

**Public Primary Care Commissioning Committee**  
**Thursday, 26 November 2020 at 2.30pm to 3.30pm**  
**Via MS Teams**

## **PUBLIC AGENDA**

| Item  | Session   | Committee Requested to | Enclosure Lead                         | Time             |
|---|---|------------------------|--|------------------|
| Housekeeping  |   |                        | Chair                                  | 2.30pm<br>5mins  |
| 1   | Apologies   | Note                   | Chair                                  |                  |
| 2   | Quoracy   | Note                   | Chair                                  |                  |
| 3   | Declarations of Interest relevant to the agenda   | Assurance              | <b>PCCC 20/11/03</b><br>Chair          | 2.35pm<br>5mins  |
| 4   | Minutes of the meeting held on 24 September 2020  | Approve                | <b>PCCC 20/11/04</b><br>Chair          | 2.40pm<br>5mins  |
| 5   | Matters Arising Report  | Note                   | <b>PCCC 20/10/05</b><br>Chair          | 2.45pm<br>5mins  |
| <b>Strategy, Planning, Needs Assessment and Co-ordination of Primary Care</b> |   |                        |  |                  |
| 6   | None  |                        |  |                  |
| <b>Quality and Finance</b>  |   |                        |  |                  |
| 7   | Finance Update  | Assurance              | <b>PCCC 20/11/07</b><br>Ruth Simms     | 2.50pm<br>10mins |
| <b>Contract Management</b>  |   |                        |  |                  |
| 8   | Contractual Issues Report   | Assurance              | <b>PCCC 20/11/08</b><br>Julie Frampton | 3.00pm<br>5mins  |
| 9   | Risk and Governance Report <ul style="list-style-type: none"> <li>Assurance Framework &amp; Risk Register</li> <li>Terms of Reference</li> <li>Work Plan 2021/22</li> </ul> | Assurance              | <b>PCCC 20/10/09</b><br>Richard Walker | 3.05pm<br>10mins |
| <b>Reflection on conduct of the meeting</b>                                   |   |                        |  |                  |
| 10  | <ul style="list-style-type: none"> <li>Conduct of meetings</li> <li>Any areas for additional assurance</li> <li>Any training needs identified</li> </ul>                    | Note                   | <b>Verbal</b><br>Chair                 | 3.15pm<br>5mins  |
| <b>Other</b>  |   |                        |  |                  |
| 11  | Questions from the public relevant to the agenda  | Note                   | <b>Verbal</b><br>Chair                 | 3.20pm<br>5mins  |

| Item | Session  | Committee Requested to | Enclosure Lead                    | Time            |
|------|--|------------------------|-----------------------------------|-----------------|
| 12   | Items for escalating to the Governing Body   | Note                   | <b>Verbal</b><br>Chair            | 3.25pm<br>5mins |
| 13   | <b>Date and time of the next scheduled meeting:</b><br>Thursday, 28 January 2021 at 2:30pm to 3:30pm | Note                   | <b>Verbal</b><br>Chris Millington | 3.30pm<br>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

## PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2020

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

#### PART 1A – SUMMARY REPORT

| 1.                        | <b>THIS PAPER IS FOR</b>  |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
|---------------------------|---|--|--------------------------|-------------------|-------------------------------------|--------------------|---------------------------|------------------|-------------------------------------|--------------------|--------------------------|--|
|                           | <table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>   |  |                          | <i>Decision</i>   | <input type="checkbox"/>            | <i>Approval</i>    | <input type="checkbox"/>  | <i>Assurance</i> | <input checked="" type="checkbox"/> | <i>Information</i> | <input type="checkbox"/> |  |
| <i>Decision</i>           | <input type="checkbox"/>  | <i>Approval</i>                          | <input type="checkbox"/> | <i>Assurance</i>  | <input checked="" type="checkbox"/> | <i>Information</i> | <input type="checkbox"/>  |                  |                                     |                    |                          |  |
| 2.                        | <b>PURPOSE</b>  |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
|                           | To foresee any potential conflicts of interests relevant to the agenda.   |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
| 3.                        | <b>REPORT OF</b>  |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
|                           | <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Richard Walker</td> <td>Head of Governance &amp; Assurance</td> </tr> <tr> <td>Author</td> <td>Paige Dawson</td> <td>Governance, Risk &amp; Assurance Facilitator</td> </tr> </tbody> </table>  |  |                          |                   | Name                                | Designation        | Executive / Clinical Lead | Richard Walker   | Head of Governance & Assurance      | Author             | Paige Dawson             | Governance, Risk & Assurance Facilitator |
|                           | Name  | Designation                              |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
| Executive / Clinical Lead | Richard Walker  | Head of Governance & Assurance           |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
| Author                    | Paige Dawson  | Governance, Risk & Assurance Facilitator |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
| 4.                        | <b>SUMMARY OF PREVIOUS GOVERNANCE</b>   |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
|                           | <p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>  |  |                          | Group / Committee | Date                                | Outcome            | N/A                       |                  |                                     |                    |                          |  |
| Group / Committee         | Date  | Outcome                                  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
| N/A                       |   |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
| 5.                        | <b>EXECUTIVE SUMMARY</b>  |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |
|                           | <p>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.</p> <p>The table below details what interests must be declared:</p> |  |                          |                   |                                     |                    |                           |                  |                                     |                    |                          |  |

|           | <b>Type</b>   | <b>Description</b>   |
|-----------|---|--|
|           | 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. |
|           | <p>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.</p> <p><b>Additions:</b></p> <ul style="list-style-type: none"> <li>• Dr Madhavi Guntamukkala has been added to the register.</li> </ul> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p> |  |
| <b>6.</b> | <b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>  |  |
|           | <ul style="list-style-type: none"> <li>• 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.</li> </ul>  |  |
| <b>7.</b> | <b>APPENDICES / LINKS TO FURTHER INFORMATION</b>  |  |
|           | <ul style="list-style-type: none"> <li>• Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report</li> </ul>   |  |

|   |
|---|
| <b>Agenda time allocation for report:</b> |
|---|

|           |
|-----------|
| 5 minutes |
|-----------|

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

|            |   |   |  |     |
|------------|---|---|--|-----|
| <b>1.</b>  | <b>Links to Corporate Priorities, GBAF and Risk Register</b>  |   |  |     |
|            | This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework   |   |  |     |
|            | 1.1 Urgent & Emergency Care   |   | 6.1 Efficiency Plans                                   |     |
|            | 2.1 Primary Care  |   | 7.1 Transforming Care for people with LD               |     |
|            | 3.1 Cancer  |   | 8.1 Maternity  |     |
|            | 4.1 Mental Health   |   | 9.1 Digital and Technology                             |     |
|            | 5.1 Integrated Care @ System  |   | 10.1 Compliance with statutory duties                  | ✓   |
|            | 5.2 Integrated Care @ Place   |   |  |     |
|            | The report also provides assurance against the following red or amber risks on the Corporate Risk Register:   |   |  | N/A |
| <b>2.</b>  | <b>Links to statutory duties</b>  |   |  |     |
|            | This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act  |   |  |     |
|            | Management of conflicts of interest (s14O)  | ✓ | Duties as to reducing inequalities (s14T)              |     |
|            | Duty to promote the NHS Constitution (s14P)   |   | Duty to promote the involvement of each patient (s14U) |     |
|            | Duty to exercise its functions effectively, efficiently and economically (s14Q)   |   | Duty as to patient choice (s14V)                       |     |
|            | Duty as to improvement in quality of services (s14R)  |   | Duty as to promoting integration (s14Z1)               |     |
|            | Duty in relation to quality of primary medical services (s14S)  |   | Public involvement and consultation (s14Z2)            |     |
| <b>3.</b>  | <b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>  |   |  |     |
| <b>3.1</b> | <b>Clinical Leadership</b>  |   |  |     |
|            | Have GB GPs and / or other appropriate clinicians provided input and leadership?  |   |  | NA  |
| <b>3.2</b> | <b>Management of Conflicts of Interest (s14O)</b>   |   |  |     |
|            | Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate? |   |  | Y   |
| <b>3.3</b> | <b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>  |   |  |     |
|            | Have any financial implications been considered & discussed with the Finance Team?  |   |  | NA  |
|            | Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?  |   |  | NA  |
| <b>3.4</b> | <b>Improving quality (s14R, s14S)</b>   |   |  |     |
|            | Has a Quality Impact Assessment (QIA) been completed if relevant?   |   |  | NA  |
|            | Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?   |   |  | NA  |

|      |   |           |
|------|---|-----------|
| 3.5  | <b>Reducing inequalities (s14T)</b>   |           |
|      | Has an Equality Impact Assessment (EIA) been completed if relevant?   | <b>NA</b> |
|      | Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate? | <b>NA</b> |
| 3.6  | <b>Public Involvement &amp; Consultation (s14Z2)</b>  |           |
|      | Has a s14Z2: Patient and Public Participation Form been completed if relevant?  | <b>NA</b> |
|      | Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?      | <b>NA</b> |
| 3.7  | <b>Data Protection and Data Security</b>  |           |
|      | Has a Data Protection Impact Assessment (DPIA) been completed if relevant?  | <b>NA</b> |
|      | Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?      | <b>NA</b> |
| 3.8  | <b>Procurement considerations</b>   |           |
|      | Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?      | <b>NA</b> |
|      | Has a Single Tender Waiver form been completed if appropriate?  | <b>NA</b> |
|      | Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?     | <b>NA</b> |
| 3.9  | <b>Human Resources</b>  |           |
|      | Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?          | <b>NA</b> |
| 3.10 | <b>Environmental Sustainability</b>   |           |
|      | Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?                         | <b>NA</b> |

