A NHS Sheffield Clinical Commissioning Group

Unadopted minutes of the meeting of the Primary Care Commissioning Committee held on Thursday 23 August 2018 at 1.30 pm, Boardroom, 722

Present:	Ms Chris Nield, Lay Member (Chair)
(Voting Members)	Ms Nicki Doherty, Director of Delivery - Care outside of Hospital Ms Amanda Forrest, Lay Member Professor Mark Gamsu, 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 Mark Durling, Local Medical Committee representative, Dr Trish Edney, Healthwatch Dr Anthony Gore, Clinical Director, Care outside of Hospital Dr Terry Hudsen, CCG Governing Body member Ms Victoria Lindon, Senior Primary Care Manager, NHS England
In attendance:	Mrs Rachel Dillon, Locality Manager (West Locality) 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 Mr Brian Hughes, Director of Commissioning and Performance Mrs Eleanor Nossiter, Communications and Engagement Lead, Urgent Care in Primary Care for item 82/18 Joanne Ward, Primary Care Co-Commissioning Manager (for Mrs Katrina Cleary, Programme Director, Primary Care)

Members of the public

There were 5 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

78/18 Welcome

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

Chris Nield introduced herself as the new Chair of the Primary Care Commissioning and the new Lay member of the Governing Body.

79/18 Apologies for Absence

All voting members of the Committee were present at the meeting.

Apologies for absence from non-voting members had been received from Mrs Katrina Cleary, Programme Director, Primary Care, Greg Fell, Director of Public Health, Sheffield City Council~~,~~
Dr Zak McMurray, Medical Director, Dr Chris Whale, Secondary Care Doctor.

Apologies from those normally in attendance were received from Ms Sarah Burt, Deputy Director of Delivery - Care Outside of Hospital.

The Chair declared the meeting was quorate.

80/18 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 Chair confirmed that an updated Register of Interests for the Primary Care Commissioning Committee had recently been sent out to include her own as the new Chair of the Committee.

No declarations of interest were received for this meeting in relation to specific agenda items.

81/18 Questions from members of the public

The Chair reminded all present that this was a meeting held in public and not a public meeting.

The Chair advised that written submissions had been received prior to the meeting from Ms Laura Gordon and Steve Ayris from Sheffield Liberal Democrats and Mr Alistair Tice from Sheffield Save our NHS and Socialist Party. The questions received were in relation to details or general issues regarding the Urgent Care proposals which would mostly be answered in the presentation by the The Director of Commissioning and Performance under agenda item 82/18 (below). The Chair thanked Mr Tice and Ms Cobbett for their additional questions and confirmed that a formal response would be provided for all questions within seven working days, be posted on the website

and would be included as part of the minutes of the meeting.

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

82/18 Urgent Primary Care Update and Timescales

In relation to paper C, the Director of Commissioning and Performance reported the following:

- The CCG had consulted on the Urgent Care proposals to understand people's views on these and any unforeseen impact they might have.

- The consultation has finished and the CCG now needs to decide whether to go ahead with the proposals considering all the feedback received. To do this, the CCG has been working through the issues raised in the feedback and also looking at the alternative approaches that were suggested.

- **He emphasised that the decision for the CCG is still whether they should go ahead with the proposals or not. It is <u>not</u> whether to go ahead with any alternative option.**

- If the CCG decide to consider any options that are different from those consulted on, including any of those suggested in the consultation feedback, the CCG would need to work up new proposals and consult again.

- Paper C is an update on the work the CCG have been undertaking to consider the feedback and to help them come to a decision.

- This is not a quick process as we have worked through a lot of detail to determine if any options provided through the consultation could be viable and should be considered as an alternative to the CCG proposals.

- The paper includes the conclusions the CCG have reached so far. Further work is taking place and will be reported to the Primary Care Commissioning Committee in September.

- He advised that there have been concerns raised about people getting the opportunity to comment on alternative options. Further reassurance was given that there would be a full consultation if the CCG pursue alternative proposals.

