NHS
Barnsley
Clinical Commissioning Group

**Primary Care Commissioning Committee**
**Thursday, 26 September 2019 at 2.30 – 3.30pm in the Boardroom**
**Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY**

# PUBLIC AGENDA

| Item | Session | Committee Requested to | Enclosure Lead | Time |
|---|---|---|---|---|
| Housekeeping | | Information | Chair | 2.30pm 5mins |
| 1 | Apologies | Note | Chair | 2.35pm |
| 2 | Quoracy | Note | Chair | 2.35pm |
| 3 | Declarations of Interest relevant to the agenda | Assurance | **PCCC/19/09/04** Chair | 2.35pm |
| 4 | Minutes of the meeting held on 25 July 2019 | Approve | **PCCC/19/09/05** Chair | 2.35pm 5mins |
| 5 | Matters Arising Report | Note | **PCCC/19/09/06** Chair | 2.40pm 5mins |
| | **Strategy, Planning, Needs Assessment and Co-ordination of Primary Care** | | | |
| 6 | No update | | | |
| | **Quality and Finance** | | | |
| 7 | Finance Update | Note | **PCCC/19/09/07** Ruth Simms | 2.45pm 10mins |
| 8 | CQC Updates | Note | **PCCC/19/09/08** Julie Frampton | 2.55pm 10mins |
| | **Contract Management** | | | |
| 9 | Contractual Issues Report<br>• GP Opening Hours | Assurance/ Note | **PCCC/19/09/09** Julie Frampton | 3.05pm 5mins |
| | **Governance, Risk and Assurance** | | | |
| 10 | Risk and Governance Report | Assurance | **PCCC/19/09/10** | 3.10pm 5mins |
| 11 | PCCC Terms of Reference | Assurance | **PCCC/19/09/11** | 3.15pm 5mins |
| | **Reflection on conduct of the meeting** | | | |
| 12 | • Conduct of meetings<br>• Any areas for additional assurance<br>• Any training needs identified | Note | **Verbal** Chris Millington | 3.20pm |

| Item | Session | Committee Requested to | Enclosure Lead | Time |
|---|---|---|---|---|
| | **Other** | | | |
| 13 | Questions from the public relevant to the agenda | Note | **Verbal**<br>Chris Millington | 3.20pm<br>5mins |
| 14 | Any other business<br>• Meeting dates for 2020 | Note | **Verbal**<br>All | 3.25pm |
| 15 | Items for escalating to the Governing Body | Note | **Verbal**<br>Lesley Smith | 3.25pm<br>5mins |
| 16 | **Date and time of the next scheduled meeting:**<br>Thursday, 28 November 2019 at 2:30 – 3:30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY. | Note | **Verbal**<br>Chris Millington | **3.30pm Close** |

**Exclusion of the Public:**

**The CCG Primary Care Commissioning Committee should consider the following resolution:**

***"That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted* - publicity on which would be prejudicial to the public interest"**
**Section 1 (2) Public Bodies (Admission to meetings) Act 1960**

NHS
Barnsley
Clinical Commissioning Group

# PRIMARY CARE COMMISSIONING COMMITTEE

## 26 September 2019

## Declaration of Interests, Gifts, Hospitality and Sponsorship Report

**PART 1A – SUMMARY REPORT**

**1. THIS PAPER IS FOR**

| *Decision* | | *Approval* | | *Assurance* | X | *Information* | |
|---|---|---|---|---|---|---|---|

**2. REPORT OF**

| | *Name* | *Designation* |
|---|---|---|
| *Executive Lead* | Richard Walker | Head of Governance and Assurance |
| *Author* | Paige Dawson | Governance, Risk & Assurance Facilitator |

**3. EXECUTIVE SUMMARY**

Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.

The table below details what interests must be declared:

| **Type** | **Description** |
|---|---|
| Financial interests | Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services; |
| Non-financial professional interests | Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG; |
| Non-financial personal interests | Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment; |
| Indirect interests | Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner. |

| | |
|---|---|
| | Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.<br><br>Members should also declare if they have received any Gifts, Hospitality or Sponsorship. |
| **4.** | **THE COMMITTEE IS ASKED TO:** |
| | • Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship. |
| **5.** | **APPENDICES** |
| | • Appendix 1 – Primary Care Commissioning Committee Members' Declaration of Interest Report |

| | |
|---|---|
| **Agenda time allocation for report:** | *5 minutes.* |

**PART 1B – SUPPORTING INFORMATION**

| 1. | Links to the Governing Body Assurance Framework | Risk ref(s) |
|---|---|---|
| | This report provides assurance against the following risks on the Governing Body Assurance Framework: | N/A |
| **2.** | **Links to CCG's Corporate Objectives** | **Y/N** |
| | To have the highest quality of governance and processes to support its business | Y |
| | To commission high quality health care that meets the needs of individuals and groups | |
| | Wherever it makes safe clinical sense to bring care closer to home | |
| | To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley | |
| | To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £. | |
| **3.** | **Governance Arrangements Checklist** | |
| 3.1 | **Financial Implications** | |
| | Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? | *NA* |
| 3.2 | **Consultation and Engagement** | |
| | Has Comms & Engagement Checklist been completed? | *NA* |
| 3.3 | **Equality and Diversity** | |
| | Has an Equality Impact Assessment been completed and appended to this report? | *NA* |
| 3.4 | **Information Governance** | |
| | Have potential IG issues been identified in discussion with the IG Lead and included in the report? | *NA* |
| | Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details) | *NA* |
| 3.5 | **Environmental Sustainability** | |
| | Are any significant (positive or negative) impacts on the environment discussed in the report? | *NA* |
| 3.6 | **Human Resources** | |
| | Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? | *NA* |

NHS Barnsley Clinical Commissioning Group

**NHS Barnsley Clinical Commissioning Group Register of Interests**

This register of interests includes all interests declared by members and employees of Barnsley Clinical Commissioning Group. In accordance with the Clinical Commissioning Group's Constitution the Clinical Commissioning Group's Accountable Officer will be informed of any conflict of interest that needs to be included in the register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the register will be updated as a minimum on an annual basis.

**Register: Primary Care Commissioning Committee**

| Name | Current position (s) held in the CCG | Declared Interest |
|---|---|---|
| Nick Balac | Chairman | • Partner at St Georges Medical Practice (PMS)<br>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract<br>• Member Royal College General Practitioners<br>• Member of the British Medical Association<br>• Member Medical Protection Society<br>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG<br>• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS). |
| Nigel Bell | Lay Member for Governance | • Ad hoc provision of Business Advice through Gordons LLP<br>• Lay Member representing South Yorkshire & Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire & Bassetlaw Integrated Care System |
| Dr Sudhagar Krishnasamy | Associate Medical Director | • GP Partner at Royston Group Practice, Barnsley<br>• Member of the Royal College of General Practitioners<br>• GP Appraiser for NHS England |

| Name | Current position (s) held in the CCG | Declared Interest |
|---|---|---|
| | | • Member of Barnsley LMC<br>• Member of the Medical Defence Union<br>• Director of SKSJ Medicals Ltd<br>• Wife is also a Director<br>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG<br>• Undertakes sessions for IHeart Barnsley |
| Chris Millington | Lay Member | • Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18)<br>• Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19) |
| Mike Simms | Secondary Care Clinician | • Provider of Corporate and Private healthcare and delivering some NHS Contracts. |
| Lesley Smith | Governing Body Member | • Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, fit out and recruitment services for private sector and potentially public sector clients.<br>• Interim Accountable Officer NHS Sheffield CCG |
| Mark Smith | GP Governing Body Member | • Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.<br>• Director of Janark Medical Ltd<br>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG |
| Sarah Tyler | Lay Member for Accountable Care | • Volunteer Governor / Board Member, Northern College (who may take referrals from My Best Life)<br>• Voluntary trustee / Board Member for Steps (community care provider for early years / nursery)<br>• Interim Health Improvement Specialist for Wakefield Council (ceased July 2018)<br>• Quality For Health developed by Voluntary Action Calderdale and in partnership (VAC) in partnership with the Calderdale Clinical Commissioning Group and working with Greater Huddersfield Clinical Commissioning Group<br>• ROLE NOT YET STARTED - Additional work, employed by Protocol (a provider of flexible staffing and recruitment services in the |

| Name | Current position (s) held in the CCG | Declared Interest |
|---|---|---|
| | | education, FE, skills, training & public sectors). The role title is Facilitator and the role is supporting people through an apprenticeship programme to become a policy officer, largely based in the civil service. Although the employer is Protocol, the lead partner on the apprenticeship programme is KPMG. |

| Name | Current position (s) held in the CCG | Declared Interest |
|---|---|---|
| Richard Walker | Head of Governance & Assurance | • NIL |
| Jamie Wike | Head of Planning, Delivery and Performance | • NIL |
| Julie Frampton | Senior Primary Care Commissioning Manager | • NIL |
| Lee Eddell | NHS England Primary Care Manager | • Nil |

NHS
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# Minutes of the PUBLIC Primary Care Commissioning Committee meeting held on Thursday, 25 July 2019 at 2.30pm in the Boardroom Hillder House, 49–51 Gawber Road S75 2PY

**PRESENT: (VOTING MEMBERS)**

| | |
|---|---|
| Chris Millington (*Chair*) | Lay Member for Patient & Public Engagement and Primary Care Commissioning |
| Nigel Bell | Lay Member for Governance |
| Mike Simms | Secondary Care Clinician |
| Richard Walker | Head of Assurance & Governance |

**GP CLINICAL ADVISORS: (NON-VOTING)**

| | |
|---|---|
| Dr Sudhagar Krishnasamy | Associate Medical Director |
| Dr Mark Smith | Governing Body Member |

**IN ATTENDANCE:**

| | |
|---|---|
| Julie Frampton | Senior Primary Care Commissioning Manager |
| Angela Musgrave | Executive Personal Assistant |
| Victoria Lindon | Assistant Head of Primary Care Co-Commissioning, NHSE |
| Roxanna Naylor | Chief Finance Officer |
| Ruth Simms | Assistant Finance Manager |
| Karen Sadler | Health & Wellbeing Board Programme Manager, BMBC |

