NHS
Sheffield
Clinical Commissioning Group

Unadopted minutes of the meeting of the Primary Care Commissioning Committee held on Thursday 20 September 2018 at 1.30 pm, Boardroom, 722

A

Present:	Ms Chris Nield, Lay Member (Chair)
(Voting Members)	Ms Nicki Doherty, Director of Delivery - Care outside of Hospital Ms Amanda Forrest, Lay Member Miss Julia Newton, Director of Finance Mrs Mandy Philbin, Chief Nurse Mrs Maddy Ruff, Accountable Officer
(Non voting members)	Dr Nikki Bates, CCG Governing Body member Dr Alastair Bradley, Local Medical Committee representative Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital. (for Programme Director, Primary Care) Dr Trish Edney, Healthwatch Mr Greg Fell, Director of Public Health, Sheffield City Council Dr Anthony Gore, Clinical Director, Care outside of Hospital Ms Victoria Lindon, Senior Primary Care Manager, NHS England Dr Chris Whale, Secondary Care Doctor
In attendance:	Ms Lee Eddell, Primary Care Manager, NHS England North Ms Lucy Ettridge, Deputy Director of Communications Ms Roni Foster-Ash, PA to Medical Director and Programme Director, Primary Care Ms Kate Gleave, Deputy Director of Commissioning Ms Carol Henderson, Committee Secretary / PA to Director of Finance (for item 92/18) Mr Brian Hughes, Director of Commissioning and Performance Mr Richard Kennedy, Engagement Manager (for item 92/18) Mrs Eleanor Nossiter, Communications and Engagement Lead, Urgent Care in Primary Care (for item 92/18)

Members of the public

There were 12 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.

ACTION

87/18 Welcome

The Chair welcomed members of the CCG Primary Care Commissioning Committee, members of the public and those in attendance to the meeting thanking them for their contribution to the consultation on urgent care.

88/18 Apologies for Absence

Apologies for absence from voting members had been received from

Professor Mark Gamsu, Lay Member.

Apologies for absence from non-voting members had been received from Dr Terry Hudsen, CCG Governing Body member, Dr Zak McMurray, Medical Director,

The Chair declared the meeting was quorate.

89/18 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Governing Body meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). She also reminded members that, in future, not only would any conflicts of interests need to be noted but there would also need to be a note of action taken to manage this. The Chair reminded members that they had been asked to declare any conflicts of interest in agenda items for discussion at today's meeting in advance of the meeting

Declarations made by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests. The Register is available either via the secretary to the Governing Body or the CCG website at the following link:
http://www.sheffieldccg.nhs.uk/about-us/declarations-of-interest.htm

The following declarations of interest were received for this meeting.

The GPs: Dr Nikki Bates, Dr Alastair Bradley, and Dr Anthony Gore declared conflicts of interests in the following items as they were Sheffield GPs working in general practice and could have a financial interest in each of the items:

- Item 90/18 - Urgent Care in Primary Care (paper F)
- Item 96/18 - General Practice Forward View: Clinical Pharmacists in General Practice – Phase 2 (paper E)
- Item 97/18 - GP Retention Scheme (paper G)

- Mr Greg Fell, Director of Public Health, Sheffield City Council, declared a conflict of interest in Urgent Care in Primary Care (paper F) as he worked for a political organisation that had expressed a view in the Urgent Care consultation.

The Chair advised members that the GPs and Mr Fell could remain in the room and take part in the discussions on the above items as they were non-voting members of the committee and therefore could not take part in any decision making.

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

The Chair advised that due to the public interest in relation to the Urgent Care consultation, item 92/18 - Urgent Care in Primary Care, had been brought forward to the start of the agenda and advised that this

discussion would be recorded to help with the decision making process and be made available on the public website for anyone not able to attend the meeting.

The Chair reminded members of the public that the Primary Care Commissioning Committee is a business meeting of the CCG and is held in public to enable people to hear the discussions. It is not a public meeting and an open forum for people to ask questions. The Committee want to give members of the public the opportunity to ask questions. However, the members of the committee should be allowed to undertake the work required of them during the meeting and not have the discussions interrupted.

Therefore, the Committee were only able to take questions in advance and at the time allocated at the start of the meeting.

The Chair advised that no photography or filming is permitted in this meeting by attendees although at this session the CCG would be recording the audio of the Urgent Care in Primary Care section for consultation records.

