NHS
Sheffield Clinical Commissioning Group

Primary Care Commissioning Committee
Unadopted minutes of the meeting held in public on 4 January 2017
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
	Mrs Katrina Cleary, Programme Director Primary Care
	Dr Mark Durling, Chair, Sheffield Local Medical Committee (LMC)
	Dr Trish Edney, Healthwatch Sheffield Representative
	Mr Greg Fell, Sheffield Director of Public Health
	Dr Devaka Fernando, Secondary Care Doctor
	Ms Amanda Forrest, Lay Member
	Ms Victoria Lindon, Senior Primary Care Manager, NHS England
In Attendance:	Ms Carol Henderson, Committee Administrator
	Mrs Rachel Pickering, Primary Care Co-Commissioning Manager

Members of the public:
There were two 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
01/17	**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.	
02/17	**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 Zak McMurray, Medical Director. Apologies for absence from those normally in attendance had been received from Sarah Baygot, Communications. .	

	The Chair confirmed that the meeting was quorate.	
03/17	**Declarations of Interest** 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. There were no declarations of interest this month.	
04/17	**Questions from the Public** There were no questions from members of the public this month. However, a member of the public submitted a question to the PCCC meeting scheduled to take place on 1 February 2017, which was subsequently cancelled. The CCG's response to this is attached at Appendix A.	
05/17	**Minutes of Previous Meeting** The minutes of the meeting held on 17 November 2016 were agreed as a true and accurate record, subject to the following amendments: **Winter Resilience Proposal (minute 104/16 refers)** Second sentence of sixth paragraph to read as follows: He commented that, whilst they were similar proposals to previous years, the first one would be easy to implement but the next two would be more difficult to monitor, especially as the patient's care package would need to be in place before there was any element of the hospital discharging the patient Third sentence of fourteenth paragraph to read as follows: Move the GP Collaborative under the Helipad and trial GP triage at the front of A&E.	
06/17	**Matters Arising** **a) Update on Interpreting Services (Appendix A to the minutes refers)** The Committee asked that an oral update be provided at the next meeting. **b) Winter Resilience Proposal (minute 104/16 refers)** The Programme Director Primary Care suggested that, as the scheme	**KaC**

	runs until March 2017, information that demonstrated evidence that the right metrics were in place, be presented to either the April or May 2017 meeting.	**PM**
07/17	**GP Five Year Forward View (GPFV) Submission and Primary Care Work Plan Update** The Programme Director Primary Care presented this report which provided members with an update on the GPFV submission to NHS England on 23 December 2016 and asked them to provide feedback and comments on the implementation plan and primary care programme actions. She advised that the plan was specifically how we intended to move forward with the GPFV, how we were going to resource it, and what assumptions there were regarding the funding that was going to come through. She advised that it was an important document in terms of feeding upwards and trying to draw down some Sustainability Transformation Plan (STP) funding to enable us to move forward. It fitted with our Care Out of Hospital Strategy, and we were also looking at different workforce models that could be complementary to primary care. The next stage would include us linking in with the Locality Managers, Locality structures and neighbourhood groups. The Primary Care Co-Commissioning Manager advised members that Appendix 6 included a list of those people and organisations that we had already consulted and had provided input into earlier drafts of the document. The following issues were raised and discussed. Recognising that the document had been written for NHS England, the Healthwatch representative asked if a more public facing document, especially in relation to Appendix 3 (project on a page), would be produced. The Programme Director responded that the CCG's communications team were in the process of preparing a more user friendly document for public consumption. Professor Gamsu acknowledged that Appendix 3 was not easily understandable at the present time and explained that this was something that the CCG's Public Equality, Engagement and Experience Group (PEEEG) had been involved in and it was an example of how the Alliance of the Willing was engaged in a specific piece of work. The Primary Care Co-Commissioning Manager advised members that, once feedback from NHS England (NHSE) was received, the implementation plan, and how we deliver it, would be changed, and the main document would also be changed and incorporate an appendix of the acronyms used throughout the document, as requested by members. Professor Gamsu commented that it was a complicated area due to	**KaC**

differing views from the GPs across the city, but it was about trying to engage with all those different views. However, the paper continued to improve from the version members had received in private in November, and it was the best report we had seen in the city over the last few years as to what we were trying to achieve.