**APOLOGIES:**

| | |
|---|---|
| Lee Eddell | Commissioning Manager, NHSE |
| Lesley Smith | Chief Officer |
| Sarah Tyler | Lay Member for Accountable Care |
| Dr Nick Balac | CCG Chairman |
| Julia Burrows | Director of Public Health, BMBC |

**MEMBERS OF THE PUBLIC:**

Katie Newsome

| Agenda Item | Note | Action | Deadline |
|---|---|---|---|
| **PCCC 19/07/01** | **HOUSEKEEPING**<br>The Chair carried out the health & safety housekeeping for members of the meeting. | | |
| **PCCC 19/07/02** | **APOLOGIES** | | |
| | The Chair welcomed members to the meeting and apologies were noted as above. | | |
| **PCCC 19/07/03** | **QUORACY** | | |
| | The meeting was declared quorate. | | |

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| **PCCC 19/07/04** | **DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA** | | |
| | The following updates to the Declarations of Interest were noted:-<br><br><u>Dr Sudhagar Krishnasamy</u><br>From 1 July 2019 Dr Krishnasamy's position in the CCG was 'Medical Director'.<br><br><u>Victoria Lindon</u><br>Victoria Lindon informed the meeting that going forward she would be the NHSE representative at future PCCG meetings.<br><br>Dr Krishnasamy and Victoria Lindon advised they had no matters of interest to declare relating to agenda items for the meeting.<br><br>**Action:** Declarations of Interest report to be updated to reflect the above. | **RW** | **Complete** |
| **PCCC 19/07/05** | **MINUTES OF THE LAST MEETING** | | |
| | The minutes of the meeting held on 30 May 2019 were verified as a correct record of proceedings with the following amendment.<br><br><u>Lakeside Surgery Contract Variation</u><br>It was noted that the minutes referred to Lakeside Surgery as holding a PMS contract when this should read APMS contract.<br><br>**Action:** Minutes to be amended to reflect APMS contract. | **AM** | **Complete** |
| **PCCC 19/07/06** | **MATTERS ARISING REPORT** | | |
| | The Committee noted the matters arising report.<br><br>Members requested an update on the following outstanding action:-<br><br>• Liaise with MSK colleagues to set KPIs around Working Win referrals. | **JF** | Email to JS sent 5.8.19 |
| **STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE** | | | |
| **PCCC 19/07/07** | **PRIMARY CARE NETWORKS UPDATE**<br>The Senior Primary Care Commissioning Manager presented the Primary Care Networks Update report. | | |

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| | Members were informed that following the publication of the Network Contract DES specification all Barnsley GP practices had completed and submitted the required documentation to the PCN. The CCG had also received a 'Pledge of Support' from the ICS and NHS England was in receipt of all relevant documentation.<br><br>Having received all the documentation and secured agreement from all practices had enabled the PCN to commence from 1 July 2019.<br><br>The PCN was currently working on proposals to utilise the £1.50 funding allocation per patient (based on actual list size) which would be reported at a future PCCC meeting.<br><br>**The Committee:**<br>• Noted the information within the report. | | |
| **QUALITY AND FINANCE** | | | |
| **PCCC 19/07/07** | **CQC UPDATE**<br>The Senior Primary Care Commissioning Manager introduced the CQC Report which provided members with an update on the current CQC position in relation to primary care contracts.<br><br><u>Dodworth Medical Practice (Apollo Court)</u><br>Following an inspection on 10 July 2018 Dodworth Medical Practice (Apollo Court) had received an overall rating of 'inadequate'. An action plan had subsequently been put in place and the CCG had been supporting the practice. Assurance was received from the practice that appropriate steps had been taken in line with the action plan.<br><br>On 30 April 2019 the practice had been re-inspected and in the report published on 17 June 2019 the practice received a rating of 'Good' within the Safe and Well Led domains, and 'Not Sufficient Evidence to Rate' in respect of Effective and Caring and Responsive. The overall rating is therefore currently 'Not Sufficient Evidence to Rate'.<br><br>The CQC panel had confirmed that the practice was no longer subject to special measures and the unrated domains and population groups would be followed up during an inspection at a later date. | | |

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| | Members noted that the CCG continue to support the practice.<br><br><u>Hill Brow Surgery</u><br>Hill Brow Surgery was inspected on 10 June 2019. In the report, published on 5 July the practice received a rating of 'Good' overall and for all domains.<br><br>The CCG had written to both practices to congratulate all staff and thank them for their continued efforts to provide high quality services.<br><br><u>CQC Inspections completed/Planned</u><br>The CQC completed inspections at the practices listed below. Details of the outcome and the report would be shared when available.<br><br>• BHF Highgate – inspected 1 July 2019<br>• BHF Lundwood – inspected 3 July 2019<br>• BHF Brierley – inspected 4 July 2019<br><br><u>CQC Annual Regulatory Reviews</u><br>The Committee were reminded of the CQCs introduction of a new system of Provider Information Collections and Annual Regulatory Reviews for practices rated with good and outstanding services, introduced in April 2019.<br><br>The following practices had received an Annual Regulatory Review completed as shown:-<br>• Dearne Valley Group Practice – 13 June 2019<br>• Kakoty Practice – 17 June 1029<br>• Lundwood Medical Centre – 19 June 2019<br>• Dr Mellor & Partners – 19 June 2019<br>• Woodland Drive Medical Centre – 17 June 2019<br>• Monk Bretton Health Centre – 5 July 2019<br><br>An Annual Regulatory Review was planned at the practices shown below:-<br>• Penistone Group Practice – 23.07.19<br>• Royston Group Practice – 23.07.19<br>• St George's Medical Centre – 23.07.19<br>• Victoria Medical Centre – 12.08.19<br>• Hollygreen Practice – 12.08.19<br>• Wombwell Medical Centre Practice – 12.08.19<br>• Ashville Medical Practice – 24.01.20<br>• Kingswell Surgery – 24.01.20 | | |

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| | Members noted that although Victoria Medical Centre had recently been inspected they would still be required to have an annual regulatory review that would take place on 12 August 2019. Prior to the annual review the CQC would most likely check against the domain the practice 'required improvement' in following the earlier inspection.<br><br><u>Feedback from the CQC regarding Barnsley Practices</u><br>It was reported that following a meeting between the CQC and the CCG to discuss themes from inspections and Annual Regulatory Reviews, the CQC representative offered the opinion that there was a high calibre of General Practices within Barnsley providing an excellent service to patients.<br><br>The CQC representative also observed that during recent inspections and reviews, potential areas of outstanding practice had been identified in some practices. An offer had therefore been extended to attend a Practice Managers' meeting to provide guidance on how to evidence these to assist practices in possibly achieving 'outstanding' ratings at future inspections.<br><br>Following a query from the Chair regarding the name of the registered manager at Hill Brow Surgery, the CCG had contacted the CQC for confirmation. Once confirmation was received a letter would be sent to the Hill Brow Practice to congratulate all staff and thank them for their continued efforts to provide high quality services.<br><br>**The Committee:**<br>• Noted the 'Good' rating from the CQC inspections of Dodworth Medical Practice (Apollo Court) and Hill Brow Surgery.<br><br>• Noted the awaited CQC reports for the following planned inspections:<br>o BHF Highgate<br>o BHF Lundwood<br>o BHF Brierley<br><br>• Noted the Annual Regulatory Reviews completed and booked to take place.<br><br>• Noted the feedback received from the CQC | | |

| CONTRACT MANAGEMENT | | | |
|---|---|---|---|
| **PCCC 19/07/09** | **PUBLIC CONTRACTUAL ISSUES REPORT** | | |
| | The Senior Primary Care Commissioning Manager introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to primary care contracts.<br><br>**PMS Contract Changes**<br>• Ashville Medical Practice PMS Contract Variation<br>An application had been received to add one GP partner, Dr Sarah Messenger, to the Ashville Medical Practice contract from 1 September 2019.<br><br>• Hoyland First Practice (Walderslade) PMS Contract Variation<br>Application received to remove one GP partner as Dr Andrea Susan Ward was resigning from the contract from 1 August 2019. Dr Ward would continue to work at the practice as a salaried GP for 3 sessions per week.<br><br>• Hill Brow Surgery PMS Contract Variation<br>Application received to remove Dr Kumar Aggarwal from the contract due to retirement on 30 September 2019.<br><br>The PMS contracts for all three practices detailed above would continue to meet the regulation in respect to variations to contracts.<br><br>**Practice Delivery Agreement**<br>• 2018-19 PDA Achievements<br>Following a request made at the PCCC meeting held on 31 May 2019 for the Committee to receive a report detailing the actual spend against budget, by scheme, for the 2018-19 PDA, a financial breakdown was provided.<br><br>All practices had been notified regarding which indicators in each of the schemes had been achieved and of the resultant remuneration.<br><br>Targeted support for those practices whose PDA achievement had been low during 2018/19 would be provided by the CCG's Health Improvement Nurse. | | |

