

**Unadopted Minutes of the meeting of Primary Care Commissioning Committee
held on Thursday 22 February 2018 at 2.30 pm
Boardroom, 722 Prince of Wales Road**

Present: Ms Amanda Forrest, Lay Member (Chair)
(Voting Members) Mrs Mandy Philbin, Acting Chief Nurse
Miss Julia Newton, Director of Finance
Mrs Maddy Ruff, Accountable Officer

(Non-Voting Members) Mrs Katrina Cleary, Programme Director, Primary Care
Dr Mark Durling, Sheffield Local Medical Committee (LMC)
Dr Tony Maltby, Healthwatch Sheffield Representative
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
Dr Chris Whale, Secondary Care Doctor

In attendance: Ms Roni Foster- Ash, PA to Medical Director and Programme Director,
Primary Care
Mrs Rachel Pickering, Primary Care Co-Commissioning Manager

Members of the public:

There were 8 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

11/18 Introduction, welcome and Apologies for Absence

The Chair welcomed members of the Sheffield Clinical Commissioning Group (CCG) Primary Care Commissioning Committee and those in attendance to the meeting. The Committee and invited attendees individually introduced themselves to the members of the public.

Apologies for Absence

Apologies for absence from voting members had been received from Mr Tony Williams, Lay Member, Ms Nicki Doherty, Director of Delivery Care Outside of Hospital, Professor Mark Gamsu, Lay Member.

Apologies for absence from non-voting members had been received from Dr Nikki Bates, CCG Governing Body GP, Mr Greg Fell, Director of Public Health, Sheffield City Council, Dr Zak McMurray, Medical Director and Dr Trish Edney, Healthwatch Sheffield Representative.

The Chair declared the meeting was quorate.

12/18 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at Primary Care Commissioning committee meetings that might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). He also reminded members that not only do any conflicts of interests need to be noted but there needs 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>

Conflicts of interest were noted from Dr Terry Hudson (Sheffield GP) and Dr Anthony Gore (Sheffield GP) in relation to agenda item 7 'Locally Commissioned Services (LCS) Review. The Chair advised that as neither were voting members of the committee this did not require any of them to absent themselves from the discussion.

13/18 Questions from members of the public

The Chair advised that one question had been received prior to the meeting from Mr Mike Simpkin from Sheffield Save Our NHS. This question was regarding GP Practice quality following from a recent article published in the Sheffield Star newspaper.

Mr Simpkin advised that The Sheffield Star had recently used the GP survey now run by IPSOS MORI to list the 20 best and worst practices in Sheffield based on patients' willingness to recommend. Although various weightings are applied there is no specific allowance for the proportion of a practice's list for whom English is not a first language and who therefore are even more likely not to respond to surveys. Unsurprisingly several of these are listed by the Star among the 20 allegedly worst practices. There are various measures of practice quality including CQC reports and the more random Friends and Family and NHS Choices ratings. Prescribing and referral rates are also relevant and members of this committee have been visiting practices to assess strengths, weaknesses and challenges. Given the CCG's stated commitment to enhancing the overall contribution of primary care:-

Question:

- **What and where are the robust assessments for rating and assuring quality on which the public should rely, rather than the occasional publication of different and sometimes conflicting tests?**
- **Can this be done without increasing demands on practices to fill in forms?**

The Accountable Officer advised that she holds regular meetings with the Sheffield Star Newspaper and would discuss the format for any future articles regarding the representation of Sheffield CCG.

MR

The Chair thanked Mr Simpkin for his questions and advised that formal response would be provided within 7 working days and posted on the website.

The CCGs responses to these are attached at Appendix A.

14/18 Minutes of the meeting held on 25 January 2018

The minutes of the meeting held on 25 January 2018 were agreed as a true and correct record.

15/18 Matters Arising

1. Minute 89/17 – Beighton Health Centre Proposal

This item was progressing and would be brought back to the Committee in May 2018.

2. Minute 108/17 – Financial Update

Use of NHS England Funding – To be incorporated in Primary Care Commissioning Committee paper regarding proposed spend and transformation funding.

3. Minute 06/08 (c) – Neighbourhood Maturity Development Tool

The Programme Director Primary Care advised that the paper had now been renamed to 'Primary Care Neighbourhood Development Tool'.

4. Minute 08/18 (a) – Interpreting Services

Programme Director Primary Care to circulate formal response to HealthWatch regarding the action plan to members of the Committee.

