

**Primary Care Commissioning Committee**  
**Unadopted minutes of the meeting held in public on Thursday 23 July 2020**  
**1.30 pm, via Zoom**

**A**

- Present:** Ms Chris Nield, Lay Member (Chair)  
**(Voting Members)** Mr Brian Hughes, Deputy Accountable Officer and Director of Commissioning and Performance  
Ms Amanda Forrest, Lay Member  
Ms Jackie Mills, Director of Finance  
Mr Alun Windle, Chief Nurse
- (Non voting members)** Dr Amir Azfal, CCG Governing Body GP Elected City-wide Representative  
Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative  
Ms Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital  
Dr Trish Edney, Healthwatch Representative Sheffield  
Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning, NHS England & NHS Improvement  
Dr Zak McMurray, Medical Director  
Dr David Savage, Local Medical Committee Representative
- In Attendance:** Mr James Barsby, Commissioning and Contracts Manager, Primary Care team (Items 22/20 and 23/20 only)  
Ms Lucy Ettridge, Deputy Director of Communications  
Ms Roni Foster-Ash, PA to Medical Director (Minute Taker)  
Mr Nick Germain, Primary Care Manager, NHS England & NHS Improvement  
Mr Adam Lavington, Deputy Director of IT (Item 22/20 only)  
Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning  
Ms Joanne Ward, Primary Care, Co-Commissioning Manager

**Members of the public**

The Chair informed the committee that although this first meeting of the Primary Care Commissioning meeting held in public during the COVID-19 Pandemic was not being streamed live to members of the public, papers were available on the public website and questions could be asked in advance.

**ACTION**

**13/20 Welcome**

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

The Chair welcomed Nick Germain, Primary Care Manager, NHS England and NHS Improvement, who was attending the committee meeting as part of his induction.

The Chair gave apologies for the lateness of papers and advised that she

would be working with the Deputy Accountable Officer / Director of Commissioning and Performance to ensure a plan was put in place to rectify this for future meetings.

CN/BH

The Chair advised that the committee had previously planned to hold a development session in July 2020, however, due to the number of items of business for approval and discussion in both meetings held in public and private, along with a number of areas currently being developed, it was agreed to hold a business meeting for both and endeavour to hold the development session in August 2020 (date to be confirmed).

RFA

#### **14/20 Apologies for Absence**

Apologies for absence from voting members had been received from Professor Mark Gamsu, Lay Member and Ms Lesley Smith, Accountable Officer.

Apologies for absence from non-voting members had been received from Mr Greg Fell, Director of Public Health, Sheffield City Council.

The Chair declared the meeting was quorate.

#### **15/20 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 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>

Dr Afzal, GP Locality Representative, Central, noted that his practice was part of, and would benefit from, the Integrated Care System Wave 4 Capital Bid. The Director of Finance advised that Dr Afzal is a non-voting member and the committee were not being asked to make any decisions on this.

There were no further declarations of interests in relation to agenda items being discussed today.

**16/20 Questions from members of the public**

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

**17/20 Minutes of the meeting held on 23 January 2020**

The minutes of the meeting held on 23 January 2020 were agreed as a true and accurate record with exception of the following:

- **3/20 – Declarations of Interest (page 2)**

Should read as follows:

‘Dr Amir Afzal, GP Locality Representative, Central was now a non-voting member of the Primary Care Commissioning Committee replacing Dr Terry Hudson.’

**RFA**

**18/20 Matters Arising**

**a) Minute 06/20(a) (88/19 refers) - GP Patient Survey 2019**

Added to forward planner to be brought to the committee once completed.

**SN**

**b) Minute 06/20(b) (97/19, 86/16 refer) - Minutes of the meeting held on 19 September July 2019 - West 5 Primary Care Network Local Incentive Scheme (LIS)**

- The Deputy Director of Strategic Commissioning and Planning reported the review of effects and impact of the LIS in 2019/20, had been paused as a result of COVID-19 and this would be presented to the committee when this work has been completed.

