

**The Primary Care Commissioning Committee will be held on  
Thursday 29 March 2018 at 3.00 – 4.00 pm in the Boardroom  
Hildder House, 49-51 Gawber Road, Barnsley, S75 2PY**

## PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	3:00pm
2.	Quoracy	Note	Chris Millington	
3.	Declarations of Interest relevant to the agenda	Note	<b>PCCC/18/03/03</b> Chris Millington	3:05pm 5 mins
4.	Questions from the public relevant to the agenda	Note	Chris Millington	3:10pm 5 mins
5.	Minutes of the meeting held on 25 January 2018	Approve	<b>PCCC/18/03/05</b> Chris Millington	3:15pm 5 mins
6.	Matters Arising Report	Note	<b>PCCC/18/03/06</b> Chris Millington	3:20pm 5 mins
<b>Strategy, Planning, Needs Assessment and Co-ordination of Primary Care</b>				
7.	No items			
<b>Quality and Finance</b>				
8.	Finance Update	Note	<b>PCCC/18/03/08</b> Ruth Simms	3:25pm 5 mins
<b>Contract Management</b>				
9.	Contractual Issues	Assurance & Information	<b>PCCC/18/01/09</b> Catherine Wormstone	3:30pm 10 mins
<b>Governance, Risk and Assurance</b>				
10.	Risk and Governance Report	Assurance	<b>PCCC/18/01/10</b> Richard Walker	3:40pm 10 mins
<b>Reflection on conduct of the meeting</b>				
11.	<ul style="list-style-type: none"> <li>Conduct of meetings</li> <li>Any areas for additional assurance</li> <li>Any training needs identified</li> </ul>	Note	<b>Verbal</b> Chris Millington	3:50pm
<b>Other</b>				
12.	Any other business	Note	<b>Verbal</b> All	3:50pm 5 mins
13.	Items for escalating to the Governing Body Assurance Report	Note	<b>Verbal</b> Richard Walker	3:55pm 5 mins

Item	Session	Committee Requested to	Enclosure Lead	Time
14.	<b>Date and time of the next scheduled meeting:</b> Thursday 28 June 2018 2017 at 2:30 – 3:30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	<b>Verbal</b> Chris Millington	4:00pm <b>Close</b>

#### **Exclusion of the Public:**

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

***“That representatives of the press and other members of the public be excluded from the remainder of this meeting due to the confidential nature of the business to be transacted - publicity on which would be prejudicial to the public interest”***

**Section 1 (2) Public Bodies (Admission to meetings) Act 1960**

# PRIMARY CARE COMMISSIONING COMMITTEE

29 March 2018

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

### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																	
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>										
<b>2.</b>	<b>REPORT OF</b>																	
		<i>Name</i>	<i>Designation</i>															
	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance															
	<i>Author</i>	Alison Edwards	Governance, Risk & Assurance Facilitator															
<b>3.</b>	<b>EXECUTIVE SUMMARY</b>																	
<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>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;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>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;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>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;</td> </tr> <tr> <td>Indirect interests</td> <td>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.</td> </tr> </tbody> </table>									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.
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	<p>Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
<b>4.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.</li> </ul>
<b>5.</b>	<b>APPENDICES</b>
	<ul style="list-style-type: none"> <li>Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report</li> </ul>

<b>Agenda time allocation for report:</b>	<i>5 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION**