### 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                             | <ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> <li>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract</li> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• Member Medical Protection Society</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> <li>• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).</li> <li>• Clinical Lead Primary Care SYB ICS (commissioning)</li> </ul> |
| Nigel Bell | Lay Member for Governance            | <ul style="list-style-type: none"> <li>• Ad hoc provision of Business Advice through Gordons LLP</li> <li>• Lay Member representing South Yorkshire &amp; Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire &amp; Bassetlaw Integrated Care System</li> </ul>   |

| Name                 | Current position (s) held in the CCG | Declared Interest   |
|----------------------|--------------------------------------|---|
| Chris Millington     | Lay Member                           | <ul style="list-style-type: none"> <li>Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18)</li> <li>Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)</li> </ul>  |
| Mike Simms           | Secondary Care Clinician             | <ul style="list-style-type: none"> <li>Provider of Corporate and Private healthcare and delivering some NHS Contracts.</li> </ul>   |
| Chris Edwards        | Governing Body Member                | <ul style="list-style-type: none"> <li>Family member employed by Chesterfield Royal.</li> <li>Family member employed by Attain.</li> </ul>  |
| Mark Smith           | GP Governing Body Member             | <ul style="list-style-type: none"> <li>Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.</li> <li>Director of Janark Medical Ltd</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>  |
| Madhavi Guntamukkala | Medical Director                     | <ul style="list-style-type: none"> <li>Senior GP in a Barnsley Practice (Apollo Court Medical Practice &amp; The grove Medical Practice) Practices provide services under contract to the CCG</li> <li>Spouse – Dr M Vemula is also partner GP at both practices</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul> |

| Name           | Current position (s) held in the CCG | Declared Interest  |
|----------------|--------------------------------------|--|
| Richard Walker | Head of Governance & Assurance       | <ul style="list-style-type: none"> <li>Daughter working for Health Education England.</li> </ul> |
| Julie Frampton | Head of Primary Care                 | <ul style="list-style-type: none"> <li>NIL</li> </ul>  |



| Name            | Current position (s) held in the CCG                          | Declared Interest                                     |
|-----------------|---|---|
| Victoria Lindon | Assistant Head of Primary Care Commissioning (NHSE and NHSEI) | <ul style="list-style-type: none"><li>• NIL</li></ul> |

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
held on Thursday, 24 September 2020 at 2.30pm via MS Teams**

**PRESENT: (VOTING MEMBERS)**

|                                   |   |
|-----------------------------------|---|
| Chris Millington ( <i>Chair</i> ) | 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 Governance & Assurance  |

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

|                         |                       |
|-------------------------|-----------------------|
| Dr Madhavi Guntamukkala | Governing Body Member |
|-------------------------|-----------------------|

**IN ATTENDANCE:**

|                  |   |
|------------------|---|
| Julie Frampton   | Head of Primary Care                                  |
| Leanne Whitehead | Executive Personal Assistant                          |
| Victoria Lindon  | Assistant Head of Primary Care Co-Commissioning, NHSE |
| Carrie Abbott    | Public Health, BMBC                                   |
| James Barker     | Chief Executive, BHF                                  |

**APOLOGIES:**

|                |                                 |
|----------------|---------------------------------|
| Chris Edwards  | Chief Officer                   |
| Dr Nick Balac  | CCG Chairman                    |
| Roxanna Naylor | Chief Finance Officer           |
| Julie Burrows  | Director of Public Health, BMBC |
| Sue Womack     | Manager, Healthwatch Barnsley   |
| Ruth Simms     | Assistant Finance Manager       |
| Dr Mark Smith  | Governing Body Member           |

**MEMBERS OF THE PUBLIC:**

There were no members of the public present at the meeting.

| Agenda Item          | Note  | Action | Deadline |
|----------------------|---|--------|----------|
| <b>PCCC 20/09/01</b> | <b>APOLOGIES</b>  |        |          |
|                      | The Chair welcomed members to the meeting and apologies were noted as above.                            |        |          |
| <b>PCCC 20/09/02</b> | <b>QUORACY</b>  |        |          |
|                      | The meeting was declared quorate.   |        |          |
| <b>PCCC 20/09/03</b> | <b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>  |        |          |
|                      | Dr M Guntamukkala reported the following declarations of interest which would be added to the register: |        |          |

|   |   |           |  |
|---|---|-----------|--|
|   | <ul style="list-style-type: none"> <li>• Senior GP in a Barnsley Practice (Apollo Court Medical Practice &amp; The Grove Medical Practice)</li> <li>• Practices provide services under contract to the CCG</li> <li>• Spouse – Dr M Vemula is also partner GP at both practices</li> </ul>  |           |  |
| <b>PCCC<br/>20/09/04</b>  | <b>MINUTES OF THE LAST MEETING</b>  |           |  |
|   | The minutes of the meeting held on the 30 July 2020 were verified as a true and correct record of proceedings.  |           |  |
| <b>PCCC<br/>20/09/05</b>  | <b>MATTERS ARISING REPORT</b>   |           |  |
|   | <p><b>20/07/20 GP Patient Survey</b></p> <p>The Head of Primary Care had had discussions with the Assistant Head of Primary Care Co-Commissioning, NHSE around the regional results of the GP Patient Survey to consider any learning opportunities, the outcome of which was attached to the report.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• It was noted that a thorough analysis of all the results would be carried out and a full report including an action plan would be presented at a future meeting of the Committee. It was noted that this action was ongoing.</li> </ul>  | <b>JF</b> |  |
| <b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b> |   |           |  |
| <b>PCCC<br/>20/09/06</b>  | <b>PRIMARY CARE NETWORKS PRESENTATION – James Barker</b>  |           |  |
|   | James Barker, Chief Officer, Barnsley Healthcare Federation attended the meeting to present an update on the work that had been taking place with the PCN's over the last few months. James reported that BHF had been working very closely with the CCG and the business development managers and had been included on the silver command calls during this period. It was noted that during the Covid-19 pandemic all practices had remained open, a Blue Clinic had been opened which was to provide medical support to patients with Covid symptoms, and this service was being run from Oaks Park Medical Centre as part of the iHeart services that had been a successful service and provided support to over 1000 patients. It was noted that the service had been busy during September and was supported by the home visiting team. It was expected that the service would be busy during the winter, and BHF were working with the CCG to ensure plans are |           |  |

|                            |   |              |  |
|----------------------------|---|--------------|--|
|                            | <p>place around this.</p> <p>It was reported that practices planned to continue offering triage via telephone call, video calls and face to face. Dr M Guntamukkala congratulated BHF on the phenomenal job they had done over the last few months which showed that the Barnsley Healthcare Systems worked well together.</p> <p>James reported that plans to expand the workforce were being worked on. BHF were looking to appoint 79wte across a number of roles and were confident that this could be done as a number of roles had already been offered out. The Assistant Head of Primary Care Co-Commissioning, NHSE asked about training and development for the new roles; this would be done by employment through BHF and embedding staff into practices and the use of BEST sessions for training.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• <b>Present the PCN update to a future Patient Council meeting.</b></li> </ul> <p><b>The Committee received and noted the presentation update and congratulated the teams on all the work that had taken place.</b></p> | <b>JB/CM</b> |  |
| <b>QUALITY AND FINANCE</b> |   |              |  |
| <b>PCCC<br/>20/09/07</b>   | <b>FINANCE UPDATE</b>   |              |  |
|                            | <p>The Head of Primary Care presented an update to members in relation to Finance. It was reported that the CCG remains in a top up arrangement for months 1-6 of 2020/21 due to the impact of the Covid-19 pandemic.</p> <p>National guidance on allocations and financial framework for months 7-12 were expected imminently. The Finance and Contracting Team were working through the financial position and developing a full budget and forecast position. This detailed information would be provided to the Committee during November 2020 following budgets being approved by the Governing Body.</p> <p>Early indications suggest there were likely to be significant pressures across all budgets including delegated primary care and it was likely that there would continue to be a requirement for the CCG to fund a shortfall against delegated budgets from within CCG programme costs. The current overspend of £583,071 would be included as part of the CCGs top up allocation expected to be received</p>  |              |  |

|                                       |   |  |  |
|---------------------------------------|---|--|--|
|                                       | to month 6.<br><br><b>The Committee were asked to:</b><br><ul style="list-style-type: none"> <li>• <b>Note the update on the financial framework for 2020/21 and financial position including forecast to month 6.</b></li> </ul>   |  |  |
| <b>PCCC<br/>20/09/08</b>              | <b>CQC UPDATE</b>   |  |  |
|                                       | The Head of Primary Care reported that there had not been any inspections or desk top evaluations performed by the CQC for any of the Barnsley GP practices. The CQC had confirmed that there were no concerns and no issues to report with regard to those practices that highlighted for the Emergency Support Framework during the C-19 pandemic.<br><br><b>The Committee were asked to:</b><br><ul style="list-style-type: none"> <li>• <b>Note the report which is provided for information and assurance.</b></li> </ul>  |  |  |
| <b>CONTRACT MANAGEMENT</b>            |   |  |  |
| <b>PCCC<br/>20/09/09</b>              | <b>CONTRACTUAL ISSUES REPORT</b>  |  |  |
|                                       | The Head of Primary Care presented the report to the Committee noting that the CCG had received an application to vary the Royston Group Practice GMS contract due to Dr Krishnasamy's resignation. It was noted that this removal did not require an amendment to the contract due to it being a GMS contract.<br><br>It was reported that rent reimbursement for C85004 Penistone Group Practice had been reviewed, approved and actioned. The CCG continued to fund the increased expenditure through CCG programme budgets.<br><br><b>The Committee were asked to:</b><br><ul style="list-style-type: none"> <li>• <b>note the report for information and assurance.</b></li> </ul> |  |  |
| <b>GOVERNANCE, RISK AND ASSURANCE</b> |   |  |  |
| <b>PCCC<br/>20/09/10</b>              | The Head of Governance & Assurance presented the risk register to the Committee for assurance. It was noted that the assurance framework had been paused due to Covid.<br><br>A review was currently being carried out on the assurance framework and would be brought back to the Committee shortly.   |  |  |

