

**Unadopted minutes of the meeting of the Primary Care Commissioning Committee
held on Thursday 17 May 2018 at 1.30 pm, Boardroom, 722**

A

Present: Professor Mark Gamsu, Lay Member (Chair)
(Voting Members) Ms Nicki Doherty, Director of Delivery - Care outside of Hospital
Ms Amanda Forrest, Lay Member
Julia Newton, Director of Finance

(Non voting members) Dr Nikki Bates, CCG Governing Body member
Mrs Trish Edney, Healthwatch
Dr Anthony Gore, Clinical Director, Care outside of Hospital
Dr Terry Hudson, CCG Governing Body member
Ms Victoria Lindon, Senior Primary Care Manager, NHS England

In attendance: Mrs Kate Gleave, Deputy Director of Strategy and Integration (part)
Mrs Karen Shaw, Executive Assistant to Chair and Accountable Officer
Mrs Maggie Sherlock, Senior Quality Manager (for Mandy Philbin)
Mrs Eleanor Nossiter, Strategic Communications, Engagement and Equality Lead

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

39/18 Welcome

The Chair welcomed members of the CCG Primary Care Commissioning Committee, members of the public and those in attendance to the meeting. The Committee individually introduced themselves to the members of the public.

The Chair advised that the item on Urgent Primary Care would be discussed at the start of the meeting, dependent on the arrival of the Deputy Director of Strategy and Integration.

40/18 Questions from members of the public

The Chair advised that written submissions had been received prior to the meeting from Mike Simpkin and that a formal response would be provided within seven working days. Responses would also be posted on the website and would be included as part of the minutes of the meeting.

The Chair reminded members of the public that the Consultation period

for the Urgent Care review had ended but that the CCG was keen to continue to have conversations and was establishing a Public Reference Group to support the process.

The Strategic Communications, Engagement and Equality Lead explained that the remit of the Public Reference Group would be to consider some of the key issues raised in the consultation and the alternative suggestions that were put forward. Representatives for the group were being sought from across all geographical communities in Sheffield and also from communities of interest, such as those with protected characteristics under the Equality Act. Invitations were also being extended to Healthwatch and Save Our NHS.

The Strategic Communications, Engagement and Equality Lead referred to the question received from Sheffield Save our NHS asking why the group would only be looking at transport. She explained that travel and transport was only one of the areas that would be considered. The group would also be looking at the alternative options suggested in the consultation feedback and the weighting of the options appraisal criteria.

- Petition received from Mr Alastair Tice regarding Urgent Care Consultation

The Chair advised that the formal consultation process has been completed and so the petition could not be formally included as part of the feedback. However, receipt of the petition would be recorded and members of the Governing Body will be made aware of the petition.

Mr Alastair Tice proceeded to submit the petition of a further 3,822 signatures. He commented that he felt that the petition reflected the anger and opposition to the initial proposals in relation to the urgent care proposals. He has been campaigning in the city for over 25 years and did not recall as much anger and opposition since the closure of the A&E department at the Royal Hallamshire Hospital so hoped this would be considered in future deliberations.

He highlighted that the petitions included many signatures from people in the North of the city and that they felt there was as much opposition from people in the North of the city as in the rest of Sheffield as they feel that the A&E department at the Northern General Hospital is already over-stretched and that moving the Minor Injuries Unit there will add to the pressures and make waiting times even longer.

Finally, the CCG had said that a lot of people were confused on how to best access to urgent care but they needed to hear what they were saying about the proposal.

The Chair thanked Mr Tice for his petition.

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

Finally, Mr Simpkin commented that in many consultations there is a statement that any responses received may be made public; this may be something the CCG may like to consider in the future

The Chair thanked everyone for their contributions and advised that a formal response would be provided by the CCG within 7 working days to the above questions submitted prior to the meeting. The responses would also be added to the website and submitted with the minutes of this meeting.

Kate Gleave joined the meeting.

41/18 Urgent Primary Care Update Paper

The Deputy Director of Strategy and Integration attended for this item and presented this paper.

The paper sought to update PCCC on the actions and processes being undertaken to ensure the CCG thoroughly explores whether the issues raised in relation to the proposed options could be mitigated and considers the viability of the alternative suggestions put forward through the consultation. The paper set out the consequences of this in relation to revised timescales and outlined how the CCG intends to involve the public in the process the CCG will be following to reach a decision.

The Deputy Director of Strategy and Integration then highlighted the key points and asked members for their comments.

The Healthwatch representative made the following points-

- (i) She felt that the public engagement section could have been given more prominence in the process and in the report;
- (ii) Were all the options going to be considered by the Public Reference Group?
- (iii) How will members of the Reference Group be chosen?

The Strategic Communications, Engagement and Equality Lead questioned the assertion that not enough prominence had been given to engagement in the process and explained how thorough this had been. The CCG was taking the process very seriously and reviewing all suggestions. There are some issues that the public cannot help with, such as activity and finance modelling but the CCG was committed to continuing to involve the public in the process.