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

### NHS Barnsley Clinical Commissioning Group Register of Interests

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

#### Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> <li>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract</li> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• Member Medical Protection Society</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
Nigel Bell	Lay Member for Governance	<ul style="list-style-type: none"> <li>• Lay Advisor at Greater Huddersfield CCG</li> <li>• Ad hoc provision of Business Advice through Gordons LLP</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Mehrban Ghani	Medical Director	<ul style="list-style-type: none"> <li>• GP Partner at The Rose Tree Practice trading as the White Rose Medical Practice, Cudworth, Barnsley</li> <li>• GP Appraiser for NHS England</li> <li>• Directorship at SAAG Ltd, 15 Newham Road, Rotherham</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
Madhavi Guntamukkala	GP Governing Body Member	<ul style="list-style-type: none"> <li>• GP partner at The Grove Medical Practice</li> <li>• Husband is a partner at The Grove Medical Practice and Lakeside Surgery</li> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>
Chris Millington	Lay Member	<ul style="list-style-type: none"> <li>• Partner Governor Barnsley Hospital NHS Foundation Trust</li> </ul>
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> <li>• Clinical Advisor for Alliance Health Group</li> </ul>
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> <li>• Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS.</li> <li>• Deputy Lead South Yorkshire and Bassetlaw Accountable Care System</li> </ul>
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> <li>• Volunteer Governor / Board Member, Northern College</li> <li>• Volunteer Trustee / Board Member for Steps (community care provider for early years / nursery)</li> <li>• Interim contract supporting NHS England in patient choice work (ceased July 2017)</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>Interim Health Improvement Specialist for Wakefield Council</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	<ul style="list-style-type: none"> <li>Nil</li> </ul>
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> <li>NIL</li> </ul>
Jamie Wike	Head of Planning, Delivery and Performance	<ul style="list-style-type: none"> <li>NIL</li> </ul>
Catherine Wormstone	Primary Care Senior Commissioning and Contracting Manager	<ul style="list-style-type: none"> <li>NIL</li> </ul>



**Minutes of the Primary Care Commissioning Committee meeting  
 held in public on Thursday 25 January 2018 at 3.30pm in the Boardroom  
 Hilder House, 49–51 Gawber Road S75 2PY**

**MEMBERS PRESENT:**

Nigel Bell	Lay Member for Governance	CCG
Lesley Smith	Chief Officer	CCG
Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning	CCG
Sarah Tyler	Lay Member for Accountable Care	CCG
Richard Walker	Head of Governance and Assurance	CCG

**CLINICAL ADVISERS PRESENT:**

Dr Nick Balac	Chairman	CCG
Dr Mehrban Ghani	Medical Director	CCG
Dr Madhavi Guntamukkala	Governing Body Member	CCG

**IN ATTENDANCE:**

Carrie Abbott	Service Director	BMBC
Rachel Barraclough	Primary Care Contracts Support Officer	CCG
Jackie Holdich	Head of Delivery	CCG
Ruth Simms	Assistant Finance Manager	CCG
Catherine Wormstone	Senior Primary Care Commissioning Manager	CCG

**APOLOGIES:**

Paul Barringer	Primary Care Manager	NHSE
Julia Burrows	Director of Public Health	BMBC
Victoria Lindon	Area Team Manager	NHSE
Roxanna Naylor	Acting Chief Finance Officer	CCG
Mike Simms	Secondary Care Clinician	

**MEMBERS OF THE PUBLIC:**

David Brannan	Governor	BHNFT
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Agenda Item	Note	Action	Deadline
<b>PCCC 18/01/01</b>	<b>APOLOGIES</b>		
	Apologies were noted as above.		
<b>PCCC 18/01/02</b>	<b>QUORACY</b>		
	It was advised that the Committee was quorate.		
<b>PCCC 18/01/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The Committee noted the Declarations of Interest Report.		