|                          |   |    |  |
|--------------------------|---|----|--|
|                          | <p>The Head of Governance &amp; Assurance reported that there had been no changes or additions made to the risk register.</p> <p><b>Agreed Actions:</b></p> <ul style="list-style-type: none"> <li>• The Lay Member for Governance suggested an update to the PCN Staffing risk in light of a future update from James Barker in relation to the recruitment process for the PCN.</li> </ul> <p><b>The Committee were asked to:</b></p> <ul style="list-style-type: none"> <li>• Review and agree that the risks were being appropriately managed and scored.</li> </ul>  | RW |  |
| <b>OTHER</b>             |   |    |  |
| <b>PCCC<br/>20/09/11</b> | <p><b>REFLECTION OF CONDUCT OF THE MEETING</b></p> <p>The Committee agreed that the meeting had been conducted appropriately.</p>   |    |  |
| <b>PCCC<br/>20/09/12</b> | <p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC<br/>RELEVANT TO THE AGENDA</b></p>   |    |  |
|                          | <p>There were no questions received from the members of the public.</p> <p>Carrie Abbot in attendance at the meeting asked whether the primary care standing operating procedures around Covid were being worked on and if the right information was being sent to primary care? The Head of Primary Care reported Sarah Pollard was working with Public Health on this and all relevant information was circulated to primary care via the bulletin which also included community pharmacists.</p> <p>Carrie also enquired about flu vaccinations and whether there were any issues around obtaining these? The Head of Primary Care reported that regular meetings were taking place around flu and that practices were aware of their obligations. Practices were confident with the plans that had been put in place and they would endeavour to reach all cohorts of patients.</p> |    |  |
| <b>PCCC<br/>20/09/13</b> | <p><b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b></p> <p>It was agreed to escalate the following items to the Governing Body:-</p> <ul style="list-style-type: none"> <li>• Outline of the work BHF have been doing</li> </ul>   |    |  |
| <b>PCCC</b>              | <b>DATE &amp; TIME OF NEXT MEETING</b>  |    |  |

|                 |   |  |  |
|-----------------|---|--|--|
| <b>20/09/14</b> | Thursday, 26 November 2020 at 2:30 – 3:30pm via MS Teams. |  |  |
|-----------------|---|--|--|

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

26 NOVEMBER 2020

### 1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **24 September 2020**

| Minute ref               | Issue   | Action       | Action/Outcome |
|--------------------------|---|--------------|----------------|
| <b>PCCC<br/>20/09/06</b> | <u>Primary Care Network Update</u><br>It was agreed to present the PCN update to a future meeting of the Patient Council. | <b>JB/CM</b> |                |

### 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                               |
|--------------------------|--|-----------|--|
| <b>PCCC<br/>20/07/07</b> | <u>GP Patient Survey 2020</u><br>A thorough analysis of all the results would be carried out and a full report including an action plan would be presented at a future meeting of the Committee. | <b>JF</b> | Analysis to be reported at November meeting. |





**Barnsley Clinical Commissioning Group**  
Putting Barnsley People First

**PRIMARY CARE COMMISSIONING COMMITTEE**

**26 November 2020**

**FINANCE UPDATE**

**PART 1A – SUMMARY REPORT**

| <b>1.</b>               | <b>THIS PAPER IS FOR</b>  |  |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
|-------------------------|---|--|--------------------------|------------------|--------------------------|--------------------|-------------------------------------|--------------------|--|-------------------------|------------|--|------------------------|------------|--|------------------------|------------|--|
|                         | <table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>   | <i>Decision</i>  | <input type="checkbox"/> | <i>Approval</i>  | <input type="checkbox"/> | <i>Assurance</i>   | <input type="checkbox"/>            | <i>Information</i> | <input checked="" type="checkbox"/>              |                         |            |  |                        |            |  |                        |            |  |
| <i>Decision</i>         | <input type="checkbox"/>  | <i>Approval</i>  | <input type="checkbox"/> | <i>Assurance</i> | <input type="checkbox"/> | <i>Information</i> | <input checked="" type="checkbox"/> |                    |  |                         |            |  |                        |            |  |                        |            |  |
| <b>2.</b>               | <b>REPORT OF</b>  |  |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
|                         | <table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td><i>Author</i></td> <td>Ruth Simms</td> <td>Finance Manager</td> </tr> </table>   |  |                          |                  | <i>Name</i>              | <i>Designation</i> | <i>Executive Lead</i>               | Roxanna Naylor     | Chief Finance Officer                            | <i>Author</i>           | Ruth Simms | Finance Manager  |                        |            |  |                        |            |  |
|                         | <i>Name</i>   | <i>Designation</i>   |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| <i>Executive Lead</i>   | Roxanna Naylor  | Chief Finance Officer  |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| <i>Author</i>           | Ruth Simms  | Finance Manager  |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| <b>3.</b>               | <b>EXECUTIVE SUMMARY</b>  |  |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
|                         | <p><b><u>2020/21 Budget Update</u></b></p> <p>The planning process for 2020/21 is now complete following plan submissions on 22 October 2020. The national allocation for Primary Care Co-Commissioning budgets is £38,629,000. The final budget annual requirement for Primary Care Co-Commissioning is £41,691,363, creating a pressure to the CCG of £3,062,363, which will be funded from CCG programme costs and was approved at Governing Body November 2020. The pressure is a result of national GP contract negotiations, planning requirements, the Primary Care Network Contract DES and historical increases from decisions on premises.</p> <p>The 2020/21 Primary Care Co Commissioning budgets are set out below with the uplifts applied in each area:</p> <table border="1"> <thead> <tr> <th>Category</th> <th>2020/21 Budget £'s</th> <th>% Uplift Applied</th> </tr> </thead> <tbody> <tr> <td>Enhanced Services</td> <td>505,542</td> <td>0.75% Demographic Growth &amp; 1% Provider Inflation</td> </tr> <tr> <td>GENERAL PRACTICE - APMS</td> <td>1,271,526</td> <td>0.75% Demographic Growth &amp; increase in core funding per patient of £2.63</td> </tr> <tr> <td>GENERAL PRACTICE - GMS</td> <td>12,429,191</td> <td>0.75% Demographic Growth &amp; increase in core funding per patient of £3.58</td> </tr> <tr> <td>GENERAL PRACTICE - PMS</td> <td>12,885,145</td> <td>0.75% Demographic Growth &amp; PMS uplift in line with GMS/PMS</td> </tr> </tbody> </table> |  |                          | Category         | 2020/21 Budget £'s       | % Uplift Applied   | Enhanced Services                   | 505,542            | 0.75% Demographic Growth & 1% Provider Inflation | GENERAL PRACTICE - APMS | 1,271,526  | 0.75% Demographic Growth & increase in core funding per patient of £2.63 | GENERAL PRACTICE - GMS | 12,429,191 | 0.75% Demographic Growth & increase in core funding per patient of £3.58 | GENERAL PRACTICE - PMS | 12,885,145 | 0.75% Demographic Growth & PMS uplift in line with GMS/PMS |
| Category                | 2020/21 Budget £'s  | % Uplift Applied   |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| Enhanced Services       | 505,542   | 0.75% Demographic Growth & 1% Provider Inflation                         |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| GENERAL PRACTICE - APMS | 1,271,526   | 0.75% Demographic Growth & increase in core funding per patient of £2.63 |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| GENERAL PRACTICE - GMS  | 12,429,191  | 0.75% Demographic Growth & increase in core funding per patient of £3.58 |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |
| GENERAL PRACTICE - PMS  | 12,885,145  | 0.75% Demographic Growth & PMS uplift in line with GMS/PMS               |                          |                  |                          |                    |                                     |                    |  |                         |            |  |                        |            |  |                        |            |  |

|                                  |                   |   |
|----------------------------------|-------------------|---|
|                                  |                   | Equalisation as agreed by Primary Care Co Commissioning Committee (28 <sup>th</sup> May 2020).                                    |
| Other GP Services                | 573,332           | 1% Provider Inflation on Locums   |
| Other Premises                   | 32,750            |   |
| Premises Cost Reimbursement      | 5,604,401         | Inflation of 3% on Community Health Partnership Rent & 2% Inflation on Other Rents. 1% Inflation on Water and Non Domestic Rates. |
| Prescribing & Dispensing Doctors | 578,728           | 1% Provider Inflation   |
| QOF                              | 3,989,828         | 3.8% increase as per guidance and 0.75% Demographic Growth  |
| Telephone & Transport            | 431,577           | 1% Inflation on Transport SLA   |
| PCN DES                          | 3,389,344         | See assumptions below   |
| <b>Total Budget</b>              | <b>41,691,364</b> |   |

### **Primary Care Network (PCN) Direct Enhanced Services (DES) Assumptions**

The table below highlights the 7 key financial areas in the new Primary Care Network DES and the assumptions made with regards to setting the Budgets for 2020/21.