To be added to PCCC Forward Planner (public)

**RFA**

- At the last meeting held in public, the Healthwatch Representative agreed to provide examples of feedback from patients (once permission had been gained from individuals concerned) that suggested that there was confusion about how to access network services.

The Healthwatch Representative advised that this had now been superseded by the COVID-19 Pandemic, where contact with general practice had changed. Due to the current circumstances, it was agreed to remove this action and to re-visit post Pandemic, if necessary.

**c) Minute 06/20(d) (100/19 refers) Digital Programme Update - Online Consultations**

Position statement provided to PCCC on 23 Jul 2020 (paper F - 21/20).

**d) Minute 07/20 - Wave 4 Capital Allocations for Primary Care**

The Deputy Director of Strategic Commissioning and Planning advised that it was now expected that the ICS outline business case would be presented for approval in September 2020.

**AT**

To be added to PCCC Forward Planner for 17 September 2020 (public).

**19/20 Meadowgreen Health Centre (C88015) and The Avenue Medical Practice (C88024) Merger Application - Paper C for approval**

The Deputy Director of Strategic Commissioning and Planning reported that this was the first of several mergers to be brought for approval.

The Primary Care Co-Commissioning Manager presented this paper.

She reported that, as outlined in paper C – appendix A, the committee had been provided with a comprehensive business case from the practice. A newly formed merger group had been established to ensure that a robust process was in place to support practices to develop their business cases for mergers. This process will provide assurance to the committee that all necessary details have been reviewed.

The committee had been made aware of the direction of travel with the relocation of Meadowgreen into Jordanthorpe and, as laid out in the business case within paper C, the acquisition of the Avenue Practice.

She advised that patient engagement had taken place as part of the Jordanthorpe relocation and again, the direction of travel had been discussed with patients with assurances from the practice that they continue to engage with patients via their Patient Participation Groups (PPGs) and have provided the CCG with an engagement plan and are committed to utilising the specialist engagement teams in order to continue to do so if approval for the merger is given by the Committee.

Key benefits were outlined in 9.1 of the paper. The practice felt that they have demonstrated that there would be additionality as part of this merger with extended hours and accessibility at both sites for patients at The Avenue in particular.

She advised that the LMC had also supported this direction of travel along the way.

Questions and comments from committee members:

Ms Forrest, Lay Member, noted that Paper C - page 5 outlines that engagement with patients did not meet the expectations of the CCG engagement team and further work was required. She felt that this further engagement was not clearly outlined and would like to see further support for the PPG.

The Primary Care Co-Commissioning Manager responded that COVID-19 had affected the extent of public involvement but one of

the main priorities is to enable the clinical systems to merge to assist in functionality of the challenges faced by the pandemic.

- Ms Forrest sought clarification on the provisional 'go live' merger date.

The Primary Care Co-Commissioning Manager confirmed that this is due to provisionally take place overnight on 28 July into 29 July 2020.

- Ms Forrest commented that, looking at the forward plan, there is a vast amount of liaison and informing to take place over the next few working days and sought reassurance that this could be achieved.

The Primary Care Co-Commissioning Manager confirmed that assurances had been received from the practices that they have engaged with stakeholders who are fully aware of the date being proposed.

Ms Forrest thanked the teams for the hard work already undertaken but commented that much of the patient engagement could and should have been undertaken prior to COVID-19 Pandemic. She also highlighted that paper C - page 5 outlined 'patients may have been discouraged from expressing their views by the clear intent to merge set out in practice communications' and felt there was some learning to be taken from this and form an ideal approach.

The Deputy Director of Strategic Commissioning and Planning advised that the merger review had identified this as one of the weaknesses of this merger. There had been a lot of reflection on ensuring that this happens better in future, confirming that this has now been built into the planning and the frameworks that the CCG provide to potential merging practices.

Conversations had taken place within the merger team to see if this was sufficient grounds to delay the merger however it was felt that, on balance, there was not. There is agreed further work to identify and address any issues and there are sufficient benefits of having this site as part of the practice.

