

**Primary Care Commissioning Committee**  
**Unadopted minutes of the meeting held in public on Thursday 17 September 2020**  
**1.30 pm, via Zoom**

A

- Present:** Ms Chris Nield, Lay Member (Chair)  
**(Voting Members)** Mr Brian Hughes, Deputy Accountable Officer  
Ms Amanda Forrest, Lay Member  
Professor Mark Gamsu, Lay Member  
Ms Jackie Mills, Director of Finance  
Mr Alun Windle, Chief Nurse
- (Non voting members)** Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative  
Ms Sarah Burt, Deputy Director of Delivery, Care Outside of Hospital  
Ms Victoria Lindon, Assistant Head of Primary Care Co-Commissioning, NHS England & NHS Improvement  
Dr Zak McMurray, Medical Director
- In Attendance:** Dr Alastair Bradley, Chair, Local Medical Committee Representative  
Dr Trish Edney, Healthwatch Representative, Sheffield  
Ms Lucy Ettridge, Deputy Director of Communications, Engagement and Equality  
Ms Sarah Neil, Quality Manager, Patient Experience  
Mrs Karen Shaw, Executive Assistant to Chair and Accountable Office  
Ms Abby Tebbs, Deputy Director of Strategic Commissioning and Planning  
Ms Chevaughn Woodhouse, Freedom of Information Lead

**Members of the public**

The Chair informed the committee that although 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**

**28/20 Welcome**

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

**29/20 Apologies for Absence**

Apologies for absence from voting members had been received from 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 and Dr Amir Azfal, CCG Governing Body GP Elected City-wide Representative.

The Chair declared the meeting was quorate.

### **30/20 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>

Ms Amanda Forrest, Lay Member, advised that she was a patient at Falkland House and declared her interest in Item 7. The Director of Finance advised that this report was only for consideration and as the committee was not being asked to make any decisions on this, there was no specific interest to manage.

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

### **31/20 Questions from members of the public**

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

### **32/20 Minutes of the meeting held on 23 July 2020**

The minutes of the meeting held on 23 July 2020 were agreed as a true and accurate record of the meeting.

### **33/20 Matters arising**

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

Paper provided for today's meeting (Paper D). The action was therefore recommended for closure.

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

Paper provided for today's private meeting (Paper PF).

**(c) Minute 13/20 – Circulation of papers**

Work was ongoing with regard to the process for the collation and distribution of papers in a timely manner for this committee. The Chair recorded her thanks to Abby Tebbs, Carol Henderson, Karen Shaw and Michelle Oakes for their work in collating the papers for today's meeting in the absence of Roni Foster-Ash.

**(d) Minute 13/20 – Development session**

The Chair advised that the development session scheduled for August 2020 to discuss learning from Covid and priorities in primary care was deferred to enable more members to attend and will be held in October 2020.

**(e) Minute 19/20 – Healthwatch Representative**

An update would be given to this meeting - The Deputy Director of Strategic Commissioning and Planning advised this related to a question relating to the merger discussion around Meadowgreen and The Healthwatch Representative had raised a query around public consultation. At the last meeting, it was noted that letters had been sent out to certain patients but it was not clear to which patients and if any responses had been received. The Healthwatch Representative had also suggested that there should be a template/guidance to assist practices with mergers/practice moves on how best to consult with their patients and how best to advertise.

The Deputy Director of Strategic Commissioning and Planning advised that the Patient Participation Group (PPG) was advised of the merger in 2018. Patient Involvement commenced in July 2019; the practice employed various methods to contact and involve patients. This work continued up until the merger date. The Deputy Director of Strategic Commissioning and Planning had been sent the engagement plan for Meadow Green and The Avenue practice and agreed to share with Dr Edney, although she thought this had been included in the paper and would check.

AT

With regard to guidance, as detailed in the paper, a merger group had been established, which involves engagement colleagues, and a pack is being further developed to include template letters, guidance and other information so standard wording is used for certain points as we progress with new mergers.

AT

Ms Forrest, Lay Member, commented that this should also be presented to SPEEEC.

The Deputy Director of Communications confirmed that toolkits are being provided to practices to help with their project planning.