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| | • 2019-20 PDA<br>All practices had signed and returned the 2019-20 PDA contract. Practices had been informed they were now eligible to submit an invoice for the first PDA payment of 30%.<br><br>Members noted that the report included a detailed financial breakdown of the 2018/19 PDA costings that included the annual budget, total spend and variance.<br><br>In response to a query from the Medical Director, the Chief Finance Officer advised that where a PDA scheme had not been fully achieved the financial underspend contributed to the CCG baseline in line with financial duties.<br><br>The Lay Member for Governance queried whether the level of underspend with regard to two schemes including Medicines Management was comparable with previous years.<br><br>The Chief Finance Officer explained that with regard to Medicines Management (anti-coagulation), it became apparent that the budget would not fully achieve as not all practices had signed up for that particular scheme.<br><br>**The Committee approved:-**<br>In Year Contract Variations<br>i) The Ashville Medical Practice Contract Variation to add Dr Sarah Messenger<br>ii) The Hoyland First practice PMS Contract Variation to remove Dr Andrea Susan Ward<br>iii) The Hill Brow PMS Contract Variation to remove Dr Kumar Aggarwel<br><br>**The Committee noted:-**<br>The PDA achievement for 2018-19 and 2019-20 PDA sign up. | | |
| **GOVERNANCE, RISK AND ASSURANCE** | | | |
| **PCCC 19/07/10** | **RISK AND GOVERNANCE REPORT** | | |
| | The Head of Governance and Assurance provided an overview of the Risk and Governance Report confirming that no new risks had been identified since the previous meeting which needed to be | | |

| | | | |
|---|---|---|---|
| | brought to the attention of the Committee from either the Assurance Framework or the Risk Register.<br><br>**Assurance Framework 2018/19**<br>Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.<br><br>The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated.<br><br>**Risk Register**<br>There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the six risks, there was one red risk (extreme), one amber risk (high), three yellow risks (moderate) and one green (low) risk.<br><br>The Medical Director queried whether new risks were added to the Risk Register following the outcome of CQC results on GP practices.<br><br>The Head of Governance explained that once CQC reports had been published the risks were usually added to the Quality & Patient Safety Risk Register as the risks often related to quality and service rather than contractual matters.<br><br>Following a query from the Chair regarding the appropriateness of the current risks and scores on the Risk Register, members unanimously felt that the Risk Register reflected the current position and agreed the risks were being appropriately managed and scored, however it was hoped that with the formation of the Primary Care Networks the scores may improve in the near future.<br><br>**The Committee:-**<br>• Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible;<br><br>• Reviewed the Risk Register attached and:<br>i. Confirmed all risks identified were appropriately described and scored<br>ii. Confirmed there were no other risks which needed to be included on the Risk Register | | |

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| **PCCC 19/07/11** | **PUBLIC PCCC WORK PLAN UPDATE**<br>The Head of Governance & Assurance introduced the Public PCCC Work Plan Timetable update for 2019/20 to ensure business was carried out in a planned, structured way and to provide assurance that its functions would be discharged as per the terms of reference.<br><br>Members reviewed the Public PCCC Work Plan Update and following a brief discussion it was agreed to include sign off of the 1920/21 PDA finance schedule in March 2020.<br><br>Consideration was also given to including the Strategic Estates Strategy, 6 Facet Survey to the Public PCCC Work Plan in September 2020.<br><br>Members noted that whilst the Estates & Technology Transformation Fund update was scheduled to be received in July 2019 the report had actually been received at the PCCC meeting in May 2019.<br><br>**The Committee**:<br>Reviewed the Public PCCC Work Plan Timetable update for 2019/20 with the following amendments.<br><br>• PDA Finance Schedule Sign Off 1920/21<br>• Strategic Estates Strategy, 6 Facet Survey<br><br>**Action:** Work Plan/agenda to be amended to reflect the points above. | **AM** | **Complete** |
| **OTHER** | | | |
| **PCCC 19/07/12** | **REFLECTION OF CONDUCT OF THE MEETING**<br>The Committee agreed that the meeting had been conducted appropriately. | | |
| **PCCC 19/07/13** | **QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**<br>There were no questions from the member of the public present at the meeting. | | |
| **PCCC 19/07/14** | **ANY OTHER BUSINESS**<br>No other items of business were discussed. | | |

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| **PCCC 19/07/15** | **ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**<br><br>The 'good' rating from the CQC inspections for:<br>• Dodworth Medical Practice (Apollo Court)<br>• Hill Brow Surgery<br>• CQC comments that there was a high calibre of General Practices within Barnsley providing an excellent service to patients. | **JF** | **Complete** |
| **PCCC 19/07/16** | **DATE AND TIME OF THE NEXT SCHEDULED MEETING** | | |
| | Thursday, 26 September 2019 at 2.30pm to 3.30pm in the Boardroom, Hillder House, Barnsley | | |

NHS
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# MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

## 26 SEPTEMBER 2019

## 1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **25 July 2019**

| Minute ref | Issue | Action | Action/Outcome |
|---|---|---|---|
| **PCCC 19/07/06** | **WORKING WIN UPDATE**<br>A number of suggestions were made in which the CCG could best support Working Win to achieve their Barnsley referral target, which were:-<br><br>• Liaise with MSK colleagues to set KPIs around referrals | **JS** | The Alliance Management Team had not amended the KPIs for this service to include referrals to Working Win.<br><br>The MSK steering group has encouraged engagement with the Working Win service.<br><br>Since inception of the project, the MSK service has sought opportunities to co-locate with Working Win to support people being able to access the service, however this has not been possible. |

## 2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

Table 2 provides an update/status indicator on actions arising from earlier Board meetings held in public.

*Table 2*

| Minute ref | Issue | Action | Action/Outcome |
|---|---|---|---|
| **PCCC 19/05/06** | **WORKING WIN UPDATE**<br>A number of suggestions were made in which the CCG could best support Working Win to achieve their Barnsley referral target, which were:- | | |
| | • Liaise with MSK colleagues to set KPIs around referrals | **JS** | **In Progress – via Alliance Management Team & MSK Steering Group** |
| | • Link with the CCG Comms Team to produce a joint article with the Council detailing the success of Working Win for inclusion in the Barnsley Chronicle | **KW** | **Complete** |

Barnsley Clinical Commissioning Group
Putting Barnsley People First

**PRIMARY CARE COMMISSIONING COMMITTEE**

**26 September 2019**

**FINANCE UPDATE**

**PART 1A – SUMMARY REPORT**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **1.** | **THIS PAPER IS FOR** | | | | | | |
| | *Decision* | | *Approval* | | *Assurance* | | *Information* | X |
| **2.** | **REPORT OF** | | | | | | |

| | *Name* | *Designation* |
|---|---|---|
| *Executive Lead* | Roxanna Naylor | Chief Finance Officer |
| *Author* | Ruth Simms | Assistant Finance Manager |

**3. EXECUTIVE SUMMARY**

This report provides an update of the financial position and details funding allocations for delegated Primary Care Co Commissioning budgets as at 31st July 2019 (Month 4).

**3.1** **Forecast Position 2019/20**

The forecast position as at Month 4 is £10k overspend, Appendix A sets out the movements from budget. This relates to Data Protection Officer funding required as set out in the new GP contract. The forecast outturn position against other areas is balanced to budget as data is not yet available to undertake a robust assessment of the financial position.

Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.

**3.2** **ICS Transformation Funding**

The South Yorkshire and Bassetlaw (SYB) ICS is currently holding funding to support delivery of the General Practice Forward View (GPFV) and development of Primary Care Networks (PCNs). Total available resource across the footprint is £2,395k. Barnsley CCG has been allocated £219k which will be transferred in Month 6 (September). This funding will support the following schemes;

- GP Retention £59k,
- Practice Resilience £37k,
- Reception & Clerical Training £47k
- Online Consultation £76k.

| | |
|---|---|
| | The remaining funding of £1,156k across SYB will be utilised to support Primary Care Network (PCN) development. Plans have been submitted to the ICS and will be considered by the ICS Primary Care Board. Further updates will be provided once the level of funding is determined. |
| **3.3** | **<u>2020/21 – 2023/24 Planning</u>**<br>The CCG Finance and Contracting Team are currently developing the Long Term Financial Plan for 2020/21 -2023/24 which incorporates all aspects of the Network Contract Direct Enhanced Service (DES) and other known cost pressures funded from within the Primary Care Co-commissioning budgets.<br><br>PCCC is aware that the budget for 2019/20 is above the CCG allocation for Co-Commissioning and funding from within CCG Programme budgets fund the shortfall against allocations. This pressure is expected to increase, however full details will be reported through Governing Body as part of the operational planning process which is expected to be in November 2019. Further details will be provided to PCCC once this work is complete. |
| **4.** | **THE COMMITTEE IS ASKED TO NOTE:** |
| | • Note the contents of the report |
| **5.** | **APPENDICES** |
| | • Appendix A – Finance Monitoring Statement for 2019/20 |

| | |
|---|---|
| **Agenda time allocation for report:** | 10 minutes. |

**PART 1B – SUPPORTING INFORMATION**

| 1. | Links to the Governing Body Assurance Framework | Risk ref(s) |
|---|---|---|
| | This report provides assurance against the following risks on the Governing Body Assurance Framework: | *N/A* |
| **2.** | **Links to CCG's Corporate Objectives** | **Y/N** |
| | To have the highest quality of governance and processes to support its business | ✓ |
| | To commission high quality health care that meets the needs of individuals and groups | ✓ |
| | Wherever it makes safe clinical sense to bring care closer to home | ✓ |
| | To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley | ✓ |
| | To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £. | ✓ |
| **3.** | **Governance Arrangements Checklist** | |
| 3.1 | **Financial Implications** | |
| | Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? | *N/A* |
| | Are any financial implications detailed in the report? | *N/A* |
| 3.2 | **Consultation and Engagement** | |
| | Has Comms & Engagement Checklist been completed? | *N/A* |
| | Is actual or proposed engagement activity set out in the report? | *N/A* |
| 3.3 | **Equality and Diversity** | |
| | Has an Equality Impact Assessment been completed and appended to this report? | *N/A* |
| 3.4 | **Information Governance** | |
| | Have potential IG issues been identified in discussion with the IG Lead and included in the report? | *N/A* |
| | Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details) | *N/A* |
| 3.5 | **Environmental Sustainability** | |
| | Are any significant (positive or negative) impacts on the environment discussed in the report? | *N/A* |
| 3.6 | **Human Resources** | |
| | Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? | *N/A* |