- There had also been concern expressed regarding petitions and the CCGs response. Reassurance was given that all petitions received have been shared and considered and that the CCG recognise the concerns of people regarding the Minor Injuries Unit and Walk in Centre.

The Accountable Officer confirmed that, in line with the CCG's constitution, all petitions are taken to the CCGs Governing Body meeting to be noted in public so all members are aware of them.

- Paper C is an update paper with a more detailed paper going to the September Primary Care Commissioning Committee. The updated paper will show the CCG's response to all issues raised in the feedback, including the petitions.

Paper C details the following:

- Consideration of the consultation feedback
- Mitigations
- Alternative suggestions
- Testing the 'do-ability' of primary care access
- Next steps

- The CCG's consultation process has involved stakeholders and the public through a number of workshops arranged to explore the issues raised and alternative suggestions that were made.

- Details of the public reference group workshop and key themes are shared within this paper and have been published on the CCG's website http://www.sheffieldccg.nhs.uk/get-involved/urgent-care-public-reference-group.htm

- A variety of potential mitigations to the key issues raised have been discussed and are being explored further.

- The alternative suggestions made in the consultation are also being reviewed to understand if any could potentially be viable approaches and if so whether there are any benefits that should be considered further. Six of the suggestions are considered not viable so should not be considered further. The remaining suggestions are still being reviewed to determine viability and potential benefits and disadvantages. Conclusions will be included in the final report to PCCC to inform the decision about whether the CCG should proceed with its proposed options.

- The Chair reiterated how important it is that the CCG has followed the full consultation process and taken account of the feedback.

- Ms Forrest emphasised the importance of understanding how this will help develop primary care including the impact of and the timescales for primary care development.

- Professor Gamsu sought clarification that if closures do occur this money would be re-invested in primary care.The Director of Commissioning and Performance confirmed that this was the intention.

- Professor Gamsu requested that the following also be recognised at September meeting to assist in the decision-making process.

    1. Utilisation of primary care is much greater in the poorer parts of the city. The Minor Injuries unit is predominantly utilised by the population from the wealthier parts of the city. Any changes to the way that urgent care is provided should also capture, recognise and respond to the urgent care needs of the poorer parts of the city. This should include greater investment in practices working in the poorer areas.

    2. Ensure the membership (practices) are engaged in the development of proposals going forward to help in the decision-making process.

    3. Understand the Teaching Hospitals' view of proposals for urgent care.

- Work is continuing to provide greater assurance regarding the 'doability' of the neighbourhoods and primary care aspects of the proposals.

- The formal response from the Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee is expected later this month and will be considered as part of the decision-making process.

- In view of this progress, recommendations will be brought to the September meeting of the Primary Care Commissioning Committee for a final decision about the next steps.

- **The CCG Communications team to widely publicise the September meeting.**

LE / EN / Comms Team

The Accountable Officer advised that papers for the September meeting will be publicised on the website one week prior to the meeting and reminded the public that any questions from the public should be emailed to the CCG in advance to enable the Executive Team to compile detailed responses.

The Primary Care Commissioning Committee:

- **Noted that the initial assessment had found that six of the alternative approaches suggested in the feedback would not be viable options and assessed whether the justification provided is rational and reasonable.**

- **Confirmed that further information is required to support the decision-making process (as outlined above)**

- **Agreed to receive final recommendations at the meeting on 20 September 2018.** **KG/BH**

83/18 Minutes of the meeting held on 25 July 2018

Subject to the following amendments, the minutes of the 25 July 2018 were agreed as a true and accurate record:

- **Item 72/19 – GP Retention Scheme (page 8)**

  Page 8 – addition to paragraph 2 as follows:
  'At its 17 May 2018 meeting the Primary Care Commissioning Committee requested that a proposal be developed for the Sheffield process for receiving applications for the GP retention scheme, setting out the CCG's approach to considering any applications received and linking this to local priorities and the CCG's budget position.