The Deputy Director of Communications reported that the team recommended not to hold up the merger as the Quality and Equality Impact Assessment (QEIA) clearly showed no adverse impact, if there had been more contentious issues or there had been more service changes then the recommendation would have been different. For this merger, the priority is involvement around service delivery, rather than the impact of the merger.

The Primary Care Co-Commissioning Manager advised that the recommendations to the committee, that the practice are fully engaged and do want to continue engaging, post-merger. She confirmed that this will be undertaken as part of the embedded plan with the CCG continuing to work with the practices post-merger to ensure that patients will and continue to be engaged.

The Deputy Director of Strategic Commissioning and Planning further commented that a big piece of learning is the amount of support that practices require to ensure their patients are having effective involvement in mergers.

- The LMC Representative re-iterated that this merger has the support of the LMC.

He made the committee aware that this had an impact on the paper being presented to the committee in the following meeting being held in private (paper PC) and that there were some issues he wanted raise in the following meeting as they were interconnected.

- The Healthwatch Representative asked if the letter had been sent to all the practice's patients and whether there had been a chance for response.

The Primary Care Co-Commissioning Manager advised that letters had been sent to certain groups but would clarify the dates the letter was sent out.

The Healthwatch Representative commented that, for future mergers, it would be good to have a template letter for use by practices and a checklist to give to the practices concerned.

The Deputy Director of Strategic Commissioning and Planning confirmed that the merger group has developed a checklist for practices (adapted from NHS England guided checklist).

The Deputy Director of Communications advised that the Communications team will work with the primary care team to develop a Communications toolkit as part of this process.

She commented that this had highlighted the need for more support around involvement and this would be addressed for future mergers.

The Director of Finance said the committee should confirm any requirements and caveats when approving the merger.

The Deputy Director of Strategic Commissioning and Planning added that the further recommendations for approval are to ensure that as many of the practice's registered patients as possible have an opportunity to contribute their experience to the merger and allow the practice to develop a plan to address these.

The Director of Finance asked if timescales discussed were aligned with the plan in the paper and the Deputy Director of Strategic Commissioning and Planning confirmed that the practice have committed to delivering the engagement plan within the paper.

## The Primary Care Commissioning Committee:

- **Approved the merger application.**
  - **Approved the recommendations outlined within the paper for the merged practice to continue to review and measure the impact of change and to work with the Quality and Engagement teams to further mitigate against these post-merger.**
  - **Agreed a template letter and core information for practices, sharing the learning from other practice, would be developed and made available.**
- JW  
LE/JW

## 20/20 Financial Report at Month 3 – Paper D for consideration

The Director of Finance presented the financial report which provided Primary Care Commissioning Committee with the financial position for primary care budgets for the three months to 30 June 2020.

Paper D described a new financial regime which is significantly different from the arrangements previously in place.

The arrangements originally put in place to cover the period April to July have now been extended for another month, as a minimum, to the end of August 2020. We are still awaiting details on what will replace these and therefore are operating with a significant amount of uncertainty.

The following points were highlighted:

**Approach to working with practices.** The national guidance was issued in March around the first phase response to support practices to focus on their response. The CCG wrote out to provide additional information in relation to quarter one. In recent weeks supplementary guidance for the period for the second quarter has been received (this will be covered in more detail in the papers for noting – see C24/20). Clarification of this guidance will be sent out to practices very shortly.

**Overall Financial Position.** As outlined in the report, an allocation has been received to cover the period April to July initially and for delegated budgets the CCG's assessment is that this is around £1 million less than planned spend and therefore immediately adds a significant amount of pressure into the financial position. The national arrangements did note that, if the CCG could justify why their spend was more than the allocation given, there would be a process for retrospectively topping up allocations and, although it is expected this will happen, the CCG are still awaiting confirmation from NHS England and Improvement that this commitment will be honoured. Again, this leaves a level of risk in the system.

### **Delegated budget**

The forecast for next four months is that the CCG will be £1m overcommitted; this is mainly in relation to the fact that the allocation issued was lower than planned spend.

