NHS
Barnsley
Clinical Commissioning Group

Public Primary Care Commissioning Committee
Thursday 24 March 2022 at 09.30am
Via MS Teams

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1	Housekeeping		Chair	09.30am 5mins
2	Apologies	Note	Chair	
3	Quoracy	Note	Chair	
4	Declarations of Interest relevant to the agenda	Assurance	**PCCC 22/03/04** Chair	
5	Minutes of the meeting held on 27 January 2022	Approve	**PCCC 22/03/05** Chair	09.35am 5mins
6	Matters Arising Report	Note	**PCCC 22/03/06** Chair	09.40am 5mins
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7	Primary Care Network Update • Primary Care Investments / Winter Access Fund	Assurance	**PCCC 22/03/07** Louise Dodson	09.45am 5mins
8	GP IT	Assurance / Information	**Verbal** Louise Dodson	09.50am 5mins
Quality and Finance				
9	Finance Update	Assurance / Information	**PCCC 22/03/09** Ruth Simms	09:55am 10mins
10	CQC Updates	Assurance / Information	**PCCC 22/03/10** Terry Hague	10.05am 5mins
Contract Management				
11	Contractual Issues Report	Approval / Assurance	**PCCC 22/03/11** Terry Hague	10.10am 5mins
Governance, Risk, Assurance				
12	Risk and Governance Report • Assurance Framework • Risk Register	Assurance	**PCCC 22/03/12** Richard Walker	10.15am 5mins

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Item	Session	Committee Requested to	Enclosure Lead	Time
13	PCCC Annual Assurance Report	Assurance	**PCCC 22/03/13 Terry Hague**	10.20am 5mins
Reflection on conduct of the meeting				
14	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chair	
Other				
15	Questions from the public relevant to the agenda	Note	**Verbal** Chair	10.25am 5mins
16	Items for escalating to the Governing Body	Note	**Verbal** Chair	
17	**Date and time of the next scheduled meeting:** Thursday 26 May 2022 at 9.30am via MS Teams	Note	**Verbal** Chris Millington	**10:30pm Close**

Exclusion of the Public:

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

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

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 March 2022

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	
2.	**PURPOSE**						
	To foresee any potential conflicts of interests relevant to the agenda.						
3.	**REPORT OF**						

	Name	**Designation**
Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
Author	Paige Proud	Governance, Risk & Assurance Facilitator

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	**Date**	**Outcome**
N/A		

5. EXECUTIVE SUMMARY

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

The table below details what interests must be declared:

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

Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.

Members should also declare if they have received any Gifts, Hospitality or Sponsorship.

6. THE GOVERNING BODY / COMMITTEE IS ASKED TO:

- Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.

7. APPENDICES / LINKS TO FURTHER INFORMATION

- Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report

Agenda time allocation for report:	5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	✓
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*N/A*

2. Links to statutory duties

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)	

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

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***

3.4	**Improving quality (s14R, s14S)**	
	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	**Reducing inequalities (s14T)**	
	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***
3.6	**Public Involvement & Consultation (s14Z2)**	
	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***
3.7	**Data Protection and Data Security**	
	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***
3.8	**Procurement considerations**	
	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***
3.9	**Human Resources**	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
3.10	**Environmental Sustainability**	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

NHS Barnsley Clinical Commissioning Group

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).
Nigel Bell	Lay Member for Governance	• Lay Member representing South Yorkshire & Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire & Bassetlaw Integrated Care System
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18) • Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19) • Appointed Cancer Alliance Advisory Board

Name	Current position (s) held in the CCG	Declared Interest
Mike Simms	Secondary Care Clinician	• Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Chris Edwards	Governing Body Member	• Family member employed by Chesterfield Royal. • Family member employed by Attain. • Works as Accountable Officer for Rotherham CCG. • Works one day a week at the ICS as Capital and Estates and Maternity lead.
Mark Smith	GP Governing Body Member	• Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. • Director of Janark Medical Ltd • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Madhavi Guntamukkala	Medical Director	• Senior GP in a Barnsley Practice (Apollo Court Medical Practice & The grove Medical Practice) Practices provide services under contract to the CCG • Spouse – Dr M Vemula is also partner GP at both practices • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	• Daughter working for Health Education England.
Julie Frampton	Head of Primary Care	• NIL
Victoria Lindon	Assistant Head of Primary Care Commissioning (NHSE and	• NIL

Name	Current position (s) held in the CCG	Declared Interest
	NHSEI)	
Nick Germain	NHS England & Improvement, Primary Care Manager	• NIL

NHS Barnsley Clinical Commissioning Group

Minutes of the PUBLIC Primary Care Commissioning Committee meeting held on Thursday, 27 January 2022 at 9.00am via MS Teams

PRESENT: (VOTING MEMBERS)

Chris Millington (Chair)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician (up to agenda item 12)
Chris Edwards	Chief Officer
Richard Walker	Head of Governance & Assurance

CLINICAL MEMBERS (NON-VOTING)

Dr Nick Balac	Chairman, Barnsley CCG

IN ATTENDANCE:

Roxanna Naylor	Chief Finance Officer
Angela Musgrave	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Margaret Lindquist	Board Member, Healthwatch Barnsley
Carrie Abbott	Service Director, Public Health, BMBC
Ruth Simms	Finance Manager
Jamie Wike	Chief Operating Officer
Louise Dodson	Primary Care Transformation Manager
Terry Hague	Primary Care Transformation Manager

APOLOGIES:

Dr Mark Smith	Governing Body Member
Dr Madhavi Guntamukkala	Medical Director
Julie Frampton	Head of Primary Care
Julia Burrows	Director of Public Health, BMBC

MEMBERS OF THE PUBLIC:

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

Agenda Item	Note	Action	Deadline
PCCC 22/01/01	**HOUSEKEEPING**		
PCCC 22/01/02	**WELCOME AND APOLOGIES**		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 22/01/03	**QUORACY**		
	The meeting was declared quorate.		
PCCC	**DECLARATIONS OF INTEREST RELEVANT TO THE**		

22/01/04	**AGENDA**		
	There were no declarations of interest relevant to the agenda.		
PCCC 22/01/05	**MINUTES OF THE LAST MEETING**		
	The minutes of the meeting held on 25 November 2021 were verified as a true and correct record of proceedings.		
PCCC 22/01/06	**MATTERS ARISING REPORT**		
	Members noted the updates provided in the Matters Arising report.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 22/01/07	**PRIMARY CARE NETWORK UPDATE** <u>Temporary GP contract changes to support C19 Vaccines</u> The Primary Care Transformation Manager provided members with an update on the temporary GP contract changes to support COVID-19 vaccinations. Members were informed that on 7 December 2021 NHSE wrote to GP Practices, Primary Care Networks (PCNs) and CCGs detailing the actions they were taking to support GPs, PCNs and their teams to progress the expansion of the vaccination programme alongside prioritisation of timely patient access to general practice services throughout the winter. (Appendix A). The guidance provided information on the changes that would be made to the Quality Outcomes Framework (QOF) and Impact and Investment Fund (IIF) for all practices and PCNs, which would be reflected in an amended statement of financial entitlement, to ensure continued access and clinical prioritisation for patients. Appendix B, C and D provided further information on the: • updated guidance on the PCN Contract Directed Enhanced Service (DES) published on 20 December 2021 • Network Contract DES contract specification 2021/22 and; • Investment and Impact Fund 2021/22 The variation to the 2021/22 Network DES contract specification implemented the plans for temporary changes to the GP contract to support the COVID-19 vaccination programme.		

	Local Actions • QOF Income Protection - the CCG had asked all Barnsley Practices to sign and confirm they would continue to provide care to patients in line with appropriate clinical guidelines and good medical practice and to confirm the capacity that had been created would be used to participate in the Covid-19 vaccination programme and to prioritise care for those most vulnerable for chronic illness. • IIF – PCN Payment Protection – the CCG had asked the PCN Clinical Directors to confirm the payment would be reinvested into primary care services and workforce. The Primary Care Transformation Manager informed the Committee that the Primary Care team were in regular contact with Practice Managers regarding the QOF and IIF changes to establish any areas of difficulty where additional support could be provided by the team. It was noted that the QOF would recommence in full from April 2022. In response to a query from the Chair regarding what support that had been provided to practices and the PCN to ensure a smooth transition once the full QOF and IIF indicators resumed, the Chief Operating Officer informed that the Primary Care Team had been working through all the requirements and were supporting Practices and the PCN to ensure everyone was aware of what needed to be in place from April 2022. **The Committee:** • **Noted the updated temporary GP contract changes guidance to support the Covid-19 vaccination programme and the action taken.**		
PCCC 22/01/08	**WINTER ACCESS FUND** The Primary Care Transformation Manager provided members with an update regarding the Winter Access Funds. The report also outlined how additional funding to invest in Primary Care would be utilised before 31 March 2022. Following the decision made at the Extraordinary PCCC meeting on 16 December 2021 and further agreement to the proposal, in principle, for use of the Winter Access Fund in Barnsley following a Extraordinary PCCC email on 31 December 2021, a letter had been sent to all practices outlining the funding available.		

	To access the funding practices had been asked to submit a brief plan to the Primary Care team by 21 January 2022 describing how they would spend the allocated funding up to 31 March 2022, and how this would deliver improved access to Primary Care. Practices had been supported to develop their plans by the Primary Care team and were asked to consider clinical priorities and known pressure points or backlogs and the workforce available in doing so. <u>Additional Funding</u> During the month 9 forecast position it had been identified that additional funding was available within the GP IT budgets that would support Primary Care with practice resilience and the increased need for home working. In order for the CCG to better understand the current situation within Primary Care, a request was sent to all practices asking them to outline the need for additional or updated IT equipment and to identify which staff group the equipment would be required to support. Most requests had been for additional laptops to support home working. In addition, the month 9 forecast review had identified available funding for further medical equipment to support practices to increase access to treatments and reduce waiting times for patients borrowing equipment for home use. Included within the report was a list of medical equipment for which practices had been asked to identify their additional requirement. The Chief Finance Officer commented that although the report was for Committee assurance, the Committee were also asked to support, in principle, the purchase of the equipment subject to review around affordability. A further update would be brought to the Committee virtually due to the timeframe, with a final paper coming back to the Committee in March for information. **The Committee:-** • Noted the funding available for Primary Care to increase access, support resilience, support homeworking and improve patient care. • Supported, in principle, the purchase of the equipment subject to a review around affordability.		

QUALITY AND FINANCE			
PCCC 21/11/09	**FINANCE UPDATE**		
	The Assistant Finance Manager presented the Finance Report that provided an update of the report. There were two sections to the report: . **Forecast Position 2021/22** The forecast position as at November 2021 (Month 8) reflected a £1,112k overspend, that included an overspend of £1,341k against the Additional Roles Reimbursement Scheme (ARRS) funding held nationally and reimbursed to CCGs based on actual costs, and an underspend against the CCGs core allocation of £229k the majority of which related to an underutilisation on 2020/21 accruals. Although the CCG's maximum ARRS allocation was £3,436k, 40% of this amount (£1,524k) remained held with NHSE resulting in an underspend of £183k against the maximum funding. The CCG were currently working with the Primary Care Network to fully utilise the funding it was anticipated an element would be lost due to delays in recruitment and staff turnover. **Primary Medical Care Services (PMCS) Finance Audit** The PMCS Finance Audit undertaken by 360 Assurance was completed in November 2021. The audit report provided full assurance that the controls in place adequately addressed the risks to the successful achievement of objectives and controls tested operated effectively. The final assurance report was provided at Appendix B. **The Committee noted the: -** • Financial position as at Month 8 • Level of funding being utilised against the Additional Roles Reimbursement and work being undertaken with the PCN to maximise funding • Primary Medical Care Services Finance Audit report and internal audit full assurance opinion on controls in place to address risks		
PCCC 22/01/10	**CQC REPORT** The Primary Care Transformation Manager presented the CQC report that provided members with an update on the current CQC position in relation to our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.		