Agenda Item	Note	Action	Deadline
	In addition Dr Guntamukkala declared an interest with regard to Item 9. This was due to one of her Practice's surgeries being in the vicinity of the proposed relocation site for Cope Street Surgery. It was decided that as Dr Guntamukkala was not a voting member of the Committee she would remain present for the discussion in order to provide her local, clinical expertise to the discussion.		
<b>PCCC 18/01/04</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b>		
	There was one member of the public present however no questions were raised.		
<b>PCCC 18/01/05</b>	<b>MINUTES OF THE LAST MEETING</b>		
	The minutes of the meeting held on 21 December 2017 were approved as an accurate record.		
<b>PCCC 18/01/06</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Committee noted the Matters Arising Report and agreed to remove the item marked as complete.</p> <p>In relation to reference <b>PCCC 17/0911b</b> - the Senior Primary Care Commissioning Manager advised that a full breakdown of the differences between PMS and GMS contracts being drafted for Committee members was in progress and would be covered at a development session in February 2018. This would also include any financial implications.</p>		
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 18/01/07</b>	<b>Winter Pressures</b> It was noted this was not on the Agenda to discuss however the Senior Primary Care Commissioning Manager wanted to inform Committee Members that Barnsley Healthcare Federation (BHF) had delivered a temporary third hub for extended access in Primary Care (i-Heart) over the Christmas holiday period. BHF had received approximately 7200 telephone calls in through the i-Heart service which was a massive increase on the figures provided by Care UK for December 2016. Demand was very high and BHF has struggled with the telephone calls. BHF have looked into capacity and peak times.		

Agenda Item	Note	Action	Deadline
	The Chief Officer highlighted that at the A&E Delivery Board it had been noted that there was a new primary care streaming service adjacent to Emergency Dept (ED) in BHNFT that was integrating really well with hospital A&E staff and both teams were providing mutual support to each other.		
<b>QUALITY AND FINANCE</b>			
<b>PCCC 18/01/08</b>	It was noted there were no items on the Agenda to discuss under this heading.		
<b>CONTRACT MANAGEMENT</b>			
<b>PCCC 18/01/09</b>	<b>CONTRACTUAL ISSUES – PREMISES RELOCATION (BRANCH CLOSURE) REQUEST – COPE STREET SURGERY</b>		
	<p>It was noted that the relocation of Park Grove Surgery to Burleigh Street had already been approved by the Committee in August 2015. However since that decision was made Park Grove Surgery and Cope Street Surgery had merged practices. The ask of the Committee today was to consider the branch closure of Cope Street Surgery and subsequent relocation to Burleigh Street.</p> <p>The Senior Primary Care Commissioning Manager presented her paper and pointed out that it was important to note that there were no boundary changes. The reason to relocate Cope Street Surgery was that currently the practice premises was an old house and the move to a purpose built property would be a beneficial move for patients.</p> <p>It was noted that the CCG have to take into account the GP Forward View. The Senior Primary Care Commissioning Manager asked Committee Members to focus on the level of patient engagement the practice has carried between October and December 2017. The practice Patient Reference Group (PRG) was hugely supportive of the move and there had been 60 responses received (70%) in favour of the move.</p> <p>The Senior Primary Care Commissioning Manager pointed out there was an estimated increase in costs that ranged from £36,500 to £160K per annum however the void capacity in the new build would not</p>		

Agenda Item	Note	Action	Deadline
	<p>be charged to the CCG. The Head of Governance and Assurance queried whether the £160K figure was net after taking account of reduced spend on the existing premises. It was confirmed that the figure was net.</p> <p>The Lay Member for Accountable Care queried how the square footage of the new build had been factored in to take account for two practices. In response the Senior Primary Care Commissioning Manager highlighted there was an extra 200m<sup>2</sup> that would be used for Cope Street Surgery. The Lay member for Governance queried how the funding was netted off.</p> <p>The Head of Delivery pointed out that current space had to be utilised. All avenues had been pursued however both practices were not located near any LIFT buildings therefore the move to locate would be supported however there would be consequences to the Primary Care Budget.</p> <p>It was highlighted by the Medical Director that both the Park Grove and Cope Street premises were both old houses over 4 floors, which was not ideal for patients. Also the CCG Chair added that Cope Street Surgery was currently located in a deprived area and therefore patients and staff needed to be supported.</p> <p>The Chief Officer was clear that the CCG had not got any headroom within its delegated primary care allocation and it therefore needed to be recognised that approval of this request would lead to a financial pressure which would have to be offset against other CCG budgets.</p> <p><b><u>POST MEETING NOTE</u></b></p> <p>On review the estimated overall revenue consequence was now reduced from an initial estimate of £160k to £146,097.86. They were still estimates and a more accurate picture would be known nearer the time.</p>		
	<p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the update on the request made by Park Grove Surgery to relocate both sites (Park Grove and Cope Street) into the planned new build at Burleigh Street,</b></li> </ul>		