The Chair advised that printed copies of all questions received in advance from members of the public along with detailed responses from the CCG had been made available at this meeting. This would also enable members of the Committee to made aware of any issues in advance and enable them to take these into account during the decision making process.

The Chair confirmed that any questions not previously submitted would be noted at the meeting that a formal response would be provided within seven working days, be posted on the website and would be included as part of the minutes of the meeting.

90/18 Petition from Sheffield Save Our NHS

On behalf of Sheffield Save Our NHS, Mr Michael Suter presented the Committee with a further 3,430 signatures in relation to the Urgent Care review and thanked the Committee for receiving them. He advised that he hoped that the voice of the public would be heard and would have an influence in the decision making process and relook at the proposals in regard to the possible closure of the Sheffield Minor Injuries Unit and Walk in Centre.

The Chair thanked Mr Suter for the petition and advised that, as with the previous petitions this would be noted and brought to the next meeting of the CCG Governing Body.

91/18 Questions from members of the public

The Chair advised that the number and detail of questions received from the public prior to the meeting were mostly concerning how the CCG would engage people in the decision-making process if the CCG decided

to develop new options. The Chair confirmed that that the CCG was fully committed to involving patients and the public in future consultations and taking notice of their views. As they have in the current decision-making process. The CCG will provide information about the process of consultation including timelines and regular updates will be provided to the Committee as part of this process and as a public record of the work taking place.

Questions from the public to the Primary Care Commissioning Committee along with responses from the CCG are attached at Appendix A.

92/18 Urgent Care in Primary Care

The Director of Commissioning and Performance advised that the report (paper F) detailed the work done to consider the feedback from the consultation on changes to urgent care services and other information required to decide whether to proceed with the proposed changes.

He highlighted the key issues being as follows:

- The CCG had considered the consultation feedback, including the response from the scrutiny committee, and identified a number of actions to mitigate the issues raised.
- It had also completed a review of all the alternative suggestions made during the consultation to identify any potential benefits.
- The review of information relating to the public sector equality duty had concluded that there is no specific impact for any protected group and that the CCG had met its statutory requirements.
- The feedback relating to the proposed siting of the urgent treatment centres had raised some questions around whether there might be benefits in other approaches that would outweigh the benefits of co-location with A&E.
- While it was concluded that any potential exacerbation of health inequalities could be mitigated, it was also noted that there could be opportunities to do more to reduce these.
- The opportunity to work as a system to address the challenges facing urgent care is also recognised.
- The recommendation to reconsider the options for the reconfiguration of minor illness and minor injury services will mean reviewing the proposed changes to increase urgent GP appointments. The additional appointments were dependent on the funding released from changes to the minor injuries and walk-in services.
- The CCG will work with partners and the public to develop a new set of options, considering the feedback and information from the consultation.

- The recommendation also had a number of other implications which were set out in the paper (F).
- Work with eye care providers to review the feedback and alternative suggestions has led to the recommendation that the changes to urgent eye care services are not progressed but instead providers will work together to improve signposting to the most appropriate service.

Mrs Gleave and Mrs Nossiter gave a presentation that summarised the key points of the consultation and gave views of elements of the current proposals. They also described the implications of reconsidering the proposals, including significantly revised timescales and recommendations for the committee to consider and agree.

Mrs Nossiter drew members' attention to the key highlights of feedback from the consultation. She advised that, overall people had been supportive of providing more urgent care in practices and a children's urgent treatment centre (UTC). The CCG had a legal duty to consult with the Overview and Scrutiny Committee (OSC), and their response had included that they didn't feel there was sufficient evidence to support that the proposals were in the best interests of Sheffield people. The OSC also had concerns about re-siting an adult UTC at the Northern General Hospital (NGH) site and about closing the Walk-in Centre (WiC) and Minor Injuries Unit (MIU), but did support the ambition to provide more urgent care in GP practices.

With regard to Equality, Mrs Nossiter advised members that feedback had not shown that there would be any significant differences for people with any of the nine protected characteristics. She advised that this had been discussed by the CCG's Strategic Patient, Experience, Engagement and Equality Committee (SPEEEC), which had a duty to ensure that the CCG was meeting its legal duties in terms of equality. The committee had felt that sufficient information had been provided for the PCCC to be able to make a decision today.

Mrs Gleave advised members that concerns had been raised from people living in the south of the city about moving services to NGH. However, the Public Reference Group had highlighted the importance of considering and prioritising those patients that lived in more deprived areas of the city. It was noted that if services were moved to NGH that there could be a reduction in health inequalities associated with minor illness but it could have an impact on the more vulnerable groups in the city centre that had minor injuries.