	CQC Inspections Lakeside Surgery Following a CQC inspection at Lakeside Surgery on 11 November 2021, the report published on 14 December confirmed the practice had received a rating of Good overall and in all domains. The CCG would be writing to the practices to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley. **CQC Monitoring** As requested by the Chair of the CCG at the PCCC meeting held in November 2021, the report included the CQC criteria definitions at Appendix A which included the five key lines of enquiry domains of Safe, Effective, Caring, Responsive and Well Led and provided a list of the indicators reviewed by the CQC when completing a Practice inspection. In order to provide clinical services to patients, GP Practices were required to be registered with the CQC and were subsequently monitored on a regular basis on a wide range of data retained on the practice, to provide assurance for the CCG and patients. Following an inspection an evidence table was made available on the CQC website detailing individual practice performance and provided a rating. This information was available for public access. The Primary Care Team also maintained a quality dashboard of each CQC inspection and the outcome of each indicator to identify any issues and to ensure support was provided for practices if a theme was identified. **The Committee noted the :-** • **CQC's inspection rating of good for Lakeside Surgery** • **CQC monitoring process and the criteria definitions and indicators included within the five CQC domains**		
CONTRACT MANAGEMENT			
PCCC 22/01/11	**CONTRACTUAL ISSUES REPORT**		
	The Primary Care Transformation Manager presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to		

	primary care contracts. <u>Social Prescribing Update</u> The current contract with South Yorkshire Housing Association (SYHA) to provide a Social Prescribing High Intensity User Service (HIUS) in Barnsley was due to expire on 31 March 2022. The CCG had been exploring options for the future of the service and had considered a number of options. Approval had been given by SMT to Option One, to work with Barnsley Healthcare Federation (BHF) to develop alternative ways of delivering the HIUS for Social Prescribing. Members were informed that BHF will hold the Core Social Prescribing Service from April 2022 and this will bring in the HIUS which includes work with A&E and YAS as part of the single Social Prescribing Service. The CCG, SYHA and BHF were working together to ensure the smooth transition of the HIUS and systems would be put in place to ensure similar contract reporting and monitoring measures. <u>E-Declaration</u> All 32 practices within Barnsley had submitted their electronic Annual Practice Declaration (eDec) self-declaration form against compliance indicators within the original deadline of December 2021. Members noted that this was significant achievement given that nationally the deadline had been extended to provide additional time to those practices who had not yet completed their submission. An analysis of responses would be undertaken when the data was available, and an update provided to the Committee. **The Committee noted the:-** • **Update regarding the Social Prescribing High Intensity User Service** • **Update regarding practices' submission of their annual eDeclaration for assurance.**		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 22/11/12	**<u>Risk and Governance Report</u>** The Head of Governance & Assurance presented the risk		

	and Governance report that provided the Committee with: • Assurance regarding the delivery of the CCG's annual strategic objectives, and • Assurance that the current risks to the organisation were being effectively managed and monitored appropriately <u>Assurance Framework</u> The Assurance Framework continued to be refreshed at the start of each financial year then reviewed, updated and reported to every meeting of the Governing Body. Appendix 1 of the report provided the Committee with an extract from the GBAF of the two risks for which the Committee were the assurance provider. Both risks had been scored as 'Amber' High Risk and related to: • Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated and; • Risk Ref 9.1 – the key deliverables of Digital Technology if identified threats(s) were not appropriately managed and mitigated. <u>Risk Register</u> There were currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee was responsible for managing. Of the five risks, there was one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members were asked to review the risks detailed on Appendix 1 to ensure that the risks were being appropriately managed and scored. <u>Work Plan 2022</u> The Committee noted the information provided in the Work Plan timetable from March to July 2022. It was noted that there was an error on the date of the PDA Sign Up which should have read '22/23'. **Action: PDA Sign Up date in the Work Plan to be amended.** **The Committee: -** • Reviewed and agreed that the risks were being appropriately managed and scored. • Noted the information provided in the Work Plan	**AM**	**Complete**

	timetable from March to July 2022.		
OTHER			
PCCC 22/02/13	**REFLECTION OF CONDUCT OF THE MEETING** The Committee agreed that the meeting had been conducted appropriately.		
PCCC 22/02/14	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**		
	There were no questions received from the members of the public.		
PCCC 22/02/15	**ITEMS FOR ESCALATING TO THE GOVERNING BODY** It was agreed to include an update on the additional investment into Primary Care within the PCCC Assurance Report provided for the Governing Body.		
PCCC 22/01/16	**DATE & TIME OF NEXT MEETING** Thursday, 24 March 2022 at 9.30am MS Teams.		

PCCC 22/03/06

NHS Barnsley Clinical Commissioning Group

MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

THURSDAY 24 MARCH 2022

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **27 January 2022**.

Minute ref	Issue	Action	Action/Outcome
PCCC 22/01/08	**Winter Access Fund** An update would be brought to the Committee virtually, with a final paper coming back to the Committee in March for information.	**LD**	**Complete - item included on March 22 agenda.**

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.

Minute ref	Issue	Action	Action/Outcome
PCCC 21/08/11	Barnsley Healthcare Federation (BHF) Contracts Review Update on the BHF Contracts review to be brought to the September meeting.	**TH**	27.01.22 – SQP data set agreed with BHF and will be presented at the contract meeting in February. Update to be provided to PCCC in March when the successful implementation of the new system will be discussed. Update 30.09.21 **In Progress -** The PC team have worked up a minimum data set that supports the contractual requirements. We have not yet had the opportunity to discuss with BHF.

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 March 2022

PRIMARY CARE INVESTMENTS / WINTER ACCESS FUNDING

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	x	*Information*	

2. PURPOSE

This paper provides an update to the decisions made at Extraordinary PCCC on the 16 December 2021 and PCCC on the 27 January 2022 regarding Winter Access Funds and additional funding available to Primary Care.

3. REPORT OF

	Name	Designation
Executive Lead	Chris Edwards	Chief Officer
Author	Louise Dodson	Primary Care Transformation Manager

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
Extraordinary PCCC	16 December 2021	Winter Access Funding - Agreed
Finance & Performance Committee	06 January 2022	GPIT - Agreed
Public PCCC	27 January 2022	Additional Funding for Primary Care - Agreed

5. EXECUTIVE SUMMARY

Winter Access Funding

Following the agreement at Extraordinary Primary Care Commissioning Meeting on 16 December, and subsequently discussed at the Primary Care

Commissioning Meeting on 27 January 2022, a letter was sent to all practices in December 2021 outlining the funding available and how to access.

To access the funding available each practice was asked to submit a brief plan, describing how they would spend the allocated funding up to 31 March 2022, and what benefit this would deliver. Practices were asked to return this to the Primary Care team by mid-January so the allocation of funds could be distributed at pace for immediate impact.

Practices were able to receive £3 per head of their registered population based upon practice list size at October 2021. Practices have been informed of individual allocations and have begun to receive the funding. They have been informed this funding is intended to cover all associated costs for practices to maintain and improve access over the remainder of the financial year and must be spent by 31 March 2022.

Practices have been supported to develop their plans by the Primary Care Team and have been asked to consider their clinical priorities and known pressure points or backlogs and the workforce available in doing so.

All 32 practices returned plans and the following areas were identified by practices as how they intended to utilise the funding:

Locum and agency cover	23 Practices	£280,170.25
Additional core admin staff	21 Practices	£255,807.62
Additional clinical sessions using existing / returning staff	17 Practices	£207,082.36
Increasing OOH Capacity	4 Practices	£48,725.26
Initiatives to free physical space and repurpose rooms within practices	4 Practices	£48,725.26
Practice transition to improved telephony	2 Practices	£24,362.63
Intelligent call handling e.g., cloud based or hosted telephony systems	2 Practices	£24,362.63

As agreed, as part of the audit trail and evidencing those additional capacity / improvements have been made, the Primary Care Team have contacted all practices asking for confirmation they are utilising the funding as per the plan submitted.

If practices have significantly amended plans, they were asked to resubmit an updated plan. Currently no practice has identified any significant changes in plans, although 3 practices have provided additional detail as their plan is put into action.

Practice Clinical Equipment

As agreed by PCCC 27 January 2022, practices were contacted by the Primary Care team informing that that funding had been identified which could be utilised in purchasing medical equipment.

As the initial request for understanding what clinical equipment was required within practices was higher than anticipated, practices were made aware the

funding would be best utilised if practices are able to decide themselves which additional equipment they would like to prioritise from the agreed list.

Practices have now been informed of the individual allocation and that reimbursement would be made upon receipt of invoices.

To confirm the following additional items are:

- Thermometers
- Otoscopes
- BP Monitors (for practice clinical rooms)
- BP Monitors (for patient home monitoring)
- BP self-monitoring Device (Waiting Room)
- 24 HR BP MONITORS
- FENO testing kits
- Spirometer
- ECG machines

Consumables for the above equipment will also be reimbursed however practices will be responsible for ongoing maintenance and replacements.

Adult pulse oximeters

Adult pulse oximeters have been purchased directly by the CCG and will be issued to practices in the next couple of weeks.

Practices have begun to order clinical equipment and the CCG have begun to receive copies of invoices and backing information as requested to allow reimbursement to be processed. Practices have been asked to complete this process by 31 March 2022

Practice GP IT (Laptops)

All practices responded to the request to understand the need for additional laptops within practices to support resilience and increased home working.

The response was higher than anticipated so further discussions were held to understand if these were additional laptops or to replace existing equipment, and for which staff groups the additional equipment would be required for.

A baseline of understanding what IT equipment was currently in use by practices was obtained to increase assurances any laptops purchased were utilised to support resilience and home working as intended.

The CCG has now placed an order for 239 laptops following these further discussions with practices. These laptops will be distributed to practices in a phased approach, due to the volume of work required to prepare them by the IT team, practices will begin to receive laptops from April 2022 onwards.