(f) **Minute 24/20 - Second phase of General Practice response to COVID-19 – update to GP contracts and income protection arrangements**

The Director of Finance advised that a letter had been sent to practices following discussion with the LMC. She would discuss further when presenting the Finance Report.

**34/20 Finance Report**

The Director of Finance presented this report which provided Primary Care Commissioning Committee with the financial position for primary care budgets for the five months to 31 August 2020.

She confirmed that the CCG had now received retrospective adjustments to its allocations for months 1 – 4 and therefore assumed that retrospective adjustments would be received for the initial spend in months 5 and 6. From month 7 (October) there would be a new financial framework in place.

Whilst the report is showing a £1.5m overspend against primary care budgets, £1.1m is offset by an adjustment to the CCG's main programme allocation for months 1 – 4. This leaves a £0.4m overspend that has not been funded to date but the expectation is that this would be funded by a further retrospective adjustment from NHSE/I. Therefore, The Director of Finance advised that the expectation is that for the first six months we will receive sufficient allocation to cover incurred spend.

However, from October 2020 - March 2021, we have now received notification of the allocation to cover this period and there will be no retrospective adjustments to the allocation; the CCG will be expected to remain within budget. In addition to the CCG's allocation, we have received an allocation for Covid expenditure for the whole of the ICS (SYB) and a separate allocation for growth. This information had only just been received and there was quite a bit of detail to work through. However, it was noted that the position was looking extremely challenging so the implications of this would need to be brought back to this committee and Governing Body.

JM

She highlighted that for the period April 2020 - August 2020 the CCG had spent an additional £1.5m on primary care's response to Covid, as detailed in Section 4 in the table.

In terms of the letter referred to in Matters Arising, this was issued on 4 August, entitled 'Support for General Practice' and set out the arrangements for reimbursing practices for Covid related expenditure. It covered a lot of the things where we had already put local

arrangements in place. Following discussion with the LMC, a letter was sent to practices, which set out some timelines in terms of reimbursement. A number of the arrangements in the letter were time-limited up to the end of July/September. There was less clarity on the arrangements going forward and so in the interim the CCG would continue with the arrangements it had in place to date. Further guidance was expected on primary care in the future.

The Chair opened the meeting for questions/comments.

Professor Gamsu, Lay Member, sought clarity on the additional spend of £1.5m – what would be the normal spend for primary care in total in that period? The Director of Finance referenced Appendix A which showed that £1.5m referred to Covid. For individual practices the additional expenditure had been fairly significant so it had been important to put local arrangements in place to respond.

The Director of Finance asked the committee to note that as the picture is emerging/ changing, the committee will be provided updates to note and understand the implications going forward. It was also noted that the CCG was only aware of the financial arrangements for the next six months. There is no clarity around the financial framework and allocations going forward so planning will be challenging.

Ms Forrest, Lay Member, commented that given Covid has put huge pressure on health and social care, has primary care had its fair share of investment or have the extra payments been given to different parts of the system ie secondary care? What have been the financial hotspots in the system?

The Director of Finance advised that up to the end of September, individual organisations have been claiming their own Covid costs directly from NHSE/I and, therefore, the requests for reimbursement have not gone through the CCG. The CCG's response has just been about primary care, out of hospital care and working closely with social care primarily around care homes. She had not seen the level of spend incurred in other organisations. However, as we move into the new arrangement, where Covid funding will be allocated to the ICS, it will become clearer what the call will be on the funding across the system. She would be able to provide updates going forward.

The Medical Director joined the meeting.

Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative, reflected that every appointment is taking twice as long as pre Covid and her practice was struggling to have the person power to manage the demand of the patients which will have implications on the workforce and what happens going forward. Although there are cost implications it is also about managing the business and getting patients through the system

with the same number of clinicians as before.

The Deputy Accountable Officer acknowledged the importance of this statement which recognised the uncosted pressure across the system and commented that we need to acknowledge and articulate the pressure in the system, especially within primary care.

The LMC Representative highlighted the potential cost pressures on practices going forward and advised the potential for Accurix (system for photo/video consultations) to start charging for their services. Although there has been some transformation on how care has been delivered during this period, there will be cost pressures that increase as these companies start to charge for their services.

The Chair highlighted the risks in terms of delivery, finance and cost pressures in different areas. There are particular primary care pressures that need to be recognised by PCCC. The discussion reflected the amount of flexibility and priorities around patient need that has been happening and people responding to that within their own practices.