| Category                                     | 2019/20 Budget<br>£'s | Assumptions/Calculation   |
|--|-----------------------|---|
| Network Participation                        | 519,602               | Weighted list size January 2020 X £1.761 per patient.   |
| Extended Hours                               | 382,295               | Actual list size (January 2020) X £1.45 per patient   |
| Additional Roles Reimbursement Scheme (ARRS) | 1,979,953             | This budget is based on national guidance (9 <sup>th</sup> October 2020). Baseline ARRS funding £1,183k and maximum additional ARRS funding £797k, held by NHS England for the CCG to drawdown. |
| Care Homes Premium                           | 140,160               | £60 per CQC registered bed, 2,336, to cover the period August 2020 – March 2021. From 2021/22 equates to £120 per CQC registered bed for the full year.   |
| Investment and Impact Funding                | 97,311                | Funding and calculation to be confirmed, value based on ready reckoner  |
| PCN Support Funding                          | 79,666                | Weighted list size January 2020 X £0.27 per patient   |
| Clinical Director                            | 190,357               | £0.722 per actual registered patient (January 2020)   |
| <b>Total</b>                                 | <b>3,389,344</b>      |   |

Additional core PCN funding equating to £1.50 per registered patient (January 2020) totalling £395,478 has been allocated to the PCN DES, which will be funded in addition to the above from CCG Programme Allocations.

|           |  |
|-----------|--|
|           | <p>Full forecast positions will be reported to the committee in December 2020.</p> <p><b><u>General Practice Forward View (GPFV) Funding</u></b></p> <p>In line with 2019/20 GPFV allocations discussions are ongoing with the South Yorkshire and Bassetlaw Integrated Care System (SYB ICS) around 2020/21 GPFV allocations for SYB CCGs. Further updates will be provided through Primary Care Co Commissioning Committee.</p> <p><b><u>Supporting General Practice – Additional £150m million of funding from NHS England</u></b></p> <p>NHS England has established a new General Practice COVID capacity expansion fund. £150m of revenue is being allocated through ICS system allocations to allocate to CCGs to support the expanding General Practice capacity, pulse oximetry and post COVID assessment clinic etc, until the end of March 2021. Allocations for SYB CCGs are being worked through with the SYB ICS and updates will be provided through Primary Care Co Commissioning Committee.</p> <p>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.</p> |
| <b>4.</b> | <b>THE COMMITTEE IS ASKED TO NOTE:</b>   |
|           | <ul style="list-style-type: none"> <li>Note the update on the financial framework for 2020/21</li> </ul>   |
| <b>5.</b> | <b>APPENDICES</b>  |
|           | N/A  |

|   |             |
|---|-------------|
| <b>Agenda time allocation for report:</b> | 10 minutes. |
|---|-------------|

**PART 1B – SUPPORTING INFORMATION**

|            |   |                    |
|------------|---|--------------------|
| <b>1.</b>  | <b>Links to the Governing Body Assurance Framework</b>  | <b>Risk ref(s)</b> |
|            | This report provides assurance against the following risks on the Governing Body Assurance Framework:   | N/A                |
| <b>2.</b>  | <b>Links to CCG's Corporate Objectives</b>  | <b>Y/N</b>         |
|            | 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 £.                          | ✓                  |
| <b>3.</b>  | <b>Governance Arrangements Checklist</b>  |                    |
| <b>3.1</b> | <b>Financial Implications</b>   |                    |
|            | 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                |
| <b>3.2</b> | <b>Consultation and Engagement</b>  |                    |
|            | Has Comms & Engagement Checklist been completed?  | N/A                |
|            | Is actual or proposed engagement activity set out in the report?  | N/A                |
| <b>3.3</b> | <b>Equality and Diversity</b>   |                    |
|            | Has an Equality Impact Assessment been completed and appended to this report?   | N/A                |
| <b>3.4</b> | <b>Information Governance</b>   |                    |
|            | 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                |
| <b>3.5</b> | <b>Environmental Sustainability</b>   |                    |
|            | Are any significant (positive or negative) impacts on the environment discussed in the report?  | N/A                |
| <b>3.6</b> | <b>Human Resources</b>  |                    |
|            | Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?   | N/A                |

## PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2020

### CONTRACTUAL ISSUES REPORT

#### PART 1A – SUMMARY REPORT

|           |  |                          |                                     |                                     |                  |                                     |                    |                          |
|-----------|--|--------------------------|-------------------------------------|-------------------------------------|------------------|-------------------------------------|--------------------|--------------------------|
| <b>1.</b> | <b>THIS PAPER IS FOR</b>   |                          |                                     |                                     |                  |                                     |                    |                          |
|           | <i>Decision</i>  | <input type="checkbox"/> | <i>Approval</i>                     | <input checked="" type="checkbox"/> | <i>Assurance</i> | <input checked="" type="checkbox"/> | <i>Information</i> | <input type="checkbox"/> |
| <b>2.</b> | <b>PURPOSE</b>   |                          |                                     |                                     |                  |                                     |                    |                          |
|           | The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.   |                          |                                     |                                     |                  |                                     |                    |                          |
| <b>3.</b> | <b>REPORT OF</b>   |                          |                                     |                                     |                  |                                     |                    |                          |
|           |  | <b>Name</b>              | <b>Designation</b>                  |                                     |                  |                                     |                    |                          |
|           | Exec Lead  | Chris Edwards            | Chief Officer                       |                                     |                  |                                     |                    |                          |
|           | Management Lead  | Julie Frampton           | Head of Primary Care                |                                     |                  |                                     |                    |                          |
|           | Author   | Terry Haigh              | Primary Care Transformation Manager |                                     |                  |                                     |                    |                          |
| <b>4.</b> | <b>SUMMARY OF PREVIOUS GOVERNANCE</b>  |                          |                                     |                                     |                  |                                     |                    |                          |
|           | The matters raised in this paper have been subject to prior consideration in the following forums:   |                          |                                     |                                     |                  |                                     |                    |                          |
|           | <b>Group / Committee</b>   | <b>Date</b>              | <b>Outcome</b>                      |                                     |                  |                                     |                    |                          |
|           | N/A  |                          |                                     |                                     |                  |                                     |                    |                          |
| <b>5.</b> | <b>EXECUTIVE SUMMARY</b>   |                          |                                     |                                     |                  |                                     |                    |                          |
|           | <p><b>5.1 In Year Contract Variation</b></p> <p><b>BHF Brierley Medical Centre</b></p> <p>The APMS contract for BHF Brierley Medical Centre which commenced on 1/12/2015 is due to terminate on the 30 November 2020. The contract includes a clause to provide for an extension to the contract for a maximum of one year. It is proposed that this clause be utilised to extend the contract to 30 November 2021. This is proposed given the current climate around the C-19 pandemic and the impact that this would have on a potential procurement process for interested parties.</p> <p>The committee is asked to consider and approve the contract extension.</p> |                          |                                     |                                     |                  |                                     |                    |                          |

|  |  |
|--|--|
|  | <p><b>Huddersfield Road Surgery</b><br/> Barnsley CCG has received an application to vary the contract of Huddersfield Road Surgery in relation to the addition of Dr Chilukuri as a new partner on 1 August 2020.</p> <p>The practice is a PMS practice with 13,680 patients and currently has 5 contract holders.<br/> Appropriate due diligence checks have been undertaken both by NHS England colleagues and the CCG.</p> <p>It is recommended that this item be approved, and the Primary Care Team will amend the PMS contract by a vary on contract amendment.</p> <p>The regulation detailed below is applied in the case of the above variations. The regulation in respect of variations to contracts states:</p> <p><i>“Where the contractor consists of two or more individuals and the composition of the contractor changes, either by an individual wishing to leave the agreement or a new individual joining the agreement. The contract will need to be varied to recognise the new contractor composition”. (Policy &amp; Guidance Manual, 2019)</i></p> <p>As the above PMS Contract Variation requires an amendment to the PMS contracts, this requires PCCC member’s approval. It is recommended that these be approved, and the Primary Care Team will ensure the contracts are amended accordingly.</p> <p><b>Royston Group Practice</b><br/> Barnsley CCG has received an application to vary Royston Group Practice GMS contract in relation to the addition of Dr Krugr as a new partner on 1 September 2020.</p> <p>The practice is a GMS practice with 7,895 patients and currently has 3 contract holders.</p> <p>This addition does not require an amendment to the contract due to it being a GMS contract, so this item is to note for information only.</p> |
|  | <p><b>5.2 Rent Reimbursement for GP Practices</b><br/> The CCG has responsibility to approve rent reimbursements in line with the National Health Services (General Medical Services – Premises Costs Directions) 2013 specifically Part 5 Recurring Premises Costs. The following review has been approved and actioned:</p> <ul style="list-style-type: none"> <li>• Huddersfield Road Surgery, Cawthorne Road (C85020)</li> </ul> <p>The CCG continues to fund this increased expenditure through CCG programme budgets.</p>  |
|  | <p><b>5.3 GP Practice Service Delivery</b><br/> The Primary Care Team continue to liaise with GP practices to achieve an understanding and obtain assurance as to services delivered and action plans in place. Practices were requested to complete a short survey in June 2020 and a slightly more enhanced survey in October 2020 following the third phase of the National guidance.</p>   |