Quality and Outcomes Framework and Impact and Investment Funding (QOF and IIF)

	As outlined in the letter from NHSE / I to all GP Practices on 7th December 2021 regarding Temporary GP contract changes to support COVID-19 vaccination Programme. (appendix 1) Practices were required to agree with their local commissioner a plan that will set out how QOF care will be delivered wherever possible, but with priority according to clinical risk and accounting for inequalities. All 32 practices in Barnsley have confirmed to the Primary Care Team that they will continue to provide care for patients in line with appropriate clinical guidelines and good medical practice. All practices confirmed the capacity created by the temporary contract changes would allow them to participate in the Covid-19 vaccination programme, to care for acutely unwell patients, to minimise health inequalities, and to prioritise care for those who are most vulnerable with chronic illness. All practices will therefore receive the QOF income protected payment. Additionally, all 6 Clinical Directors of the PCN have confirmed that as a result of the IIF temporary changes identified in the letter, the PCN Support Payment would be reinvested into Primary Care Services and Workforce. The PCN have therefore received the PCN Support Payment
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	Note – Funding identified has been provided to practices to be utilised as agreed to increase access, support resilience, support homeworking and improve patient care.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	Appendix 1 – Temporary GP contract changes to support COVID-19 vaccination Programme - December 2021

Agenda time allocation for report:	*5 minutes.*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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	**x**	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*N/A*

2. Links to statutory duties

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)	**See 3.2**	Duties as to reducing inequalities (s14T)	**See 3.5**
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 3.3**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.4**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.4**	Public involvement and consultation (s14Z2)	**See 3.6**

2A. PCCC ONLY - PLEASE DELETE IF NOT APPLICABLE Links to delegated primary care commissioning functions

This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG :

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			

3. Governance Considerations Checklist *(these will be especially relevant*

	where a proposal or policy is brought for decision or approval)
3.1	**Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***Y***

3.2	**Management of Conflicts of Interest (s14O)**

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?	***N***

3.3	**Discharging functions effectively, efficiently, & economically (s14Q)**

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)?	***Y***

3.4	**Improving quality (s14R, s14S)**

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	**Reducing inequalities (s14T)**

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***

3.6	**Public Involvement & Consultation (s14Z2)**

Has a s14Z2: Patient and Public Participation Form been completed if relevant?	***N/A***
Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***

3.7	**Data Protection and Data Security**

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***

3.8	**Procurement considerations**

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***

3.9	**Human Resources**

Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***

3.10	**Environmental Sustainability**

Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

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Publication approval reference: C1475

To:
- GP practices
- Primary care networks
- NHS England and NHS Improvement regions:
  - directors
  - directors of commissioning
- Clinical commissioning groups:
  - clinical leads
  - accountable officers

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

7 December 2021

Dear Colleagues

Temporary GP contract changes to support COVID-19 vaccination programme

1. In our letter of 3 December, NHS England and NHS Improvement set out plans for an acceleration of COVID-19 vaccination following the emergence of the Omicron variant. This letter sets out further details of the actions we are taking to support GPs, primary care networks (PCNs) and their teams to progress this expansion of the vaccination programme alongside prioritisation of timely patient access to general practice services this winter.

2. We recognise that balancing your resources this winter between the urgent needs of your patients, the management of long term conditions, and the vital task of vaccination and public health is a daily challenge. The measures in this letter seek to support your professional clinical judgement in balancing these considerations.

The Quality and Outcomes Framework (QOF)

3. The evidence-based care provided via QOF continues to be important in minimising health inequalities and securing the best outcomes for those with long term conditions. However, to support the ongoing response to COVID-19 and the increase in vaccination capacity, combined with the need to target proactively and support our most vulnerable patients during this period, we are making the following changes to QOF in 2021/22 – applying to all practices – which will be reflected in an amended statement of financial entitlement (SFE):

   a. Practices should focus on the four vaccination and immunisation indicators, the two cervical screening indicators, the register indicators and the eight prescribing

indicators (see Appendix 1). These will continue to operate on the basis of practice performance in 2021/22.

b. Forty-six QOF points for new indicators where there is no historic performance to use as the basis for income protection (the eight points associated with the new for 2021/22 cancer indicators, 20 points from the new for 2021/22 mental health indicators and 18 points from the non-diabetic hyperglycaemia indicator that was introduced for 2020/21) will be reallocated. These will increase the total points available for the eight prescribing indicators, reflecting the continued importance of effective prescribing in the management of long term conditions. We appreciate the work you will have undertaken in these domains to date and that you will continue to clinically prioritise care.

c. The remaining indicators will be income protected using a methodology very similar to the one applied in 2020/21: most income-protected indicators for 2021/22 will be paid based on achievement in 2018/19, while the income-protected indicators relating to diabetes and hypertension will be based on 2019/20 achievement, given some indicators in those domains were new for the 2019/20 year (see Appendix 2). Points will be subject to a list size and prevalence adjustment calculated in the usual way at year end. Practices are expected to continue to apply their clinical judgement and deliver as much patient care in these areas as they can, with a focus on the highest risk patients, but their income will not be dependent on recorded QOF achievement this year for the income-protected indicators.

d. The quality improvement (QI) domain will be paid to practices in full.

e. To be eligible for income protection, practices will need to agree with their commissioner a plan that will set out how QOF care will be delivered wherever possible, but with priority according to clinical risk and accounting for inequalities. We will be working with the Royal College of GPs (RCGP) and the British Medical Association (BMA) to provide some guidance to systems and practices.

4. All activity undertaken should continue to be coded. The Calculating Quality Report Service (CQRS) will continue to operate in 2021/22 and achievement data will be collected and reported for all indicators. Aspiration payments will continue as at present. Payment for QOF may be made later than usual for 2021/22, given that the proposed changes to the scheme are being made towards the end of the year.

5. QOF will recommence in full from April 2022.

Investment and Impact Fund (IIF)

6. The following changes will apply to IIF for 2021/22, implemented via a forthcoming Variation to the Network Contract Directed Enhanced Service (DES):

    a. The three flu immunisation indicators, and the appointment categorisation indicator (as the work is complete), will continue to operate on the basis of PCN performance in 2021/22 (see Appendix 3).

    b. The remaining indicators will be suspended and the funding allocated (worth £112.1m) repurposed (see Appendix 4).

    c. £62.4m of the funding allocated to these suspended indicators will instead be allocated to PCNs via a PCN support payment, to be paid on a weighted patient basis, subject to a simple confirmation from the PCN that it will be reinvested into services or workforce.

    d. £49.7m will be allocated to a new binary IIF indicator, paid on the basis of all practices within a PCN being signed up to phase 3 of the COVID-19 Vaccination Enhanced Service as at 31 December 2021, remaining signed up until 31 March 2022, and actively delivering the programme. Given the opt-in deadline of **10 December 2021**, practices not signed up to the phase 3 Enhanced Service would need to opt in by 10 December 2021, be assured to go live in early January, and continue to participate in the enhanced service until 31 March 2022 to be eligible for this indicator. Payment for this indicator will be made on a registered list size basis after the end of the financial year. Where, in exceptional circumstances, the commissioner agrees with one or more practices that they should not participate in the COVID-19 Vaccination Enhanced Service (as a result of wider access, performance or patient safety issues) then the PCN may still receive payment with those practices excluded from consideration. The payment will not apply if any practice in the PCN otherwise declines to participate in the programme.

7. As with QOF, CQRS will continue to operate in 2021/22 and achievement data will be collected and reported for all indicators. Recording of activity should continue. Payment for IIF may be made later than usual for 2021/22, given that the proposed changes to the scheme are being made towards the end of the year.

8. IIF will recommence in full from April 2022.

Wider measures

9. If participating in the vaccine programme, income protection for the Minor Surgery DES will apply from 1 December 2021 until 31 March 2022. Local commissioners

should make the monthly payments to practices for the Minor Surgery DES that they made for the corresponding period from 1 December 2018 to 31 March 2019. No contract enforcement will be taken where no activity is done under the Minor Surgery Additional Service from 1 December 2021 to 31 March 2022. Capacity released must be redeployed to vaccination.

10. From 1 December 2021 to 31 March 2022, where contractors consider it clinically appropriate and they are participating in the vaccine programme, routine health checks on request for those over 75 who have not had a consultation in the last 12 months, and for new patients may be deferred.

11. The Dispensary Services Quality Scheme will be amended to reduce the requirement for medication reviews from a minimum of 10% of dispensing patients to a minimum of 7.5% for 2021/22. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review.

Additional telephony support

12. As a component of the NHS England and NHS Improvement Winter Access programme, NHSX have agreed a time-limited offer with Microsoft for general practice to utilise MS Teams telephony functionality. This solution will enable staff to use MS teams to make outbound only calls independently of the existing telephone solutions. This will free up the existing lines for incoming calls. Practices will keep their current telephony supplier and associated number in place to support the receiving of calls. This national offer is an additional component to the Microsoft Teams application currently provided and will increase telephone capacity at no additional cost to the practice. The additional outbound only call functionality will expire on 30 April 2023.

13. If you have already responded to the baselining questionnaire indicating interest, this functionality will be enabled for all Teams users in your practice. Further communications will follow from the NHSmail Team confirming the date of availability and providing links to the support site which contains details of how to access including training and support.

14. Contact the team on scwcsu.nhsei.winterpressures.advancedtelephony@nhs.net if you no longer wish to progress with this offer, or if you did not complete the original questionnaire, but wish to take up this offer.

Next steps

15. The sign-up window for the phase 3 GP COVID-19 Vaccination Enhanced Service has therefore been reopened. Practices who wish to sign up should liaise with their local commissioner as soon as possible to discuss next steps.

Yours sincerely,

Ed Waller
Director of Primary Care
NHS England and NHS Improvement

Dr Nikita Kanani MBE
Medical Director for Primary Care
NHS England and NHS Improvement

Appendix 1: QOF performance-based indicators 2021/22

Table 1: Performance-based public health indicators with unchanged points values 2021/22

Indicator ID	Indicator wording	Points	Payment thresholds	Points at the lower threshold
VI001	The percentage of babies who reached 8 months old in the preceding 12 months, who have received at least 3 doses of a diphtheria, tetanus and pertussis containing vaccine before the age of 8 months	18	90-95%	3
VI002	The percentage of children who reached 18 months old in the preceding 12 months, who have received at least 1 dose of MMR between the ages of 12 and 18 months	18	90-95%	7
VI003	The percentage of children who reached 5 years old in the preceding 12 months, who have received a reinforcing dose of DTaP/IPV and at least 2 doses of MMR between the ages of 1 and 5 years	18	87-95%	7
VI004	The percentage of patients who reached 80 years old in the preceding 12 months, who have received a shingles vaccine between the ages of 70 and 79 years	10	50-60%	-
CS005	The proportion of women eligible for screening aged 25-49 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 3 years and 6 months	7	45-80%	-
CS006	The proportion of women eligible for screening and aged 50-64 years at end of period reported whose notes record that an adequate cervical screening test has been performed in the previous 5 years and 6 months	4	45-80%	-
			Total	**75**

Table 2: Performance-based prescribing indicators with changed points values 2021/22

Indicator ID	Indicator wording	Original points	Updated points	Payment thresholds
AF007	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy	12	25	40-70%
CHD005	The percentage of patients with coronary heart disease with a record in the preceding 12 months that aspirin, an alternative anti-platelet therapy, or an anti-coagulant is being taken	7	15	56-96%
HF003	In those patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, the percentage of patients who are currently treated with an ACE-I or ARB	6	12	60-92%
HF006	The percentage of patients with a current diagnosis of heart failure due to left ventricular systolic dysfunction, who are currently treated with a beta-blocker licensed for heart failure	6	12	60-92%
STIA007	The percentage of patients with a stroke shown to be non-haemorrhagic, or a history of TIA, who have a record in the preceding 12 months that an anti-platelet agent, or an anti-coagulant is being taken	4	8	57-97%
DM006	The percentage of patients with diabetes, on the register, with a diagnosis of nephropathy (clinical proteinuria) or micro-albuminuria who are currently treated with an ACE-I (or ARBs)	3	6	57-97%
DM022	The percentage of patients with diabetes aged 40 years and over, with no history of cardiovascular disease and without moderate or severe frailty, who are currently treated with a statin (excluding patients with type 2 diabetes and a CVD risk score of <10% recorded in the preceding 3 years)	4	8	50-90%
DM023	The percentage of patients with diabetes and a history of cardiovascular disease (excluding haemorrhagic stroke) who are currently treated with a statin	2	4	50-90%
			Total	**90**