ND / KaC

5. Minute 08/18 (b) – Interpreting Services

In relation to Paper E, Page 4, the Programme Director Primary Care confirmed that a total of 34 out of 14,600 complaints had been received relating to lateness / availability of an interpreter.

16/18 Pitsmoor Surgery and The Flowers Health Centre Merger Application

The Primary Care Co-Commissioning Manager presented paper D which sought approval from the Committee for the request from Pitsmoor Surgery and The Flowers Health Centre to proceed to a formal merger process.

The paper presented outlined the following:-

- Background
- Merger application process
- Provider information and demographics
- Contracts
- List size
- Premises
- Demographics
- Quality and outcomes framework
- Merger approval process
- Patient consultation, engagement and National Survey results
- Implications of the merger – advantages and risks

The Primary Care Co-Commissioning Manager advised that, along with Senior Primary Care Manager, NHS England, they had been working with the Providers regarding the proposed merger. She felt that this was a very positive move for both providers who had already started working together. She advised that although the paper presented stated that the public consultation is not yet complete, through recent discussions held it was felt that they had met the patient / public consultation element to a satisfactory level with a very positive outcome from patient meetings and had consulted very widely, agreeing to write out to all households as a next step. She confirmed that both providers classed this as a 'virtual' merger with minor changes being introduced and retaining their own identity however taking the benefits of Pitsmoor Surgery, the larger provider of two, and replicating the benefits to ensure that patients of both practices receive equality to those services.

The Chair requested clarification regarding that, although both practices were to retain their own identities, the presented paper outlined that there would only be one Patient Participation Group (PPG).

She asked for clarification on what the existing PPG's views were on this given that it was quite a different population and how active they were.

The Chair further advised that both PPGs had previously been involved in the City Wide Network but were not at the moment and emphasised that it was important that patients continued to have a strong voice in this proposed merger.

The Primary Care Co-Commissioning Manager confirmed that both providers spend a significant amount of time engaging with their patients, not just via PPGs and that, on merger, would experiment to moving to one PPG however if that did not work they could still continue a PPG at both sites and felt that they would encourage the PPGs to recommence their involvement with the City Wide Network.

The Acting Chief Nurse asked for clarification regarding what measures were being taken with regard to Equality and Quality Impact Assessments.

The Primary Care Co-Commissioning Manager confirmed that both providers had been sent out the Equality and Quality impact assessment proforma which they were both currently completing. She confirmed that herself, along with the quality team, would be going out to support them once they have started to complete this. She confirmed that this would be case for any merging practices; send them the tool, provide them with the guidance and support them to measure any equality or quality impact on the merger of that contract.

The Acting Chief Nurse questioned that highlighted in the presented paper did think that with a 2.3% ethnic minority group was true representation of stakeholder engagement taking into consideration the number of non-English speaking patients involved.

The Primary Care Co-Commissioning Manager confirmed that conversations had taken place with the David Emmas (Practice Manager, from The Flowers Health Centre) on how to engage more with the very diverse populations they had. She confirmed that they did change their consultation to include working with Interpreters and having conversations in the waiting-room and adding information on the website which is translated for those patients that can use it.

She confirmed that it is now 28% which she felt was a good representation and confirmed that they still continue to work with that group of patients.

The Primary Care Co-Commissioning Manager advised that solely for the purpose the contract is was required to identify one main and one branch however both providers would both be seen as distinct sites providing the same, if not enhanced, level of care for that entire population group. The positive element of the extra services at the Pitsmoor site would be made available to the patients of The Flowers site.

As members for staff from the above practices had attended as members of the public, the Chair invited them to address the meeting.

David Emmas (Practice Manager, from The Flowers Health Centre) confirmed that from the initial public consultation and PPGs, they had

been a lot of apprehension from patients concerning being moved from one site to the other however they had worked very hard and some of the comments from the initial consultation had now been changed and that now patients were much more comfortable about it.

He emphasised that this was an equal merger.

The Primary Care Commissioning Committee:

- 1. Discussed the content of this report, in particular the advantages and risk to the proposed merge.**
- 2. Approved the recommendations outlined in paper D under section 4.1 'Approval for Committee' column.**

17/18 Celebrating Success – General Practice Workforce

The Programme Director Primary Care advised that approximately one year ago the Primary Care Commissioning Committee had approved spend for the GP Forward Review Plan. The SCCG Comms Team had produced a series of 5 very short videos made around Primary Care encompassing what had been put in place and showing the results of the impact. These videos were shown at a large Practice Managers event held recently (over 70 Practice Managers in attendance) where very positive feedback had been received.