The Accountable Officer explained that, as the timescales to work this up had been very tight for the team, the kinds of involvement and engagement we really wanted with our GPs, localities, neighbourhoods, Local Medical Committee (LMC) and members of the public had not been able to happen, but now be taken forward by the Programme Director and her team, and the next stage would be to have a much broader discussion using all the networks we have for this in Sheffield. .

Ms Forrest commented that, whilst it was a really well written document, it underestimated helping the public understand the system and so we needed to build in our engagement and understanding strategies.

The Chief Nurse commented that the document contained no surprises and that she was looking to the GPs for assurance that this was the direction of travel.

The Director of Public Health recognised the amount of work that had gone into the document, but commented that it probably required more description on what we were going to do about the complex problems, and about governance arrangements and where that sits with all our other plans.

Dr Afzal asked that there was enough flexibility within the document to take the discussion back to the GPs, etc, but his thoughts were that we would find various differing views and that people were doing things slightly differently. He also commented that GPs were pragmatists and try to deal with the practicalities.

The Chair of Sheffield LMC welcomed a better and much more prolonged period of engagement, and advised that the LMC had already provided some detailed comments to areas they had seen as inaccuracies. He advised the committee that general practice was in a state of emerging crisis and was more concerned than ever that the pressures were really starting to 'bite' in Sheffield, and we had to try and stop the busy doctors who were now feeling forlorn and in a certain state of abandonment from leaving. However, he had no criticism of the strategic direction in the document but had concerns about how it was going to be implemented. His thoughts were that there was a great deal of agreement with the GPs in the city about what the fundamental problems, including being starved if resource. He also expressed concern that what we were doing was 'rearranging the furniture and structures' within the same limited resource, which would not give the better outcomes and services that were included in the document. He

also thought that there could be colleagues that may be filled with some cynicism or criticism as to how it was going to be resourced. Finally, he commented that the CCG needed to have real courage in commissioning, and because the underlying problems related to capacity and pressures issues, we needed to have the investment in these groups of practices.

Ms Forrest commented that it was about how we were engaging with those GPs that didn't currently engage with the CCG which, she suggested, form part of the discussions at the next Members' Council meeting. The Chair of the LMC agreed with this but commented that they may be slightly disengaged due to being 'war weary', and suggested that the way to do this and get the engagement and vigour we sought was to give general practice the tools to be able to do the job properly and recognise that they wanted to hear an offer from the CCG that described how it was going to deploy the resource whilst asking the practices what their needs were.

Dr Bates agreed with the above comments, especially that practices were at a crisis point, and that the CCG needed to take very seriously that some practices appeared to be vulnerable. She also expressed concerns about the lack of people now wanting to train to become a GP. The Chair of the LMC commented that part of the main thrust of the Primary Care Strategy was to try and encourage people to see someone other than a GP but, if things were delayed due to issues around the structures, etc, then the whole strategy could fail.

The Director of Public Health commented that it was all about the fact that there was no further funding available, with burning issues that the STPs have to resolve, and it came as no surprise that the demand management part of the NHS had melted. The Accountable Officer suggested that we all had to be collectively saying that if there was no investment / shifting resource into primary care, then the rest of the STP would fall flat. The Chair of the LMC commented that it was about realising the investment and coming up with a coherent plan as to how it would be delivered

Professor Gamsu commented that, as discussed at the 1 December Governing Body meeting, it had felt as though the STP focused on the hospitals, and the clarity sat at the moment in the Sheffield Plan which tried to articulate what the problem was and what we were going to do about it.

The Healthwatch representative thought that it was a good document that recognised the fact that more clinicians needed to be trained in primary care and that there was huge need. However, it was very onerous for, and added more burden to, a practice, including its patients, to take on the training that was proposed.

	The Chair commented that we must work on the solutions and find a way of getting resources released into this area, then discuss with general practice in the city about how that improvement was going to be delivered. The document needed condensing and have some focus on the 'so what', and then, along with our other plans, be converted into messages to go to our partners. Finally, the Programme Director commented that the implementation plan was key and was about our approach to our wider commissioning strategy, including focusing on shifting resources from secondary to primary care. She advised that all the above key messages would be reflected back to Governing Body at its next meeting take place in public in February. The Governing Body: • Noted the GPFV report submission • Provided feedback and input into the implementation plan and primary care programme actions, as noted above.	**KaC**
08/17	**Month 8 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 8, 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 that, by this stage in the new year, we now had some idea of where the under and overspends were going to be crystallising. She also advised that she had taken the opportunity to factor in the winter resilience scheme funding, and a contingency reserve for the Programme Director Primary Care that was linked to the GPFV. She also advised that the CCG had just received notification of a non recurrent allocation of £199k from the general practice resilience programme which, due to the timing of reports, she had not been able to include. The Programme Director explained that this was secure for our uses as long as we could use it against the resilience guidance set by NHSE. Dr Afzal asked if clarity could be given to GPs on what resilience funding could be used for. The Director of Finance explained that we could not stop NHSE giving us lots of bits of different pots of money and could not legislate when they arrive. She reminded members that Governing Body had agreed a transfer of £3m into primary care at the start of 2016/17 for us to use to fund the neighbourhoods. She suggested that we could summarise it once all the funding decisions had been made so there was a coherent message back to practices.	