Table 3: Disease register indicators

Indicator ID	Indicator	Points
AF001	The contractor establishes and maintains a register of patients with atrial fibrillation	5
CHD001	The contractor establishes and maintains a register of patients with coronary heart disease	4
HF001	The contractor establishes and maintains a register of patients with heart failure	4
HYP001	The contractor establishes and maintains a register of patients with established hypertension	6
PAD001	The contractor establishes and maintains a register of patients with peripheral arterial disease	2
STIA001	The contractor establishes and maintains a register of patients with stroke or TIA	2
DM017	The contractor establishes and maintains a register of all patients aged 17 or over with diabetes mellitus, which specifies the type of diabetes where a diagnosis has been confirmed	6
AST005	The contractor establishes and maintains a register of patients with asthma aged 6 years or over, excluding patients with asthma who have been prescribed no asthma related drugs in the preceding 12 months	4
COPD009	The contractor establishes and maintains a register of: 1. Patients with a clinical diagnosis of COPD before 1 April 2021 and 2. Patients with a clinical diagnosis of COPD on or after 1 April 2021 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 6 months after diagnosis (or if newly registered in the preceding 12 months a record of an FEV1/FVC ratio below 0.7 recorded within 6 months of registration); and 3. Patients with a clinical diagnosis of COPD on or after 1 April 2021 who are unable to undertake spirometry	8
DEM001	The contractor establishes and maintains a register of patients diagnosed with dementia	5
MH001	The contractor establishes and maintains a register of patients with schizophrenia, bipolar affective disorder and other psychoses and other patients on lithium therapy	4
CAN001	The contractor establishes and maintains a register of all cancer patients defined as a 'register of patients with a diagnosis of cancer excluding non-melanotic skin cancers diagnosed on or after 1 April 2003'	5
CKD005	The contractor establishes and maintains a register of patients aged 18 or over with CKD with classification of categories G3a to G5 (previously stage 3 to 5)	6

Indicator ID	Indicator	Points
EP001	The contractor establishes and maintains a register of patients aged 18 or over receiving drug treatment for epilepsy	1
LD004	The contractor establishes and maintains a register of patients with learning disabilities	4
OST004	The contractor establishes and maintains a register of patients: 1. Aged 50 or over and who have not attained the age of 75 with a record of a fragility fracture on or after 1 April 2012 and a diagnosis of osteoporosis confirmed on DXA scan, and 2. Aged 75 or over with a record of a fragility fracture on or after 1 April 2014 and a diagnosis of osteoporosis	3
RA001	The contractor establishes and maintains a register of patients aged 16 or over with rheumatoid arthritis	1
PC001	The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	3
OB002	The contractor establishes and maintains a register of patients aged 18 years or over with a BMI ≥30 in the preceding 12 months	8
	Total	**81**

The points allocated to these indicators in Table 4 are reallocated to the prescribing indicators in Table 2.

Table 4: Indicators without historic performance

Indicator ID	Indicator wording	Points	Payment thresholds
MH007	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months	4	50-90%
MH011	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of a lipid profile in the preceding 12 months (in those patients currently prescribed antipsychotics, and/or who have pre-existing cardiovascular conditions, and/or smoke, and/or are overweight [BMI of ≥23 kg/m2 or ≥25 kg/m2 if ethnicity is recorded as White]) or preceding 24 months for all other patients	8	50-90%
MH012	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months	8	50-90%
CAN004	The percentage of patients with cancer, diagnosed within the preceding 24 months, who have a patient Cancer Care Review using a structured template recorded as occurring within 12 months of the date of diagnosis	6	50-90%
CAN005	The percentage of patients with cancer, diagnosed within the preceding 12 months, who have had the opportunity for a discussion and been informed of the support available from primary care, within 3 months of diagnosis	2	70-90%
NDH001	The percentage of patients with non-diabetic hyperglycaemia who have had an HbA1c or fasting blood glucose performed in the preceding 12 months	18	50-90%
	Total points to be reallocated		**46**

Appendix 2: QOF income-protected indicators 2021/22

Table 5: Indicators to be paid based on performance in 2018/19 (with indicator dates amended as appropriate)

Indicator ID	Indicator description	Points
AF006	The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the preceding 12 months (excluding those patients with a previous CHADS2 or CHA2DS2-VASc score of 2 or more)	12
CHD008	The percentage of patients aged 79 years or under with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	12
CHD009	The percentage of patients aged 80 years or over with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	5
HF005	The percentage of patients with a diagnosis of heart failure on or after 1 April 2021 which: 1. Has been confirmed by an echocardiogram or by specialist assessment between 3 months before or 6 months after entering on to the register; or 2. If newly registered in the preceding 12 months, with no record of the diagnosis originally being confirmed by echocardiogram or specialist assessment, a record of an echocardiogram or a specialist assessment within 6 months of the date of registration.	6
HF007	The percentage of patients with a diagnosis of heart failure on the register, who have had a review in the preceding 12 months, including an assessment of functional capacity and a review of medication to ensure medicines optimisation at maximal tolerated doses	7
STIA010	The percentage of patients aged 79 years or under with a history of stroke or TIA in whom the least blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	3
STIA011	The percentage of patients aged 80 years and over with a history of stroke or TIA in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	2
AST006	The percentage of patients with a diagnosis of asthma on or from 1 April 2021 with either: 1. a record of spirometry and one other objective test (FeNO or reversibility or variability) between 3 months before or 6 months after diagnosis; or 2. If newly registered in the preceding 12 months with a diagnosis of asthma recorded on or after April 2021 but no record of objective tests being performed at the date of registration, with a record of spirometry and one other objective test (FeNO or reversibility or variability) recorded within 6 months of registration	15

Indicator ID	Indicator description	Points
AST007	The percentage of patients with asthma on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using a validated asthma control questionnaire, a recording of the number of exacerbations, an assessment of inhaler technique and a written personalised action plan	20
AST008	The percentage of patients with asthma on the register aged 19 or under, in whom there is a record of either personal smoking status or exposure to second-hand smoke in the preceding 12 months	6
COPD010	The percentage of patients with COPD on the register, who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale	9
COPD008	The percentage of patients with COPD and Medical Research Council (MRC) dyspnoea scale ≥3 at any time in the preceding 12 months, with a subsequent record of an offer of referral to a pulmonary rehabilitation programme (excluding those who have previously attended a pulmonary rehabilitation programme)	2
DEM004	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	39
DEP003	The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have been reviewed not earlier than 10 days after and not later than 56 days after the date of diagnosis	10
MH002	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate	6
MH003	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months	4
MH006	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of BMI in the preceding 12 months	4
RA002	The percentage of patients with rheumatoid arthritis, on the register, who have had a face-to-face review in the preceding 12 months	5
BP002	The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years	15
SMOK002	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months	25

Indicator ID	Indicator description	Points
SMOK004	The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months	12
SMOK005	The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months	25
	Total	**244**

Table 6: Indicators to be paid based on 2019/20 performance (with indicator dates amended as appropriate)

Indicator ID	Indicator description	Points
DM0012	The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months	4
DM014	The percentage of patients newly diagnosed with diabetes, on the register, in the preceding 1 April to 31 March who have a record of being referred to a structured education programme within 9 months after entry on to the diabetes register	11
DM019	The percentage of patients with diabetes, on the register, without moderate or severe frailty in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less	10
DM020	The percentage of patients with diabetes, on the registers, without moderate or severe frailty in whom the last IFCCHbA1c is 58 mmol/mol or less in the preceding 12 months	17
DM021	The percentage of patients with diabetes, on the register, with moderate or severe frailty in whom the last IFCC-HbA1c is 75 mmol/mol or less in the preceding 12 months	10
HYP003	The percentage of patients aged 79 years or under with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less	14
HYP007	The percentage of patients aged 80 years and over with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less	5
	Total	**71**

Table 7: Indicators awarded in full for 2021/22

Indicator ID	Indicator description	Points
QIECD005	The contractor can demonstrate continuous quality improvement activity focused upon early cancer diagnosis as specified in the QOF guidance.	27
QIECD006	The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on early cancer diagnosis as specified in the QOF guidance. This would usually include participating in a minimum of two peer review meetings	10
QILD007	The contractor can demonstrate continuous quality improvement activity focused on care of patients with a learning disability as specified in the QOF guidance	27
QILD008	The contractor has participated in network activity to regularly share and discuss learning from quality improvement activity focused on the care of patients with a learning disability as specified in the QOF guidance. This would usually include participating in a minimum of two network peer review meetings	10
	Total	**74**

Appendix 3: Existing IIF indicators paid on a performance basis 2021/22

Indicator	Thresholds	Valuation
VI-01: Percentage of patients aged 65 years or over who received a seasonal influenza vaccination between 1 September and 31 March	80% (LT), 86% (UT)	£9.0m / 40 pts
VI-02: Percentage of at-risk patients aged 18 to 64 years who received a seasonal influenza vaccination between 1 September and 31 March	57% (LT), 90% (UT)	£19.8m / 88 pts
VI-03: Percentage of patients aged two or three years on 31 August of the relevant financial year who received a seasonal influenza vaccination between 1 September and 31 March	45% (LT), 82% (UT)	£3.2m / 14 pts
ACC-01: Confirmation that all practices in the PCN have mapped all active appointment slot types to the new set of national appointment categories, and are complying with the August 2020 guidance on recording of appointments	n/a - Binary indicator	£6.1m / 27 pts

Appendix 4: Suspended IIF indicators 2021/22

Indicator	Thresholds	Valuation
HI-01: Percentage of patients on the Learning Disability register aged 14 years or over, who received an annual Learning Disability Health Check and have a completed Health Action Plan	49% (LT), 80% (UT)	£8.1m / 36 pts
HI-02: Percentage of registered patients with a recording of ethnicity	81% (LT), 95% (UT)	£10.1m / 45 pts
CVD-01: Percentage of patients aged 18 years or over, not on the QOF hypertension register as of 30 September 2021, and who have (i) a last recorded blood pressure reading in the two years prior to 1 October 2021 >= 140/90mmHg or (ii) a blood pressure reading >= 140/90mmHg on or after 1 October 2021, for whom there is evidence of clinically appropriate follow-up to confirm or exclude a diagnosis of hypertension by 31 March 2022	20% (LT), 25% (UT)	£12.0m / 53 pts
CVD-02: Percentage of registered patients on the QOF hypertension register	Increase 0.2pp (LT), Increase 0.3pp (UT)	£6.1m / 27 pts
PC-01: Percentage of registered patients referred to social prescribing	0.8% (LT), 1.2% (UT)	£4.5m / 20 pts
EHCH-01: Number of Patients recorded as living in a care home, as a percentage of care home beds eligible to receive the Network Contract DES Enhanced Health in Care Homes service	30% (LT), 85% (UT)	£4.1m / 18 pts
EHCH-02: Percentage of care home residents aged 18 years or over, who had a Personalised Care and Support Plan (PCSP) agreed or reviewed	80% (LT), 98% (UT)	£4.1m / 18 pts
EHCH-03: Percentage of permanent care home residents aged 18 years or over who received a Structured Medication Review	80% (LT), 98% (UT)	£4.1m / 18 pts
EHCH-04: Mean number of patient contacts as part of weekly care home round on or after 1 October per care home resident	3 (LT), 4 (UT)	£2.9m / 13 pts
ACC-02: Number of online consultations on or after 1 October per 1000 registered patients	130 over 6 months (5 per 1000 per week) (single threshold)	£6.1m / 27 pts
ACC-03: By 31 March 2022, analyse and discuss the implications of data on Type 1 A&E attendance rates for minor conditions with the local ICS, making a plan to reduce unnecessary attendances and admissions.	n/a Binary indicator	£12.6m / 56 pts