|  |   |
|--|---|
|  | <p>27 out of the 32 practices responded to the survey in October and confirmed that all practices are delivering many of the service requirements including for example:</p> <ul style="list-style-type: none"> <li>• cancer care (assessment of new potential cancers and ongoing care of diagnosed cancers/ 2week wait referrals)</li> <li>• Long Term Condition management including routine care review for those at higher risk and most at risk groups</li> <li>• Investigations for immediately necessary conditions or where the test will make a difference to treatment. For example; Blood tests / INR for patients on warfarin / DMARD/ shared care bloods</li> <li>• routine non urgent screening</li> <li>• palliative care including anticipatory care and End Of Life conversations</li> <li>• immunisations, vaccinations and child health surveillance</li> <li>• anticoagulation LES (for those signed up to this)</li> </ul> <p>The October survey also gathered data regarding appointment availability and confirmed that all practices are offering face to face appointments where appropriate; home visits for non covid symptomatic patients (post-triage assessment), or referring these into the Home/Covid Visiting Service when appropriate; and are booking patients into the Barnsley Covid Management Service 'Hot Clinic' as appropriate.</p> <p>26 practices have confirmed that they are undertaking remote triage and video appointments. 4 practices have advised that they are not currently offering telephone and online appointments. The Primary Care Team are clarifying what issues are impacting on this delivery to be able to resolve this.</p> <p>There are some services not currently being delivered by all practices including ear syringing, new patient reviews (including Alcohol Dependency), health checks for patients aged over 75, clinical reviews of frailty, and engagement with and review of feedback from Patient Participation Groups. However, due to covid restriction changes from tier 2 to tier 3, followed by the more recent further restrictions, analysis and liaison with GP practices at an individual practice level to discuss results and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance.</p> |
|  | <p><b>5.4 GP Survey Analysis</b></p> <p>The outcome of the GP patient survey published August 2019 survey is currently being analysed. Responses were received from 3619 of the 11032 invited patients.</p> <ul style="list-style-type: none"> <li>• An average of 77% of Barnsley CCG patients would rate their overall experience of their GP practice as good, compared to 82% nationally.</li> <li>• 56% would describe their experience of making an appointment 'good' compared to 65% nationally.</li> <li>• 71% felt the speed within which they had quickly received care and advice was about right compared to 63% nationally, with 29% thinking it took too long compared to 37% nationally.</li> </ul> <p>The GP Survey results provide additional holistic data to complement the Quality dashboard completed on a quarterly basis which includes key performance indicators in respect of patient safety, quality and clinical effectiveness, governance and patient experience, workforce and transformation activities. The outcome is reviewed at the Quality Improvement Group and escalated to the</p>  |

|  |  |
|--|--|
|  | <p>Quality and Patient Safety Committee as appropriate.</p> <p>However, due to covid restrictions, analysis and investigation of GP practices at an individual practice level to discuss results, achievement and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance.</p>  |
|  | <p><b>5.5 E-Declaration Update</b></p> <p>General Practices are required to complete an electronic Annual Practice Declaration (eDEC) which forms an integral part of the NHS England Policy and Guidance Manual for Primary Medical Services. Submissions are made in December each year.</p> <p>All 33 practices within Barnsley submitted their responses as required in December 2019. Information collected covers 8 categories including practice details, practice staff, premises and equipment, opening hours, practice services, practice procedures, governance, compliance with CQC and GP IT.</p> <p>Analysis of responses has been undertaken however the follow up of queries with individual practices for clarification and completion of an action plan, where appropriate, has not been undertaken due to C-19 pandemic. The Primary Care Team is planning to complete a correlation between the 2019 eDec and review responses with the eDec due to be completed by practices in December 2020.</p> <p>The following provides further details and assurance in relation to the content of the 2019 eDec and sections included:</p> <p><u>Practice Staff Details</u></p> <p>All practices have provided assurance that they are fully compliant with requirements including for example, needs analysis in place for staffing levels, staff employment checks and equal opportunities, annual appraisals and safeguarding policies.</p> <p>The only exception is in respect of practice staff being familiar with the Government's Prevent strategy and being appropriately trained. 3 practices have an action plan in place to meet this.</p> <p><u>Premises and Equipment</u></p> <p>All practices have provided assurance in relation to questions covering matters such as premises being in place to meet appropriate regulatory requirements, for example including infection control and accessibility.</p> <p><u>Practice Services</u></p> <p>A review of opening hours was completed to corroborate the 2018 eDec against information provided by practices regarding their provision of Extended Hours Enhanced Services. Assurance was obtained that all practices had arrangements in place to meet both core hour and extended hours with appropriate cover arrangements in place for practices closing to facilitate practice training. The 2019 eDeclaration has been checked against the information held on file.</p> <p><u>Practice Procedures</u></p> <p>All practices have provided assurance that they are fully compliant with requirements including for example, their practice leaflet, complaints procedure, patient removals, vaccines storage and administration, patient consent, whistle blowing and chaperones.</p> |



There are:

- 2 practices who are working towards compliance in respect of their Patient Participation Group.
- 3 practices have also stated that they are not compliant with the requirement in respect of not advertising the provision of private GP services either by itself or through any other person (via the practice leaflet, practice website or any other written or electronic means).

Responses to these questions will be rechecked against the 2020 eDec when submitted.

Additionally, the 3 practices who are also dispensing practices have provided assurance that they are compliant with required procedures

#### Governance

Most practices have provided assurance that governance arrangements are in place in respect of patient access to records, data protection, electronic transmission of data, validation of NHS number within clinical correspondence, vulnerable adults and information sharing agreements.

However:

- 1 practice has stated that they do not currently have a lead for vulnerable adults.
- 2 practices have stated that they have not provided training on mental capacity for practice staff health care professionals and/or other staff (where relevant) within the last 3 years and have not confirmed that they have a system in place for assessing staff competency.
- 2 practices have stated that the question asking if the PCN has suitable data sharing and data processing arrangements in place does not apply to them.

The Primary Care Team have picked this up with the practices and responses to these questions will be rechecked against the 2020 eDec when submitted.

#### CQC

All practices have provided assurance that their CQC registration accurately reflects activities and have responded to advise if the CQC have been notified of changes as per requirements.

#### General Practice IT

Checks have been completed to ensure that IT is being utilised appropriately, for example, NHS mail is the primary email system, electronic discharge letters, diagnostic tests, and summary care records.

Responses to some of the questions in this section have been superseded by action taken during C-19 such as making 25% of appointments available for booking online and bookable appointments directly through NHS111.

- The committee is asked to note the work completed and assurance provided.

|           |   |
|-----------|---|
|           | <p><b>5.6 2020-21 Practice Development Agreement</b></p> <p>The CCG has supported the practices through payment of this year's Practice Development Agreement (PDA) without an extensive ask to deliver specific schemes. The Medicines schemes have gone ahead, and practices are engaged in the delivery.</p> <p>Following the emergence of C-19 it became apparent that practices would have significant impacts on their ability to deliver major schemes, so the development of PDA schemes was not progressed. Payments for the PDA went ahead based on NHS England's request that practices were not financially impacted.</p>   |
|           | <p><b>5.7 Caxton House Surgery Closure</b></p> <p>Caxton House Surgery closed as planned on the 31<sup>st</sup> August 2020 with all patients either self registering or being allocated with a new practice. The CCG is working through the financial due diligence process which due to be completed by the 30th November 2020.</p>   |
| <b>6.</b> | <b>THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:</b>  |
|           | <ul style="list-style-type: none"> <li>• Approve the APMS contract variation</li> <li>• Approve the addition of Dr Chilukuri as a new partner at Huddersfield Road Surgery from 1 August 2020</li> <li>• Note the addition of Dr Krugr as a new partner at Royston Group Practice on 1 September 2020.</li> <li>• Note the Rent Reimbursement for Huddersfield Road Surgery, Cawthorne Road</li> <li>• Note the work completed in respect of GP Practice Service Delivery</li> <li>• Note the GP Survey Analysis results</li> <li>• Note the process completed in respect of the General Practice e-Declaration for assurance</li> <li>• Note the update regarding the 2020-21 PDA</li> <li>• Note the closure of Caxton House Surgery</li> </ul> |
| <b>7.</b> | <b>APPENDICES / LINKS TO FURTHER INFORMATION</b>  |
|           | <ul style="list-style-type: none"> <li>• None</li> </ul>  |

|   |                |
|---|----------------|
| <b>Agenda time allocation for report:</b> | <i>5 mins.</i> |
|---|----------------|

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

|            |   |         |   |         |
|------------|---|---------|---|---------|
| <b>1.</b>  | <b>Links to Corporate Priorities, GBAF and Risk Register</b>  |         |   |         |
|            | This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):         |         |   |         |
|            | 1.1 Urgent & Emergency Care   |         | 6.1 Efficiency Plans  |         |
|            | 2.1 Primary Care  | ✓       | 7.1 Transforming Care for people with LD                                      |         |
|            | 3.1 Cancer  |         | 8.1 Maternity   |         |
|            | 4.1 Mental Health   |         | 9.1 Digital and Technology  |         |
|            | 5.1 Integrated Care @ System  |         | 10.1 Compliance with statutory duties   |         |
|            | 5.2 Integrated Care @ Place   |         |   |         |
|            | The report also provides assurance against the following red or amber risks on the Corporate Risk Register:   |         |   | N/A     |
| <b>2.</b>  | <b>Links to statutory duties</b>  |         |   |         |
|            | This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ): |         |   |         |
|            | Management of conflicts of interest (s14O)  | See 3.1 | Duties as to reducing inequalities (s14T)                                     | See 3.4 |
|            | Duty to promote the NHS Constitution (s14P)   |         | Duty to promote the involvement of each patient (s14U)                        |         |
|            | Duty to exercise its functions effectively, efficiently and economically (s14Q)   | See 3.2 | Duty as to patient choice (s14V)  |         |
|            | Duty as to improvement in quality of services (s14R)  | See 3.3 | Duty as to promoting integration (s14Z1)                                      |         |
|            | Duty in relation to quality of primary medical services (s14S)  | See 3.3 | Public involvement and consultation (s14Z2)                                   | See 3.5 |
| <b>2A.</b> | <b>PCCC ONLY</b>  |         |   |         |
|            | <b>Links to delegated primary care commissioning functions</b>  |         |   |         |
|            | This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG ( <i>place ✓ beside all that are relevant</i> ):        |         |   |         |
|            | Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)  | ✓       | Decisions in relation to the management of poorly performing GP Practices     |         |
|            | Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)  |         | Decisions in relation to the Premises Costs Directions Functions              |         |
|            | Planning the Commissioning of Primary Medical Services in Barnsley  |         | Co-ordinating a common approach to the commissioning of primary care services |         |
|            | Manage the delegated allocation for commissioning of primary medical care services in Barnsley  | ✓       |   |         |
| <b>3.</b>  | <b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )                |         |   |         |

