

**Unadopted minutes of the meeting of the Primary Care Commissioning Committee
 held in public on Thursday 20 June 2019
 1.30 pm – 3.00 pm, Boardroom 722**

Present: Ms Chris Nield, Lay Member (Chair)
(Voting Members) Ms Nicki Doherty, Director of Delivery, Care Outside of Hospital
 Professor Mark Gamsu, Lay Member
 Mrs Jackie Mills, Interim Director of Finance
 Mr Alun Windle, Deputy Chief Nurse

(Non voting members) 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 Representative Sheffield
 Dr Terry Hudson, CCG Governing Body GP Elected City-wide representative
 Mr Greg Fell, Director of Public Health, Sheffield City Council
 Dr Anthony Gore, Clinical Director, Care Outside of Hospital
 Ms Victoria Lindon, Assistant Head of Primary Care Co-commissioning,
 NHS England/NHS Improvement (NHSE/I)
 Dr Chris Whale, Secondary Care Doctor

In Attendance: Ms Lucy Ettridge, Deputy Director of Communications, Engagement and
 Equality
 Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning
 Mrs Karen Shaw, Executive Assistant to Accountable Officer and Chair

Members of the public

Three members of the public were in attendance. A list of members of the public who have attended CCG Primary Care Commissioning Committee meetings is held by the interim Director of Finance.

54/19 Welcome

The Chair welcomed members of the NHS Sheffield Clinical Commissioning Group (SCCG) Primary Care Commissioning Committee (PCCC) and the public to the meeting.

55/19 Apologies for Absence

Apologies for absence from voting members had been received from Ms Amanda Forrest, Lay Member, Brian Hughes, Director of Commissioning and Performance and Mandy Philbin, Chief Nurse.

Absence from Non-voting members had been received from Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative.

ACTION

The Chair declared the meeting was quorate.

56/19 Declarations of Interest

The Chair reminded members of their obligation to declare any interest they may have on matters arising at PCCC meetings which might conflict with the business of NHS Sheffield Clinical Commissioning Group (CCG). The Chair 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 meeting 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:

Agenda item 6 (paper C) – Sheffield Primary Care Strategy

Dr Terry Hudson, CCG Governing Body GP Elected City-wide Representative and Dr Anthony Gore, Clinical Director, Care Outside of Hospital declared their interest in this item. .

The Chair advised members that Dr Hudson and Dr Gore would remain in the room and take part in the discussion as they were non-voting members of the committee.

Agenda item 8 (oral update) – Primary Care Networks

Dr Terry Hudson, CCG Governing Body GP Elected City-wide Representative and Dr Anthony Gore, Clinical Director, Care Outside of Hospital declared their interest in this item.

The Chair advised members that Dr Hudson and Dr Gore would remain in the room and take part in the discussion as they were non-voting members of the committee.

Dr Alastair Bradley, LMC representative, declared an interest in this item as he is a partner in the Hillsborough Network.

The Chair advised members that Dr Bradley would remain in the room as he was attending the meeting as the LMC representative not a Hillsborough representative.

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

57/19 Questions from members of the public

The Chair advised that no questions from the public had been received prior to the meeting.

58/19 Minutes of the meeting held on 29 May 2019

Ms Victoria Lindon asked that her title be amended to read Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning, NHS England/NHS Improvement and that this be noted as a permanent change.

Page 6 (2nd paragraph) – Southey Green – sentence to read – Any practice that wishes to take up a DES should be able to do so and NHS England has confirmed in the Frequently Asked Questions.

Page 6 (last paragraph) – Southey Green – Paragraph to read: The Director of Delivery, Care Outside of Hospital confirmed that NHS England is currently in discussion with the Regional Team about the various options in regard to Southey Green.

The minutes of the meeting held on 29 May 2019 were then agreed as a true and accurate record subject to the above amendments.

59/19 Matters Arising

a) Minute 46/19 (b) (Minutes 33/19 (c) and Minute 19/19 refer) – Update on Universal Credit – In view of the Strategic Development session held today, this item had been deferred to 18 July meeting.
Post Meeting note: Update within Primary Care Update Report reporting month June 2019 – Item 15. (Private). Further updates to be included within this report.

SB

b) Minute 46/19 (c) (Minutes 33/19 (f) and 23/19 refer) Urgent Care Review of Strategic Objectives – Paper to be brought to 18 July meeting.