### **Locally Commissioned Services**

It is envisaged that at the end of the four month period there will be approximately £200k pressure, mainly due to all the PQIS spend falling into this quarter although only received a quarter of the allocation which results in an immediate overspend.

There is an underspend on interpreting services. When reviewing the impact of Covid-19 in particular groups, it has been noted that there has been a particular impact on the deaf community and there has been a significant fall in accessing BSL (British Sign Language) support. The Deputy Director of Communications confirmed that the data behind this is to be investigated and she would be talking to people about what this means. She noted that the contract is due to be reviewed in next couple of months.

### **COVID-19 costs**

The Director of Finance advised that there is a separate process for reclaiming COVID-19 costs. The table on page 5 of the report gives an analysis of the types of things that are being reimbursed to practices. She confirmed that the processes were really well supported by the Locality Managers and the Primary Care Team who have undertaken a significant amount of work to understand what the issues are and to collect information together. Again there is a level of risk as the CCG have not received national guidance that this is the correct approach. She confirmed that the level of forecast spend is currently around £1.3 million – awaiting national approach and how the CCG will need to respond to it.

Questions from members:

The Chair recognised the difficulties of not having a longer term budget in place at the moment and also the processes that had been put in place emphasising the importance of doing the right thing for Sheffield practices and the people of Sheffield; essential during the COVID-19 Pandemic. The Chair, along with Committee members, gave thanks to the finance team and Locality Managers for the vast amount of work quickly undertaken to achieve this.

Ms Forrest commented that the message given out by the Government had stated to do whatever it took for the NHS and whatever the costs were, they would be met therefore emphasised that reimbursement should be honoured as the money spent had been essential during the COVID-19 pandemic to keep the NHS functioning and for the benefit and needs of Sheffield.

The Director of Finance agreed that this had been the statement initially given by the Government and that the CCG had acted in good faith upon this. However, subsequent to this, the CCG had received guidance confirming the spend will be audited, and further guidance is expected. The retrospective adjustment to allocation to reflect approved COVID costs has not yet been confirmed, and so this remains a risk.

The Deputy Accountable Officer and Director of Commissioning and Performance reported that the CCG had accounted for every £ against legitimate COVID-19 spend and sought support of the Committee for the CCG to continue to do the right thing for practices and the population of Sheffield. He further confirmed that the CCG had total confidence in the finance team with regard to the records of the CCG legitimate COVID-19 spend being taken.

Dr Afzal commented that, appreciating that not all guidance had yet been received, he felt that this should be based on the simple principle of working on 'if you can prove that the cost incurred is above what you would have done had COVID-19 not occurred'. The Director of Finance confirmed that these were the principles that the CCG were working on.

The Director of Finance advised that the CCG had been liaising with colleagues in the surrounding CCGs to ensure Sheffield CCG was following a consistent approach and they had confirmed this was the case.

**The Primary Care Commissioning Committee noted the reported financial position as at month 3.**

**21/20 Risk Assessment for Black, Asian and Minority Ethnic and High Risk Staff in Primary Care– Paper E for consideration**

The Deputy Director of Strategic Commissioning and Planning presented this paper which provided assurance to the committee on the steps taken by SCCG to facilitate risk assessment and support for both BAME and high risk staff in primary care and to ensure that all risk assessments are undertaken in a timely manner.

The Deputy Director of Strategic Commissioning and Planning apologised for the lateness of this paper but explained this enabled the committee to be presented with the most up-to-date information available although practice level data was not provided as it may be possible to identify.

The Deputy Director of Strategic Commissioning and Planning reminded the Committee of discussions around impact on both BAME and other vulnerable staff had been held at the last committee meeting held in private. She confirmed that this report was to provide the committee with information on the steps the CCG has taken to support the practices and their staff and also the national requirements around the risk assessment and support to staff specifically in primary care. She further advised that there were similar requirements for the CCG's own staff and steps are also in place and this is being reported through CCG Governing Body.

She advised that the CCG are still following up with a number of practices, however over 60% of practices are complete and meet the requirement which is that they have offered risk assessments to their staff, specifically BAME and vulnerable staff groups.