The Medical Director highlighted the frustrations in primary care and wondered if the committee should send a note of thanks to general practice to acknowledge their contribution during the pandemic. The Deputy Accountable Officer supported the recommendation. Ms. Forrest, Lay Member, thought it would also be useful to highlight some positive stories about how primary care in Sheffield has operated during Covid as she had heard some quite negative stories.

The Deputy Director of Communications commented that there was a plan in place to promote primary care and manage expectations around appointments and how quickly people receive services. She also advised that quite a lot of PR had already been done around the role of primary care in Covid but she would revisit.

The Healthwatch representative supported the recommendation to thank GPs and primary care but commented that patients should also be included in this work as although patients had received care, some patients have had to receive services via alternative methods and therefore suggested we should thank Sheffield patients for working with primary care.

The Primary Care Commissioning Committee noted the reported financial position as at month 5.

## **35/20 2020 National Patient Survey**

Sarah Neil, Quality Manager Patient Experience and Chevaughn Woodhouse, Freedom of Information Lead, attended the meeting to present this report which sought to update the committee on the results of the Annual GP Patient Survey, in order that the committee could consider how this data should be used to ensure that Sheffield CCG

improves patient experience and commissions for a high quality patient experience.

The survey informed about:

- People's experiences of the relational aspects of care (interactions with practice staff)
- People's experiences of the functional aspects of care (systems and processes, such as appointment booking systems)
- People's behaviour (the actions that people take and the choices that they make when accessing healthcare) and their knowledge about services.
- 8,524 Sheffield patients (1.5% of the Sheffield population) completed the survey.
- Survey results were received in July.
- There is no cost to primary care or the CCG.

However, the survey had limitations:

- Sample sizes at some practices are relatively small.
- The 2020 results can be compared with the 2019 and 2018 results but the results prior to 2018 are not comparable because the questions were changed in 2018.
- The survey does not include qualitative data.

Key points from the survey were highlighted as:-

- Recognition of reception staff, nationally and locally
- Relational scores for health care professionals are good

#### **Relational aspects of care:**

Two concerns were highlighted

- At practice level the range of results has widened;
- Experience of different groups (Asian, men, 16-24 year old, carers, people in full time education and people with learning disabilities), all report much poorer experiences with the relational aspects of care, particularly around mental health and listening.

#### **Functional aspects of care :**

- results have declined across the board compared to last year and the national score

#### **Knowledge and behaviour:**

- poor engagement with on-line services

Members were then asked to consider how the results should be used.

Ms. Forrest, Lay Member, highlighted two issues that she thought were pertinent to the urgent care agenda. She thought the statistics referred to in 6.3 and 6.5 were worrying; why did people want to go to primary care but then not follow up if they could not receive an appointment;

what are the barriers and why did they want to go to primary care in the first instance?

The Deputy Director of Strategic Commissioning and Planning commented that the feedback from primary care indicated that workload is continuing to increase post Covid but also that there are significant elements where patients could have taken an alternative course. Where people had not followed up it may be because the problem resolved or ceased to be an issue for them. Part of the communication campaign that is currently being worked on would include information on what is appropriate/not appropriate.

The Medical Director reflected on the flu campaign he had been involved in Derbyshire and the response of the population.

Ms Forrest, Lay Member, reflected on the lessons learnt from the urgent care review which suggested that people are confused about which services to use. We need to be really clear about how people can receive appropriate support at the appropriate time.

The Medical Director responded that the current system is confusing and 111 is now under considerable strain. There are risks; we are trying to change behaviour by directing patients to use 111 but if the system fails, it will add to the confusion.

Professor Gamsu, Lay Member, commented he thought there was a greater return for GPs rather than for the two Trusts as GPs see considerably more people than the Trusts. Fundamentally, he expressed his concern around the inequalities highlighted in the report. The intellectual energy and time/resources that the CCG had spent supporting one practice, which was not listed in the report, compared to how we support practices that have scored poorly in terms of patient experience, should be seen as a useful call to action.