Regarding the Public Reference Group, each neighbourhood would be asked to nominate a member from their PPG to cover the different geographical communities and groups representing protected characteristics and communities of interest are also being asked to send a representative. The CCG is also working with local groups that were involved in the consultation, such as The Cathedral Archer project, and

there would also be representatives from Sheffield Save our NHS and Citizens Advice. The Chief Executive of Healthwatch, Margaret Kilner, was also providing advice to develop the format of the event.

Although The Healthwatch representative was in favour of the proposals she reiterated that she felt that the process should have been explained in more detail in the paper.

Following further discussion, the actions were agreed as follows:-

- (a) The CCG to describe the process of establishing the Public Reference Group and provide clarity about how the options will be presented and the role of the Committee in discussing those.
- (b) A further report to be presented to the Committee in June

KG

The Chair highlighted that the preferred service model for implementation would be brought to PCCC for approval in October 2018 at the earliest (previously September).

KG

The Committee noted the update.

The Deputy Director of Strategy and Integration left the meeting.

42/18 Apologies for Absence

Apologies for absence from voting members had been received from Maddy Ruff, Accountable Officer and Mandy Philbin, Chief Nurse (Maggie Sherlock deputising).

Apologies for absence from non voting members had been received from Dr Zak McMurray, Medical Director, Dr Chris Whale, Secondary Care Doctor, Katrina Cleary, Programme Director, Primary Care, Duncan Couch, Local Medical Committee representative and Greg Fell, Director of Public Health, Sheffield City Council.

The Chair declared the meeting was quorate.

43/18 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). He 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:

No declarations of interest had been received for today's meeting but the Chair, in his capacity of Chair of the Citizens Advice Bureau, and its possible role in the Public Reference Group, declared his interest. However, he had not been involved in advocating and was unaware of the request for a representative from the Citizens Advice Bureau to sit on the reference group.

44/18 Minutes of the meeting held on 22 March 2018

Minute 26/18 – Declarations of Interest – It was noted that Ms Forrest was registered at Falkland House Surgery.

Minute 32/18 – Transformational Support and resilience Funding Proposal – Last sentence on Page 13 to read 'The GP Support Manager responsible for the digital *programme* has already written out to practices to see if there is any interest'.

Subject to this amendment, the minutes of the 22 March 2018 were agreed.

45/18 Matters Arising

a) Minute 89/17 – Brighton Health Centre

This item would be brought to Committee in June.

MO

b) Minute 13/18 – Question from Sheffield Save our NHS

The Accountable Officer had spoken to the editor of The Star regarding inaccurate reporting and how issues were being portrayed.

c) Minute 25/18 – Questions from members of the public

A paper was presented to 3 May Governing Body providing details of the petition received in March. It was noted that details of the petition received today would be presented to May's Governing body meeting.

46/18 Financial Report at Month 12

The Director of Finance presented this report which provided Primary Care Commissioning Committee with the final out-turn financial position for primary care budgets for the 12 months to 31 March 2018. This was the position which has been incorporated into the CCG's formal financial accounts for 2017/18 and which are currently being audited.

She highlighted that the final underspend had increased by £630K from the outturn at Month 11. This was for two reasons totally outside the control of the CCG:

- All CCGs nationally had been told to budget to fund the indemnity payment to GPs of 51.6p per patient. However, NHS England confirmed in March that there would be national funding for these costs allowing the CCG to release its budget. The late notification meant that it was not possible to 'recycle' the funding into other potential areas of investment. As the CCG is not able to carry forward this underspend it has been used to offset cost pressures elsewhere in the CCG.

More positively CCGs have already been informed that there is no requirement for CCGs to fund the indemnity requirement in 2018/19 as again this is being resolved nationally.

- 0.5% Reserve – The CCG is required to hold 0.5% reserve uncommitted from the start of the year but to assume that the £363K would be spent. The national position across the provider sector has been such that NHS England required all CCGs to release these reserves at year end to increase the CCGs' overall reported surplus. It remains unclear when CCGs may have access to these historic surpluses in the future as this will depend on the overall national NHS financial settlement in future years and how NHS England determine how this should be deployed.

The Committee noted the report.

47/18 Sheffield Patient Participation Group (PPG) Network update

The Director of Delivery - Care Outside of Hospital presented this paper which provided an update on the Sheffield Patient Participation Group (PPG) Network, including the representation from individual PPGs, the key topics and how feedback has been used in commissioning decisions.

She thanked the Engagement team for their work on this paper.

She commented that the recommendation on how the Sheffield PPG network could be utilised and supported in the context of the Accountable Care Partnership in Sheffield was not for discussion at today's Committee; it had been included in error. However, this would be discussed going forward.

Feedback had been gathered from July 2016 onwards around PPGs and people's experience which showed that there was an opportunity to strengthen PPGs in some areas and a reported lack of PPGs in some general practices. The CCG needed to understand whether or not the reported absence of a PPG was accurate and if it is the CCG needs to be clear that it is for a legitimate reason, and that patients do have an opportunity to share their views.

She commented that the committee should seek reassurance in three/four months' time about what has been done via the practice visit programme and engaging with practices directly to understand the position around PPGs. Practices, as part of their contract, are required to provide a PPG.