**APPENDIX A**

NHS Barnsley Clinical Commissioning Group

# NHS BARNSLEY CLINICAL COMMISSIONING GROUP

## Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 4

## FOR THE PERIOD ENDING 31st July 2019

| PRIMARY MEDICAL SERVICES | TOTAL ANNUAL BUDGET (£) | | | ACTUAL OUTTURN (£) | | | |
|---|---|---|---|---|---|---|---|
| (CO-COMMISSIONING - DELEGATED BUDGETS) | RECURRENT | NON RECURRENT | TOTAL BUDGET (£'000) | ACTUAL OUTTURN | VARIANCE OVER / (UNDER) | VARIANCE AS % OF TOTAL BUDGET | Forecast Outturn Variance Explanation |
| ENHANCED SERVICES | 458,541 | - | 458,541 | 458,541 | - | 0.00% | |
| GENERAL PRACTICE - APMS | 1,222,245 | - | 1,222,245 | 1,222,245 | - | 0.00% | |
| GENERAL PRACTICE - GMS | 11,754,245 | - | 11,754,245 | 11,754,245 | - | 0.00% | |
| GENERAL PRACTICE - PMS | 12,351,060 | | 12,351,060 | 12,351,060 | - | 0.00% | |
| OTHER GP SERVICES | 1,503,536 | - | 1,503,536 | 1,513,436 | 9,900 | 0.66% | Overspend relates to Data Protection Officers requirement as part of the new GP contract |
| OTHER PREMISES | 133,642 | - | 133,642 | 133,642 | - | 0.00% | |
| PREMISES COST REIMBURSEMENT | 5,385,120 | (22,291) | 5,362,829 | 5,362,829 | - | 0.00% | |
| QOF | 3,785,941 | - | 3,785,941 | 3,785,941 | - | 0.00% | |
| Primary Care Network DES | 1,195,584 | | 1,195,584 | 1,195,584 | - | 0.00% | |
| **TOTAL PRIMARY MEDICAL SERVICES** | **37,789,914** | **(22,291)** | **37,767,623** | **37,777,523** | **9,900** | 0.66% | |

NHS
Barnsley
Clinical Commissioning Group

**PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE**

**26 September 2019**

**CQC REPORT**

## PART 1A – SUMMARY REPORT

| | |
|---|---|
| **1.** | **THIS PAPER IS FOR** |

| *Decision* | | *Approval* | | *Assurance* | ✓ | *Information* | |
|---|---|---|---|---|---|---|---|

**2. REPORT OF**

| | Name | Designation |
|---|---|---|
| Executive / Clinical Lead | Julie Frampton | Senior Primary Care Commissioning Manager |
| Author | Terry Hague | Primary Care Transformation Manager |

**3. SUMMARY OF PREVIOUS GOVERNANCE**

The matters raised in this paper have been subject to prior consideration in the following forums:

| Group / Committee | Date | Outcome |
|---|---|---|
| Quality and Patient Safety Committee | 25/04/2019 | Noted |

**4. EXECUTIVE SUMMARY**

The purpose of this report is to provide members with an update on the current CQC position in relation to our primary care contracts.

**CQC Inspections - Good Ratings**

The following practices have been inspected and received a rating of 'Good'.

- **BHF Practices**
  - **BHF Highgate Surgery** inspection completed 3 July 2019, report published 15 August 2019
  - **BHF Lundwood Practice** inspection completed 4 July 2019, report published 15 August 2019
  - **BHF Brierley Medical Centre** inspection completed 4 July 2019, report published 15 August 2019

The above practices had been inspected in August and September 2018 which had resulted in an overall rating of Requires Improvement and for all domains, with the exception of caring which had been rated as good.

All 3 BHF practices have now been re-inspected and have an overall rating of Good including for all domains.

You can read the reports in full on the CQC's website at:
BHF Lundwood Practice - https://www.cqc.org.uk/location/1-6644090521
Brierley Medical Centre - https://www.cqc.org.uk/location/1-6644090559
BHF Highgate Surgery - https://www.cqc.org.uk/location/1-6644090685

- **Hoyland First PMS Practice**
  Hoyland First PMS Practice was inspected on the 6 August 2019. In the report published on the 28 August 2019 the practice received a rating of Good overall.

  The practice had last been inspected in March 2015. The CQC completed an Annual review with the practice in May 2019. Following the Annual Review the CQC inspection focused solely on the domains of Effective and Well-led.

  You can read the report in full on the CQC's website at:
  https://www.cqc.org.uk/location/1-573858878

The CCG has written to the practices to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.

**CQC Inspections Completed/Planned**

The CQC have also completed inspections of the practices listed below. Details of the outcome and their report will be shared when published.

- Huddersfield Road Surgery inspection completed 11 September 2019
- Grimethorpe Surgery inspection completed 18 September 2019

Assurance regarding this will be brought to the next possible committee meeting.

**CQC Annual Regulatory Reviews**

The committee may recall the update provided regarding the CQC's introduction of a new system of Provider Information Collections and Annual Regulatory Reviews for practices rated with Good and Outstanding services introduced in April 2019.

Inspectors formally review the information they hold on each practice and consider whether there are any indications of substantial change (positive or negative) in the quality of care since the last inspection. This process will assist the decision as to whether to inspect, what to focus on and when the next inspection should be timetabled. The annual regulatory review cannot change a practice rating. This can only happen following an inspection.

All Barnsley practices with a current CQC rating of 'Good' have had an Annual Regulatory Review completed. The CQC inspector has advised that there are no thematic concerns raised from the Annual Regulatory reviews undertaken.

**CQC Rating of Barnsley Practices**

The committee is advised that the current rating of Barnsley Practices is as detailed in the table below:

| Overall rating | No. Practices | Notes |
|---|---|---|
| Outstanding | 0 | |
| Good | 31* | **This figure includes the 2 BHF i-Heart contracts* |
| Insufficient Evidence to Rate | 1 | *Rating due to the short timeframe that the current provider of the contract has been in place.* |
| Requires Improvement | 0 | |
| Inadequate | 2 | |
| New provider – to be inspected | 1 | *New limited company are currently registering with the CQC* |
| TOTAL | 35* | |

**Breakdown of Practice Achievement by Domain**

In addition to providing an overall rating, the CQC will rate each practice against the domains of Safe, Effective, Caring, Responsive and Well-led. The table below details number of current ratings per domain.

| Rating | CQC Domain | | | | | Notes |
|---|---|---|---|---|---|---|
| | Safe | Effective | Caring | Responsive | Well-led | |
| Outstanding | 0 | 0 | 0 | 2 | 0 | *The Grove 2016 Dr Mellor 2016* |
| Good | 32 | 31 | 32 | 29 | 31 | |
| Insufficient evidence to rate | 0 | 1 | 1 | 1 | 0 | *1 Practice* |
| Requires Improvement | 0 | 1 | 1 | 2 | 1 | *3 Practices* |
| Inadequate | 2 | 1 | 0 | 0 | 2 | *2 Practices* |
| TOTAL | 34 | 34 | 34 | 34 | 34 | |

**This includes the BHF i-Heart contracts*
**This excludes the practice to be inspected*

**5. THE GOVERNING BODY / COMMITTEE IS ASKED TO:**

- Note the Good rating from the CQC inspections of BHF Brierley Medical Centre, BHF Highgate Surgery, BHF Lundwood Practice and Hoyland First PMS Practice.
- Note the awaited CQC reports for:
  - Huddersfield Road Surgery inspection completed 11 September 2019
  - Grimethorpe Surgery inspection completed 18 September 2019
- Note the Annual Regulatory Reviews completed
- Note the overall CQC rating of Barnsley Practices

| | |
|---|---|
| | |
| **6.** | **APPENDICES / LINKS TO FURTHER INFORMATION** |
| | • None |

| | |
|---|---|
| **Agenda time allocation for report:** | *10 minutes.* |

**PART 1B – SUPPORTING INFORMATION**

| 1. | Links to the Governing Body Assurance Framework | Risk ref(s) |
|---|---|---|
| | This report provides assurance against the following risks on the Governing Body Assurance Framework: | 2.1 |
| **2.** | **Links to CCG's Priority Areas** | **Y/N** |
| | 1 - Urgent & Emergency Care | |
| | 2 - Primary Care | Y |
| | 3 - Cancer | |
| | 4 - Mental Health | |
| | 5 - Integrated Care System (ICS) | |
| | 6 - Efficiency Plan | |
| | 7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions | |
| | 8 - Maternity | |
| | 9 - Compliance with Statutory and Regulatory Requirements | |
| **3.** | **Governance Arrangements Checklist** | |
| 3.1 | **Financial Implications** | |
| | Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? | *NA* |
| | Are any financial implications detailed in the report? | *NA* |
| 3.2 | **Consultation and Engagement** | |
| | Has Comms & Engagement Checklist been completed? | *NA* |
| | Is actual or proposed engagement activity set out in the report? | *NA* |
| 3.3 | **Equality and Diversity** | |
| | Has an Equality Impact Assessment been completed and appended to this report? | *NA* |
| 3.4 | **Information Governance** | |
| | Have potential IG issues been identified in discussion with the IG Lead and included in the report? | *NA* |
| | Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details) | *NA* |
| 3.5 | **Environmental Sustainability** | |
| | Are any significant (positive or negative) impacts on the environment discussed in the report? | *NA* |
| 3.6 | **Human Resources** | |
| | Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? | *NA* |

NHS
Barnsley
Clinical Commissioning Group

**PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE**

**26 September 2019**

**CONTRACTUAL ISSUES REPORT**

**PART 1A – SUMMARY REPORT**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **1.** | **THIS PAPER IS FOR** | | | | | | |
| | *Decision* | | *Approval* | X | *Assurance* | X | *Information* | |
| **2.** | **REPORT OF** | | | | | | |

| | Name | Designation |
|---|---|---|
| Executive / Clinical Lead | Julie Frampton | Senior Primary Care Commissioning Manager |
| Author | Terry Hague | Primary Care Transformation Manager |

**3. SUMMARY OF PREVIOUS GOVERNANCE**

The matters raised in this paper have been subject to prior consideration in the following forums:

| Group / Committee | Date | Outcome |
|---|---|---|
| NA | | |

**4. EXECUTIVE SUMMARY**

The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.