She advised that members of staff are at liberty to decline an assessment, but where they would like one, have been offered one.

Other practices are being actively followed up and offered additional support to complete the risk assessments.

She confirmed that there is also support available via the Occupational Health services for practices who require additional support completing the risk assessments or further advice.

The CCG have asked practices if they will share their premises risk assessments to enable the CCG to review common themes and identify any other steps that would be taken to support practices further.

Questions and comments from committee members:

- The LMC Representative commented that, as the document explains, this is guidance and a number of tools had been suggested. He asked if a practice could choose its own tools for assessment and commented that the LMC recognise that practices have a duty as an employer to assess the risk for their staff and support this.

The Deputy Director of Strategic Commissioning and Planning advised that national guidance was issued around the tool. Noting that there is no strong evidence available around any one particular tool, and recognising that, for the practices to work through all the tools currently available and identify which one would work best would be onerous task, a lot of work was then undertaken in Sheffield to review which tool would work best in primary care. The CCG has suggested a tool and issued this to practices by way of support if they want to use it.

- The LMC Representative commented that practice staff cannot undertake blood tests for their staff for vitamin D; they can recommend that they take it and recommend that they go to their GP and ask for it, however the evidence, particularly non- BAME staff, is limited.

He questioned what the CCG prepared to do with the issue of track and trace if, for example a receptionist tests positive.

The Deputy Director of Strategic Commissioning and Planning advised that a practice had experienced this recently. The Primary Care Team, with the Locality Manager and the PCN (Primary Care Network) were able to put in place a package of support. She confirmed that this is now being used as a template should this be required in the future thus supporting both the practice and the network to put requirements in place.

The Medical Director advised that the CCG is still emphasising the

message to practices to try to not be in contact (which, understandably is not always possible and very difficult with confined spaces). Try to not make yourself a contact, keep two metres distance and follow all the guidance as best you can. He advised that the CCG is attempting to communicate this message out as often as it can but obviously do accept that in some situations, practices do find themselves in these positions and that the CCG will try to support them as best they can.

The Deputy Director of Strategic Commissioning and Planning confirmed that the CCG is supporting practices who need to make adaptations to make their premises as safe as possible. She advised that, as an example, the CCG had recently purchased a significant number of cough and sneeze screens for reception desks to help encourage social distancing between reception staff and patients.

Dr Afzal commented that the example given earlier related to his practice. He advised that it is thought this happened due to the amount of time staff were together in one large meeting room and confirmed that there would be some learning points from this. He commented that to run a 7,500 practice without any physical presence of clinical staff was a huge undertaking and a major concern for all partners. Dr Afzal emphasised the need for clarity of communication and speed of decision making in these situations and expressed his thanks to the primary care team for their valued support throughout this.

The Deputy Director of Strategic Commissioning and Planning confirmed that the CCG had purchased 300 webcams and headsets, 177 of which had been distributed into primary care with the remaining ones to be distributed as soon as delivered. This should significantly improve the position and improve social distancing whilst holding meetings.

**The Primary Care Commissioning Committee considered and noted the actions taken to provide support for BAME and high risk staff working in primary care and the steps taken to ensure all staff who consent receive a risk assessment by the end of July 2020.**

## **22/20 Digital Programme update – Quarter one update – Paper F for consideration**

The Deputy Director of IT presented this paper highlighting the following key points:

### **HSCN – Health and Social Care Network**

- The CCG are a significant way through this programme with deadline remaining end of August 2020.
- Nine sites across Sheffield still outstanding to migrate.
- Key concern areas are University Health Centre which still has issues regarding access to enable work to be undertaken; this is

mainly due to the type of building and LIFT buildings remaining. Working with NHS Digital to expedite the migrations, part of the problem is due to BT Openreach who are refusing to enter some sites due to the COVID-19 situation.

- Around 12,000 sites across the NHS in total that are still on N3 and not migrated. The implication of this is it costs £100k per day to keep N3 active as a service. It is envisaged that all of Sheffield sites will be migrated and, for those that do not, mitigation is in place (currently being worked on).