  Page 8 – paragraph 3 should read as follows:
  'This paper proposed a protocol for Sheffield, (appendix A) setting out the context, the national eligibility criteria, the application process and the proposed Sheffield CCG approach against which an application will be assessed.'

  Page 8 – paragraph 4 should read as follows:
  The Primary Care Commissioning Committee had previously discussed at length the national criteria, resulting in the request for a clearer local approach and a protocol. It was proposed that in order for an application to be successful the Primary Care Committee will need to be assured that:

84/18 Matters Arising

a) Minute 68/18 (a) - Urgent Primary Care Update Paper
The preferred service model for implementation to be brought to the Committee for approval in September 2018.

b) Minute 68/18 (b) – Beighton Health Centre
Detailed plan including milestones and timescales for delivery to be developed to ensure progress and the monitoring of risks / issues. Escalation points and safeguards will be built into the plan to ensure there is a defined process to escalate any issues. Plan to be shared with the Committee and brought to September meeting. **GO /SB**

c) Minute 60/18 - Assurance of General Practice Access
Progress paper to be brought to Committee for meeting in September 2018. **ND**

d) **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 2018 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**

e) 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. **LW**

- Committee to receive further detailed proposals at November meeting for a wider more inclusive Quality Contract being fully implemented across Sheffield by April 2020 **LW**

f) **Minute 72/18 – GP Retention Scheme**
ND advised that all previous additions / amendments had been incorporated into the final version.

g) Minute 75/18 – Universal Credit

- ND confirmed that the Universal Credit briefing has now been made available to General Practice.

- ND to contact LMC with a view to attending / involvement in future Universal Credit Group meetings. **ND**

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

85/18 Any Other Business

No other business was discussed at this meeting.

86/18 Date and Time of Next Meeting

The next meeting is scheduled to take place on Thursday 20 September 2018 (1.30 pm – 3.00 pm, Boardroom, 722 Prince of Wales Road).

The Chair advised that there are a large number of agenda items for the next meeting including Urgent Primary Care. Items will be prioritised and this meeting may be extended and a possible alternative venue found. This will be confirmed to members of the Committee and updated on the Primary Care Commissioning website as soon as possible. **RFA**

Appendix A

Responses to questions from members of the public to the CCG Primary Care Commissioning Committee 23 August 2018

Questions from Mr Alastair Tice regarding Urgent Care proposals.

1. Is it the intention of the PCCC to now take a final decision on the Urgent Care proposals on September 20th rather than the previously stated and minuted October meeting, rescheduled for November 8th, at the earliest?

   CCG response:
   Yes. As explained in the paper, based on how the work to consider the feedback has progressed, we will now be able to bring recommendations to PCCC in September.

2. Despite repeated verbal assurances at PCCC meetings that the receipt of petition signatures opposing the Urgent Care review proposals are appreciated and will be taken into account, this Paper makes no reference to the total of around 20,000 signatures submitted or even the near 10,000 signatures submitted before the close of the formal consultation period. How can such a substantial section of the public have any confidence that their views are being listened to?

   CCG response:
   All the petitions we have received have been shared with everyone involved in considering the feedback, and our Governing Body, and we recognise the concerns of people regarding the minor injuries and walk in centre.

   The paper for the August meeting is an update paper to share how we are progressing with considering the feedback. The more detailed paper going to PCCC in September for a decision will take into account all the feedback, including the petitions, and our response.

3. The Purpose of the Paper states that "It details the assessment of the alternative suggestions put forward in the consultation...." But it doesn't! It repeats that 6 of the 17 alternative proposals are "unviable" but says absolutely nothing about the 11 remaining proposals which presumably are viable. Under Next steps, the paper refers to "Work is continuing to explore the .....the consequences of the remaining alternative suggestions". Given that these "viable" alternatives were made over 6 months ago, how can the public have confidence that the PCCC are taking them seriously, rather than just paying lip-service, if this Paper, one month before making final recommendations, has nothing to say about them?