**1. In Year Contract Variations**

**PMS Contract Changes**

- **Penistone Group Practice Contract Variation**

  Barnsley CCG has received an application to add one GP partner, Dr Matthew Teesdale to the Penistone Group Practice contract from 1 September 2019.

  The practice is a PMS practice with 17,125 patients. As there are currently 6 contract holders, the regulation detailed below is applied.

- **Rose Tree Practice**

  Barnsley CCG has received an application to add the MEI Partnership Limited company as a new partner onto the Rose Tree Practice contract from 1 September 2019.

  The practice is a PMS contract with 8751 patients.

  Details of this application was circulated to the committee on the 4 September 2019 and approval was agreed.

  A further application has now been received to remove Dr Athale from the Rose Tree Contract from the 1 October 2019 due to retirement. Dr Athale ceased carrying out clinical work on the 31 July 2019.

  We have been advised that if this is approved, two of the current contract holders, Mrs L Rippon and Dr MA Ghani intend to apply to be removed from the contract during this year. Mrs L Rippon plans to retire at the end of 2019 and Dr M A Ghani would request to be removed as a GP contractor and remain on the contract as a member of the MEI Limited company.

  Appropriate due diligence checks have been undertaken by NHS England colleagues.

The regulation detailed below is applied in the case of the above variations.

The regulation in respect of variations to contracts states:

*"Where the contractor consists of two or more individuals practising in partnership and the composition of the partnership changes, either by a partner leaving (but without the partnership terminating) or a new partner joining, the contract will need to be amended to recognise the new partnership composition. For the variation to have effect, it must be in writing and signed by all parties to the contract". (Policy & Guidance Manual, 2017)*

As the above PMS Contract Variations require an amendment to the PMS contracts, this requires PCCC members, approval. It is recommended that these be approved and the Primary Care Team will ensure the contract is amended accordingly.

**2. GP Retainer Scheme application**

Barnsley CCG has received a National GP Retention Scheme application in respect of Dr N L Emad to be supported by Hoyland First practice (Walderslade).

The National GP Retention Scheme provides a package of educational and financial support to help eligible doctors, who might otherwise leave the profession, to remain in general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a regular part-time, salaried GP post, offering greater flexibility and educational support. RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the RGP remains in need of the scheme and the practice is meeting its obligations.

The scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions per week which includes protected time for continuing

professional development and with educational support. Dr Emad has opted to complete 3 sessions per week.

Doctors applying for the scheme must be in good standing with the General Medical Council (GMC) without GMC conditions or undertakings, as it is not intended for remediation support. NHS England has completed necessary due diligence checks in relation to this application.

The scheme is open to doctors who meet all of the following criteria:

- The doctor is seriously considering leaving or has left general practice due to personal reasons (for example caring responsibilities), retirement, or requiring greater flexibility in order to undertake other work
- And when a regular part-time role does not meet the doctors need for flexibility (for example the requirement for shorter clinics or annualised hours)
- And, there is a need for additional educational supervision.

The CCG have checked that the above requirements have been met. A copy of the application form has been retained on file but has not been shared due to the personal information included.

The scheme is managed jointly by Health Education England (HEE) through the designated HEE RGP Scheme Lead and NHS England. The scheme is funded through the Delegated Primary Medical Care Allocation and payment provisions to GP practices are contained within the General Medical Services Statement of Financial Entitlements Amendment Directions 2017, paragraph 20A.2.

**Funding**

Professional Expenses Supplement

Each RGP would qualify for an annual professional expenses supplement of between £1000 and £4000 which is based on the number of sessions worked per week. It is payable to the RGP via the practice.

However of note, the National GP Retention Scheme Guidance includes a caveat that *the number of sessions the RGP is contracted to work on the scheme may be changed following the submission of a revised suitable job plan which is subject to approval of the designated HEE RGP Scheme Lead and NHS England's local Director of Commissioning Operations (DCO) (or nominated deputy either within NHS England or delegated CCG).*

Support for Practices

Each practice employing a RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session, that the doctor is employed for, (up to a maximum of four). This support is to be used by the practice as an incentive to provide flexibility for the RGP and should be used towards the RGPs salary, to cover HR admin costs and to provide funding to cover any educational support required from the practice, including course fees where relevant.

In terms of approval of RGPs applications and payment, NHS England DCO (or nominated deputy either within NHS England or delegated CCG) makes the final decision whether the doctor can join the scheme. This is based on the eligibility criteria to join the scheme and is in line with the regulations and that there are no concerns with the doctor or the practice. The initial process in respect of

| | |
|---|---|
| | unsuccessful applications would be for the NHS England Medical Director to review the application and facilitate an appropriate outcome before potential final rejection.<br><br>The committee is asked to consider approval of the National GP Retention Scheme application by Dr Emad. |
| | **3. Practice Opening Hours**<br><br>The purpose of this report is to provide members with an update of the current core hour's access to primary medical care in Barnsley.<br><br>**Core Hours Contractual Requirements**<br><br>The General Medical Services (GMS) and Personal Medical Services (PMS) Regulations require General Practice contractors to provide essential and additional services at such times within core hours. Core hours for GMS practices are 8:00am – 6:30pm, Monday – Friday, excluding weekends and bank holidays. PMS terms are applied in the same manner following national negotiation and the definition 'core hours' is in the contract and in the underpinning regulations.<br><br>**Review of Opening Hours in 2018**<br><br>In line with the national ambition to improve and extend access to primary care for patients, the Primary Care Team worked closely with practices in 2018 to review current service provision and any subcontracting arrangements.<br><br>Guidance from NHS England was shared with practices which, whilst not explicit in the contract, was deemed to represent in broad terms, the types of services that patients would ordinarily expect to see from an 'open' practice;<br><br>a. Ability to attend a pre-bookable appointment (face to face)<br>b. Ability to book / cancel appointments<br>c. Ability to collect/order a prescription<br>d. Access urgent appointments / advice as clinically necessary<br>e. Home visit (where clinically necessary)<br>f. Ring for telephone advice<br>g. Ability to be referred to other services where clinically urgent (including for example suspected cancer)<br>h. Ability to access urgent diagnostics and take action in relation to urgent results<br><br>The review successfully increased the number of hours practices were open and assisted in reducing the number of practices routinely closing for a half a day per week.<br><br>**Review of Opening Hours in 2019**<br><br>A further review has been undertaken to check that practices are meeting core opening hour requirements including:<br>• E-Declaration |

- Analysis of the annual e-Declaration completed by practices in December 2018 which incorporates core hour delivery

- Extended Hours Provision
  - Meeting core hour requirements is an essential criterion for the ability to deliver Extended Hours DES.
  - Review of information provided to check opening hours and extended hours provision for the 2019 Easter holiday period
  - From 1 July 2019 provision of extended hour's access appointments is a requirement of the Network Contract DES.
- Quality Dashboard
  - Meeting core requirements is a key indicator included on the quarterly quality dashboard shared with practices with an analysis reported to the Primary Care Quality Improvement Group.

The outcome of the review was that all practices are deemed to be meeting core opening hour requirements.

Guidance from NHS England shared in December 2017 and again in September 2019 includes confirmation of provision within the contract to permit subcontracting of services during core hours, with approval from the CCG. The CCG are assured that practices utilising the subcontracting arrangements are transferring cover to the i-Heart Barnsley Healthcare Federation services for periods when they are not open within the core hour period.

There are 11 practices closing for half a day per month for training purposes and 8 practices closing on various days of the week earlier than the 18:30 requirement, for example half an hour early at 18:00. Appendix 2 provides a high level analysis of practices opening hours.

The primary care team will continue to monitor the provision of practice delivery of their core hour contractual requirements.

**4. Network Contract DES**

In order to create an outcomes based service model the PCN is developing its infrastructure to support delivery of the Neighbourhood Services Specification and the new seven national contract specifications which are expected from 2020/21.

This development includes:

- Expanding the primary care workforce with the employment of new clinical pharmacists building upon the Medicine Management team within the CCG
- Working with providers in developing the role of social prescribers as set out in the new national contract
- Continuing to work with partners to deliver the neighbourhood services specification and a fully integrated delivery model
- Proactively work with localities to deliver the requirements of the seven national specifications
- Improve health in care homes
- Support earlier cancer diagnosis
- Open 25% of appointments for online booking
- Ensure all patients have access to their full record by April 2020

| | |
|---|---|
| | • Manage direct booking from 111<br>• Ensure localities utilise population segmentation and risk stratification tools to deliver improved outcomes for the population.<br><br>Investment to support this development and delivery model will include the CCG national contract budget and the £1.50 per head of population as required by NHS England. Further transformation funding is also expected to be allocated from the Primary Care ICS work stream.<br><br>The committee is asked to note the PCN development. |
| **5.** | **THE GOVERNING BODY / COMMITTEE IS ASKED TO:** |
| | 1. In Year Contract Variations<br>i) Approve the Penistone Group Practice Contract Variation to add Dr M Teesdale<br>ii) Note the approval to add the MEI Partnership Limited Company to the Rose Tree contract and approve the removal of Dr Athale.<br>2. Approve the application for the GP Retainer Scheme.<br>3. Note the review of practice opening hours.<br>4. Note the PCN development and delivery |
| **6.** | **APPENDICES / LINKS TO FURTHER INFORMATION** |
| | None |

| | |
|---|---|
| **Agenda time allocation for report:** | *10 minutes.* |

**PCCC 19/09/09**

**PART 1B – SUPPORTING INFORMATION**

| 1. | Links to the Governing Body Assurance Framework | Risk ref(s) |
|---|---|---|
| | This report provides assurance against the following risks on the Governing Body Assurance Framework: | 2.1 |
| **2.** | **Links to CCG's Priority Areas** | **Y/N** |
| | 1 - Urgent & Emergency Care | |
| | 2 - Primary Care | Y |
| | 3 - Cancer | |
| | 4 - Mental Health | |
| | 5 - Integrated Care System (ICS) | |
| | 6 - Efficiency Plan | |
| | 7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions | |
| | 8 - Maternity | |
| | 9 - Compliance with Statutory and Regulatory Requirements | |
| **3.** | **Governance Arrangements Checklist** | |
| 3.1 | **Financial Implications** | |
| | Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? | *NA* |
| | Are any financial implications detailed in the report? | *NA* |
| 3.2 | **Consultation and Engagement** | |
| | Has Comms & Engagement Checklist been completed? | *NA* |
| | Is actual or proposed engagement activity set out in the report? | *NA* |
| 3.3 | **Equality and Diversity** | |
| | Has an Equality Impact Assessment been completed and appended to this report? | *NA* |
| 3.4 | **Information Governance** | |
| | Have potential IG issues been identified in discussion with the IG Lead and included in the report? | *NA* |
| | Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details) | *NA* |
| 3.5 | **Environmental Sustainability** | |
| | Are any significant (positive or negative) impacts on the environment discussed in the report? | *NA* |
| 3.6 | **Human Resources** | |
| | Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? | *NA* |