Mrs Gleave advised members that GPs across the city supported the principle of investing in primary care, and that people across the city wanted better access to appointments in their practices, which meant there would need to be a flexible approach to improvements in general practice. She reported that some individual practices were already delivering better access, some practices wanted to work together to do

this, and some had indicated that they would be able to deliver if they had appropriate funding. She also advised that we had seen a big increase in willingness in all partners across the city to come up with a different system that would benefit the population.

Further key points included that we now did not have to have an UTC in place by December 2019, as originally required which, she reminded members, did not have to be co-located with A&E but the guidance recognised the benefits of this. She advised that there was no evidence to suggest that implementation of the UTC would not be in people's best interests.

With regard to signposting and improving the way people access services, new ways of working were already in place in some practices, and would be in place in 111 by April 2019. However, there would be some patient groups that would need appropriate adaptions.

There had been general support to being able to access appointments within 24 hours, and the majority of patients had indicated that they would be happy to go to other practices if they did not need continuity of care, and it was clear that practices would need a flexible approach as to how they were going to do that.

With regard to urgent eye care, Mrs Gleave advised members that there was no evidence to suggest that the proposal to offer urgent appointments at locations across the city instead of the emergency eye clinic would not be beneficial. However, she advised that the providers of current services had indicated that they could work together to achieve improvement without having to undergo reconfiguration. If members agreed today not to implement changes to the urgent eye centre, then a proposal would be reissued in the summer of 2019.

Finally, Mrs Gleave drew members' attention to the significantly revised timescales and highlighted that, if the recommendations in the report were approved by the committee, then implementation of any changes were unlikely to start before 2020. As set out in the paper, proposed extensions to contracts that were due to expire at the end of March 2019 were proposed. It was proposed to use non-recurrent monies this year to reduce the pressure on practices, provide sustainability and improve access, and consideration would be given in the CCG's 2019/20 planning process to funding for 2019/20 onwards. Work with the public and wider stakeholders would continue in order to assess the options proposed, and to go into another round of consultation in Summer 2019.

Presentation to be made available on website **RFA**

The Clinical Director, Care Outside of Hospital was pleased to see the plethora of information set out in section 3.5 of the report regarding the opportunities there could be to reduce health inequalities further if alternative approaches could be explored.

Ms Forrest, Lay Member, expressed concerns that, whilst the CCG would include practice investment in its planning priorities for next year, some practices would struggle to improve access. She also asked members to bear in mind that a key theme from the consultation, despite all the concerns relating to closing the Walk in Centre and the Minor Injuries Unit was that many members of the public supported investment and development in primary care. The Director of Finance explained that the extra investment from the proposed changes is now not available and proposed investment in primary care has to be reconsidered. The CCG financial allocations for 2019/20 onwards were not expected to be announced by NHS England until December 2018 and only then could the CCG determine whether there is sufficient funding to be able to prioritise investment in primary care.

The Director of Delivery – Care Outside of Hospital noted that through the Accountable Care Partnership (ACP) and Better Care Fund (BCF) there was a commitment to look at how best we could spend funding across the system. She also commented that, by way of learning from the consultation, there was need for greater communication with the public and partners about the models and services that are already in place in primary care, for example the neighbourhood working and the extended access hubs.

In response to a further question the Director of Commissioning & Performance confirmed that the CCG was would work with existing providers to ensure that the proposals to extend contracts for current services were acceptable.

The Healthwatch Sheffield representative advised that the public needed to understand more about the new structures of primary care. The CCG could learn from the public, for example, commencing discussions relating to improving signage and access to NGH. The Accountable Officer agreed that it was very difficult, to get around NGH. She advised that this was something we could take forward now, as a commissioner, with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) without having to go to consultation.

Members reflected on the process of the consultation and asked that, if they approved the recommendations today, the CCG should be more proactive public consultation as the public voice was very important. They noted that information provided to the Public Reference Group had been invaluable which they would like to continue and learn from that process so we could be transparent about the way forward.

The Accountable Officer advised members that there was a willingness in the partners across the city (hospital services, Sheffield City Council (SCC), CCG, etc) to work together through the ACP and Integrated Care System (ICS), to identify a joint solution.

It was agreed that better communication to support public understanding of what the CCG are undertaking and there is a public need for the detail and data sitting behind the consultation. Access to

and around the NGH site was a main concern of the public and the Committee agreed this was a problem and would need to continue work generally with South Yorkshire Transport Partnership to improve access.