Indicator	Thresholds	Valuation
ACC-04: Work collaboratively with local community pharmacy colleagues to develop and commence delivery of a plan to increase referrals to the Community Pharmacist Consultation Service, with referral levels increasing by no later than 31 March 2022.	n/a Binary indicator	£12.6m / 56 pts
ACC-05: By 31 March 2022, make use of GP Patient Survey results for practices in the PCN to identify patient groups experiencing inequalities in their experience of access to general practice, and develop and implement a plan to improve access for these patient groups.	n/a Binary indicator	£12.6m / 56 pts
ES-01: Metered Dose Inhaler (MDI) prescriptions as a percentage of all non-salbutamol inhaler prescriptions issued on or after 1 October	53% (LT), 44% (UT)	£6.1m / 27 pts
ES-02: Mean carbon emissions per salbutamol inhaler prescribed on or after 1 October (kg CO2e)	22.5kg (LT), 19.4kg (UT)	£6.1m / 27 pts

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 March 2022

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	x	*Information*	x

2. PURPOSE

This report provides an update of the forecast financial position as at 31 January 2022 (Month 10).

3. REPORT OF

	Name	Designation
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer
Author	Ruth Simms	Finance Manager

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
Finance and Performance Committee	3 March 2022	Considered the financial position of the CCG including Primary Care budgets.
Governing Body	10 March 2022	Received an update on the CCGs overall financial position including Primary Care budgets.

5. EXECUTIVE SUMMARY

5.1 <u>Forecast Position 2021/22</u>

The forecast position as at month 10 reflects a £1,800k overspend, which can be broken down as follows:

- technical adjustment outstanding leading to an overspend of £1,274k against the Additional Roles Reimbursement Scheme (ARRS) where funding is being held nationally to drawdown as expenditure is incurred

	• £966k overspend against the Winter Access Funding, again funding is held nationally and expected to be received in Month 11/12 to eliminate this overspend position. • underspend against the CCG core allocation of £440k which relates in the main to the underutilisation of 2020/21 accruals. A full breakdown is included in Appendix A. The nationally held funding relating to the ARRS scheme for the CCG equates to £1,524k, however the forecast position at M10 is £1,274k, resulting in an underspend of £250k. The CCG has been working with the Primary Care Network (PCN) to maximise this funding available, however the continued impact of Covid-19 has delayed some recruitment and therefore it is highly likely this funding will be unable to be maximised as we approach the year end. The year-end financial position for 2021/22 will be presented to Committee in May 2022. 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.
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	• Note the financial position as at Month 10 • Note the level of funding being utilised against Additional Roles Reimbursement and the level of likely underspend against the national funding available.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix A – Finance Monitoring Statement for 2021/22

Agenda time allocation for report:	10 minutes

PCCC 22/03/09
PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*place ✓ beside all that apply*):

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	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*N/A*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (place ✓ beside all that are relevant):

Management of conflicts of interest (s14O)	**See 3.2**	Duties as to reducing inequalities (s14T)	**See 3.5**
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 3.3**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.4**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.4**	Public involvement and consultation (s14Z2)	**See 3.6**

2A. Links to delegated primary care commissioning functions

This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (place ✓ beside all that are relevant):

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	✓		

3.	**Governance Considerations Checklist** *(these will be especially relevant where a proposal or policy is brought for decision or approval)*
3.1	**Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***

3.2	**Management of Conflicts of Interest (s14O)**

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***

3.3	**Discharging functions effectively, efficiently, & economically (s14Q)**

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)?	***Y***

3.4	**Improving quality (s14R, s14S)**

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	**Reducing inequalities (s14T)**

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***

3.6	**Public Involvement & Consultation (s14Z2)**

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***

3.7	**Data Protection and Data Security**

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***

3.8	**Procurement considerations**	
	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***
3.9	**Human Resources**	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
3.10	**Environmental Sustainability**	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

NHS
Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 10

FOR THE PERIOD ENDING 31st January 2022

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	Forecast Outturn Variance Explanation
ENHANCED SERVICES	569,227		569,227	645,879	76,652	13.47%	Overspend over a number of areas - **Specialist Allocation Scheme** - FOT (£23k) under for 21/22 actuals lower than expected. **Minor Surgery** - overspend relating to 20/21 of £15k and (£9k) underspend for 21/22 actual activity been lower than expected. **Learning Disability** - overspend relating to 20/21 activity higher than expected £20k and FOT £74k overspend for 21/22 actuals higher than expected.
GENERAL PRACTICE - APMS	1,287,770		1,287,770	1,241,550	(46,220)	-3.59%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (January 2022). List sizes are adjusted quarterly and payments are updated accordingly. Underspend on APMS contracts (£46k), overspend on PMS contracts of £42k, and an underspend on GMS contracts of (£25k). Both FOT and actuals for 21/22 includes the impact of the national increase in the GP Contract.
GENERAL PRACTICE - GMS	12,829,258		12,829,258	12,804,183	(25,075)	-0.20%	
GENERAL PRACTICE - PMS	13,415,160		13,415,160	13,457,327	42,167	0.31%	
OTHER GP SERVICES	1,750,673	(454,355)	1,296,318	1,017,692	(278,626)	-21.49%	Underspend over a number of areas - **Prescribing & Dispensing** - overspend of £8k for 20/21 actuals lower than expectd and 21/22 FOT underspend of £8k due to actuals lower than expected. **Interpreting Services** - 21/22 overspend of £18k actuals higher than expected. **Telephone Costs** - 21/22 underspend of (£90k)due to actuals lower than expected. **Locums** - underspend of (£71k) relating to 20/21 underutilisation of accruals. Other 20/21 underutlisation of accruals of (£152k).
OTHER PREMISES	32,750		32,750	3,393	(29,357)	-89.64%	Underspend relates to underutilised accruals from 20/21 and 21 /22 actuals lower than expected
PREMISES COST REIMBURSEMENT	5,778,779	(281,620)	5,497,159	5,266,280	(230,879)	-4.20%	Underspend of (£57k) due to 20/21 underutilisation of accruals, and 21/22 underspend of (£174k) relating to actuals lower than expected for Healthcentre Rents, NDR Rates, Water Rates and Clinical Waste
QOF	3,954,746	(265,609)	3,689,137	3,900,068	210,931	5.72%	FOT overspend due to 21/22 increase in the value of QOF points
Primary Care Network DES	1,799,880	227,233	2,027,113	1,898,184	(128,929)	-6.36%	Underspend due to underutilised accruals from 20/21 of (£114k), 21/22 underspend of (£13k) on Care Homes Premium, overspend of £4k in relation to weight management, (£18k) underspend on the leadership and management and overspend on the investment and impact fund of £12k based on potential achievement
Additional Roles Reimbursement Scheme	1,912,000		1,912,000	3,186,516	1,274,516	66.66%	FOT overspend of £1,275k relates to 21/22 requirement against NHS England central funding (further allocation)
£10m Winter Access Funding		47,000	47,000	15,648	(31,352)	-66.71%	
£250m Winter Access Funding		204,000	204,000	1,170,000	966,000	473.53%	FOT overspend relates to additional central funding against the National Winter Access Funding (further allocation)
TOTAL PRIMARY MEDICAL SERVICES	**43,330,243**	**(523,351)**	**42,806,892**	**44,606,720**	**1,799,828**	367.50%	

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 March 2022

CQC REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		Approval		Assurance	X	Information	X
2.	**PURPOSE**						
	The purpose of the report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.						
3.	**REPORT OF**						

	Name	Designation
Executive Lead	Chris Edwards	Chief Officer
Authors	Terry Hague	Primary Care Transformation Manager

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
Quality and Patient Safety Committee	17/02/2022	Noted

5. EXECUTIVE SUMMARY

<u>CQC Monitoring and Inspection Programme</u>

The CQC 'paused' inspection activity, with the exception of 'risk to life' concerns, to enable delivery of the booster vaccination programme from 13 December 2021, recommencing from February. The focus going forward will include lowering the risk threshold from 'risk to life' to 'risk to harm' which means that the CQC will be inspecting services currently in breach of regulations, where they have received information of concern and where intelligence data indicates some risk. The following practices *may* be picked up within the future inspection programme.

- Woodland Drive Medical Centre - a remote inspection took place on 26 May 2021 in response to information received by the CQC. The CQC and the CCG had received an action plan to advise of steps being taken to

	meet requirements, as the inspection led to identification of a breach in regulations. • Hoyland Medical Centre - a remote inspection took place on 6 May 2021 in response to information received by the CQC. The CQC and the CCG had received an action plan to advise of steps being taken to meet requirements, as the inspection led to identification of a breach in regulations. • High Street Practice – Although rated good overall, the practice was rated as Requires Improvement in the effective domain at their inspection in October 2019 • The Kakoty Practice - Although rated good overall, the practice was rated as Requires Improvement in the effective domain at their inspection in December 2019 • Dodworth Medical Practice – the practice currently has an overall rating of 'Insufficient Evidence to rate' and in the effective, caring, and responsive domains, due to a change in the contractor. The safe and well-led domains are rated as good. The Primary Care team will continue to link in with the CQC and share updates regarding the outcome of the monitoring of Barnsley practices with the committee.
6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	1. Note the update regarding the CQC's Monitoring and Inspection Programme.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	N/A

Agenda time allocation for report:	*5* mins

PCCC 22/03/10
PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*place ✓ beside all that apply*):

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:	*Provide ref(s) or state N/A*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (place ✓ beside all that are relevant):

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**

2A. Links to delegated primary care commissioning functions

This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (place ✓ beside all that are relevant):

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	✓		

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and	***NA***

	leadership?	
	If relevant provide brief details here OR cross refer to detailed report if used	

3.2 Management of Conflicts of Interest (s14O)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.4 Improving quality (s14R, s14S)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.5 Reducing inequalities (s14T)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.6 Public Involvement & Consultation (s14Z2)

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.7 Data Protection and Data Security

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.8 Procurement considerations

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.9 Human Resources

Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***

	If relevant provide brief details here OR cross refer to detailed report if used
3.10	**Environmental Sustainability**

Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 March 2022

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*	X	*Assurance*	X	*Information*	

2. PURPOSE

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

3. REPORT OF

	Name	Designation
Executive / Clinical Lead	Chris Edwards	Chief Officer
Author	Terry Hague	Primary Care Transformation Manager

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
N/A		

5. EXECUTIVE SUMMARY

1. **<u>Contract variations</u>**

<u>Ashville Medical Centre</u>

Barnsley CCG has received an application to vary the contract of Ashville Medical Centre to add Dr Wrest as a new partner from 1 April 2022.