   CCG response:
   We apologise for any confusion. The paper is an update and details the work done and conclusions reached so far. This has identified that six of the alternative suggestions would not be viable but we are still reviewing the remaining 11. These require more detailed work on costs and activity modelling to determine if they could be viable approaches. We have already had discussions with a variety of stakeholders (as detailed in the paper) to consider the possible benefits of all the suggestions so that we can consider these for any that are likely to be feasible. All this information will be included in the report for PCCC to consider in September.

This is not a quick process but we hope people will be reassured that we are taking the time required to consider all the feedback from the consultation thoroughly and take this into account when deciding whether to progress with the proposed changes.

4. Point 6.6 in the paper says "Additional funding of £1 per head of population has been identified to develop neighbourhood services in these areas...." Where is this funding coming from? Is it coming from the money presumed to be saved by closing the Walk-In centre or from some other source?

   CCG response:
   This funding comes from NHS England to invest in and develop primary care networks, known as neighbourhoods in Sheffield. (Please see responses to your supplementary questions raised at the meeting for further details).

5. Regarding the alternative proposals that the paper deems "unviable":

   a) Option 9 Minor Illness service/walk in centre alongside MIU at RHH:
   The paper says that patients may choose the wrong door first and have to be redirected – How is this any different to your proposals to site the only MIU at NGH next to the A&E dept? Surely if Triage can direct correctly at NGH, it can do at RHH as well?

   CCG Response:
   This suggestion would mean there would still be separate services for minor injuries and minor illness so that there is potential for people to go to the wrong service if they are not sure what care they need. As you say, people can be referred to the correct service if they go to the wrong one but having a combined service that treats both injuries and illness would mean this wouldn't be necessary.

   The Paper states that this alternative proposal is not the most efficient use of workforce. How is concentrating what are currently two workforces on one hospital site less efficient than currently having two workforces on two different sites?

   CCG Response:
   It isn't. However, it also doesn't contribute to improving workforce efficiency which is one of the issues we need to address and why we have put forward proposals which would create a combined service with a single workforce.

   The paper says that this proposal does not comply with national guidance on UTCs, but does not state what that is and whether the PCCC is obligated to comply with such "guidance"?

   CCG Response:
   The national requirement is for each area to have "standardised new 'Urgent Treatment Centres' which will open 12 hours a day, seven days a week". These have to treat both minor illness and minor injuries and offer "appointments that are bookable through 111 as well as GP referral" (Next Steps on the NHS Five Year Forward View, March 2017). All CCGs have to comply with this, and achieve the principles and standards set out by NHS England in the following document: https://www.england.nhs.uk/wp-content/uploads/2017/07/urgent-treatment-centres%E2%80%93principles-standards.pdf

   Putting a minor illness service next to the MIU would not meet the requirement to have a single service for both minor injuries and minor illness.

b) Option 3 No change – status quo:
The Paper says that "activity levels unsustainable without significant changes to the service model and increase in the workforce" and "Fails to overcome expected future workforce challenges" without explaining what these are? What are they? And don't the GP neighbourhood hubs proposals have workforce implications and how will they be met?

CCG Response:
As we explained in the consultation, there is a severe shortage of GPs and nurses nationally. Although Sheffield has not been as badly affected as some areas, we have a lot of GPs coming up towards retirement and like other parts of the country it is likely to be hard to replace them. At the same time, demand for both urgent and non-urgent appointments is increasing so we need to look at different ways of working to support staff and make sure people continue to get the care they need. This was one of the main reasons for making changes and why we have said all along that no change is not an option.

The neighbourhood approach that is already in place in Sheffield is one of the ways we are trying to address the workforce challenges. By working together, practices can develop services to meet the specific needs of their local communities and employ other health professionals like mental health specialists or pharmacists to reduce the pressure on GPs.

The Paper also states that this proposal would continue the "current barriers to doing the right thing first time (lack of timely access, confusion, duplication, etc). Why does the PCCC have confidence that their proposals to "Improve the way people access services via GP & NHS111" will work for their proposals but are not considered in relation to existing services? Is it because the PCCC has a pre-determined policy and is not prepared to seriously consider status quo or alternative proposals?