KG

c) Minute 46/19 (d) (Minute 35/19 refers) – Primary Care Network (PCN) Approval Process – The Deputy Director of Delivery, Care Outside of Hospital advised that this minute specifically related to the role of the Clinical Directors and to what extent they would be left to work locally in their network and how involved they would be with the integrated care system (ICS). The Deputy Director of Delivery, Care Outside of Hospital advised that she had attended a Primary Care Leads meeting to discuss the offer from ICS and that there was broad agreement that people should be left for a period of time to understand their network and local priorities. ICS are working up an offer around development and this would be optional, as required.

AT/AG

- d) **Minute 48/19 (Minute 98/18 refers) GP Retention Scheme – Additional Application** – It was noted that the Workforce Strategy is on the forward planner.

The Assistant Head of Primary Care Co-commissioning, NHS England/NHS Improvement (NHSE/I) advised that a further application had been received and was currently being processed.

60/19 **Sheffield Primary Care Strategy**

The updated Strategy had been brought to Committee for approval.

The Chair advised that NHSE/I had requested that the CCG refreshed its strategy in light of the Long Term Plan, the wider publication of the new GP Contract and the introduction of the Primary Care Networks.

The Deputy Director of Delivery Care Outside of Hospital explained that at the same time, post the long term plan and GP reform publishing, the ICS was developing its Primary Care Strategy and the CCG was asked to update its strategy in light of those two changes but more generally so that those documents were comparable.

She explained that the ambition in Sheffield was to develop this within the ACP environment and therefore providers and commissioners, including wider primary care, for example dental and pharmacy, had been involved in its development. However, due to the short timescale given to develop this strategy there was more detail to build into the document. It was also noted that the timescale had not allowed for public engagement at this stage but there was a willingness to do this as further iterations of the strategy are developed.

Members were then asked for their comments.

Professor Mark Gamsu, Lay Member, expressed his disappointment with the document. He felt this strategy had been written at the behest of NHSE/I and the ICS in an unrealistic short timescale and just identified the 'must be dones' identified in the Long Term Plan. He did not feel that the Strategy referenced resourcing of primary care with regard to health inequalities in the city and the challenges of poor performing practices. He suggested that, perhaps, the title should be changed to reflect that the Strategy was still in development for example Primary Care Strategy, outline approach, work in progress and reiterated the importance of involving key groups of stakeholders and seldom heard voices in any further iterations of the Strategy.

The Deputy Director of Delivery Care Outside of Hospital commented that she agreed with most of Professor Gamsu's comments but in the timescale given it had not been possible to develop such a comprehensive document. She went on to confirm that going forward, the

ambition would be to continue to add to and update the document in the ways suggested but noting that this also fits with the Out of Hospital Care Strategy and with Long Term Conditions and how out of hospital care works in Sheffield.

Dr Terry Hudson, CCG Governing Body GP Elected City-wide representative, reflected that on reading the document it looked as though it stands alone and that it may be helpful to reflect back to other documents. He also commented that he felt there needed to be more detail to the outcomes as currently there were no specifications of what they are.

He also suggested that:-

- the governance structure referenced in 1.2 , (The Regional Context), be removed or more clarity provided as it was not clear where the accountability lies;
- Section 1.3, (Local Context), reference to the multi-agency delivery board - there was no detail of how this was composed;
- Page 10, diagram above 1.4, we should remove the British Standards logo

Dr Chris Whale joined the meeting.

Following further discussion, and noting that primary care transformation was being discussed in the development session and may therefore shape whether this should sit with PCCC or the ACP, it was agreed that the Deputy Director of Delivery, Care Outside of Hospital would return to PCCC with an update on key actions/timescales.

SB

It was also noted that the Deputy Director of Delivery, Care Outside of Hospital would be invited to attend a SPEEEC meeting to discuss the engagement plan for this strategy.

LE/MG

The Chair thanked the Deputy Director of Delivery, Care Outside of Hospital for her work thus far.

The Committee approved the strategy with the above considerations.

61/19 Financial Report at Month 2

The interim Director of Finance presented this report, which provided the Committee with the financial position for primary care budgets for the two months to 31 May 2019.

The interim Director of Finance advised that it was too early in the financial year to draw firm conclusions on the forecast outturn as there are a range of issues/risks to be managed in year.

Year to date, there is a small amount of slippage reported, some of which may be a timing issue, on list size changes and premises reserves.