## **COVID-19 Digital Response**

- Significant amount of work required from IT to respond to COVID-19, mainly around mobile working and enabling meetings etc. A number of different technologies were procured. MS Teams has widely been used across the organisation and statistics to July show 16,000 MS Teams meetings utilised in Sheffield.
- Towards the end of May the CCG deployed additional 750 laptops, mostly across PCNs to be distributed out to practices, some directly to practices.
- A number of other technologies looked at with a number of licenses being purchased for 'Away From My Desk' utilised as a mobile working solution.
- A number of virtual smartcards with a quarter of these going out to Sheffield practices with the remaining being deployed in the next few weeks.
- Bought resilience to the mobile working solution that runs out of 722 as a 'single point of failure'. The service has also expedited the HSCN migration at Barnsley HQ at Hillder house so that additional capacity and resilience could be configured for the CCG mobile working solution.
- Attained additional contractors to help with the mobile working response.
- Bassetlaw, Barnsley and Sheffield CCG's have also been put forward as first of type for the trial of internet first of access to System Once which is the national programme to enable access to System One from any web browser, however at this time does not allow Spine access.
- Embed contract expired since last update given to Committee; contract migrated to the new service without any disruption.
- Minor issues around payroll now resolved. Given the situation with COVID-19 the on call aspect of the service has not gone live.
- Successfully hit targets in April and May 2020. Did not hit target in June 2020 - 73.46%, most of which was due to a number of issues around circuits and outage of circuits in June from Redcentric (third party), with four priority 1 incidents in May and nine in June 2020. These issues are not necessarily Sheffield's problem as Redcentric are moving a considerable number of other organisations in the Sheffield area on to HSCN and this is the cause of some of the disruption. As a response to this, recruitment has been increased with some of the outstanding vacancies within the team to respond to some of the increased calls received during June. It is understood that the issue HSCN had with the supplier has now

been resolved and are ensuring that the field service engineers and service desk engineers are now monitoring the queues more effectively (heat map on page 5 of report to be shared in practices via newsletter. Although continue to encourage use of self-service portal for practices to communicate with IT this give practices an idea of busiest times).

## **GP IT**

- Funding 2020/21 - Outline bids submitted for schemes for this year however given the massive digital spend as response for COVID-19. Expecting a much reduced allocation this financial year.
- Refresh and Windows 7 2019/20 - Completion of the refresh and Windows7 to Windows10 project has been challenging due to Covid and access to GP practice. There is a significant amount of hardware in 722 estate to replace, however there is limited remaining to refresh in the GP estate due to a larger refresh programme from 2018/19 funding. This has been challenging due to COVID-19 situation.

## **Office 365**

- Current version of Office 2010 now due to expire end of October 2020 therefore there is a need to move to the new version of Office. A national deal has been made which gives some funding for the capabilities around Office 365. This is not just a product that gives the usual kind of office tools eg Word, Excel, PowerPoint etc, but gives numerous capabilities to run a more Cloud based platform and deliver some of the objectives of the long term plan; puts in a good position to move to Cloud based which is very beneficial for primary care. CCG's agreed to fund the more enhanced licensing for primary care that give the Cloud presence and enables files and folders as well as various other things on line which currently do not have available; Barnsley and Bassetlaw have followed same route.

Financial implications – Assuming Central funding is made available and our ETTF bid is approved the N365 deal will cost as per option 2 (table on page 8 of report) over 3 years. If central funding is not approved the costs will be in total £976,127.24 for Primary care over 3 years.

## **Online consultations**

- Continue to deploy online consultations. Currently there are two practices not offering online consultations; it is envisaged that this will be resolved shortly. Three practices have opted to use their own provider 'Ask My GP'.
- Statistics show approximately 5,000 live consultations have taken place since the product went live.

## **GP Wi-Fi**

- Still working with supplier to resolve some issues around GP Wi-Fi. Daisy has agreed to do a new baseline of all the sites and visit all

the sites which commences in April 2020. Most of the sites look as though the access points are working, the Wi-Fi is working however it is the coverage which is not sufficient to provide the full service that is required in primary care. This is one of the reasons why funding has been given around the GPIT bid for this year, to try to improve this service in GP practices.