Dr Bates advised members that one of the key aims discussed at a neighbourhood meeting she had attended was that they would welcome training money for health care assistants, nurses, and administrative staff. The Programme Director explained that workforce development was included in the Five Year Forward View (FYFV) document and we needed to work out which elements would be coming from NHSE allocations and which ones we were going to fund.

The Accountable Officer advised members that she had asked the Programme Director and her team to produce a document that gave a high level and clear overview of what resources were currently going into primary care, then the next steps, as we work these things through, would be to articulate what additional resources we needed and where we thought it was going to go. 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 listed to them as well. She also reminded members that the CCG funded Protected Learning Initiatives (PLI) events, which nearly every other CCG had stopped funding, but it would be for the practices to say that they did not want these any more and for the money to go elsewhere in the system.

The Chair of the LMC welcomed the investment in training, and agreed that it was a very complicated process to understand all the different pots of money. However, quite a lot of the training was about upskilling general practice to do more, which was a fundamental flaw in this approach as it did not give extra capacity to the GP, and so there needed to be pragmatic solutions to deal with capacity and provide recurrent support.

The Programme Director advised that it was not just about training people to do more for the here and now but about how we maintain our workforce and have the workflow optimisation we want for people to be able to do the job, and in this respect she advised that she had tried to get a balance of what this limited amount of funding would bring us.

Ms Forrest reminded members that we were still co-commissioners and commented that it still felt like a strained relationship with NHSE. She asked how others CCGs were trying to influence a different kind of relationship with NHSE on this as it still seemed like we had limitations, and which we needed if we were going to be constructive in co-commissioning.

Professor Gamsu commented that part of the challenge was how we could move to shift that relationship and get ourselves into a position of working together to start to articulate what an effective service model might look like. He commented that one of the strengths of our health system was that there was a huge co-ownership.

The Primary Care Commissioning Committee:

- Considered the risks and challenges to delivery of a balanced financial position against primary care budgets.
- Noted the financial position at Month 8.

09/17 **Practice Visits Programme**

The Programme Director Primary Care presented this report which provided members with an update on the progress made to date on the formal practice visiting programme, as well as giving a sense of the informal engagement with practices from the CCG over and above that undertaken at a locality level. The paper reflected the formal visits programme and not the series of visits being undertaken by either the Accountable Officer or the Locality Managers. She advised members that the team had been working hard over recent months to get dates in the diary, with more dates scheduled in since the report had been written, and lay members invited to attend meetings where they could.

She advised that, whilst the report gave a flavour that the visits take resource out of the system because of what they entail, this was not the case and in this respect advised that the team would comprise herself, the Primary Care Co-Commissioning Manager, as part of her development, a lay member if available, and one other clinician. She explained that if a clinician was not available then the practice would be asked if they would like the visit to go ahead without one or if they would prefer to wait. The Accountable Officer advised members that the CCG's Clinical Directors (CDs) had now been added onto the list of clinicians, however, as a lot of practices had asked for visits on a Monday, their availability was limited somewhat as most of them undertook sessional work in general practice on that day.

The Chair of the LMC welcomed the programme and suggested that it would be very helpful to explore the strategy of the practice, ie ask them what they needed for their population, what their vision was, and what they would like to do there to enable them to achieve better outcomes. The Programme Director explained that the approach was to ask the practice what was important to them and what they would like to discuss, so the attached metrics were business intelligence and only an aide memoire, were under development and were work in progress. She advised that a spreadsheet was held for every practice that had been visited, including what points had been made at the meeting and what had been actioned, etc.

Dr Afzal commented that what had been most helpful for his practice was being given a handful of contact email addresses at the CCG who could respond to queries.