The Programme Director Primary Care presented a brief video regarding 'Workforce feedback' 2018 to the Committee.

This video highlighted the successes of the following within Sheffield and the changes they are embracing:

- Physician Associates
- Practice Pharmacists
- Advanced Nurse Practitioners
- Nurse Mentors and GP Nurses (including GPN Nurse Ready scheme)

Link to Workforce video:

<https://video214.com/play/kYu2H5JshsZhs60pJjNugw/s/dark>

The Programme Director Primary Care advised that the other short videos highlighted some of the training put in place last year, one on care navigation, one on neighbourhood working and one called 'small change – big difference'.

She advised that one of the 'small changes' had resulted in 'DNA Man' where a number of practices in a neighbourhood, in collaboration with the local secondary school, designed 'DNA Man' with life-size models, stickers, staff badges being displayed in the practices within this

neighbourhood and confirmed that this is having an impact on the level of DNA. She confirmed that we now engaging with the practices with a view to rolling out across primary care.

With regard to the videos, the Programme Director Primary Care advised that a 'virutal' pack had been produced and are suggesting that practice managers use these along with their partners.

She also confirmed that Comms are currently seeking permission from people included in the videos and once approved the pack would be available on the internet, intranet etc and available for wider use.

Dr Tony Maltby (Healthwatch Sheffield Representative) requested that the on-screen timing of the text/wording on the video's be extending as not adequate time given to read these sections.

The Primary Care Commissioning Committee noted the presentation.

18/18 Locally Commissioned Services (LCS) Review

The Programme Director Primary Care updated the Committee on the review which had taken place on current Locally Commissioned Services (LCS) contracts and specifications and explained that the paper made a series of detailed recommendations to PCCC on the way forward for 2018/19 with all these contracts.

She reminded members of PCCC that the services commissioned under LCS contracts are those that can only be commissioned from GP practices as they require the contractor to hold the relevant registered list of patients in order to deliver the service. Other services are subject to procurement.

The Programme Director Primary Care advised that there had not been a full review of the LCS since the establishment of SCCG. This review is timely particularly as practices are beginning to work on a neighbourhood basis and are looking at ways to share workload on an 'at scale' model rather than at an individual practice level.

The process that was undertaken consisted of two meetings representing all the directorates across the SCCG.

As a result of the meeting, LCSs were grouped into 3 areas:-

- 1) LCSs which have been contracted for on an annual rolling basis without detailed review but could continue to be contracted for on a rolling basis
- 2) LCSs which could be considered as part of a larger proposal either on an 'at scale' basis or community gatherer rather than on an individual silo basis.

- 3) LCSs which cease at 31 March 2018 and a decision is needed whether or not to continue.

The paper set out the proposed approach.

The recommendation, for the most part, is that we continue with the LCSs as they are. There are a small number where we receive national funding which are due to cease as of 31 March 2018. We will shortly be contacting the practices affected by this to remind them for example that the diabetes service is a time-limited LCS.

With reference to the two Engagement LCSs that are due to cease as of 31 March 2018 the proposal is to extend to 30 September 2018 so that there is a co-terminous end date with the neighbourhood engagement LCS. That then gives us the opportunity to think about how we would utilise the funds moving forward on a less "silo" basis. This approach should give Practices a degree of confidence and income stability while further proposals are discussed. The Programme Director for Primary Care emphasized that the budget was recurrent and hence CCG was looking to maintain investment in primary care but wanted the opportunity to consider if it was being used in the most effective way.

The proposal is that we continue moving forward with the Locally Commissioned Services Group. The LMC been invited to join this group.

The Programme Director Primary Care reminded the Committee of their previous decision to support a special cases LCS for an initial two year period. The practices in receipt of this LCS had recently carried out an assessment of their activity in relation to this contract. As a result they produced a paper (attached as Appendix B) which recommended the continuation of the LCS for a further 24 months, a redistribution of the funds within the practices to reflect current demand and a report to be produced every six months.

Dr Mark Durling, Sheffield Local Medical Committee (LMC), thanked the Programme Director Primary Care for the offer for engagement with the LMC in this process. He also emphasised he felt this was crucial for the LMC to be involved.

Dr Durling also requested that consideration be given within the LCS review process to ensuring the CCG continues to commission services for patients which are convenient for them based around their local surgery.