The value of public voice was strongly acknowledged by the Committee.

The Primary Care Commissioning Committee:

- **Agreed to reconsider urgent care proposals for minor illness and minor injuries**
- **Agreed not to progress the proposed changes to urgent eye care**
- **Agreed to receive a revised pre-consultation business case in summer 2019**
- **Approved a 2 year contract extension for the walk-in centre**
- **Approved the re-procurement of extended access (hub) services with a 2 year contract term**
- **Agreed to receive proposals to maintain development of primary care as part of 2019/20 planning**

93/18 Minutes of the meeting held on 23 August 2018

The minutes of the 23 August 2018 were agreed as a true and accurate record:

94/18 Matters Arising

a) Minute 70/18 – Transformation Fund – Quarterly Update

- Further detail regarding the funding to support prescribing and regarding progress on deployment of the workforce planning tool to be provided at November meeting. **SB**

- Committee noted the update provided at July meeting and that before the plan for 2018/19 was finalised there would be discussion with the LMC (with input from Citywide Locality Group). A further update would be brought to Committee meeting in November 2018. **SB**

b) Minute 71/18 – Locally Commissioned Services Review – Primary Care Quality Contract

- A further proposal to be brought back to Committee in November 2018 to incorporate other funding into the Quality Contract, from LCSs due to expire in April 2019, e.g. the 'PMS Transition Over and Above monies' (£5 per head pa based on weighted list size) and other potential LCS funding. **SB**

- Committee to receive further detailed proposals in November 2018 for a wider more inclusive Quality Contract being fully implemented across Sheffield by April 2020. **SB**

c) Minute 75/18 – Universal Credit

- Update on Universal Credit to be brought to November 2018 meeting. **ND**

95/18 Primary Care Commissioning Committee Terms of Reference Update

The Director of Delivery, Care Outside of Hospital presented this report (Paper C) which proposed and summarised revisions to the current Terms of Reference. She explained that PCCC has responsibility for reviewing the Terms of Reference but as per all other committees reporting to Governing Body, formal approval of any changes to the Terms of Reference is reserved to Governing Body and hence any changes have to be recommended to Governing Body.

The Terms of Reference for this committee are reviewed on an annual basis. Due to a number of proposed changes to the committee this year's review had been brought forward from the review date of November 2018.

The committee took account of the position on decision making that is – the Governing Body might delegate to it, where Governing Body determines that conflicts of interest prevent decisions being taken by the Governing Body.

The committee considered whether or not additional membership was required to support such delegated decision making, in particular the option of an out of area GP as a voting member; to provide a clinical voice in the voting membership. The non-voting members considered this not to be a good use of resources or to add value and reported, that they had confidence in the current voting membership to make appropriate decisions that took account of the clinical views in a balanced way.

Further discussion identified the additional amendments:

- To include a statement regarding our equality duties
- Section 5 – Attendees – Standing Invitation (non-voting) – Sheffield City Council – 'Representation from the Health and Wellbeing Board' be amended to '<u>Member</u> of the Health and Wellbeing Board'.

The Primary Care Commissioning Committee agreed to recommend to Governing Body revised Terms of Reference taking into account the above points. **ND/SB**

96/18 Financial Report Month 5

The Director of Finance presented this report.

She confirmed that the pay settlement for GPs and their practice staff has

been announced by the Government following completion of the DDRB (Doctors' and Dentists' Review Body). Based on best estimates this has utilised most of the £740k reserve the CCG had been holding to cover the settlement. However, together with a re-assessment of some other expenditure, at month 5 it was possible to create budgets of £300k for winter resilience and £50k for GP Retention scheme, subject to approval of by PCCC.

There are some small year to date underspends on budgets at month 5. However, due to the likely volatility of spend against budgets there is a projected breakeven on delegated budgets and a marginal underspend for other budgets of £4k.

The Primary Care Commissioning Committee:

- **Approved creation of budgets (from slippage of delegated budget) of £300k to support winter resilience and £50k to support for GP Retention Scheme.**

97/18 General Practice Forward View: Clinical Pharmacists in General Practice- Phase 2

The Chief Nurse presented this report, which provided an update on the clinical pharmacist programme. There is also a requested expansion to the previous agreement in order to support recruitment of additional pharmacists to work in the extra GP practices that now wish to participate in the programme.