PCCC has previously noted that, due to the late change in the notified primary care allocation, there is an unfunded forecast cost pressure of £938K associated with the implementation of the revised GP contract. At Month 2, the CCG has deployed the full contingency reserve to offset £400K of the forecast pressure, recognising that this then leaves no contingency to manage any further pressures which may materialise in year.

This leaves a residual unfunded pressure of £500K in the delegated budget. To manage the risk, the CCG continues hold back £500k of reserves earmarked for other developments.

The interim Director of Finance asked the Committee to also note that the CCG is still working through it's understanding of the new contract framework and there may be slippage in other areas. However, this is unlikely to solve the financial pressure on a recurrent basis.

The Committee noted the report.

Greg Fell joined the meeting.

62/19 Primary Care Networks (PCN)

The Deputy Director of Strategic Commissioning and Planning provided a verbal update as follows:-

- Last month the Committee had received a paper setting out the CCG's position on PCN's.
- The CCG had received applications from 15 networks
- One practice had not signed up to the DES
- One practice had wished to sign up to the DES but had been unable to find a network who would accept them as a member. At that point, PCCC supported a proposal for Upper Don to operate as a single PCN as an exception to the minimum population limited.
- The CCG was advised that because of these two issues, but primarily because of Southey Green, the CCG was unable to sign off any PCNs until the issue had been resolved.
- Discussions have continued and PCCC delegated authority to sign off PCNs to the Acting Accountable Officer.
- At this point, the CCG has not been able to sign off the networks.
- The CCG has agreed a LIS with West 5 to provide cover for the practice that opted out of the DES
- Southey Green are meeting with North 2 network who are considering their request to join today and the CCG will be informed tomorrow if the application has been successful
- In relation to Upper Don the CCG has been advised by NHSE/I that this network is too small and does not meet the exception criteria. The CCG is pursuing with the ICS and NHSE/I an approach whereby Upper Don and Hillsborough come together under one primary care network but would operate as two

neighbourhoods, or sub-networks.

Members were offered the opportunity to comment.

Professor Mark Gamsu, Lay Member, asked if there was any appeal process and was advised by the Assistant Head of Primary Care Co-commissioning, NHS England/NHS Improvement (NHSE/I) that there was no appeal process; the national teams had looked at the networks whose population was significantly under 30,000 against the exception criteria.

Terry Hudson, CCG Governing Body GP Elected City-wide representative, commented this was a disappointing response to the networks. He commented that part of the DES talks about geographically contiguous areas and primary care at scale and he felt that inequalities would not be addressed if areas were grouped.

The Director of Delivery, Care Outside of Hospital advised that this situation was not unique to Sheffield; there are a number of single networks operating but with multiple sub networks. These sub-networks were able to operate in a way that recognises their local population needs and with the local leadership to do so, but also benefit from an overarching single mechanism for the PCN, for example in relation to administration.

The Director of Delivery, Care Outside of Hospital felt it was an unsatisfactory situation that the CCG had not been able to sign off any PCNs but believed that this could be resolved. However, she noted that of greater concern was the extended hours access arrangements, which were coming to an end and without resolution would create a risk to the organisation.

Terry Hudson, CCG Governing Body GP Elected City-wide representative asked what the CCG and NHSE/I were doing to support the network to ensure the governance arrangements are correct. The Director of Delivery Care Outside of Hospital advised that the CCG and ICS have offered additional support to the networks to put the network agreements in place.

Dr Trish Edney, Healthwatch representative, enquired what effect this would have on patients, for example would they have to travel further to see a pharmacist? The Director of Delivery, Care Outside of Hospital advised that the CCG would be supporting both sub networks to have the same additional roles. This would cost the same as if the originally intended 15 networks were approved.

Dr Edney, expressed her disappointment that patients' needs did not appear to be taken into account but was assured that the Business Case had specifically recognised patient preference.

PCCC noted the update on the work done to date to get the networks approved.

PCCC approved the continuation of the delegation to the Accountable Officer to sign off the Primary Care Networks.

63/19 Any Other Business

There was no further business to discuss this month.

64/19 Key Messages to Governing Body

The Chair confirmed the following key messages for Governing Body:-

- Communicate further actions to develop the Primary Care Strategy which includes a commitment to engage in specific areas of the strategy eg engagement and disproportionate investment which will be discussed further at SPEEEC.
- Update on the position with regard to the networks and how issues identified are resolved.

65/19 Date and Time of Next Meeting

The next meeting will take place on Thursday 18 July 2019, 1.30 – 4.00 pm, Boardroom, 722 Prince of Wales Road