The practice is a PMS practice with 12,459 patients (as at January 2022) and currently has 8 contract holders.

The regulation detailed below is applied.

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

The above PMS Contract Variation requires an amendment to the PMS contracts and therefore requires PCCC member's approval. Appropriate due diligence checks have been undertaken both by NHS England colleagues and the CCG. As there would be sufficient signatories to the PMS contract it is recommended that this item be approved, and the Primary Care Team will amend the PMS contracts to vary the contract amendment accordingly.

<u>Rose Tree Practice</u>

Barnsley CCG have received 2 applications to vary the contract of Rose Tree Practice. These are as outlined below:

1. Add YMGH limited company as a new partner onto the Rose Tree Practice PMS contract from 1 April 2022.
2. Remove the current 2 contract holders - Dr Ghani and Y Akhtar Hussain *(providing the above application to add the limited company is approved)*

The practice is a PMS practice with 9,342 patients (as at January 2022) and currently has 2 contract holders.

The regulation detailed below is applied.

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

The above PMS Contract Variation requires an amendment to the PMS contracts and therefore requires PCCC member's approval. Appropriate due diligence checks have been undertaken both by NHS England colleagues and the CCG. As there would be sufficient signatories to the PMS contract it is recommended that this item be approved, and the Primary Care Team will amend the PMS contracts to vary the contract amendment accordingly.

<u>High Street Practice</u>

Barnsley CCG has received an application to vary the contract of High Street Practice in relation to the addition of Dr Khalid as a new partner

from 1 April 2022.

The practice is a GMS practice with 6,313 patients and currently has 2 contract holders, Drs Craven and Czepulkowski.

Appropriate due diligence checks have been undertaken both by NHS England colleagues and the CCG

This addition does not require an amendment to the contract due to it being a GMS contract, so this item is noted for information only.

2. Any Qualified Provider (AQP) Vasectomy Contract Termination

Barnsley CCG have received notice from St Georges Medical Practice as one of the providers of the AQP Vasectomy service to terminate their contract. As the notice period for the contract is 3 months the contract will come to an end on the 15 June 2022.

Vasectomy services for Barnsley patients are currently delivered by 2 providers, St Georges Medical Practice and Lundwood Medical Centre. The 3-year contracts were awarded for the period 1 October 2019 to 30 September 2022 following successful procurement for the service.

The Primary Care team are liaising with the procurement team to commence the procurement process for the Any Qualified Provider Contracts for a Vasectomy Service Non-Scalpel Service. It is planned to commence the procurement and contracts as soon as possible to minimise impact of the notice given by St Georges Medical Practice.

Additionally, discussions are currently taking place with Lundwood Medical Centre as the other service provider regarding capacity for increased activity to consider options to ensure a vasectomy service is available for all Barnsley patients in the interim.

The committee is asked to note that this work being completed and will be brought to a future meeting for approval of contracts to be awarded.

3. Any Qualified Provider Contracts for Community Carpal Tunnel Services including Nerve Conduction

The Primary Care team are currently looking to commence the procurement process for the Any Qualified Provider Contracts for Community Carpal Tunnel Services including Nerve Conduction as the contracts are due to cease 30 September 2022.

The committee is asked to note that this work being completed and will be brought to a future meeting for approval of contracts to be awarded.

4. **BHF SQP Data Set Review**

It was brought to the committee's attention at the August 2022 meeting that data entry and quality, timeliness of reporting and accuracy of the Service Quality Performance (SQP) report for the Barnsley Healthcare

	Federation (BHF) contracts has been discussed by the CCG's Senior Management Team. It was agreed that the most appropriate step would be to move from a full SQP report to a minimum data set to increase confidence, data quality, and assurance of the BHF contracted services. This will ensure that the key contractual reporting requirements of each contract are provided which will support future commissioning/procurement intentions, be more consistent and accurate. A full review was completed by the Primary Care team against the contractual requirements, following which the SQP was updated. The amendments included: • removal of tabs within the report which were deemed to not add value or may constitute duplication of data available elsewhere in the report but in different format, for example: o graphical representations of utilisation of the services at a practice level; o information at a daily level where this was available elsewhere in the report as a monthly statistic. The Contract Management Review Board were assured that BHF would still be drawing down data and monitoring services at a daily level to assist with planning and would bring any concerns to the contract meeting. o Submissions, for example to NHSE regarding GPFV, where the format had been streamlined for national requirements but had continued to be provided within the SQP. • Reduction in reporting regarding staffing to bring in line with contractual requirements. This had been included on a monthly basis but was only required 6 monthly. • Reduction in reporting in relation to the number of home visits (hot and cold) taking place in care homes. The report being provided included detailed as to the number per GP practice. Therefore this was reduced to inclusion of one indicator with a figure to provide the total visits. The changes were discussed and agreed at the Contract monitoring meeting held in February 2022 where an updated version of the SQP was reviewed including presentation of the November and December data. BHF colleagues confirmed that the changes had significantly improved the ease of reporting. The Contract Review Board will continue to monitor the quality of the SQP within the monthly contract meetings where this is reviewed, and services discussed.
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**

	1) Consider for approval the variations to contracts received including: a. The application to vary the contract of Ashville Medical Centre in relation to the addition of Dr Wrest as a new partner from 1 April 2022. b. The applications to vary the contract of Rose Tree Practice to: i. Add YMGH limited company as a new partner onto the Rose Tree Practice PMS contract from 1 April 2022. *ii.* Remove the current 2 contract holders - Dr Ghani and Y Akhtar Hussain *(providing the above application to add the limited company is approved)* c. Note the variation to the High Street practice to add Dr Khalid as a new partner from 1 April 2022. 2) Note the termination of the Vasectomy contract received from St Georges Medical Practice and the planned procurement, 3) Note the planned procurement of the Carpal Tunnel service. 4) Note the update for assurance of the completion of the BHF Service, Quality and Performance report data set review.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	None.

Agenda time allocation for report:	*5 minutes*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*place ✓ beside all that apply*):

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	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*Provide ref(s) or state N/A*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (place ✓ beside all that are relevant):

Management of conflicts of interest (s14O)	**See 3.2**	Duties as to reducing inequalities (s14T)	**See 3.5**
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 3.3**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.4**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.4**	Public involvement and consultation (s14Z2)	**See 3.6**

2A. Links to delegated primary care commissioning functions

This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG (place ✓ beside all that are relevant):

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			

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1	**Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.2	**Management of Conflicts of Interest (s14O)**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.3	**Discharging functions effectively, efficiently, & economically (s14Q)**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.4	**Improving quality (s14R, s14S)**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.5	**Reducing inequalities (s14T)**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.6	**Public Involvement & Consultation (s14Z2)**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.7	**Data Protection and Data Security**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.8	**Procurement considerations**

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***
If relevant provide brief details here OR cross refer to detailed report if used	

3.9	**Human Resources**

Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.10	**Environmental Sustainability**

Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 March 2022

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	✓	*Information*	

2. PURPOSE

- To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives.
- To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately.

3. REPORT OF

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

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
N/A		

5. EXECUTIVE SUMMARY

Introduction

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

Assurance Framework

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

Appendix 1 of this report provides the Committee with an extract from the GBAF of the two risks for which the Primary Care Commissioning Committee is the assurance provider. Two risks are scored as 'Amber' High Risk:

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

- Risk ref 9.1 Digital Technology - There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:
    - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust
    - Primary Care colleagues fatigued with the amount of IT work scheduled
    - Short timelines to deliver projects
    - Supplier and equipment delays
    - constructive and timely engagement by system partners to deliver a SCR by 20/21
    - system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work
    - Incomplete information available from NHS Futures regarding future work.

Risk Register

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. 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 a full risk register report associated with the Primary Care Commissioning Committee.

	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.
5.1	**Primary Care Commissioning Committee Terms of Reference** The Terms of Reference (TOR) for the Primary Care Commissioning Committee are reviewed on an annual basis. The last review took place in December 2020 with the recommended changes approved by Governing Body in January 2021. The Head of Governance & Assurance has reviewed the Terms of Reference and does not recommend any changes. The TOR are attached at Appendix 3 forCommittee's consideration.
6.	**THE COMMITTEE IS ASKED TO:**
	• Review and agree that the risks are being appropriately managed and scored • Confirm that no changes are required to the Committee's TOR
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix 1 - GBAF • Appendix 2 – Risk Register full • Appendix 3 – Terms of Reference

Agenda time allocation for report:	5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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	
3.2 Maximising Elective Activity		9.1 Digital and Technology	✓
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*ALL*

2. Links to statutory duties

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)	

3. Governance Considerations Checklist *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***

3.2 Management of Conflicts of Interest (s14O)

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***

3.3 Discharging functions effectively, efficiently, & economically (s14Q)

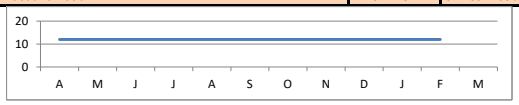
Have any financial implications been considered & discussed with the Finance Team?	***NA***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***

3.4	**Improving quality (s14R, s14S)**	
	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	**Reducing inequalities (s14T)**	
	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***
3.6	**Public Involvement & Consultation (s14Z2)**	
	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***
3.7	**Data Protection and Data Security**	
	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***
3.8	**Procurement considerations**	
	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***
3.9	**Human Resources**	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
3.10	**Environmental Sustainability**	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

17/03/2022 **NHS Barnsley CCG Governing Body Assurance Framework 2021-22**

PRIORITY AREA 2: PRIMARY CARE	Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY
Delivery of the Long Term Plan Delivery of the Primary Care Network Contract DES to support the continued development of the Primary Care Network and sustainable primary care medical services. Support the reset of core GMS/PMS/APMS contract delivery across primary care Support the embedding of new ways of working learned from the pandemic Deliver investment into Primary Care and improve health inequalities via the Practice Delivery Agreement (PDA). The PDA for 2021-22 has schemes for practice delivery that supports the NHSE/I Planning Guidance and also plans in place to support using the Covid Expansion Funds (£120m). Support practice quality improvement and CQC rating by use of the Quality Dashboard and regular meeting to support action plan delivery for those practices having domains that "require improvement" Ensure recruitment/retention/development of the clinical and non-clinical workforce Work with the PCN to maximise recruitment under the Additional Roles Reimbursement Scheme and take action to support them to meet recruitment plans Support the recruitment and retention of extra doctors working in general practice. Improve access particularly during the working week with more bookable appointments at evenings and weekends. Improve access by offering online booking, online consultation, total triage and other digital options and to focus on supporting improvements in practices with long waits for routine appointments Provide CCG support to implement the current DES Service Specifications and to support preparation for the remaining Service Specification to be delivered from Oct 2021 Meet 2021/22 trajectories set out in the Network Contract DES and support planning to achieve the KPIs. Improve infrastructure, digital capability, digital literacy and inclusion. Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews	Highest quality governance High quality health care ✓ Care closer to home ✓ Safe & sustainable local services ✓ Strong partnerships, effective use of £ ✓ **Links to NHSE/I Planning Guidance** D1 - Restoring and increasing access to primary care services	There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: - Engagement with primary care providers and workforce - Workforce and capacity shortage, recruitment and retention - Under development of opportunities of primary care at scale, including new models of care - Primary Care Network and Neighbourhoods do not mature and develop to a level that supports the integrated delivery of Primary Care at place - BHF do not develop as a strong partner to support Primary Care at Scale - Not having quality monitoring arrangements embedded in practices - Inadequate investment in primary care - Independent contractor status of General Practice - Preparations for moving to ICS as a statutory body impacts on capacity to deliver transformation