The committee welcomed the report and recognised the value of these roles to date.

The Primary Care Commissioning Committee approved funding to support recruitment of clinical pharmacists to work in the three new GP practices that have been accepted by NHS England, plus the additional new GP practices in West Locality. This is conditional on NHS England agreeing their inclusion in the programme.

98/18 GP Retention Scheme

The Director of Delivery, Care Outside of Hospital presented this report and confirmed that two Sheffield applications had been received to date. She advised the committee that these applications had already been approved in relation to suitability of the applicants and their chosen supporting practices. The role of the committee is to confirm whether or not there was sufficient funding available to support the applications.

The Director of Delivery Care Outside of Hospital reminded the committee members of the earlier finance item where a budget of £50k had been established for 2018/19, and an intention to create a recurrent budget (subject to allocations) to support these applications in future. On this basis it was recommended that the applications be supported.

The committee members were disappointed in the process to date and the

level of joint working that had been experienced from Health Education England in establishing suitability. The Director of Delivery, Care Outside of Hospital acknowledged this and advised that the joint meeting between South Yorkshire and Bassetlaw CCGs, NHS England and Health Education England had been a helpful one; it had highlighted an opportunity for a different approach in the future. She also confirmed that there was also opportunity to link this with our workforce strategy and how we address wider retention of workforce.

Dr Whale asked what the current position was in relation to deficit for GP sessions in Sheffield. That information was not available and would be provided separately. **ND / AG**

Acknowledging the deficits in the scheme the Primary Care Commissioning Committee:

- **Noted the further work with our Integrated Care System partners on strengthening the existing process**
- **Approved the two applications received**
- **Supported Communication to NHS England, Health Education England and GP Practices about the current financial position and the implications for future applications**
- **Supported the recommendation to engage with primary care partners to develop our local workforce retention strategy and to create a record of practices that are willing and able to support workforce retention**

99/18 Any Other Business

No other business was discussed at this meeting.

100/18 Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday 8 November 2018, 1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road.

Responses to questions from members of the public to the CCG Primary Care Commissioning Committee 20 September 2018

Urgent care in primary care

Questions from Laura Gordon and Steve Ayris, Sheffield Liberal Democrats

1. **Noting that the pre-consultation business case will be received in June 2019, can the PCCC outline what the process will be to develop that business case and whether there are any interim steps where information will be published?**

   CCG Response:
   If PCCC approves the recommendation to reconsider the options for urgent care, we would work towards bringing a new business case to PCCC next summer. This has to follow a set process, including going through the NHS England service change assurance process, and we would need to work through an exact timetable. The details of what is required are set out in NHS England's guidance 'Planning, assuring and delivering service change for patients'
   The options would be developed through work with partners, clinicians and the public and we would continue to share information and bring updates to PCCC as this work progresses.

2. **Based on the timeframe above, can the PCCC outline the expected timeframe for public consultation?**

   CCG Response:
   The consultation would begin when PCCC approves the business case and the options to consult on. As explained above, we would need to work through a new timetable, which we would share publically once confirmed. However, due to the amount of time it would take to develop options and a new pre-consultation business case, we do not expect that consultation would begin before June 2019.

3. **Can the PCCC outline what steps will be taken in the planning of the public consultation to ensure all communities across the city are engaged with the consultation?**
   CCG Response:

   If the PCCC approves the recommendation to reconsider options for urgent care, we would consult on these once developed. This will draw on learning from the previous consultation and aim to reach all communities across the city. One of the things that helped us reach different sectors of the community was working with local community and interest groups, and we would hope to repeat this. We also recognise that there were some groups that we heard less from than we would have liked so making sure we included specific activities to reach them would be a key focus of any planning. We appreciate the support there was in helping to raise awareness of the previous consultation and would welcome any suggestions people may have for how we can best engage with the different communities across the city.

4. **Noting that the alternative options to be considered by the PCCC may or may not include modified versions of some of the suggestions made by the public during the original consultation, can the PCCC outline what the criteria will be used for assessing these options prior to public consultation? Specifically, will information be made public around the respective criteria measuring the benefits of co-location with A&E versus location in other areas of the city, and the relative weighting attributed to the different criteria? Can the PCCC confirm that the same criteria will be applied to a review of the original proposals and to any new options that are developed?**

   CCG Response:
   If it is decided to reconsider the options for urgent care, new criteria would need to be agreed for assessing potential options. These would be developed in conjunction with partners in health and social care, with involvement from clinicians and the public. The same criteria would be used to assess all options to determine which should be consulted on and the criteria and scoring would be made public.