Finally, the Programme Director suggested that a review was undertaken, and an update given to the committee in six months time. **KaC**

The Primary Care Commissioning Committee received and noted the report.

10/17 **Update on Special Cases**

The Primary Care Co-Commissioning Manager presented this report which provided members with an update of the Locally Commissioned Service (LCS) using the funding approach agreed at the April PCCC meeting and an update and recommendation with respect to exploring the extent to which Park Health Centre, which had appealed against the decision not to award the practice any funding under the special cases process, might have a call on special cases funding (this was outlined at section 3 of the report). She also reminded members that a formal appeal had been received from Firth Park Surgery on 14 December 2016 in relation to the data collected and presented in the paper that had been prepared for consideration at the PCCC meeting on 17 November 2016. The paper had been withdrawn from the meeting to allow time for their appeal to be formally considered. The outcome of this appeal and recommendations were outlined at section 2 of the report.

The Governing Body:

- Approved that the £150k balance of the 2016/17 budget was allocated as per Table 1 on Appendix A.
- Approved that the £300k full year budget for 2017/18 was allocated as per Table 3 on Appendix A, noting that NHS England had announced that, alongside the revision of the Carr-Hill Formula, it would also look at bespoke funding arrangements for practices serving atypical patient groups such as 'non-English' ready for 2018/19 allocations. This would fall at the same time as the review of the LCS.
- Re-affirmed the contractual requirement for the practices to work together to explore how neighbourhood working might support the provision of care for this group of patients.
- Agreed to the recommendation that Park Health Centre was not recognised as being a special case and not awarded any additional funds.
- Awarded the LCS contract to Burngreave Surgery from October 2016 on the basis that they had proved that their patient population was akin to patient need in their surrounding practices.

11/17 **NHS Sheffield CCG Co-Commissioning Implementation Plan**

The Programme Director Primary Care presented an update of the action plan that had been developed as part of the CCG's fully delegated responsibilities for primary care commissioning from 1 April 2016. She reminded members of the Internal Audit recommendation that the project plan was presented to the committee

	once the actions were complete, and advised that the report provided Internal Audit with assurance that we had done what they had sought from us. The Governing Body received the report and noted the completed actions.
12/17	**Any Other Business** The Chair reported that there was no further business to discuss this month.
13/17	**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 drew attention to the items that would be discussed in the private session: • Update on Progress with the Vulnerable Practice Programme • Update on the Sothall and Beighton Practices
14/17	**Date and Time of Next Meeting** The next meeting will take place on Wednesday 1 February 2017, 2.00 pm – 4.00 pm, Boardroom, 722 Prince of Wales Road

Appendix A

Question from Mr Adam Butcher, Volunteer and Trust Governor, Sheffield Health and Social Care NHS Foundation Trust to the NHS Sheffield CCG Primary Care Commissioning Committee

Question: Could the CCG advise as to how many people who have Learning Disabilities or Autism have a health action plan?

CCG Response:

- As you may be aware, this is a contract that is held between NHS England and GP practices and NHS Sheffield CCG helps to support this contract.

- In Sheffield, many practices do their Annual Health Checks in the last few weeks of the year, leading up to the 1st of April.

- We therefore do not get a total for the completed numbers of health checks until after April. We would like to give you the completed number when this is available, instead of an incomplete answer.

- We have found a problem with the way that many practices have recorded their completed Annual Health Checks, so far this year.

- We think the number of checks that GPs have reported may be lower than the number that GPs actually delivered. We have been working with practices to address this problem.

- This year, we changed the way that we delivered the training for GPs and their staff to try to make it more accessible.

- This included offering training that was available online through practice based computers.

- We also do an evening training session for GPs who are delivering the health checks for the first time.

- We offer support to individual practices who have requested this additional help through Community Nurses in the Community Learning Disability Support Team visiting these practices.

- We think the training could be improved more next year. We wondered if you would be willing to add a service user viewpoint into the training next time over the Spring or Summer?

- Dr Steve Thomas and Mrs Heather Burns are planning to visit some GP practices this year to discuss Annual Health Checks.

- This is to find out more about good practice and also, where GPs are having problems delivering the checks.

- We would be happy for you to join us for some of these discussions

- Dr Steve Thomas and Mrs Heather Burns would also like to meet with you to discuss Annual Health Checks, if you would be willing to do this, please contact Heather on 3051188.