Committee Providing Assurance			PCCC	*Executive Lead*	JW / JF	*Clinical Lead*	MG
Risk rating	Likelihood	Consequence	**Total**			**Date reviewed**	**Feb-22**
Initial	3	4	12			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.	
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. ARRs roles identified in the PCN workforce plan and recruitment plans in place. Monitoring in place.	National database regularly updated to show workforce National PCN Dashboard developed and evolving CCG to monitor recruitment by PCN	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). In line with national temporary contract changes to support GP practices to prioritise vaccination the CCG PCCC agreed to pay the PDA in full for Q3 and Q4.	Ongoing
Optimum use of BEST sessions A contract is in place with BHF for the BEST programme which enables the CCG to support the programme	BEST programme and Programme co-ordination being led by BHF with input from CCG Medical Director Contract management meetings in place to assess and reporting via PCCC	Ongoing
Established a Primary care Strategy Group and delivery Group to support delivery of the primary Care Transformation programme. Development of Neighbourhood working within each of the 6 Neighbourhoods supported by the PCN and CCG. Bi-monthly PCN meetings established for all practices in the PCN. The 3 service specification from the Network Contract DES are now being undertaken by practices across each Neighbourhood. Work with the PCN to prepare for the next Service Specifications Work with the PCN regardin tackling health inequalites which have been further impacted by Covid. PCN Manager meetings set up with the CCG PC Team to support the Long Term Plan and DES delivery.	Primary Care Strategy Group working as a sub-group of PCCC Primary Care Delivery Group working to deliver the transformation programme Neighbourhood Networks have been agreed with the support of a single Primary Care Network facilitated by the GP Federation. This supports the transition and development of the PCN via the Neighbourhoods to deliver the primary care elements of the NHS Long Term Plan and Network Contract DES. 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 Community, voluntary and social care providers Personalisation/Social Prescribing - My Best Life is a successful programme supporting the people of Barnsley to work towards self care and the PCN are now delivering a young peoples Social Prescribing service. Work towards joining the services together as directed in the Network Contract DES. Collaboration to deliver primary care transformation and service delivery	Personalisation and Social Prescribing are key elements in the Long Term Plan. Care Coordiantios, Health and Wellbeing Coaches are in place to support people with self care. Primary Care Strategy Group working as a sub-group of PCCC Primary Care Delivery Group working to deliver the transformation programme	Ongoing
Engagement and consultation with Primary Care (Membership Council, Practice Managers etc.)	NHS England 360 Stakeholder Survey results shared with stakeholders and published on the CCG website. Ensuring BCCG stakeholders have a high level of satisfaction with the CCG's leadership & engagement.	Ongoing
SYB ICS has a workforce hub established, regular PC workforce meetings established which enables PC in Barnsley to collaborate with other CCGs, HEE, providers and Universities.	BCCG is represented on all workforce groups. Reporting is via PCCC for Primary care.	Ongoing

Gaps in assurance	Positive assurances received

Gaps in control	Actions being taken to address gaps in control / assurance
MAY 21 - PCN CD/Management meetings do not have regular input from CCG PC Commissioner therefore not able to support the development and maturing of the PCN nor have an effective comms route for sharing ICS/Regional and emergent information to support the Network Contract DES delivery.	The PC Team and PCN CDs 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. **PCN workforce plan completed and submitted Nov 21 in line with guidelines to maximise use of ARRS** Working closely with BHF to ensure the PCN maximise the recruitment opportunity for Barnsley. **Ongoing linked to above - recuitment to all roles currently in line with plan.** Practices encouraged to look at skill mix with innovative recruitment. 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 PC Team work closely with the PCN Managers to ensure delivery is on track. 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 with 360 to complete each plan. Requested the the CCG Medical Director be involved with the planning of the BEST sessions as per contract - **Established process in place.** 2021-22 PDA includes reference to work required for PC from the Planning Guidance.

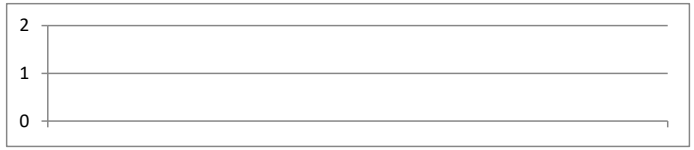
17/03/2022

NHS Barnsley CCG Governing Body Assurance Framework 2021-22

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY	*Delivery supports these CCG objectives:*		PRINCIPAL THREATS TO DELIVERY
1. Development of a system wide shared care record 2. Ensure the delivery of the GP IT Futures Model to: - Comply with mandatory core standards re: interoperability and cyber security - Ensure HSCN supports effective and fast connectivity - Support the identification of equipment that poses a threat to cyber security e.g. pre Windows 10 software - Support the implementation and roll out of the GPIT refresh of IT equipment - Support the wider use of digital technology as described within the Long Term Plan - Working closely with the SY&B digital and IT workstream to deliver the digital road map - Delivery of O365 across Barnsley - Support the transition of video and online consultation software as the Doctorlink contract ends - Support the delivery of the Digital Primary Care First projects - Support the development of the Digital Citizen project in collaboration across "place" - Support the GP practices with digitisation of the Lloyd George records when confirmed by NHSEI - Support the roll out of the corporate Wi-Fi solution - Support the resilience work at Hillder House with the servers and CCG corporate IT needs - Support the upgrade to utilise digital technology for telephony resilience across GP practices and Hillder House 3. Development of a Barnsley "place" Digital Strategy that reflects the "system" digital strategy and aligns with the emerging Eststes strategy	Highest quality governance		There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated: - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust - Primary Care colleagues fatigued with the amount of IT work scheduled - Short timelines to deliver projects - Supplier and equipment delays - constructive and timely engagement by system partners to deliver a SCR by 20/21 - system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work - Incomplete information available from NHS Futures regarding future work.
	High quality health care	✓	
	Care closer to home	✓	
	Safe & sustainable local services	✓	
	Strong partnerships, effective use of £	✓	
	Links to NHSE/I Planning Guidance		
	F3 - Develop the underpinning digital and data capability to support population-based approaches		

Committees providing assurance	**PCCC & SMT**	*Executive Lead*	**JB**	*Clinical Lead*	**JH**

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	3	4	12
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Feb-22**
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.	

Key controls to mitigate threat:	**Sources of assurance**	**Rec'd?**
Barnsley IT Strategy Group	Monthly meetings to review SCR progress and refresh Digitial 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 EOIs 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**
Gaps in control	**Actions being taken to address gaps in control / assurance**

RISK REGISTER – March 2022

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)	14	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	20	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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce e.g. due to delays in recruiting into the Additional Role Reimbursement Scheme (ARRS) roles there is a risk that: (a)Primary Medical Services for patients are inconsistent (b)The people of Barnsley will receive a poorer quality of healthcare services (c)Patients services could be further	**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 that will support the delivery of services. The Network Contract DES has several deliverables that will support existing service delivery, utilise roles under the Additional Roles Scheme, support reduction in healthcare inequalities, and that will work towards achieving sustainable service delivery in Barnsley. The Primary Care Strategy Group has a workforce	Head of Primary Care. (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	02/22	**February 2022** No further update **January 2022** Progress has been made recruiting to ARRS roles but some delays mean there remains a small underspend. PC Team continue to work with PCN team to maximise use of ARRS funding. **Dec 2021** Workforce Plan has been	03/22

			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**
		away from their home.				element included within its transformation plans and will support the Barnsley “Place” Workforce Plan. The Primary Care Strategy Group will incorporate the SYB ICS Primary Care Strategy to support consistent service delivery across the ICS reflecting the needs of Barnsley as a “place”. NHS England has published an Interim People Plan to support the workforce challenge. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students.							submitted for ARRS to fully utilise available additional roles. Good progress is being made on recruitment but there are still risks associated with turnover. The ARRS has supported increase in primary care workforce numbers and roles.	

Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
CCG 15/03		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. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	02/22	**February 2022** CCG has continues to manage contract performance through PCCC. **Nov 2021** No further update. **August 2021** TOR have been submitted for the 360 Audit. This year it is Primary Care Finances that are to be audited.	05/22
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision	2	4	**8**	SY&B have completed the procurement of a number of providers under the Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a provider on this framework.	Head of Primary Care (Primary Care Commissioning Committee)		1	4	**4**	12/21	**December 2021** APMS contract for Brierley GP practice awarded. No other issues in relation to cessation of provision.	06/22

		of services in all localities in Barnsley.				APMS Contracts allow increased diversity of provision.								**June 2021** Work commencing for the reprocurement of the APMS contract for BHF Brierley. **Jan 2021** No further updates **July 2020** The commencement of the Dynamic Purchasing System to support a more simplified approach to procurement has increased the options available to support service provision. The Emergency Framework remains in place.	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care	**2**	**3**	**6**	The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function. The CCG considered its strategic capacity & capability as part of the successful application process.	Head of Communications & Engagement (Primary Care Commissioning Committee)	Risk Assessment	1	3	**3**	10/21	**Oct 2021** Patient and public involvement exercise undertaken for the procurement of primary care services in Brierley. Approach approved by	10/22

		(including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.				The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.							overview and scrutiny with no additional requirements from Healthwatch Barnsley. **February 2020** NHS England has assessed the CCG as Green Star against the patient and community engagement indicator. **February 2019** No changes to report.	
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	**3**	**5**	**15**	CCG considered its strategic capacity & capability as part of the successful application process. The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. The CCG is undertaking a review of management capacity including delegated responsibilities.	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	**1**	**3**	**3**	07/21	**July 2021** Remains low risk with a stable workforce within the PC team to meet the delegated requirements. **July 2020** This risk was reviewed earlier in the year and remains low risk **Feb 2020** Risk reviewed at January PCCC meeting where it was agreed to reduce the likelihood score to 1 and therefore	07/22

													the overall score to 3 (low risk).	

PCCC 22/03/12.3

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

Primary Care Commissioning Committee

Terms of Reference

January 2021

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 CCG has established a Primary Care Strategic Group as a forum for partners in Barnsley to articulate the strategic direction for primary care in Barnsley in the context of national and system wide guidance and priorities. This Group will be supported by a Primary Care Forum to coordinate the operational delivery of this strategic direction. The Primary Care Strategic Group will make recommendations to the Primary Care Commissioning Committee where decisions are required to implement the strategy, and 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 the Primary Care Strategic Group about specific pieces of work which could then be refined and re submitted as appropriate. The Primary Care Strategic Group has formal Terms of Reference which are presented to Primary Care Commissioning Committee for approval.

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.

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

ANNUAL ASSURANCE REPORT 2021/22

1. INTRODUCTION

1.1 On 1 April 2015, Barnsley CCG took on delegated responsibility for exercising certain specified primary care commissioning functions from NHS England. In accordance with the guidance issued by NHS England the CCG established the Primary Care Commissioning Committee (PCCC) to act as the corporate decision making body for the delegated functions.