Dr Durling confirmed that the LMC is uncomfortable with how the CCG is proposing to move forward with CASES and its relevant LCS. He reminded colleagues that the CCG has a responsibility to engage with the LMC on any LCS proposed changes.

The Programme Director Primary Care advised that needs to be a conversation with the Elective Portfolio

The Chair queried the diabetes LCS ceasing.

Clinical Director Care outside of Hospital confirmed that this related patients identified as at risk of diabetes being entered into an education programme and it is this which is coming to an end March 18.

The Primary Care Commissioning Committee approved the following:

- **LCSs which have been contracted for on an annual rolling basis (all the detailed recommendations set out in section 5.1 of the paper).**
- **LCSs which could be considered as part of a larger proposal and so probably need extending until new service is in place (all the detailed recommendations set out in section 5.2 of the paper).**
- **LCSs which technically cease 31 March 2018, subject to review (all the detailed recommendations set out in section 5.3 of the paper and in Appendix B relating to the SAAP LCS).**

19/18 GP Contract Formal Notice Procedure

The Primary Care Co-Commissioning Manager presented the GP Contract Formal Notices procedure as outlines in paper E and updated the Committee on the Sheffield position in relation to the issuing of remedial notices and breach notices.

She advised that with regard to the issuing of the new NHS England Policy Book, at the end of 2017, SCCG had then reviewed its processes to ensure that they were in line with the Policy Book. She confirmed that the Senior Primary Care Manager, NHS England would be working very closely with NHS England Area Team around any contractual issues that required and remedial notices or breach notices. She advised that the Primary Care Commissioning Committee is responsible to be updated and briefed on any contractual issues therefore this was the first update. She advised that there had been nine contractual notices issued via SCCG and that there would be a quarterly update to the Committee to inform them of what contractual issues there have been moving forward. Working closely with the Quality Team and there would be a further Quality Assurance Framework that would also come to this committee in the future. This also links very closely to the contractual framework.

The Chair requested that in future there be a final column stating update on progress for each item for this update for the Committee.
ACTION: Add final column for future updates to the Committee.

The Primary Care Commissioning Committee noted the procedure for the issuing of contractual notices.

RP

20/18 Financial Report Month 10

The Director of Finance presented this report, which provided information on the financial position for primary care budgets for 10 months to 31 January 2018 and the forecast out-turn position. She advised that there had been minimal change in the position of the forecast compared to the report that the Committee had received at Month 9.

The Director of Finance advised that initial budgets for 2018/19 will be presented to the Committee at the March meeting for approval using the latest information available at the time.

The Primary Care Commissioning Committee noted the financial position at month 10.

21/18 Any Other Business

No other business was discussed.

22/18 Date and Time of Next Meeting

The next meeting will take place on Thursday 22 March 2018, 2.00 pm – 3.30 pm, Boardroom, 722 Prince of Wales Road.

Questions from members of the public to the NHS CCG Primary Care Commissioning Committee on 22 February 2018

The Chair advised that one question had been received prior to the meeting from Mr Mike Simpkin from Sheffield Save Our NHS. This question was regarding GP Practice quality following from a recent article published in the Sheffield Star newspaper.

Mr Simpkin advised that The Sheffield Star had recently used the GP survey now run by IPSOS MORI to list the 20 best and worst practices in Sheffield based on patients' willingness to recommend. Although various weightings are applied there is no specific allowance for the proportion of a practice's list for whom English is not a first language and who therefore are even more likely not to respond to surveys. Unsurprisingly several of these are listed by the Star among the 20 allegedly worst practices. There are various measures of practice quality including CQC reports and the more random Friends and Family and NHS Choices ratings. Prescribing and referral rates are also relevant and members of this committee have been visiting practices to assess strengths, weaknesses and challenges. Given the CCG's stated commitment to enhancing the overall contribution of primary care:-

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The Chair thanked Mr Simpkin for his questions and advised that formal response would be provided within 7 working days and posted on the website.

CCG response: *The CCG agrees that it can be confusing for the public to understand information when taken from separate reporting processes and we would support the issues that Mr Simpkin has raised. Mrs Ruff agreed to raise your concerns when she next meets the Editor of the Star.*

To measure quality the CCG relies primarily on findings from CQC inspections as these assessments are undertaken by people who are trained and able to benchmark services against set standards and regulations. This information is publicly available on the CQC website. It is also available through quality reports to the CCG's Governing Body.