|     |   |     |
|-----|---|-----|
| 3.1 | <b>Clinical Leadership</b>  |     |
|     | Have GB GPs and / or other appropriate clinicians provided input and leadership?  | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.2 | <b>Management of Conflicts of Interest (s14O)</b>   |     |
|     | Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate? | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.3 | <b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>  |     |
|     | Have any financial implications been considered & discussed with the Finance Team?  | Y   |
|     | Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?  | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.4 | <b>Improving quality (s14R, s14S)</b>   |     |
|     | Has a Quality Impact Assessment (QIA) been completed if relevant?   | NA  |
|     | Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?   | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.5 | <b>Reducing inequalities (s14T)</b>   |     |
|     | Has an Equality Impact Assessment (EIA) been completed if relevant?   | NA  |
|     | Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?   | /NA |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.6 | <b>Public Involvement &amp; Consultation (s14Z2)</b>  |     |
|     | Has a s14Z2: Patient and Public Participation Form been completed if relevant?  | NA  |
|     | Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?  | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.7 | <b>Data Protection and Data Security</b>  |     |
|     | Has a Data Protection Impact Assessment (DPIA) been completed if relevant?  | NA  |
|     | Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?  | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |
| 3.8 | <b>Procurement considerations</b>   |     |
|     | Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?  | NA  |
|     | Has a Single Tender Waiver form been completed if appropriate?  | NA  |
|     | Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?   | NA  |
|     | <i>If relevant provide brief details here OR cross refer to detailed report if used</i>   |     |

|  |  |  |           |   |  |
|--|--|--|-----------|---|--|
| 3.9  | <b>Human Resources</b> <table border="1" data-bbox="280 210 1412 324"> <tr> <td data-bbox="280 210 1265 271">Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?</td><td data-bbox="1265 210 1412 271"><b>NA</b></td></tr> <tr> <td colspan="2" data-bbox="280 271 1412 324"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr> </table> | Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate? | <b>NA</b> | <i>If relevant provide brief details here OR cross refer to detailed report if used</i> |  |
| Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate? | <b>NA</b>  |  |           |   |  |
| <i>If relevant provide brief details here OR cross refer to detailed report if used</i>  |  |  |           |   |  |
| 3.10   | <b>Environmental Sustainability</b> <table border="1" data-bbox="280 409 1412 524"> <tr> <td data-bbox="280 409 1265 470">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td data-bbox="1265 409 1412 470"><b>NA</b></td></tr> <tr> <td colspan="2" data-bbox="280 470 1412 524"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr> </table>   | Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?                | <b>NA</b> | <i>If relevant provide brief details here OR cross refer to detailed report if used</i> |  |
| Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?                | <b>NA</b>  |  |           |   |  |
| <i>If relevant provide brief details here OR cross refer to detailed report if used</i>  |  |  |           |   |  |

## PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2020

### RISK AND GOVERNANCE REPORT

#### PART 1A – SUMMARY REPORT

|           |  |                          |  |                          |                  |                                     |                    |                          |
|-----------|--|--------------------------|--|--------------------------|------------------|-------------------------------------|--------------------|--------------------------|
| <b>1.</b> | <b>THIS PAPER IS FOR</b>   |                          |  |                          |                  |                                     |                    |                          |
|           | <i>Decision</i>  | <input type="checkbox"/> | <i>Approval</i>                          | <input type="checkbox"/> | <i>Assurance</i> | <input checked="" type="checkbox"/> | <i>Information</i> | <input type="checkbox"/> |
| <b>2.</b> | <b>PURPOSE</b>   |                          |  |                          |                  |                                     |                    |                          |
|           | <ul style="list-style-type: none"> <li>To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives.</li> <li>To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately.</li> </ul> |                          |  |                          |                  |                                     |                    |                          |
| <b>3.</b> | <b>REPORT OF</b>   |                          |  |                          |                  |                                     |                    |                          |
|           |  | <b>Name</b>              | <b>Designation</b>                       |                          |                  |                                     |                    |                          |
|           | Executive / Clinical Lead  | Richard Walker           | Head of Governance & Assurance           |                          |                  |                                     |                    |                          |
|           | Author   | Paige Dawson             | Governance, Risk & Assurance Facilitator |                          |                  |                                     |                    |                          |
| <b>4.</b> | <b>SUMMARY OF PREVIOUS GOVERNANCE</b>  |                          |  |                          |                  |                                     |                    |                          |
|           | The matters raised in this paper have been subject to prior consideration in the following forums:   |                          |  |                          |                  |                                     |                    |                          |
|           | <b>Group / Committee</b>   | <b>Date</b>              | <b>Outcome</b>                           |                          |                  |                                     |                    |                          |
|           | N/A  |                          |  |                          |                  |                                     |                    |                          |
| <b>5.</b> | <b>EXECUTIVE SUMMARY</b>   |                          |  |                          |                  |                                     |                    |                          |
|           | <b>Introduction</b><br>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.       |                          |  |                          |                  |                                     |                    |                          |

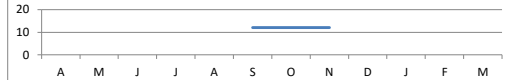
|   |  |
|---|--|
|   | <p><b>Assurance Framework</b></p> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. A planned update of the GBAF in March this year was suspended at the peak of the Covid-19 response as the CCG was then focused on a single, over-arching objective ie responding effectively to the covid-19 emergency. During August &amp; September the CCG moved into a stabilisation and recovery phase, and planning guidance for the remainder of 2020/21 was received, which allowed senior managers to undertake a meaningful refresh of the GBAF.</p> <p>This work is now complete and the revised GBAF, which was signed off by SMT and Governing Body in November 2020. Whilst the specific deliverables, controls &amp; assurances in the GBAF have changed slightly the key priority areas remain unchanged from 2019/20, with the exception that a new priority area relating to Care Homes has been added.</p> <p><b>Risk Register</b></p> <p>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.</p> <p>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 1 of this report which provides the Committee with the extract risk register of risks associated with the Primary Care Commissioning Committee.</p> <p>There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review the risks detailed on Appendix 1 to ensure that the risks are being appropriately managed and scored.</p> <p>Members are asked to review the risk detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.</p> |
| 6.  | <b>THE COMMITTEE IS ASKED TO:</b>  |
|   | <ul style="list-style-type: none"> <li>Review and agree that the risks are being appropriately managed and scored.</li> </ul>  |
| 7.  | <b>APPENDICES / LINKS TO FURTHER INFORMATION</b>   |
|   | <ul style="list-style-type: none"> <li>Appendix 1 - GBAF</li> <li>Appendix 2 – Risk Register</li> </ul>  |
| <b>Agenda time allocation for report:</b> |  |
| 5 minutes                                 |  |

**PART 1B – SUPPORTING INFORMATION & ASSURANCE**


|            |   |    |
|------------|---|----|
| <b>1.</b>  | <b>Links to Corporate Priorities, GBAF and Risk Register</b>  |    |
|            | This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework   |    |
|            | 1.1 Urgent & Emergency Care   | ✓  |
|            | 2.1 Primary Care  | ✓  |
|            | 3.1 Cancer  | ✓  |
|            | 4.1 Mental Health   | ✓  |
|            | 5.1 Integrated Care @ System  | ✓  |
|            | 5.2 Integrated Care @ Place   | ✓  |
|            | 6.1 Efficiency Plans  | ✓  |
|            | 7.1 Transforming Care for people with LD  | ✓  |
|            | 8.1 Maternity   | ✓  |
|            | 9.1 Digital and Technology  | ✓  |
|            | 10.1 Compliance with statutory duties   | ✓  |
|            | The report also provides assurance against the following red or amber risks on the Corporate Risk Register:   |    |
|            | ALL   |    |
| <b>2.</b>  | <b>Links to statutory duties</b>  |    |
|            | This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act  |    |
|            | Management of conflicts of interest (s14O)  |    |
|            | Duty to promote the NHS Constitution (s14P)   | ✓  |
|            | Duty to exercise its functions effectively, efficiently and economically (s14Q)   |    |
|            | Duty as to improvement in quality of services (s14R)  |    |
|            | Duty in relation to quality of primary medical services (s14S)  |    |
|            | Duties as to reducing inequalities (s14T)   |    |
|            | Duty to promote the involvement of each patient (s14U)  |    |
|            | Duty as to patient choice (s14V)  |    |
|            | Duty as to promoting integration (s14Z1)  |    |
|            | Public involvement and consultation (s14Z2)   |    |
| <b>3.</b>  | <b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>  |    |
| <b>3.1</b> | <b>Clinical Leadership</b>  |    |
|            | Have GB GPs and / or other appropriate clinicians provided input and leadership?  | NA |
| <b>3.2</b> | <b>Management of Conflicts of Interest (s14O)</b>   |    |
|            | Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate? | NA |
| <b>3.3</b> | <b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>  |    |
|            | Have any financial implications been considered & discussed with the Finance Team?  | NA |
|            | Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?  | NA |
| <b>3.4</b> | <b>Improving quality (s14R, s14S)</b>   |    |
|            | Has a Quality Impact Assessment (QIA) been completed if relevant?   | NA |
|            | Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?   | NA |