1.2 The key functions delegated by NHSE are:

- Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts;
- Approval of practice mergers;
- Planning primary medical care services, including carrying out needs assessments;
- Undertaking reviews of primary medical care services;
- Decisions in relation to the management of poorly performing GP practices; and
- Premises Costs Directions Functions.

In addition, PCCC has authority to take decisions where the Governing Body is unable to do so due to Conflicts of Interest.

1.3 The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2. CONDUCT OF THE COMMITTEE'S BUSINESS

2.1 In accordance with NHSE guidance the Committee is chaired by a Lay Member, has a Lay Vice Chair, and has a Lay and Executive majority. A representative from NHS England, a local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board (the Director of Public Health) are invited to attend public meetings as non-voting attendees. Three elected GP members of the CCG's Governing Body attend meetings in a non-voting capacity as clinical advisors, to ensure the unique benefits of clinical commissioning are retained.

2.2 The Terms of Reference require the Committee to meet at least quarterly. In the interest of transparency and the mitigation of conflicts of interest, meetings are held in public except where the Committee resolves to take items in private session due to considerations of confidentiality. At present the Committee meets every other month, with provision for additional extraordinary meetings when, for example, procurement decisions have been delegated to the Committee and must be taken outside the normal Committee cycle. On these occasions any decisions made are reported back to the next available public session.

2.3 During 2021/22 the Committee will have met six times. In addition, in April 2021, December 2021 and February 2022 three additional extra ordinary private PCCC meetings were held for the purpose of signing off and approving Service Models and Procurements, service improvement programmes and contract payment and monitoring proposals. Non-voting GP Clinical Advisors were not invited to these additional meetings as appropriate. All meetings were quorate. The membership and attendance of the Primary Care Commissioning Committee to date during 2020/21 is set out in the table below.

Public Primary Care Commissioning Committee

Name	Role	Meetings attended*
Voting Members		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	4/5
Nigel Bell	Lay Member for Governance	5/5
Mike Simms	Governing Body Secondary Care Clinician	5/5
Richard Walker	Head of Governance and Assurance	4/5
Chris Edwards	Chief Officer	5/5
GP Members (non-voting)		
Dr Nick Balac**	Chair of the Governing Body	4/5
Dr Madhavi Guntamukkala*	Medical Director	4/5
Dr Mark Smith	Elected Governing Body Member	3/5

*Final meeting not yet held so attendance not included

Private Primary Care Commissioning Committee

Name	Role	Meetings attended*
Voting Members		
Chris Millington (Chair)	Lay Member for PPE and Primary Care Commissioning	7/8
Nigel Bell	Lay Member for Governance	8/8
Mike Simms	Governing Body Secondary Clinician	8/8
Richard Walker	Head of Assurance and Governance	7/8
Chris Edwards	Accountable Officer	8/8
GP Members (non-voting)		

Dr Nick Balac	Chair of the Governing Body	6/8
Dr Madhavi Guntamukkala	Medical Director	6/8
Dr Mark Smith	Elected Governing Body Member	6/8

*Final meeting not yet held so attendance not included

2.4 The Chair of the Committee presents a highlights report to the Governing Body summarising the key business and drawing attention to items requiring escalation. In addition, the public minutes of the PCCC are available via the CCG's website. This Annual Assurance Report will also be taken to the Audit Committee and Governing Body.

2.5 The Committee's Terms of Reference were initially approved in April 2015 at the inaugural meeting of the PCCC. The Terms of Reference closely follow the template within NHS England's guidance for CCG's taking on delegated responsibilities and were approved by the Governing Body, Membership Council and NHS England.

2.7 In accordance with CCG policy, Committee Terms of Reference are reviewed on an annual basis. The Terms of Reference of the Primary Care Commissioning Committee were reviewed for discussion in January 2021 with the next review included in the March 2022 Governance report and are deemed to remain fit for purpose.

3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

3.1 The PCCC has the skills and competencies necessary to discharge its functions. For example:

- The Chair has attended training in the management of Conflicts of Interest in relation to the delegated functions provided by NHS England, and all Governing Body members receive regular Conflicts of Interest training

- The Committee's membership includes three elected GP Members from the Governing Body to provide local clinical insight and expertise in an advisory capacity

- Meetings are attended by a range of experts who provide advice and support to the members, including primary care commissioning leads from NHS England, and staff from the CCG's Finance and Primary Care teams.

3.2 All CCG Committees include an item at the end of their agenda for reflection on the conduct of the meeting and identification of any training needs etc. These reflections indicate that members of the Primary Care Commissioning Committee are satisfied with the way the business of the meetings is conducted.

3.3 NHSE's internal audit framework for primary care mandates local auditors to undertake a cyclical programme of reviews to provide assurance to NHS England that the CCG is carrying out its functions in accordance with the delegation agreement. The internal audit focus for 2021/22 was whether a

robust, efficient, and effective control environment is in place in relation to primary care finance. The audit opinion given was Full Assurance, with the auditors providing full assurance that the controls in place adequately address the risks to the successful achievement of objectives; and controls tested operate effectively.

4. ACHIEVEMENTS IN THE YEAR

4.1 Highlights of the PCCC's work during 2021/22 include:

- Oversaw the development of Primary Care services including:
  - Primary Care Network plans and workforce plans
  - Strategy and transformational plan development to deliver an integrated Primary Care Delivery Model.
  - work commenced for the 6 face survey to feed into the estate strategy.
  - GP IT workstreams
- Maintained oversight and decisions made in relation to commissioning, procurement and management of Primary Medical Services Contracts including Out of Hours, Extended Access and Home Visiting services; Intermediate Care, in-hours medical cover; online consultation; procurement of a GP contract due to end; and variations to GP contract holders.
- Sought assurance of the quality and monitoring of services delivered including monitoring of CQC's inspection programme, GP Patient Survey outcome report analysis; EDeclaration submissions and compliance; and the service improvement programmes including the Practice Delivery agreement and Population Health Management PROTECT
- Maintained oversight of the primary care budget including:
  - additional funding streams for example through the national Covid expansion and Winter Access funds; and SYB Primary Care Capital Programme
  - changes to rent reimbursement for example due to applications from practices to sale and leaseback premises.

5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

5.1 The Committee has a work plan which is kept under regular review and which ensures key areas of responsibility are addressed through the Committee's agendas. The table below summarises how the PCCC has discharged its key responsibilities as set out in its Terms of Reference:

Responsibility	How discharged
Decisions in relation to Management of GMS, PMS and APMS contracts including:	
The design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)	The Committee receives contractual issues report at every meeting which includes decisions in relation to breach notices etc. where required
Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced	No decisions in relation to enhanced services have been required in 2021-22

Services")	
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	No such local incentive scheme as an alternative to QOF have been designed in 2021/22
Making decisions on 'discretionary' payment (e.g., returner/retainer schemes)	No decisions relating to discretionary payments have been required in 2021/22.
Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:	
The establishment of new GP practices in an area or the closure of GP Practices	No new GP Practices have been established in the area in 2020/21.
Approving practice mergers	A practice merger proposal was received and approved in principle in 2021/22 to be considered for final approval at a future meeting on completion of patient engagement and consultation; and the Equality Impact Assessment.
Managing GP Practices providing inadequate standards of patient care	A Primary Care Quality Dashboard is monitored by the Quality and Patient Safety Committee with information on quality issues being shared with this Committee
Procurement of new PMS contracts	During 2021-22 a GP APMS contract came to an end. A successful procurement was completed to ensure ongoing services following an options appraisal and approval at PCCC.
Dispersing lists of GP Practices	There has not been any requirement to disperse a practice list within 2021/22.
Variations to the boundaries of GP Practices	Requests to vary boundaries would be raised through the contractual issues report – there have been no boundary changes requested for approval in 2020/21
List cleansing in relation to GP Practices	No such requests have come to the Committee during 2021/22
Other responsibilities	
To plan, including needs assessment, primary medical care services in Barnsley; and to undertake reviews of primary medical care services in Barnsley	Strategy and transformational plans for work to deliver an integrated Primary Care Delivery Model have been reviewed for approval.
To co-ordinate a common approach to the commissioning of primary care services generally	PCCC has adopted clear guidelines for issues such as premises reimbursement and closed list applications, to ensure fair and consistent approach across Barnsley. The Committee follows the NHS England Policy and Guidance Manual in all decision making

To manage the delegated allocation for commissioning of primary medical care services in Barnsley	PCCC has a standing agenda item providing a report setting out the financial position of delegated primary care budgets
To obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley	Issues pertaining to quality in primary medical services are reported to Governing Body via the QPSC
Review relevant extracts from GBAF and corporate risk register	Standing agenda item at every meeting
Take procurement decisions delegated by Governing Body to facilitate the management of conflicts of interest	The PCCC has approved the extension to the covid home visiting service, the extension to the GP Extended Access / Out of Hours / Home Visiting contracts, and the Acorn Unite Medical Oversight contract award.

6. ASSURANCE AND RISK MANAGEMENT

6.1 In common with all committees of the CCG the PCCC 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.

Governing Body Assurance Framework (GBAF)

6.2 Following a refresh of the GBAF in 2021/22 two GBAF risks have been allocated to the PCCC for oversight, as follows:

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care providers and workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care
    - Primary Care Networks do not embed and support delivery of Primary Care at place
    - Not having quality monitoring arrangements embedded in practice
    - Inadequate investment in primary care
    - Independent contractor status of General Practice
- Risk ref 9.1 Digital Technology - There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:
    - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust
    - Primary Care colleagues fatigued with the amount of IT work scheduled
    - Short timelines to deliver projects
    - Supplier and equipment delays

- Constructive and timely engagement by system partners to deliver a SCR by 20/21
- System wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work
- Incomplete information available from NHS Futures regarding future work.

6.3 Both risks were rated as 12 (amber – high) at the start of the year and have been subject to discussion and review at every meeting. To date the Committee has not made a recommendation to the Governing Body to amend the scoring of these risks.

Corporate Risk Register

6.4 The PCCC began the year with five risks on its risk register, Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks.

There remain five risks on the register allocated to PCCC, of which one is judged to be red (extreme) and which has therefore been escalated as 'gaps in control or assurance' on the GBAF.

6.5 There is currently one remaining red ('extreme') risk on the PCCC risk register as follows:

Risk	Mitigation
16/10: If the Barnsley area is not able to attract & retain a suitable & sufficient primary care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients' services could be further away from their home.	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles that will support the delivery of services. The Network Contract DES has several deliverables that will support existing service delivery, utilise roles under the Additional Roles Scheme, support reduction in healthcare inequalities, and that will work towards achieving sustainable service delivery in Barnsley. The Primary Care Strategy Group has a workforce element included within its transformation plans and will support the Barnsley "Place" Workforce Plan. The Primary Care Strategy Group will incorporate the SYB ICS Primary Care Strategy to support consistent service delivery across the ICS reflecting the needs of Barnsley as a "place". NHS England has published an Interim People

	Plan to support the workforce challenge. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students.

7. CONCLUSION

7.1 This report has demonstrated how, during 2021/22, the PCCC has continued to function as an effective Committee capable of performing the CCG's responsibilities for commissioning primary medical services.

7.3 As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

Report of: Chris Millington, Governing Body Lay Member for Patient and Public Involvement