Questions from Mr Michael Suter, Chair of Sheffield Save Our NHS

SSONHS welcomes the recommendation to reconsider the CCG's proposals for Urgent Care in light of the generally unfavourable public and organisational responses. We note that page 6 of the paper refers to the consultation feedback as raising "some different views to those we heard in the engagement." We would suggest that one reason for this might have been the structuring of the engagement and the formal consultation to give answers which supported the CCG's long standing intention to expand the facilities at NGH, a plan about which SSONHS has consistently expressed strong reservations. We hope that the proposed reconsideration will be more open. Will the CCG to commit to a stronger involvement of public, patients and NHS staff in the development of any new proposals and, if so, give a clear and public account of how this will be done?

CCG Response:
We absolutely refute the suggestion that the CCG structured the engagement and consultation to generate anything other than people's genuine views or that we tried to skew the responses in a specific direction. The engagement included activities to understand people's needs and use of the current services, including a survey with Healthwatch and work with vulnerable groups. The findings from this were used to develop the options we consulted on. We will continue to work with all communities across Sheffield to make sure we have a clear understanding of their needs and – as set out above – are committed to involving patients, the public and staff in developing new options. The engagement and consultation already carried out has provided a lot of useful information on how we can work effectively with the public and we welcome any suggestions about how we can best do this.

Questions from Deborah Cobbett, Sheffield Save Our NHS

1. **In retrospect, would it not have been advisable to have heeded the negative responses of Sheffield City Council's Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee to the original presentation of the proposals last year? Questions were raised then about transport and difficulty of access to the Northern General and about the similarity of the three options. Does the PCCC agree that further thought at that stage was needed?**

   CCG Response:
   We did take on board points raised by the Scrutiny Committee and have continued to do so. As set out in the consultation, the proposal to create an urgent treatment centre at NGH was just one element of the plans and we wanted to explore people's views on access to NGH through the consultation, as well as on increasing capacity in GP practices to reduce the need for people to travel for urgent care. In response to feedback from members, we also made a number of changes to the way we explained the proposals to try to make this as clear as possible and provided additional information on neighbourhoods and travel times to help people to consider the proposals.

2. **Some local people think the Minor Injuries Unit and Walk-in Centre have already closed or will do so shortly. Assuming that the extension till 31 March 2021 is agreed today, and given public and staff anxiety and ignorance about the status of the current arrangements, how will the CCG publicise the Minor Injuries Unit and Walk-in Centre so that they continue to be well-used?**

   CCG Response:
   The minor injuries unit and walk in centre services will continue to be publicised as options for care in all of the CCG's communications, and through national NHS information channels such as NHS.uk and NHS 111. This will include the work done to promote alternatives to A&E and raise awareness of where people should go for the right treatment, which is always a focus of our planning for winter and the extra demand on services this brings.

Questions from Ruth Milsom, Sheffield Save Our NHS

1. **The position in which we all now find ourselves (members of the Sheffield PCCC and Sheffield CCG; councillors on the 'health' scrutiny committee; campaigners from Sheffield Save Our NHS and other quarters; health professionals; members of the general public) is one of returning to the drawing board, albeit better informed than a year ago. As strongly indicated and reiterated by CCG officers at a number of points along the way, <u>consultation with members of the Sheffield public</u> has been a central and vital part of the process of working towards a viable solution for urgent treatment in our city.**

   1. **Will the PCCC / CCG agree that - as proved by consultation engagement over the last 12 months - patients, along with their families /carers, form**

a sector of experts that understands the essential requirements of healthcare provision from a perspective that has equal validity to the viewpoints of health professionals and NHS England representatives?

CCG Response:
The CCG has always recognised the value of patients' expertise, which is why we have placed such importance on the urgent care public consultation. CCGs are ultimately responsible for deciding how to best use their allocated resources to deliver healthcare and services for its local population. However, we recognise that to get this right and ensure we meet the needs of people in Sheffield we need to work closely with patients and the public.
As a clinical commissioning group, we also recognise the importance of working with local clinicians in both primary and secondary care, who – as well as their clinical expertise - bring a wealth of knowledge about the patients they care for. Throughout the work on urgent care, we have sought to work with both patients and clinicians and consider their views equally – for example, when considering the consultation feedback, we held workshops with primary care clinicians, provider organisations and the public, the outputs of which were all reviewed by the Urgent Care Programme Board.