NHS
Barnsley
Clinical Commissioning Group

# PRIMARY CARE COMMISSIONING COMMITTEE

## 26 September 2019

## RISK AND GOVERNANCE REPORT

## PART 1A – SUMMARY REPORT

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **1.** | **THIS PAPER IS FOR** | | | | | | |
| | *Decision* | | *Approval* | | *Assurance* | X | *Information* | |
| **2.** | **REPORT OF** | | |
| | | *Name* | *Designation* |
| | *Executive Lead* | Richard Walker | Head of Governance & Assurance |
| | *Author* | Paige Dawson | Governance, Risk and Assurance Facilitator |
| **3.** | **EXECUTIVE SUMMARY** | | |

**Introduction**

In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.

**Assurance Framework**

The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. The GBAF is refreshed at the start of each financial year then reported to every meeting of the Governing Body as part of the Risk & Governance Exception Report.

Appendix 1 of this report provides the Committee with an extract from the GBAF of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care
    - Not having quality monitoring arrangements embedded in practice
    - Inadequate investment in primary care
    - Independent contractor status of General Practice.

| | |
|---|---|
| | **Risk Register**<br><br>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.<br><br>The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 2 of this report which provides the Committee with a full risk register associated with the Primary Care Commissioning Committee.<br><br>There are currently six risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the six risks, there is one red (extreme) rated risk, one amber risk (high), three yellow risks (moderate) and one green (low) risk. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.<br><br>**Additions / Removals**<br>There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.<br><br>Members are asked to review the risk detailed on Appendix 2 to ensure that the risk is being appropriately managed and scored. |
| **4.** | **THE COMMITTEE IS ASKED TO:** |
| | • Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible<br>• Review the Risk Register attached and:<br>  ○ Consider whether all risks identified are appropriately described and scored<br>  ○ Consider whether there are other risks which need to be included on the Risk Register. |
| **5.** | **APPENDICES** |
| | • Appendix 1 – GBAF Extract risk 2.1<br>• Appendix 2 – Risk Register FULL |

| | |
|---|---|
| **Agenda time allocation for report:** | 10 mins |

## PART 1B – SUPPORTING INFORMATION

| 1. | Links to the Governing Body Assurance Framework | Risk ref(s) |
|---|---|---|
| | This report provides assurance against the following risks on the Governing Body Assurance Framework: | All |
| **2.** | **Links to CCG's Corporate Objectives** | **Y/N** |
| | To have the highest quality of governance and processes to support its business | Y |
| | To commission high quality health care that meets the needs of individuals and groups | Y |
| | Wherever it makes safe clinical sense to bring care closer to home | Y |
| | To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley | Y |
| | To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £. | Y |
| **3.** | **Governance Arrangements Checklist** | |

**3.1 Financial Implications**

| | |
|---|---|
| Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? | *NA* |
| Are any financial implications detailed in the report? | *NA* |

**3.2 Consultation and Engagement**

| | |
|---|---|
| Has Comms & Engagement Checklist been completed? | *NA* |
| Is actual or proposed engagement activity set out in the report? | *NA* |

**3.3 Equality and Diversity**

| | |
|---|---|
| Has an Equality Impact Assessment been completed and appended to this report? | *NA* |

**3.4 Information Governance**

| | |
|---|---|
| Have potential IG issues been identified in discussion with the IG Lead and included in the report? | *NA* |
| Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details) | *NA* |

**3.5 Environmental Sustainability**

| | |
|---|---|
| Are any significant (positive or negative) impacts on the environment discussed in the report? | *NA* |

**3.6 Human Resources**

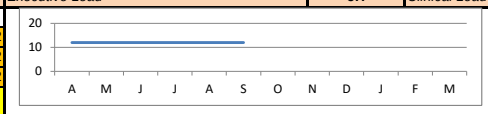
| | |
|---|---|
| Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? | *NA* |

23/09/2019 **NHS Barnsley CCG Governing Body Assurance Framework 2019-20**

| PRIORITY AREA 2: PRIMARY CARE | Delivery supports these CCG objectives: | | PRINCIPAL THREATS TO DELIVERY |
|---|---|---|---|
| Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to:<br>Deliver investment into Primary Care<br>Improve Infrastructure<br>Ensure recruitment/retention/development of workforce<br>Address workload issues using 10 high impact actions<br>Improve access particularly during the working week, more bookable appointments at evening and weekends.<br>Every practice implements at least 2 of the high impact 'time to care' actions<br>Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews<br>Develop and maintain PCN with 100% coverage by 30 June.2019 and support the transition and further development of the PCNs | Highest quality governance | | There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:<br>-Engagement with primary care workforce<br>-Workforce and capacity shortage, recruitment and retention<br>-Under development of opportunities of primary care at scale, including new models of care<br>-Primary Care Networks do not embed and support delivery of Primary Care at place<br>-Not having quality monitoring arrangements embedded in practice<br>-Inadequate investment in primary care<br>Independent contractor status of General Practice |
| | High quality health care | ✓ | |
| | Care closer to home | ✓ | |
| | Safe & sustainable local services | ✓ | |
| | Strong partnerships, effective use of £ | ✓ | |
| | **Links to SYB STP MOU** | | |
| | 8.3. General Practice and primary care | | |

| *Committee Providing Assurance* | **PCCC** | *Executive Lead* | **JH** | *Clinical Lead* | **NB** |
|---|---|---|---|---|---|

| **Risk rating** | Likelihood | Consequence | **Total** |
|---|---|---|---|
| Initial | 3 | 4 | 12 |
| Current | 3 | 4 | 12 |
| Appetite | 3 | 4 | 12 |
| Approach | **TOLERATE** | | |




**Date reviewed** **Sep-19**

Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.

| **Key controls to mitigate threat:** | **Sources of assurance** | **Rec'd?** |
|---|---|---|
| Support practices to complete HEE Workforce Analysis tool.<br>Ensure all practices install APEX and use this for capacity and demand assessment. This will also help to inform the workforce requirements. Those practices not utilising the APEX tool will be required to use the National Workforce Tool for monitoring workforce data. | All practices have now completed the HEE tool to allow the CCG to create a workforce baseline. The workforce data was been presented to September 17 BEST meeting supported by Mark Purvis from HEE.<br>All practices (with 1 exception) has agreed to install and use the APEX tool. The installation process is monitored via the SYB D2 Group to ensure compliance and rigorous monitoring.<br>APEX use is to be incentivised through the 2019/20 PDA to maintain workforce data. | In progress |
| Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area | Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC). | Ongoing |
| Optimum use of BEST sessions | BEST programme and Programme co-ordination being led by BHF | Ongoing |
| Development of locality working through the establishment of PCN's | 6 Neighbourhood Networks have been agreed with the support of a single super Primary Care Network worked by the GP Federation. These are co-terminous with previous CCG and Local Authourity localities (submission completed) and signing up to the new Network Framework Agreement and Network Contract DES. This supports the transition and development of formal Primary Care Networks to deliver the primary care elements of the NHS Long Term Plan.<br>Meetings are set for the year to ensure that the PCNs are able to meet regularly. | In progress |
| BHF - Existence of strong federation supports Primary Care at Scale | BHF contract monitoring, oversight by PCCC | Ongoing |
| Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life) Social Prescribing - My Best Life is a successful programme supporting the people of Barnsley to work towards self care. This service has now extended to include high intensity users. | Monitored through PDA Contract monitoring of the My Best Life Service<br>My Best Life's contract is monitored regularly. The 2019-20 PDA ensures that each practice continues to have a "My Best Life Champion". Social Prescribing is a key element in the Long Term Plan and a new cohort of Link Workers will support PCNs to deliver the requirements. | Ongoing |
| Programme Management Approach of GPFV & Forward View Next steps | GPFV assurance returns submitted quarterly to NHSE.<br>Regular updates on progress are reported to PCCC as per PCCC work plan. | Ongoing |
| Care Navigation roll out - First Port of Call Plus | BHF contract monitoring, oversight by PCCC, also included in GPFV assurance returns | Ongoing |
| Engagement and consultation with Primary Care (Membership Council, Practice Managers etc.) | NHS England 360 Stakeholder Survey results shared with stakeholders and published on the CCG website. 18/19 results to be reported to Membership Council Spring 2019. Results show that BCCG stakeholders have a high level of satisfaction with the CCG's leadership & engagement. | Ongoing |
| SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.<br>BCCG has a Workforce Manager in post who will ensure that Primary Care workforce is accounted for within all workforce discussions. This member of staff also represents Barnsley at SYB level so that the entire Barnsley CCG area workforce has representation. | BCCG is represented on the group.<br>BCCG is represented on all workforce groups. Reporting is via PCCC for Primary care. | Ongoing |

| **Gaps in assurance** | **Positive assurances received** |
|---|---|
| None identified | |
| **Gaps in control** | **Actions being taken to address gaps in control / assurance** |
| RR 14/10:If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that:<br>(a) Some practices may not be viable,<br>(b) Take up of PDA or other initiatives could be inconsistent<br>(c) The people of Barnsley will receive poorer quality healthcare services<br>(d) Patients services could be further away from their home. | The CCG and BHF work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Actively exploring option of international recruitment with 16 practices expressing an interest. BHF looking to host a number of these GPs if the initiative goes forward.<br>Practices encouraged to look at skill mix with innovative recruitment.<br>Recruitment of phase 2 Clinical Pharmacist completed |