Professor Gamsu, Lay Member, advised that he, Amanda Forrest and Primary Care Sheffield and others had been tasked to take forward some work with the engagement team with the Patient Participation Groups around connections with the public. One of the consistent messages and concerns received is that PPG's tend to be found within practices serving better off populations. Patient voice through this mechanism is not happy with some of these services and the CCG has struggled to ensure that patient voice with regard to PPGs is strengthened in poorer parts of the city. A number of points referenced in the report, particularly around the South Asian population, should now ensure that this is part of our Action Plan going forward.

The Chair thanked members for their comments and thought they could help to inform the health inequality work going forward.

The Director of Finance drew attention back to the recommendation in the report "*The Primary Care Commissioning Committee is asked to consider how the GP patient survey data should be used to improve*

*patients' experience of primary care, and ensure that the CCG commissions for a high quality patient experience".*

She felt that although the committee had noted a number of points in the reports, they had not explicitly answered the question. The Chair therefore asked for any further comments in this context.

Dr Nikki Bates, CCG Governing Body GP Elected City-wide Representative, thought that practices sometimes forget that the data is available for them to review and suggested that it should be flagged in the primary care bulletin.

Ms. Forrest, Lay Member, thought it would be useful for practices to be reminded about the survey but also that consideration be given to collating some of the key themes and circulating to practices.

The Medical Director commented around the statistical significance of the data if it is considered at a more granular level than the Sheffield population as a whole. We need to be cautious in how the information is disseminated to practices so they do not dismiss it; should be part of the bigger picture.

The Chief Nurse was supportive of all the previous comments but thought that this kind of information was already utilised in the quality/contracting/commissioning processes. However, further discussions were ongoing to see how this information could help inform provision of services. The Deputy of Director of Strategic Commissioning and Planning reinforced that we need to use the information to help target quality of care in areas of great health inequality and we have a process in place to collate information we receive from various sources to help provide a more rounded picture.

The Director of Finance advised that part of the Governing Body development session on 1 October would be used to look at some baseline information around health inequalities. She asked that the Deputy Director of Strategic Commissioning and Planning and the Deputy Director of Delivery, Care Outside of Hospital share the intelligence they have with the Director of Commissioning Development to help inform the discussion on 1 October.

Professor Gamsu, Lay Member, thought this would help inform our Phase 3 response and subsequent work because it helps to identify some of the areas we should work on. As A CCG we need some broader city messages on this. He felt this also related to our communications regarding the role of primary care during the pandemic.

The Chair summarised as follows:-

- She drew attention to the Governing Body OD session
- Need to consider the information alongside other intelligence to gain a more rounded view

- Discussed inequalities and some practical points about using the information in Phase 3 development of our plans which the Deputy Accountable Officer is leading
- Communicating to patients and reflection of services across the city

The Quality Manager Patient Experience added that since the survey had concluded, specifically there being thinking about less face to face appointments and the results from men, is there something around new ways of working and picking up those messages of the experience of different groups and how those experiences may be exacerbated in some cases as a consequence of the new ways of working?

The Deputy Director Strategic Commissioning and Planning added that there was also concern around digital poverty and the impact on victims of domestic abuse. There was an acknowledgement that a piece of work should be undertaken quickly to see how we can identify and support groups and find ways to also reduce these inequalities. The Deputy Director Strategic Commissioning and Planning would talk to the Quality Manager Patient Experience and others to discuss any mitigations that may be possible.

The Chair commented that some of the issues around inequalities have been exacerbated because of Covid. However, some of the digital developments had been positive but we need to think what extra support we could offer for people who don't have access. She thought that urgent action was needed on some priority actions because of the current situation. Additionally, the need to look at people who are disadvantaged generally by the transition to virtual digital technologies that the majority welcome.

The Chair concluded the discussion.

### **36/20 Escalation of Risks to Audit and Integrated Governance Committee**

These were noted as follows:-

- Pressures on the whole system, finance, provision of service, and workforce capacity and resilience.

The committee noted the risks.

### **37/20 Key Messages to Governing Body**

- Financial risk
- Knowledge about the patient survey
- Pressures on whole system, but in particular primary care
- To acknowledge that some practices are not delivering the service, through their fault or not, which patients deserve

The committee noted the key messages.

**38/20 Date and Time of Next Meeting**

The next meeting will take place on 19 November 2020, 1.30 pm – 3.00 pm, details to be confirmed.