2. **In light of this, will the PCCC / CCG seriously consider formally co-opting onto whatever body will now take the urgent treatment plans forward a cohort representing the expertise of the general public, who are end users of the systems being reconfigured, right from the outset?**

CCG Response:
We have established a public reference group to support the work on urgent care and ensure we draw on the expertise of the public. This group would play a key role in developing new options, if it is decided that the CCG should reconsider its proposals. As the consultation showed, there were a lot of different views on the proposals but by having a group that comprises representatives from different communities and groups across the city we hope this will enable us to hear and consider a range of viewpoints. If the PCCC approves the recommendation to reconsider, we will be developing plans for how we involve people in the work on urgent care going forward and will consider all suggestions for how to do this effectively.
It is also important to note that the CCG has a number of lay members on its governing body whose role is specifically to bring a patient perspective and represent the interests and views of people in Sheffield. We also have a Healthwatch representative on the Primary Care Commissioning Committee to strengthen this approach.

2. **On 20th August 2018 I submitted a Freedom Of Information request asking for patient attendance and waiting time figures for both the Broad Lane Walk-In Centre and the Out-Of-Hours GP Centre at the Northern General Hospital on Saturdays, Sundays and Bank Holidays (being the days when both facilities are simultaneously open). The response I received on 12th September was surprising. It revealed that Sheffield CCG does not hold attendance figures for the NGH GP Out-Of-Hours Centre, and that a record of waiting times apparently does not exist.**

In light of this, I should like to know on what basis feasibility studies were carried out regarding proposals for reconfiguration of urgent care services

into a single-site Urgent Treatment Centre located at the NGH, and thus involving the existing Out-Of-Hours GP Centre. My concern is that due diligence may not have been observed in the process of drawing up proposals which were presented to the general public in terms of three 'options', all of which involved a single-site UTC at the Northern General Hospital. Closure of the Broad Lane Walk-In facility could only result in a dramatic increase in demand at the NGH GP Centre on Saturdays, Sundays and Bank Holidays (i.e. the days when both facilities are currently operating with shared opening hours).

a) **Can the CCG confirm whether or not it has had access to patient attendance statistics relating to the NGH Out-Of-Hours GP Centre, and whether such statistics were used in working up the original three Options for a single-site UTC?**

b) **If the answer to a) is that no such statistics were available, can the CCG explain how it reached the conclusion that such a single-site UTC could work without compromising patient safety by failing to make adequate provision of out-of-hours urgent GP appointments?**

CCG Response:
Waiting time data is not routinely collected for the walk-in centre or the GP out-of-hours service. However, attendance data from both services was used to model activity when developing the original options.
The FOI request asked for data between 1 August 2017 and 31 July 2018. The contract arrangements we have in place for the GP collaborative monitors the number of contacts for the service, which includes both telephone enquiries and actual appointments, rather than just attendance. For the urgent care work, we made a specific request to Sheffield Teaching Hospitals to break this down and identify the number of actual attendances up until March 2017 but this is not done on a regular basis. This was included in the modelling we did to estimate future activity levels for different reconfigurations, along with information from the walk-in centre and minor injuries unit.

c) **Can the CCG make assurances that any future proposals involving closure or merger of existing facilities will fully take into account ALL statistical information regarding patient attendance, including waiting times?**

CCG Response:
We will continue to take into account all available data on patient activity when reviewing services, including any new proposals regarding urgent care services and this will be based on the most recent information available. However, as data on waiting times is not collected by all services, this cannot be included.

Additional questions received at meeting 20 September 2018

Mark James, Unite the Union

In relation to the CCG's response to the question from Mr Michael Suter, (Chair of Sheffield Save Our NHS) regarding the evidence, had there been any ethnographic research done on patient needs in terms of acute care and whether there was an academic research base for that.

CCG Response:
We have not used ethnographic research but all our commissioning is based on assessment of health needs, including the Joint Strategic Needs Assessment (JSNA) for Sheffield. This is produced by the Public Health department at Sheffield Council (https://www.sheffield.gov.uk/jsna) and provides over-arching information on the current and future health and wellbeing needs of Sheffield people and the context for all other health needs assessment for the City.