|      |   |           |
|------|---|-----------|
| 3.5  | <b>Reducing inequalities (s14T)</b>   |           |
|      | Has an Equality Impact Assessment (EIA) been completed if relevant?   | <b>NA</b> |
|      | Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate? | <b>NA</b> |
| 3.6  | <b>Public Involvement &amp; Consultation (s14Z2)</b>  |           |
|      | Has a s14Z2: Patient and Public Participation Form been completed if relevant?  | <b>NA</b> |
|      | Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?      | <b>NA</b> |
| 3.7  | <b>Data Protection and Data Security</b>  |           |
|      | Has a Data Protection Impact Assessment (DPIA) been completed if relevant?  | <b>NA</b> |
|      | Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?      | <b>NA</b> |
| 3.8  | <b>Procurement considerations</b>   |           |
|      | Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?      | <b>NA</b> |
|      | Has a Single Tender Waiver form been completed if appropriate?  | <b>NA</b> |
|      | Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?     | <b>NA</b> |
| 3.9  | <b>Human Resources</b>  |           |
|      | Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?          | <b>NA</b> |
| 3.10 | <b>Environmental Sustainability</b>   |           |
|      | Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?                         | <b>NA</b> |

| PRIORITY AREA 2: PRIMARY CARE  |            |             |                | Delivery supports these CCG objectives:  |               | PRINCIPAL THREATS TO DELIVERY  |   |        |
|--|------------|-------------|----------------|--|---------------|--|---|--------|
| <p>Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to:</p> <p>Deliver investment into Primary Care</p> <p>Improve Infrastructure</p> <p>Ensure recruitment/retention/development of workforce</p> <p>Address workload issues using 10 high impact actions</p> <p>Improve access particularly during the working week, more bookable appointments at evening and weekends.</p> <p>Every practice implements at least 2 of the high impact 'time to care' actions</p> <p>Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews</p> <p>Develop and maintain PCN with 100% coverage by 30 June.2019 and support the transition and further development of the PCNs</p> <p>Work with PCNs to maximise recruitment under the Additional Roles Reimbursement Scheme and take action to support them.</p> <p>Support the recruitment and retention of extra doctors working in general practice.</p> <p>Work with PCNs to a particular early focus on supporting improvements in practices with long waits for routine appointments.</p> <p>Work with PCNs to deliver national service requirements from 2020/21, details of which will be set out in the final version of the forthcoming GP contract and Network Contract Direct Enhanced Service (DES).</p> <p>Provide CCG support to implement the NHS's comprehensive model of personalised care and meet 2020/21 system trajectories for personalised care and support planning, Personal Health Budgets and social prescribing.</p> |            |             |                | <p>Highest quality governance</p> <p>High quality health care</p> <p>Care closer to home</p> <p>Safe &amp; sustainable local services</p> <p>Strong partnerships, effective use of £</p>   |               | <p>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:</p> <ul style="list-style-type: none"><li>- Engagement with primary care providers and workforce</li><li>- Workforce and capacity shortage, recruitment and retention</li><li>- Under development of opportunities of primary care at scale, including new models of care</li><li>- Primary Care Networks do not embed and support delivery of Primary Care at place</li><li>- Not having quality monitoring arrangements embedded in practice</li><li>- Inadequate investment in primary care</li><li>- Independent contractor status of General Practice</li></ul> |   |        |
|  |            |             |                | <p>Links to SYB STP MOU</p>  |               |  |   |        |
|  |            |             |                | <p>8.3. General Practice and primary care</p>  |               |  |   |        |
|  |            |             |                |  |               |  |   |        |
| Committee Providing Assurance  |            | PCCC        | Executive Lead | JW / JF  | Clinical Lead | NB (pending MD)  |   |        |
| Risk rating  | Likelihood | Consequence | Total          |    |               |  | Date reviewed   | Nov-20 |
| Initial  | 3          | 4           | 12             |  |               |  | <p>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.</p> |        |
| Current  | 3          | 4           | 12             |  |               |  |   |        |
| Appetite   | 3          | 4           | 12             |  |               |  |   |        |
| Approach   | TOLERATE   |             |                |  |               |  |   |        |
| Key controls to mitigate threat:   |            |             |                | Sources of assurance   |               | Rec'd?   |   |        |
| All practices are required to complete the National Workforce Data Return. The APEX tool has been decommissioned and replaced by the National reporting.   |            |             |                | 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.   |               | Ongoing  |   |        |
| 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 Authority 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. Meetings are set for the year to ensure that the PCNs are able to meet regularly.   |               | Ongoing  |   |        |
| 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.   |            |             |                | Social Prescribing is a key element in the Long Term Plan and a new cohort of Social Prescribing Link Workers have been recruited by the PCN to deliver a Children's and Young person Social Prescribing Service. My Best Life contract has been extended to ensure an adults service is in place.   |               | Ongoing  |   |        |
| Programme Management Approach of GPFV & Forward View Next steps  |            |             |                | GPFV assurance returns submitted quarterly to NHSE. Regular updates on progress are reported to PCCC as per PCCC work plan.  |               | Ongoing  |   |        |
| Care Navigation roll out - First Port of Call Plus   |            |             |                | This has been delivered and the contract has now ended   |               | Complete   |   |        |
| 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. Results show that BCCG stakeholders have a high level of satisfaction with the CCG's leadership & engagement.  |               | Ongoing  |   |        |
| SY Workforce Group in place; ICS has a workforce hub and a workforce lead for Barnsley the workforce hub is a collaboration with CCG's, HEE, providers and Universities.   |            |             |                | BCCG is represented on the group. 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 supported by the Additional Role Recruitment via the Network Contract DES. The rolling recruitment and inclusion of new roles each year supports the PCN service delivery.<br>Practices encouraged to look at skill mix with innovative recruitment.<br>The Primary Care Network and underpinning 6 Neighbourhood Networks are established and working on all elements of the Network Contract DES and Long Term Plan. The CCG Primary Care team work closely with the PCN to ensure delivery is on track<br>NHS England 360 Assurance audit in progress to provide NHS England with assurance of robust Primary Care processes. New topics are identified each year and the Head of Primary Care works |               |  |   |        |

## NHS Barnsley CCG Governing Body Assurance Framework 2020-21

| PRIORITY AREA 9: DIGITAL AND TECHNOLOGY   |            |             |                | Delivery supports these CCG objectives:  |  | PRINCIPAL THREATS TO DELIVERY  |        |
|---|------------|-------------|----------------|--|--|--|--------|
| <div>1. Development of a system wide shared care record</div> <div>2. Ensure the delivery of the GP IT Operating Model to:</div> <div>- Comply with mandatory core standards re: interoperability and cyber security</div> <div>- Support the transition to HSCN from N3 (<i>transition now complete</i>)</div> <div>- Support the roll out of Windows10 to secure system security from cyber attack</div> <div>- Support the implementation and roll out of the NHS App, eConsultaion. APEX, GPIT refresh of IT equipment, Govroam (<i>noting that NHS App rolled out, APEX decommissioned, GPIT refresh in place, Govroam under review</i>)</div> <div>- Support the wider use of digital technology as described within the Long Term Plan</div> <div>- Comply with the transition from GPSoC to GP IT Futures (<i>transition now complete</i>)</div> <div>- Working closely with the SY&amp;B digital and IT workstream to deliver the digital road map</div> <div>- Delivery of O365 across Barnsley</div> <div>- Support the catch up of Windows10 upgrades in primary care</div> <div>- Ensure full delivery of online consultation systems to general practices where these are not already in place</div> <div>- Lead the transition to the new GPIT Futures Digital Care Services Framework arrangements.</div> |            |             |                | Highest quality governance   |  | <div>There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:</div> <div>- Lack of IT technical expertise locally for input into projects and programmes of work</div> <div>- lack of technical support to ensure deliverables are robust</div> <div>- Primary Care colleagues fatigued with the amount of IT work scheduled</div> <div>- Short timelines to deliver projects</div> <div>- Supplier and equipment delays</div> <div>- constructive and timely engagement by system partners to deliver a SCR by 20/21</div> <div>- system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work</div> <div>- Incomplete information available from NHS Futures regarding future work.</div> |        |
|   |            |             |                | High quality health care   | ✓  |  |        |
|   |            |             |                | Care closer to home  | ✓  |  |        |
|   |            |             |                | Safe & sustainable local services  | ✓  |  |        |
|   |            |             |                | Strong partnerships, effective use of £  | ✓  |  |        |
| Links to SYB STP MOU  |            |             |                |  |  |  |        |
|   |            |             |                |  |  |  |        |
| Committees providing assurance  |            | PCCC & SMT  | Executive Lead |  | JB   | Clinical Lead  | JH     |
| Risk rating   | Likelihood | Consequence | Total          |    |  | Date reviewed  | Nov-20 |
| Initial   | 3          | 4           | 12             |  |  | <div>Rationale: Likelihood has been scored at 3 as transition to new provider has been successfully completed but will be kept under review. Consequence has been scored at 4 given the major impact on the CCG and the system if digital and It technology is not safeguarded and fully exploited.</div>  |        |
| Current   | 3          | 4           | 12             |  |  |  |        |
| Appetite  | 3          | 4           | 12             |  |  |  |        |
| Approach  | Tolerate   |             |                |  |  |  |        |
| Key controls to mitigate threat:  |            |             |                | Sources of assurance   |  | Rec'd?   |        |
| Barnsley IT Strategy Group  |            |             |                | Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB   |  | Ongoing  |        |
| BBS IT Delivery Group and BBS Digital Strategy Group established  |            |             |                | Monthly meetings to review progress of the delivery of key projects and programmes. Updates to SMT, GB and PCCC  |  | Ongoing  |        |
| GP IT and Corporate IT service commissioned from BBS IT Services, the successor to eMBED. The new shared service is now establishing working protocols. Shared staffing allows for technical and network experience to be available to the CCG. Additional staffing to be secured if Digital First EOLs are successful as bids include resource.  |            |             |                | CCG representatives attend the BBS IT Delivery Group and BBS Digital Strategy Group. KPIs and other performance monitoring data is provided and reviewed. Isses would be escalated to SMT in first instance. |  | Ongoing  |        |
| SYB has led a procurement leading to the identification of Doctorlink as the preferred local provider of online consultation services. Contact in place until Oct 2021 with another 2 year option.  |            |             |                | Every Barnsley practice has Doctorlink installed for use within their practice.  |  | Complete   |        |
| Redcentric become the commissioned service to maintain HSCN   |            |             |                | Transition to new HSCN network now complete across the Barnsley CCG & primary care estate  |  | Complete   |        |
| Gaps in assurance   |            |             |                |  | Positive assurances received                               |  |        |
| Governance process to be established for the IT groups eg link with the IT Strategy group and the CCG Operational Group   |            |             |                |  |  |  |        |
| Gaps in control   |            |             |                |  | Actions being taken to address gaps in control / assurance |  |        |
|   |            |             |                |  |  |  |        |

|  |  |
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## RISK REGISTER – November 2020

