact primary care changes included within the document, that we were also bolstering up in Sheffield with our place based plan.

RP

The Primary Care Co-Commissioning Manager advised that NHS England's feedback to our response to the GPFV had been favourable with only five of the 27 elements rated as Red or Amber. She drew members' attention to the key highlights.

By this time next year there would have been the opportunity for practices to raise with us, through a resilience proforma, where they thought they were struggling. An event had taken place on 23 February for Practice Managers and Deputy Practice Managers to launch the FYFV resilience plan, and had been well attended with over 100 attendees and 60 out of 82 practices represented. She advised members that there had been lots of enthusiasm and networking and it had been their opportunity to start to formulate and form a 'confirm and challenge' with the CCG. The Accountable Officer advised that the CCG had given them a promise to continue to hold some further big events and to provide other support.

The Primary Care Co-Commissioning Manager also advised members that 78 applications had been received for Institute of Leadership and Management (level 3 and 5) training, which was very encouraging, and we were trying to bolster the existing workforce so they wanted to stay in general practice.

Other highlights included that five resilience managers had been appointed (from 15 applicants from practices) who could be called upon by practices for support on key work streams, and an Extended Primary Care Team Time-Out with locality and resilience managers, would be taking place on 11 April.

The Programme Director advised members that, although there was great enthusiasm from most practices, there were a small number that were not engaged at all, which would be taken forward by the Primary Care Co-Commissioning Manager as part of the series of practice visits.

RP

The Primary Care Commissioning Committee received and noted the update.

**29/17 Any Other Business**

The Chair reported that there was no further business to discuss this month.

**30/17 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.

The Chair advised that there were no items to be discussed in the meeting being held in private in addition to the minutes of the previous meeting and matters arising.

**31/17 Date and Time of Next Meeting**

The next meeting that was due to take place on Thursday 27 April 2017, 2.30 pm – 4.30 pm, Boardroom, 722 Prince of Wales Road has now been cancelled.

The next meeting will take place on Wednesday 24 May 2017, 1.30 pm – 3.30 pm, Boardroom, 722 Prince of Wales Road