Sharron Milsom, Sheffield Save Our NHS

1. **With regard to difficulty travelling to the Northern General Hospital (referenced in table 3.1.5), it says that the CCG has already committed to working with providers and South Yorkshire Passenger Transport Executive to consider how transport to the NGH site could be improved and would also work with Sheffield Teaching Hospitals to consider how parking could be improved and that any costs would need to be considered as part of the final business case.**

   a) **Where it states 'transport to NGH site' does this also include travel on to and around the site as we feel this is what is needed at the Northern General.**

      CCG Response:
      We recognise that people have raised concerns about travel around the site and will include this concern in our discussion with Sheffield Teaching Hospitals and transport providers.

   b) **Where it states 'We recognise that any costs would need to be considered as part of the final business case'. This seems to be tying that suggestion to the reconsideration next year. I feel this is something that needs dealing with at the time.**

      CCG Response:
      This reference to the business case was to make it clear that we recognise there may be costs involved in addressing issues relating to transport and parking and that they would need to be factored in to any planning. However, we realise that the concerns around access to NGH relate to the current situation not just the proposed changes and this is something we will be discussing with Sheffield Teaching Hospitals.

2. **With reference to section 3.4.3 of the paper, relating to specific groups currently affected based on current use of services for people with protected characteristics. With 15% of the people surveyed having disabilities please note that the subgroup of disabled people with mobility difficulties are greatly affected by any proposals which may result in them having to travel to an alternative place. The difficulty of getting to the NGH and moving around the site was one of the biggest issues mentioned by the public during the campaign; When looking at 'equality' could the CCG please specifically take disabled people with mobility issues into consideration rather than just overall.**

   CCG Response:
   We did not mean to suggest that access for disabled people or those with mobility difficulties was not an important consideration. The report highlights that were no issues raised that were specific to any one particular group or characteristic, and we recognise that access was a concern for people in all groups. Discussions with the public reference group also emphasised the need to consider the additional difficulties faced by people with mobility issues and we will make sure this is specifically considered referenced going forward.

Tim Jones, Sheffield Save Our NHS

Whilst out campaigning and collecting signatures for the petition, the public stated that they would like the A&E restored at the Hallamshire hospital which was shut down some years ago. It is not just an issue of the Minor Injuries Unit and the Walk In Centre. The public are now asking Sheffield Save Our NHS to undertake a campaign for A&E to be restored as people have been waiting up to 8 or 9 hours at the Northern General Hospital and we will be taking this issue up at a later date.

CCG Response:
Re-instating the A&E department at the Hallamshire was one of the alternative suggestions made in the consultation feedback. It was considered along with the other alternative suggestions but was one of the six suggestions that were discounted from further consideration in August on the basis that it would not be viable. This is essentially for two reasons: firstly the RHH does not have the necessary clinical services at the site to support an A&E department (eg Trauma services and the frailty unit) so people would not always get access to the treatment they need in an emergency. Secondly, there are not enough staff available to run a second A&E department in the city and doing so would not be affordable.

Helen Glazier, Sheffield Save Our NHS

With regard to Northern General Hospital, having to put on more departments for minor injuries etc and for the hard of seeing clinic in the Hallamshire. Sheffield is the fourth largest city and the city boundaries are wide and far. This means lots of people travelling to one hospital and having to put on more and more citywide services. The site is very difficult to comprehend geographically and is also difficult as previously stated for disabled people. People have actually got to leave their homes, never mind about getting to the

site, and some people have long distances to get to the buses and changes in town etc. Some injuries require further attention and quicker attention than others. It is the mileage that people are worried about; the cost of taxi fares and, for those people who are car drivers, concerns about parking. These things are all major concerns raised by the general public to Sheffield Save Our NHS. I feel that rather than focussing more and more on one obstacle we need to resolve this issue.

CCG Response:
We do acknowledge the concerns raised regarding access to the NGH site, both in relation to the changes we had proposed and for current services. This is clearly an issue that people feel very strongly about and we will ensure we pick this up in our discussions with Sheffield Teaching Hospitals and transport providers to see what improvements can be made.

Deborah Cobbett, Sheffield Save Our NHS

Following up on information to the public and assuming that the recommendations are approved today, we have the press here today and are very grateful to The Star and Radio Sheffield for publicising this. We feel that the CCG's channels of communication are still not working very well. Staff at the Minor Injuries Unit are unaware of what is happening. Please could the CCG make a greater effort regarding communication and keeping the public informed?

CCG Response:
We're sorry that you feel this. We are committed to communicating with the public and other stakeholders and will continue to try our best to make this successful. Like you, we are also grateful to the local media for helping us to raise awareness of the urgent care work and keep people updated on progress.