# RISK REGISTER – September 2019

**Domains**
1. Adverse publicity/ reputation
2. Business Objectives/ Projects
3. Finance including claims
4. Human Resources/ Organisational Development/ Staffing/ Competence
5. Impact on the safety of patients, staff or public (phys/psych)
6. Quality/ Complaints/ Audit
7. Service/Business Interruption/ Environmental Impact
8. Statutory Duties/ Inspections

| Likelihood | | Consequence | | Scoring Description | | | Current Risk No's | Review |
|---|---|---|---|---|---|---|---|---|
| Almost Certain | 5 | Catastrophic | 5 | Red | Extreme Risk | (15-25) | 5 | Monthly |
| Likely | 4 | Major | 4 | Amber | High Risk | (8- 12) | 21 | 3 mthly |
| Possible | 3 | Moderate | 3 | Yellow | Moderate Risk | (4 -6) | 3 | 6 mthly |
| Unlikely | 2 | Minor | 2 | Green | Low Risk | (1-3) | 3 | Yearly |
| Rare | 1 | Negligible | 1 | | | | | |
| | | | | **Total = Likelihood x Consequence** | | | | |

The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| *CCG 14/10* | 2, 5, 6 | If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that:<br>(a) Some practices may not be viable,<br>(b) Take up of PDA or other initiatives could be inconsistent<br>(c) The people of Barnsley will receive poorer quality healthcare services<br>(d) Patients | **3** | **3** | **9** | The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles<br><br>The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley.<br><br>NHS England has published an Interim People Plan to support the workforce challenge<br><br>The CCG's Primary Care Development Workstream | Senior Primary Care Commissioning Manager.<br><br>(Primary Care Commissioning Committee) | Governing Body | **4** | **4** | **16** | 09/19 | **Sept 2019**<br>Phase 2 Clinical Pharmacists now in post and commencing work to support practices.<br><br>Work continues to establish the recruitment of the roles in the LTP<br><br>**August 2019**<br>Work is underway to support the PCN to deliver the requirements stated in the Network Contract | 10/19 |

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| | | services could be further away from their home. | | | | has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.<br><br>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students<br><br>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce.<br>The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists & 2 technicians in March 2019.<br><br>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points. | | | | | | | DES<br><br>**July 2019**<br>No Changes to report<br><br>**June 2019**<br>Network Contract DES has a number of options for additional staff to support general practice within the emergent PCN/Local Clinical Networks.<br><br>**May 2019**<br>2019-20 PDA agreed and is now with GP practices.<br>Recruitment of Clinical Pharmacists completed.<br>No change to risk<br><br>**April 2019 –**<br>Recruitment is in progress for the clinical pharmacists. PDA | |

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| | | | | | | | | | | | | | review of attainment for 2018-19 is underway. No change to risk score. | |
| *CCG 15/03* | | If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged. | **3** | **4** | **12** | The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.<br><br>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation). | Senior Primary Care Commissioning Manager<br><br>(Primary Care Commissioning Committee) | Risk Assessment | 2 | 4 | **8** | 08/19 | **August 2019**<br>The CCG continues to effectively manage its delegated responsibility.<br><br>**May 2019**<br>The CCG continues to effectively manage its delegated responsibility.<br><br>**February 2019 –**<br>Recruited staff now in post will support the CCG to meet its delegated responsibilities. | 11/19 |

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| CCG 15/04 | | If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation. | **3** | **5** | **15** | CCG considered its strategic capacity & capability as part of the successful application process.<br><br>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.<br><br>The CCG is undertaking a review of management capacity including delegated responsibilities. | Head of Delivery (Integrated Primary and Out of Hospital Care)<br><br>(Primary Care Commissioning Committee) | Risk Assessment | **2** | **3** | **6** | 08/19 | **August 2019**<br>The CCG is recruiting 3 posts to support the work towards integration via a revised community service specification and with the PCN<br><br>**February 2019:**<br>The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.<br>**September 2018**<br>The Primary Care Team have appointed to 2 news posts which will support the CCG in managing its delegated responsibilities for Primary Care. The posts will lead on contract management and | 02/20 |

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| | | | | | | | | | | | | | transformation. | |
| CCG 16/02 | | If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley. | 2 | 4 | **8** | SY&B have completed the procurement of a number of providers under the Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a provider on this framework.<br><br>APMS Contracts allow increased diversity of provision. | Head of Delivery (Integrated Primary and Out of Hospital Care)<br><br>(Primary Care Commissioning Committee) | | 1 | 4 | **4** | 04/19 | **March 2019**<br>Reprocurement of the emergency framework has secured 2 new providers enables wider access to utilise. Existing providers were also successful in the procurement.<br><br>**February 2019:**<br>The 2 new staff members are now in post to support the CCG in managing its delegated responsibilities.<br>**September 2018**<br>Barnsley CCG approved the emergency provider framework in May 2018 which would support the CCG in appointing a provider should any practice opt | 10/19 |

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| | | | | | | | | | | | | | to stop provision under the PMS contract.<br><br>**March 2018 –** position remains as below<br><br>**January 2018**<br>The risk remains in place. CCG would follow NHSE Policy and Guidance Manual to secure emergency provision | |
| CCG 15/06 | | There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key | **2** | **3** | **6** | The CCG has a well-established and effective PPE function, as well as robust governance supporting the function.<br><br>The CCG considered its strategic capacity & capability as part of the successful application process.<br><br>The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to | Head of Communications & Engagement<br><br>(Primary Care Commissioning Committee) | Risk Assessment | 1 | 3 | **3** | 02/19 | **February 2019**<br>No changes to report<br>**March 2018**<br>No changes to report<br><br>**February 2018**<br>NHS England has assessed the CCG as Good against the new patient and community engagement | 02/20 |

| | | | Initial Risk Score | | | | | | Residual Risk Score | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Ref** | **Domain** | **Risk Description** | **Likelihood** | **Consequence** | **Score** | **Mitigation/Treatment** | **Lead Owner of the risk** | **Source of Risk** | **Likelihood** | **Consequence** | **Score** | **Date Risk Assessed** | **Progress/ Update** | **Date for re-assessment** |
| | | stakeholders could therefore be affected. | | | | support any consultation activity. | | | | | | | indicator | |

PCCC 19/09/11

# PRIMARY CARE COMMISSIONING COMMITTEE

## 26 September 2019

## PRIMARY CARE COMMISSIONING COMMITTEE TERMS OF REFERENCE

## PART 1A – SUMMARY REPORT

| | |
|---|---|
| **1.** | **THIS PAPER IS FOR** |
| | *Decision* ☐ *Approval* ✓ *Assurance* ☐ *Information* ☐ |
| **2.** | **REPORT OF** |

| | *Name* | *Designation* |
|---|---|---|
| *Executive Lead* | Richard Walker | Head of Governance & Assurance |
| *Author* | Paige Dawson | Risk, Governance and Assurance Facilitator |

| | |
|---|---|
| **3.** | **EXECUTIVE SUMMARY** |
| | The Terms of Reference for the Primary Care Commissioning Committee are reviewed on an annual basis. The Governance & Assurance team has reviewed the Terms of Reference in conjunction with the Committee Chair and executive leads, and there are some minor changes proposed to the Membership and other minor updates throughout the TOR (see track changes in Appendix 1). |
| **4.** | **THE COMMITTEE IS ASKED TO:** |
| | • Approve the proposed changes to Committee Membership and minor updates throughout the TOR. |
| **5.** | **APPENDICES** |
| | • Appendix 1 – Draft Revised Terms of Reference |

| | |
|---|---|
| **Agenda time allocation for report:** | *5 mins* |

NHS
Barnsley
Clinical Commissioning Group

## PART 1B – SUPPORTING INFORMATION

| 1. | Links to the Governing Body Assurance Framework | Risk ref(s) |
|---|---|---|
| | This report provides assurance against the following risks on the Governing Body Assurance Framework: | 10.1 |
| **2.** | **Links to CCG's Corporate Objectives** | **Y/N** |
| | To have the highest quality of governance and processes to support its business | √ |
| | To commission high quality health care that meets the needs of individuals and groups | |
| | Wherever it makes safe clinical sense to bring care closer to home | |
| | To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley | |
| | To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £. | |
| **3.** | **Governance Arrangements Checklist** | |
| 3.1 | **Financial Implications** | |
| | Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? | *NA* |
| | Are any financial implications detailed in the report? | *NA* |
| 3.2 | **Consultation and Engagement** | |
| | Has Comms & Engagement Checklist been completed? | *NA* |
| | Is actual or proposed engagement activity set out in the report? | *NA* |
| 3.3 | **Equality and Diversity** | |
| | Has an Equality Impact Assessment been completed and appended to this report? | *NA* |
| 3.4 | **Information Governance** | |
| | Have potential IG issues been identified in discussion with the IG Lead and included in the report? | *NA* |
| | Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details) | *NA* |
| 3.5 | **Environmental Sustainability** | |
| | Are any significant (positive or negative) impacts on the environment discussed in the report? | *NA* |
| 3.6 | **Human Resources** | |
| | Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? | *NA* |

Barnsley Clinical Commissioning Group

Putting Barnsley People First

# Primary Care Commissioning Committee

# Terms of Reference

~~July 2018~~August 2019

# Terms of Reference – NHS Barnsley CCG Primary Care Commissioning Committee

## Introduction

~~1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.~~

~~2.~~1. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Barnsley CCG. The delegation is set out in Schedule1.