The Deputy Accountable Officer and Director of Commissioning and Performance acknowledged that, to transfer an IT function in an in-house service is difficult at the best of times and this was undertaken at the height of COVID-19. The Committee acknowledged the effort that had gone into this around getting the service to go live and gave thanks to the Deputy Director of IT and team for their hard work on this whilst at the same time maintaining a level of IT service and distribution of crucial IT equipment to greatly assist practices during the COVID-19 pandemic specifically noting the fast distribution of additional laptops to practices.

#### **Questions and comments from committee members:**

- Dr Afzal questioned that now practices are using videos, working off a laptop etc was there a possibility of increasing capacity of systems as these seemed to be crashing / slowing down current system?

The Deputy Director of IT advised that this was down to specifics and would only be as fast as the slowest component and, for example, at the current time practices cannot access their GP files and folders through remote working however when move to Office 365 and is Cloud based, all the data will be migrated into the Cloud and this then will alleviate the dependency on the local connections.

He confirmed that the HSCN connections were performing significantly better than with N3, however without knowing what specifically is running slow, it is difficult to diagnose what the slowest part is. When TPP and EMIS go to Cloud base and full internet first things will improve further

It was agreed that Dr Afzal would look into what is specifically running slow and contact the Deputy Director of IT who would further investigate this on a site by site basis.

- In relation to the two practices that have not been able to implement these online consultations, the Assistant Head of Primary Care Co-Commissioning, NHS England and NHS Improvement sought clarifications as to the reasons for this along with timescales for resolving the issues (noting that this has been a requirement for past few months).

The Deputy Director of IT advised that there was no specific reason for this, was just covering the last practices. He confirmed that James Barsby had been leading on this and had confirmed this would be resolved by the next digital update.

The Commissioning and Contracts Manager confirmed there were

different reasons for the two practices involved not currently implementing online consultations and advised that they were working hard with Dr Link to resolve these and was confident that this would happen within the next two weeks.

With regard to the patients of these practices, Ms Forrest sought clarification as to how have they been supported?

The Deputy Director of Strategic Commissioning and Planning advised that if patients have not been accessing online consultation they would have been able to access telephone consultation.

The Commissioning and Contracts Manager added that there is a difference between online consultation and video consultation and both practices were still offering video consultation through another provider therefore it was just the online consultation that they have been unable to access.

The Deputy Director of Strategic Commissioning and Planning advised that a huge amount of work had been undertaken with regard to IT and also the primary care team in terms of managing and getting laptops and other equipment out to practices, as quickly and seamlessly as possible. This was a major logistic effort at the peak of COVID-19. The Committee gave thanks to all involved.

**The Primary Care Commissioning Committee considered and noted the content of the paper.**

## **23/20 Primary Care Network DES- Update – Paper G for consideration**

The Commissioning and Contracts Manager, Primary Care team, presented this paper highlighting the following key points:

Last year 78 of 79 practices signed up with the exception of Stannington Medical Centre. West 5 PCN picked up these patients resulting in 100% population coverage.

This year Stannington Medical Centre confirmed that they did not wish to sign up again therefore the arrangement has been continued with West 5 PCN.

Stonecroft Medical Centre advised that they also wished to opt out but discussions were taking place with Townships 2 PCN to taking this on as a local incentive scheme (LIS). It was noted that, at this present time, Townships 2 PCN are still providing services to patients although a formal contractual LIS is not yet in place; conversations are currently taking place around formal arrangements being put in place.

Other specifications come in this year; Enhanced Health in Care Homes, although starts 1 Oct 2020, had have to bring some elements of this in earlier due to the ask of NHS England during the peak of COVID-19 crisis.

PCNs have been asked to deliver two further service specifications in

2020/21, Structured Medication Review and Medicines Optimisation and Supporting Early Cancer Diagnosis; the CCG will be working with the PCNs to implement this.