Agenda Item	Note	Action	Deadline
	<p><b>Barnsley.</b></p> <ul style="list-style-type: none"> <li>• <b>Approved the relocation of Cope Street Surgery into the planned new build at Burleigh Street, Barnsley in autumn 2018</b></li> <li>• <b>Noted the 8 weeks Engagement Activity to support the relocation of Cope Street Surgery</b></li> <li>• <b>Approved the additional increase in recurrent revenue consequence for premises and IT reimbursement</b></li> </ul>		
<b>PCCC 18/01/10</b>	<b>PROCUREMENT ISSUES - AQP CONTRACTS UPDATE</b>		
	<p>The CCG Chairman, Dr Balac declared an interest in this item as his practice provides vasectomy services under the AQP contract at Roundhouse Medical Centre. It was decided Dr Balac would remain in the meeting as this was purely an update relating to a process which was now complete.</p> <p>The Head of Governance and Assurance informed Committee Members that the following updates were the outcome of 3 processes that had already been completed.</p> <p>The process to re-open the AQP contracts mid-way through the contract term had been carried out however there had been no other bidders to provide:</p> <ul style="list-style-type: none"> <li>• Primary Care Vasectomy Service (non-scalpel)</li> <li>• Carpal Tunnel with Nerve Conduction Studies (NCS)</li> </ul> <p>A procurement for a Community MSK Triage Service had been carried out with the contract being awarded to South West Yorkshire Partnership NHS Trust (SWYPFT).</p> <p>A procurement for a new adult Integrated Diabetes Service; Community Specialist Nurse and Outpatient Provision had been carried out with the contract being awarded to Barnsley Hospital NHS Foundation Trust (BHNFT) in partnership with Barnsley Healthcare Federation (BHF).</p> <p>It was highlighted by the Medical Director that the previous service model for MSK had not been delivering and the CCG would need to be on top of monitoring the contract to ensure that all KPI's were</p>		

Agenda Item	Note	Action	Deadline
	met by the provider.		
	<b>The Committee:</b> <ul style="list-style-type: none"> <li><b>Noted the contents of the report and the conclusion of the three procurement processes</b></li> </ul>		
<b>GOVERNANCE, RISK AND ASSURANCE</b>			
<b>PCCC 18/01/11</b>	<b>RISK AND GOVERNANCE REPORT</b>		
	<p>The Head of Governance and Assurance informed committee members there was one change following on from the December meeting in relation to risk 14/10 Primary Care Capacity. The narrative to the risk has been re worded by the Head of Governance and Assurance and the Senior Primary Care Commissioning Manager to reflect the entire primary care workforce rather than just the number of GPs. However there was no recommendation to change the risk score. The Head of Governance and Assurance asked committee members if they were happy with the revised wording. The Head of Delivery was happy with the wording today and added that information from NHSE regarding GP International Recruitment Programme was now available.</p> <p><b>Risk 15/14(b) 0-19 pathway</b> The Chief Officer raised concerns regarding risk reference 15/14(b) in respect of the 0-19 pathway. It was noted meetings had taken place with Dr Mark Smith, Marie Hoyle and the Lead Commissioners. Also this has been discussed at the Primary Care Commissioning Committee in December 2017 and in Primary Care Work Stream. The CCG Chair asked for a report to be brought to Governing Body in March.</p> <p><b><u>Agreed Action</u></b> The Head of Governance and Assurance to ask Dr Mark Smith to produce a report in relation to the 0-19 pathway risk.</p> <p>The Chief Officer asked if the Service Director from BMBC could provide Primary Care Commissioning Committee with greater clarity around the Health Checks, Weight Management and Smoking</p>	<b>RW</b>	<b>March 2018</b>