~~3.~~2. The CCG has established the NHS Barnsley CCG Primary Care Commissioning Committee ("Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

~~4.~~3. It is a committee comprising representatives of the following organisations:

- NHS Barnsley CCG;
- Healthwatch Barnsley (non-voting attendee);
- Barnsley Metropolitan Borough Council (non-voting attendee)
- NHS England (NHSE) (non-voting attendee)~~.~~

## Statutory Framework

~~5.~~4. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

~~6.~~5. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

~~7.~~6. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P);

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

~~8.~~7. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

~~9.~~8. The Committee is established as a committee of the Governing Body of NHS Barnsley CCG in accordance with Schedule 1A of the "NHS Act".

~~10.~~9. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

**Role of the Committee**

~~11.~~10. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Barnsley, under delegated authority from NHS England.

~~12.~~11. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Barnsley CCG, which will sit alongside the delegation and terms of reference.

~~13.~~12. The functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

~~14.~~13. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

~~15.~~14. The specific obligations of the CCG with respect to the delegated functions are set out in section 6 and schedule 2 of the Delegation Agreement and include:

a) Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contract including:

- the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Local incentive schemes as an alternative to the national Quality Outcomes Framework (QOF) (including the design of such schemes);
- 'Discretionary' payments (e.g., returner/retainer schemes);
- Commissioning urgent care for out of area registered patients.

b) Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:

- The establishment of new GP practices (including branch surgeries) in the area, and the closure of GP Practices;
- Approving practice mergers;
- Managing GP practices providing inadequate standards of patient care;
- The procurement of new Primary Medical Services Contracts;
- Dispersing the lists of GP practices;
- Agreeing variations to the boundaries of GP practices; and
- Co-ordinating and carrying out the process of list cleansing in relation to GP practices.

c) Decisions in relation to the management of poorly performing GP Practices including, without limitation, decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list).

d) Decisions in relation to the Premises Costs Directions Functions.

~~16.~~15. The CCG will also carry out the following activities:

a) Planning the Commissioning of Primary Medical Services, including:

- carrying out needs assessments for primary medical care services in Barnsley;
- recommending and implementing changes to meet any unmet primary medical services needs; and
- undertaking regular reviews of primary medical care needs and services in Barnsley.

b) Co-ordinate a common approach to the commissioning of primary care services generally;

c) Manage the delegated allocation for commissioning of primary medical care services in Barnsley

d) Obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley (this function to be exercised through the Quality and Patient Safety Committee).

~~17.~~16. The Primary Care Commissioning Committee will review a relevant extract of the CCG's Assurance Framework and Risk Register at each meeting of the Committee in accordance with the CCG's risk management framework.

~~18.~~17. Where the Governing Body is unable to take a decision due to conflicts of interest the matter can be delegated to the Primary Care Commissioning Committee for approval or consideration.

**Sub-groups of the Committee**

~~19.~~18. The Primary Care Development Workstream (PCDWS) reviews and makes recommendations to the Committee on operational contractual issues impacting on primary care delivery; however decision making remains the responsibility of the Primary Care Commissioning Committee. Where necessary the Committee would seek clarifications and make suggestions to PCDWS about specific pieces of work which could then be refined and re submitted as appropriate. As a working group with flexible membership and responsibilities there are currently no formal Terms of Reference for PCDWS.

~~20.~~19. From time to time the Primary Care Commissioning Committee will create ad hoc panels to deliberate and make recommendations on matters within the Committee's remit (eg scrutiny panels to review achievement of PDA requirements). Terms of Reference for any such panels will be approved by the Committee.

**Geographical Coverage**

~~21.~~20. The Committee will comprise the NHS Barnsley CCG.

**Membership**

~~22.~~21. The Committee shall consist of:

**Lay / Executive Members:**

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Accountable Care (Vice Chair) (currently vacant)
- Governing Body Secondary Care Clinician
- Lay Member for Governance
- Chief Officer
- Head of Governance and Assurance

**Elected Practice Representatives (Non-Voting Clinical Advisors):**

- Chair of the Governing Body
- Medical Director
- One other elected member of the Governing Body

(The list of members is included as Schedule 3).

~~23.~~22. In addition to the people stated above the Senior Primary Care Commissioning Manager ~~the Head of Delivery Integrated Primary and Out of Hospital Care,~~ a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, a NHSE Representative and other attendees (as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee in a non-voting capacity.

~~24.~~23. The Chair of the Committee shall be the Lay Member for Patient and Public Engagement and Primary Care Commissioning. The holder of this post is appointed for a period of 3 years under a process overseen by the Remuneration Committee in accordance with best guidance.

~~25.~~24. The Vice Chair of the Committee shall be the Lay Member for Accountable Care. The holder of this post is appointed for a period of 3 years under a process overseen by the Remuneration Committee in accordance with best guidance.

~~26.~~25. There will be a standing invitation to a HealthWatch Barnsley representative and a Local Authority representative of the Health and Wellbeing Board to attend the Committee as non-voting attendees.

**Meetings and Voting**

~~27.~~26. The Committee will operate in accordance with the CCG's Standing Orders. The Secretary to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

~~28.~~27. Each voting member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of voting members present, but with the Chair or Vice Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

**Quorum**

~~29.~~28. No meeting of the Committee shall be held without a minimum of three members present (excluding non-voting Clinical Advisors and attendees), including either the Chair or Vice Chair. The Committee may call on additional lay members or CCG members when required, for example where the Committee would not be quorate because of conflicts of interest.

~~30.~~29. An Officer in attendance but without formal acting up status may not count towards the quorum.

**Urgent decisions**

~~31.~~30. Where urgent decisions are required to be made outside Committee meetings. including where decisions must be taken in accordance with externally-driven timescales, these can be made by a minimum of two voting members of the Committee, including at least one of the Primary Care Commissioning Committee Chair and the Chief Officer. Decisions taken under these provisions will be reported back to the next meeting of the Committee for ratification.

**Administration**

~~32.~~31. Secretarial support for the Committee will be provided by the CCG's administration function, overseen by the Head of Governance and Assurance.

**Frequency and conduct of meetings**

~~33.~~32. The Committee will meet at least quarterly with more frequent meetings if required, either by circumstances, the Governing Body or the Committee.

~~34.~~33. Meetings of the Committee shall:

a) be held in public, subject to the application of 34(b);

b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

~~35.~~34. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

~~36.~~35. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

~~37.~~36. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

~~38.~~37. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Confidentiality Code of Conduct.

~~39.~~38. The Committee will present its minutes to NHS England (North) area team of NHS England after each meeting for information, ~~including the minutes of any sub-committees to which responsibilities are delegated under paragraph 30 above~~by sharing them with NHSE's nominated representative on the committee.. An assurance report will be presented to the Governing Body of the CCG after each meeting along with adopted minutes of the business transacted in public. The committee will also provide an Annual Assurance Report to the Governing Body at the end of each financial year.

~~40.~~39. The CCG will also comply with any reporting requirements set out in its constitution.

~~41.~~40. These Terms of Reference will be reviewed annually, reflecting the experience of the Committee in fulfilling its functions. NHS England may also issue revised model terms of reference from time to time.

**Accountability of the Committee**

~~42.~~41. The Committee will make collective decisions on the review, planning and procurement of primary care services in Barnsley, including functions under delegated authority from NHS England. The Committee will manage the delegated allocation for commissioning of primary care services in Barnsley.

~~43.~~42. The Committee will operate in such a way as to ensure appropriate consultation and engagement takes place with members of the public. For example:

- The Committee will be Chaired by the Lay Member for Patient and Public Engagement
- It will be attended by a representative of Healthwatch Barnsley
- Meetings will be held in public (subject to the application of paragraph 34(b) above)

The minutes of every meeting will be made publicly available on the website of NHS Barnsley CCG except where those minutes record Committee business conducted in private.

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## Procurement of Agreed Services

~~44.~~43. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement set out in the delegation agreement. In doing so the CCG will comply with public procurement regulations and with statutory guidance on conflicts of interest.

## Decisions

~~45.~~44. The Committee will make decisions within the bounds of its remit.

~~46.~~45. The decisions of the Committee shall be binding on NHS England and NHS Barnsley CCG.

~~47. The Committee will produce an executive summary report which will be presented to NHS England (North) area team of NHS England and the governing body of NHS Barnsley CCG at least quarterly for information.~~

~~48.~~46. As soon as practicable after the end of each Financial Year the CCG must provide to NHS England a report on how the CCG has exercised the Delegated Functions during the previous Financial Year.

**Schedule 1 – Delegation**

The CCG and NHS England signed the Delegation Agreement on 26 March 2015. The Agreement became effective on 1 April 2015. The Agreement sets out the arrangements that apply in relation to the exercise of the Delegated Functions by the CCG.

**Schedule 2 – Delegated functions**

NHS England has delegated to NHS Barnsley CCG the following functions relating to the commissioning of primary medical services under section 83 of the NHS Act:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing breach / remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payments (e.g., returner/retainer schemes).

Delegated commissioning arrangements will exclude individual GP performance management (medical performers' list for GPs, appraisal and revalidation). NHS England will also be responsible for the administration of payments and list management.

**Schedule 3 - List of Members Lay / executive members:**

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Accountable Care (Vice Chair) (currently vacant)
- Governing Body Secondary Care Clinician
- Lay Member for Governance
- Chief Officer
- Head of Governance and Assurance

**Elected Governing Body members (Non-voting Clinical Advisors):**

- Chair of the Governing Body
- Medical Director
- One other elected member of the Governing Body

In addition to the people stated above, a representative of Healthwatch Barnsley, a Local Authority representative of the Health and Wellbeing Board, a NHSE Representative and other attendees (as necessary) will be invited to attend meetings and participate in the decision making discussions of the Primary Care Commissioning Committee in a non-voting capacity.