CCG Response:
The changes to the way people access services are only one element of our proposals, which are all interdependent. In theory, this element could be implemented without any other changes as some GP practices already do this. However, it is not a requirement of their contracts and has an impact on GP resources so it would require different ways of working for some practices. For example, some practices would need to work with others in their 'neighbourhood' to be able to deliver this.

We hope that the amount of work we are doing to consider all the feedback we have received, including the alternative approaches suggested, will reassure people that we do not have a pre-determined policy and that we are taking all the points raised very seriously.

Additional questions from Mr Tice asked at the meeting of 23 August 2018: Question 1

a) Is the extra £1 per patient funding, £1 per year and if so for how many years?

CCG Response:
This is non-recurrent funding from NHS England for 2018/19 and is not linked to the urgent care review.

b) What does that represent in terms of an increase in funding compared to the funding that the GPs within those neighbourhoods would get at the moment?

CCG Response:
GP Practices each have a contract for core services with a nationally mandated level of funding per weighted registered patient. Following the recent announcement re. doctors' pay awards for 2018/19 the standard funding is £89 per weighted registered patient. Practices then receive additional funding for certain premises costs and in relation to achievement against the Quality Outcomes Framework. The CCG also holds contracts with GP practices for a range of additional services under the Locally Commissioned Service (LCS) arrangements. The amount which each GP practice earns depends on which additional services they provide, but all practices access funding through certain standard LCSs at about £10 per weighted registered patient.

c) Is that money coming from the National Transformation and Resilience funds available for Primary Care?

CCG Response:
It is from the national funding to support the delivery of the GP Five Year Forward View

d) If that money is coming from that source is access to those funds dependent on closing the Minor Injuries Unit and Walk in Centre or could those funds still be available for primary care without closing the Minor Injuries Unit and Walk in Centre?

CCG Response:
This is additional money that has already been considered and approved by PCCC in previous meetings and is not contingent on the review. The proposals we have put forward would also release savings that would be reinvested into primary care to enable them to provide urgent appointments within 24 hours for all patients that need them.

Question 2

Since Mr Tice had submitted his original questions he has read that the National Guidance states that it is beneficial to locate or co-locate Urgent Treatments Centres alongside Accident and Emergency departments, which he felt would be very sensible. However, should this guidance still apply when the only Accident and Emergency department within the biggest city in the country is not located in the city centre and is massively overstretched already? ie should this guidance not be implemented in Sheffield?

CCG Response:
The guidance recommends that urgent treatment centres are located alongside A&E departments; it does not suggest any variation based on where the A&E department is situated. Our proposals are based on having urgent treatment centres alongside A&E because we believe this offers a number of benefits for patients and will also help to reduce the pressure on Sheffield's busy A&E department by reducing the number of people who attend A&E with non-emergency conditions.

Questions from Ms Deborah Cobbett – Sheffield Save our NHS, at the meeting of 23 August 2018:

Question 1

We feel that the Urgent Care Proposals are still lacking a lot of information. As a person who attended the Public Reference Group we were being asked questions that we didn't quite see what they meant or were heading to. We were offered criteria and did not know where those criteria had come from. My group were not asked questions about buying bottles of milk or strings but I think some people were quite bemused by that. Will you try to make your interactions with the public more transparent and share information about where you are coming from? Getting it right first time is important.

CCG Response:
We completely agree how important this is and are committed to being transparent with the public. We have responded to any requests for further information and shared any information requested on our website.

In terms of the PRG, we apologise if you did not feel clear about the criteria that were discussed. As explained at the event and in the write-ups, the criteria we looked at were those used in the appraisal we carried out to determine the options we consulted on. These were based on the objectives we set ourselves when we started this work and the feedback we had from people during the engagement work we did.