The Additional Roles Reimbursement Scheme (ARRS) has been well utilised with conversations currently taking place around the additional 10 roles which will be implemented; this gives very good opportunities for networks.

Significant interest shown in the Mental Health practitioner roles which will be available from April 2021.

Investment of impact fund (IIF) scheme was deferred for at least the first half of 2020/21 with the assurance received from NHS England that this funding would not be lost to PCNs. The funding has instead been moved nationally into a 'PCN Support Payment' worth £0.27 per patient.

Questions and comments from committee members:

Ms Forrest asked why this practice had removed itself and could this also potentially raise implications for the future regarding networks potentially losing practices from networks should they choose to opt out and potentially have an impact on the required minimum size for a PCN – some could become less than this size of 30,000 if practice opts to withdraw from it.

The Commissioning and Contracts Manager advised that the latest guidance from NHS England on the contractual elements for the DES, opting out and adding people in, was made considerably clearer this year. A large part of this is supporting practices to keep them engaged and involved which, as a CCG, we would look to undertake. He confirmed that when Stonecroft Medical Centre opted out, although the CCG will support them whether they are in a network or not, the CCG did confirm that they were happy to have active conversations around their concerns and about where they felt that it was not worth them signing up or did not want to sign up. Ultimately it is a contract that is tied to the practice core contract and is not compulsory in any DES. Although the CCG can encourage the practice and want to work with them to build for the future, this is their choice as a practice.

The LMC Representative reiterated that although this may become part of the core contract in the future, it is currently voluntary. He reported that nationally, more practices have opted out this year. While Sheffield is doing well it is essential that practices understand that the DES will be the vehicle for investment and funding in the future. However the CCG will need to engage and provide support to achieve the objectives of the DES, the next priorities being the Care Homes specification and then Extended Access or more practices may opt out.

The Deputy Director of Strategic Commissioning and Planning agreed

that there is little to keep a practice in the DES if it really wishes to opt out. Their patients will still receive the network services through a LIS, and would only lose their network engagement payment and that the CCG must work with practices so they perceive there is more benefit staying in a PCN than leaving.

**The Primary Care Commissioning Committee considered and noted the progress made and PCN arrangements in place for 2020/21.**

**24/20 Reports circulated in advance for noting**

**The Primary Care Commissioning Committee noted the following report:**

- a) Second phase of General Practice response to COVID-19 – update to GP contracts and income protection arrangements

The Director of Finance and the Deputy Director of Strategic Commissioning and Planning advised the second phase response letter set out the requirements for general practice and it was agreed that a further update would be brought back to next meeting to further describe what is happening.

**25/20 Any Other Business**

No further business for discussion.

The Deputy Accountable Officer and Director of Commissioning and Performance advised that since the last committee meeting, voting member, Nicki Doherty, Director of Care Outside of Hospital, had now moved to Primary Care Sheffield. The committee acknowledged and gave thanks for the impact, input and involvement that Nicki had in her time as Director of Care Outside of Hospital and as a valued member of this committee. It was noted that the CCG is currently in the process of undertaking a change of responsibility within its executive function, which would be concluded shortly.

The Chair gave her personal thanks to Nicki for her help and support given to her specifically on the improvement plan and also the initial meetings of this committee.

## **26/20 Key Messages to Governing Body**

The Chair confirmed the following key messages for Governing Body:

- Meadowgreen Health Centre (C88015) and The Avenue Medical Practice (C88024) Merger Application (19/20 - Paper C)
- Risk Assessment for Black, Asian and Minority Ethnic and High Risk Staff (21/20 – Paper E)
- **COVID-19 Response in terms of:**
  - Financial discussion - Financial Report at Month 3 (20/20 – Paper 7D)

Second phase input - Reports circulated in advance for noting -  
Second phase of General Practice response to COVID-19 –  
update to GP contracts and income protection arrangements  
(24/20b)

## **27/20 Date and Time of Next Meeting**

The next formal meeting of the Primary Care Commissioning Committee will take place on Thursday 17 September 2020, 1.30 pm – 3.00 pm, (details to be confirmed)