### 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) | 9                 | Monthly |
| Likely         | 4 | Major        | 4 | Amber                            | High Risk     | (8- 12) | 18                | 3 mthly |
| Possible       | 3 | Moderate     | 3 | Yellow                           | Moderate Risk | (4 -6)  | 6                 | 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

| Ref       | Domain  | Risk Description   | Initial Risk Score |             |       | Mitigation/Treatment  | Lead Owner of the risk  | Source of Risk | Residual Risk Score |             |       | Date Risk Assessed | Progress/ Update  | Date for re-assessment |
|-----------|---------|--|--------------------|-------------|-------|---|---|----------------|---------------------|-------------|-------|--------------------|---|------------------------|
|           |         |  | Likelihood         | Consequence | Score |   |   |                | Likelihood          | Consequence | Score |                    |   |                        |
| 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 | Head of Primary Care.<br><br>(Primary Care Commissioning Committee) | Governing Body | 4                   | 4           | 16    | 09/20              | <b>September 2020</b><br>Recruitment to roles as part of the PCN Additional Role scheme has secured new staff into primary care. Further recruitment is underway for other roles to support the PCN and Network Contract DES delivery.<br><br><b>August 2020</b><br>No further updates. | 10/20                  |

|     |        |   | 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 |
|     |        | services could be further away from their home. |                    |             |       | <p>has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. 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 &amp; 2 technicians in March 2019.</p> <p>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.</p> |                        |                |                     |             |       |                    | <p><b>July 2020</b><br/>The PCN is required to develop a workforce plan by the end of August to reflect use of the Additional Roles and other requirements to support delivery of the Network Contract DES and NHS Long Term Plan. Work is underway in practices to support BAME staff groups as a result of the C-19 pandemic. The CCG has asked BHF to deploy 2 returning GPs under the C-19 scheme to support the NE Neighbourhood practices for a 6-month period.</p> <p><b>March 2020</b><br/>PDA work is</p> |                        |

|  |  |  |                           |  |  |  |                            |  |  |  |
|--|--|--|---------------------------|--|--|--|----------------------------|--|--|--|
|  |  |  | <b>Initial Risk Score</b> |  |  |  | <b>Residual Risk Score</b> |  |  |  |
|--|--|--|---------------------------|--|--|--|----------------------------|--|--|--|

|           |        |   | <b>Initial Risk Score</b> |             |       |   |  |                 | <b>Residual Risk Score</b> |             |       |                    |   |                        |
|-----------|--------|---|---------------------------|-------------|-------|---|--|-----------------|----------------------------|-------------|-------|--------------------|---|------------------------|
| 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 |
| 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 |
|           |        |   |                           |             |       |   |  |                 |                            |             |       |                    | ongoing. PC team is working with the PCN to understand the workforce plans now there is a wider choice of staff roles.                                |                        |
| 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 | Head of Primary Care<br><br>(Primary Care Commissioning Committee) | Risk Assessment | 2                          | 4           | 8     | 07/20              | <b>July 2020</b><br>360 Audit of Primary Care Contracts and Procurement was completed, and 2 minor changes were recommended.<br><br><b>March 2020</b> | 10/20                  |





# **Primary Care Commissioning Committee Terms of Reference**

**January 2020**



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

### Introduction

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.
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.
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

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.
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.
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).
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).
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”.
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**

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.
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.
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.

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.
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.
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).
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.
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**

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.
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**

20. The Committee will comprise the NHS Barnsley CCG.

## **Membership**

21. The Committee shall consist of:

### **Lay / Executive Members:**

- Lay Member for Patient and Public Engagement and Primary Care Commissioning (Chair)
- Lay Member for Governance (Vice Chair)
- Governing Body Secondary Care Clinician
- 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).

22. In addition to the people stated above the Head of Primary 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.
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.
24. The Vice Chair of the Committee shall be the Lay Member for Governance. To preserve the integrity of his role as Conflicts of Interest Guardian, when chairing the PCCC in the absence of the Chair, the Lay Member for Governance will relinquish the chair to the Secondary Care Clinician for any items which come up for discussion or decision and in relation to which material interests have been declared in order that he can form an objective view as to the appropriateness of the management of those declared conflicts.

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

### **Urgent decisions**

31. 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. 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. The Committee will meet at least quarterly with more frequent meetings if required, either by circumstances, the Governing Body or the Committee.
34. 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. 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. 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. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
38. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Confidentiality Code of Conduct.
39. The Committee will present its minutes to NHS England (North) area team of NHS England after each meeting for information, 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. The CCG will also comply with any reporting requirements set out in its constitution.
41. 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. 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. 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.

### **Procurement of Agreed Services**

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

46. The decisions of the Committee shall be binding on NHS England and NHS Barnsley CCG.
47. 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 Governance (Vice Chair)
- Governing Body Secondary Care Clinician
- 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, the Head of Primary 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.

## PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

## WORK PLAN/AGENDA TIMETABLE MARCH 2021 TO JANUARY 2022

| AGENDA ITEMS   | MARCH 21  | MAY 21 | JULY 21 | SEPT 21 | NOV 21 | JAN 22 |
|--|---|--------|---------|---------|--------|--------|
| Apologies  | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| Quoracy  | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| Declaration of Interest  | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| Minutes of previous Public PCCC meeting  | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| Matters Arising Report   | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| <b>STRATEGY, PLANNING, NEEDS ASSESSMENT &amp; COORDINATION OF PRIMARY CARE</b>           |   |        |         |         |        |        |
| Primary Care Networks Update   | ✓   |        | ✓       |         | ✓      |        |
| Primary Care Strategy/Updates  |   | ✓ tbc  |         |         | ✓ tbc  |        |
| Estates & Technology Transformation Fund (ETTF) Update / Business as Usual (BAU) Capital | ✓   |        |         |         |        |        |
| GP IT  |   |        |         |         | ✓      |        |
| Procurement Updates  | <div> <div>→</div> <div>AS REQUIRED</div> <div>←</div> </div> |        |         |         |        |        |

| AGENDA ITEMS  | MARCH 21  | MAY 21 | JULY 21 | SEPT 21 | NOV 21 | JAN 22 |
|---|---|--------|---------|---------|--------|--------|
| Primary Care Estate                                   |   |        | ✓       |         |        | ✓      |
| Review of Primary Care business cases and investments | <div> <div>→</div> <div>AS REQUIRED</div> <div>←</div> </div> |        |         |         |        |        |
| <b>QUALITY &amp; FINANCE</b>                          |   |        |         |         |        |        |
| Finance Update  | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| CQC Updates   | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| <b>CONTRACT MANAGEMENT</b>                            |   |        |         |         |        |        |
| GP Patient Survey Results                             |   |        |         |         | ✓      |        |
| e-Declarations  | ✓   |        |         |         |        |        |
| PDA Sign Up 21/22                                     |   | ✓?     | ✓?      |         |        |        |
| PDA 20/21 End of Year Report                          |   | ✓?     | ✓?      |         |        |        |
| PDA 21/22 Finance Schedule                            | ✓   |        |         |         |        |        |
| PDA 21/22 Mid-Year Review                             |   |        |         |         | ✓      |        |
| Contractual Issues                                    | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| LES, DES, Local Incentive Schemes                     | <div> <div>→</div> <div>AS REQUIRED</div> <div>←</div> </div> |        |         |         |        |        |

| AGENDA ITEMS                                 | MARCH 21  | MAY 21 | JULY 21 | SEPT 21 | NOV 21 | JAN 22 |
|--|---|--------|---------|---------|--------|--------|
| <b>GOVERNANCE, RISK &amp; ASSURANCE</b>      |   |        |         |         |        |        |
| Terms of Reference                           |   |        |         |         | ✓      |        |
| Risk & Governance Report                     | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| Assurance Framework & Risk Register          | ✓   | ✓      | ✓       | ✓       | ✓      | ✓      |
| Internal Audit Report                        | <div> <div>→</div> <div>AS REQUIRED</div> <div>←</div> </div> |        |         |         |        |        |
| Annual Assurance Report                      | ✓   |        |         |         |        |        |
| Work Plan Update                             | ✓   |        |         |         | ✓      |        |
| Self-assessment of Committee's effectiveness |   |        |         |         | ✓      |        |
| <b>OTHER</b>                                 |   |        |         |         |        |        |
| Questions from the public                    | ✓   | ✓      | ✓       | ✓       | ✓      |        |
| Items for escalating to the Governing Body   | ✓   | ✓      | ✓       | ✓       | ✓      |        |