The milk and strimmer analogies were used in the workshop to illustrate the difference between a service you would use regularly (eg a local GP) and a service you would use infrequently (eg a specialist urgent care facility). We appreciate that people will have different preferences on how information is presented and while one participant expressed strongly that they did not find this helpful, it was not highlighted as an issue in any of the other feedback we received and overall people reported that they found the event informative and a positive experience.

Question 2 - in relation to report C, point 4 'Mitigations'

- When will you publish and share with the public details of plans to increase GP services (section for mitigations) both in the city centre and in the neighbourhoods, hubs etc?

  CCG Response:
  The information shared in the paper was a summary of the ideas that had been put forward as potential mitigations. These were included as we want to be transparent with the public about the discussions we have been having with partners and other stakeholders but are not confirmed actions. We will be including information on any actions proposed as mitigations to the issues raised in the next paper to PCCC so these can be considered as part of the decision making process.

- What about discussions about improving transport and access, parking etc in relation to the Northern General Hospital if this ends up being the result?

  CCG Response:
  We recognise the concerns about parking and transport that have been raised and as set out in the paper to PCCC have been looking at whether there are any actions that could be taken to help improve these. We will share outcomes of any discussions we have and will include an update in the report coming to PCCC in September.

Questions from Laura Gordon and Steve Ayris (Sheffield Liberal Democrats) regarding Urgent Care Consultation

1. We welcome the decision to hold this meeting and update on consideration of the alternative options and the detail provided on why the six excluded options were deemed not feasible. Will the PCCC release similar notes for the options that were retained as 'potentially feasible'?

   CCG Response:
   Yes, this information will be included as part of the paper going to PCCC on 20 September. However, it is important to clarify that these are not 'options' but the alternative suggestions that were made in the consultation and which we have been reviewing as part of our consideration of all the feedback we received.

2. Can the PCCC outline what the next steps will be for working up the remaining options to bring them up to the appropriate level of detail for a decision to be made, and what the process will be for making that decision?

   CCG Response:
   We are not working up any alternative options at this stage. The decision that will be taken in September is whether we should proceed with the proposals we consulted on. This will take into account the feedback received during the consultation, including the alternative suggestions.

   We have been reviewing these suggestions to understand if they are actually feasible and if so, whether there could be any benefits we should consider further. We have identified six that we already know would not be feasible for a variety of reasons but the others require us to work through more detail in terms of cost and activity modelling to determine if they would be viable approaches. Work on this is still continuing but we have already had discussions with a variety of stakeholders (as detailed in the paper) to consider the possible benefits of all the suggestions so that we can consider these for any of the remaining ones that are likely to be feasible.

   All this information will be reviewed by the Urgent Care Programme Board, who will then make recommendations to PCCC for a final decision.

3. Notting that papers will be presented to the PCCC in September and a decision will be made by the September meeting, will there be any opportunity for public feedback before the decision is final?

   CCG Response:
   The decision we are making in September is whether to go ahead with the changes we have already consulted on. If we decide to pursue any options that are different from those consulted on – including any of the suggestions from the consultation feedback – we would consult the public again.

4. Given the high level of public interest in this process and the fact that several of the alternative options proposed by the public are very different to the original proposals, will the PCCC consider re-opening the consultation to allow the public to give their views on some or all of the alternative options?

   CCG Response:
   As explained above, the decision we are making in September is whether to go ahead with the changes proposed in the consultation. If we decide to pursue any approach that is different from the options we originally consulted on – including any of the suggestions in the consultation feedback – we would involve the public in developing new options and then consult on these.

5. Can the PCCC outline what steps it intends to take to ensure public support for the eventual outcome?

   CCG Response:
   The CCG is committed to listening to and working with the public of Sheffield on the future of urgent care services. We are still considering the feedback from the public consultation and we are working with partners, clinicians and local people to look at the issues raised and to review the alternative suggestions that were made.

   The recommendations that will be brought to PCCC will take account of the work done to identify possible mitigations to the issues people have raised and how these would be addressed if we proceed with the proposed changes. If we decide to reconsider our approach and develop different options for consultation, we will consider everyone's views on the new options and the impact they feel they would have on them.