The Lay Member (AF) commented that the city wide forum was a potential powerful engagement, particularly in helping to develop primary care at a local level. Although some progress had been made, she felt more could be done and that the practices who have not engaged should be targeted. She felt that this was not just the responsibility of the engagement team but it was in the interest of the whole of the organisation to make this work and she would be talking to staff in the CCG about this.

Mr Simpkin advised that he and Deborah Corbett attended the city wide forum and asked what grant was available to practices for supporting PPGs and what returns they have to show. He was advised that this used to be part of the National Enhanced Service Contract but since that had ceased, was now part of the General Practice Core Contract. The CCG's role would be to make sure that practices are fulfilling their contractual requirements.

It was noted that there were challenges for some practices where there was a transient population eg The University Practice and the Committee discussed the difficulties.

The Chair commented that there were challenges in ensuring the city wide network receives feedback and recognised the work ongoing with the engagement team to improve this.

The Committee noted the report and asked that Richard Kennedy and the engagement team be formally thanked for their work.

48/18 Any Other Business

There was no further business to discuss this month.

49/18 Date and Time of Next Meeting

The next meeting will take place on Thursday 21 June 2018, Boardroom, 722 Prince of Wales Road

Responses to questions from Mr Mike Simpkin, Sheffield Save our NHS, to the CCG Primary Care Commissioning Committee 17 May 2018

- 1. It is generally normal practice for written submissions on public consultations to be made available. Why has this not been done for this consultation? Why is there not even a list of submissions despite informal indications after the last meeting that this would be considered? Instead everything is filtered through the consultants' report. Not listing respondents offers them no public indication that their views have been taken into account. Also how is it possible for example to make sense of the STHFT proposal for an Urgent Care Village without seeing the full suggestion?**

CCG response: As explained at the meeting, we have taken on board the point raised about listing all respondents. Due to the number of responses this took longer than expected but the list is now available on our website. There was no intention of withholding information by not publishing copies of responses; again this was primarily due to the volume (c400 pages). There are also issues regarding information governance and having looked into this we are not able to share individual responses without their specific consent.

With regard to the STH proposal for an Urgent Care Village, no detail was included just the suggestion that “The combination of the Walk In Centre, Minor Injuries Unit and the Emergency Eye Centre could be evolved to be an Urgent Treatment Village”.

- 2. Para 4.1 states ‘The consultation feedback was felt to be in line with the pre-consultation vision and objectives.’ The exercises and surveys formulated by the CCG tended to lead respondents to this position but the consultants’ report on unstructured public feedback (pp48-62) give a somewhat different impression. Does the CCG recognise that the strong opinions expressed in these responses were not as accepting of the vision and objective as is implied in the report?**

CCG response: The CCG does not believe that the strong opinions expressed in the consultation responses do disagree with the visions and objectives of the programme. To the contrary, there was strong feedback supporting the principle of a more sustainable and accessible primary care system. The CCG does, however, recognise there was strong feedback regarding the way we proposed to achieve this and whether the proposed changes would deliver the vision and objectives.

3. Para 4.8 states that “there are likely to be a couple of options that all the audiences have agreed are either potentially viable and/or potentially unviable.” What does the phrase ‘a couple of options’ mean? Have these already been identified? Are they two or several? Are they the ones which are closest to and furthest from the original proposals? Who is on the Programme Board reviewing all this?

CCG response: At the point in time that the paper to PCCC was written the 3rd workshop had not as yet occurred and therefore the paper could not be more specific about the assessment of options.

Membership of the Programme Board includes:

- Governing Body Lay Member (Chair)
- Governing Body Lay Member
- Internal Audit
- Director of Finance
- Director, Commissioning & Performance
- Chief Nurse
- Director of Delivery, Care Outside of Hospital
- Primary Care Programme Director
- Medical Director
- Clinical Director, Urgent Care
- Clinical Director, Cancer & End of Life Care
- Deputy Director, Strategy and Integration
- 2 x Governing Board GPs (un-conflicted)
- NHS England Senior Primary Care Manager

4. Why is further work with the public appear to be limited, at this stage at any rate, to issues of transport? Why are other steps and features of this further work not subject to a test of credibility among the public?

CCG response: Further work with the public is not limited to transport issues: we will be working with members of the public to look at the key concerns raised in the consultation feedback (of which travel and transport was one of the biggest concerns), as well as the alternative options suggested during the consultation. As outlined in the PCCC paper, the public reference group will also be helping the CCG to assess the weightings of the options appraisal criteria that will be used to score viable options for delivering urgent primary care services in Sheffield.

Question from Deborah Cobbett from Sheffield Save our NHS regarding Urgent Care Consultation

Why the CCG did not consult on the wider range of options in the first instance?

CCG response: The CCG initially considered multiple different approaches and configurations for the re-provision of minor illness, minor injury and urgent eye care and identified six possible options that could potentially deliver the agreed objectives. As is usual practice, these were then appraised to identify the best options to take out to consultation. This was done using criteria which took account of the feedback from all the engagement work we had carried out, and the three that scored most highly were taken out to public consultation.