Agenda Item	Note	Action	Deadline
	<p>Cessation services and how they impact upon Primary Care. This was in the light of a recent reprocurement of the Health Checks service and the potential reduction in resources for the other services.</p> <p>The Service Director from BMBC informed committee members that the Smoking Cessation Service would remain the same and will continue to develop. Resources for Weight Management will reduce overtime.</p> <p>The new contract for Health Checks would start on 1 April 2018. The Chief Officer queried how this service would operate in practice and interface with Primary Care and how, for example would the service provider obtain information on Barnsley patients.</p> <p>The Chief Officer added that engagement of all parties involved was needed to provide clarity, and practices needed to understand timescales.</p> <p>The Senior Primary Care Commissioning Manager highlighted that Health Checks has been discussed at Practice Managers meetings in which practices had raised concerns about practicalities and cost.</p> <p>The BMBC Service Director confirmed that the contract to provide Health Checks had been awarded to a company called Hallcross Medical Services who were located in Doncaster. The Local Medical Council (LMC) were also aware of this. The Chief Officer stressed that this needed to be communicated as soon as possible and queried what patient and public engagement had taken place in respect of procurement of the service. Concerns were raised by the Medical Director that there was a danger that patients would end up not having health checks which would be a significant risk.</p> <p>The Lay Member for Accountable Care queried why had the service been recommissioned without the CCG knowing?</p> <p>It was noted that the Local Authority commissioned the service for Health Checks. It was stressed by the Chief Officer that the CCG had not received any communications regarding how the service would be</p>		



Agenda Item	Note	Action	Deadline
	<p>implemented in GP practices.</p> <p>The BMBC Service Director pointed out that the service model had been put forward by the bidder. It was noted that practices had been delivering Health Checks for years and have staff in place to provide the service.</p>		
	<p><b>Subject to the action agreed above, the Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible and:</b> <ul style="list-style-type: none"> <li>➤ <b>Agreed the risks identified were appropriately described and scored</b></li> <li>➤ <b>Identified no other risks which needed to be included on the Risk Register.</b></li> <li>➤ <b>Approved the proposed wording changes to Risk 14/10</b></li> </ul> </li> </ul>		
<b>OTHER</b>			
<b>PCCC 18/01/12</b>	<b>ANY OTHER BUSINESS</b>		
	<p><b><u>Barnburgh Surgery</u></b></p> <p>The Senior Primary Care Commissioning Manager informed committee members that the sole GP at Barnburgh Surgery has given notice to terminate her contract to Doncaster CCG. There are currently 2900 patients registered at this practice. A procurement exercise was launched on 12 January 2018 to try and find a GP to take over this contract. It was expected that the outcome of any bidders would be known by 9 February 2018. In the event that Doncaster CCG were unable to find an alternative provider there would be a 2 stepped approach, firstly the CCG would support patients to find an alternative GP and secondly patients would be dispersed to neighbouring practices within a 5 mile radius, this could affect the following practices:</p> <ul style="list-style-type: none"> <li>• Dearne Valley Group Practice</li> <li>• Goldthorpe Medical Centre</li> <li>• Hollygreen Practice</li> <li>• Lakeside Surgery</li> </ul> <p>The above practices have been notified by letter and have been asked to confirm their level of capacity and number of patients that they could comfortably</p>		



Agenda Item	Note	Action	Deadline
	<p>register on mass.</p> <p>It was noted that Healthwatch were not at the meeting. It was confirmed by the Head of Governance &amp; Assurance that Healthwatch has a standing invitation to attend public meetings of the Primary Care Commissioning Committee. The Chair agreed to follow this up.</p>		
<b>PCCC 18/01/13</b>	<b>ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT</b>		
	It was noted that committee members had no items for escalating to Governing Body.		
<b>PCCC 18/01/14</b>	<b>REFLECTION OF CONDUCT OF THE MEETING</b>		
	It was noted that committee members agreed the conduct of the meeting had gone well. The Chair thanked the Senior Primary Care Commissioning Manager and the Head of Delivery for all the work involved regarding the Cope Street Surgery branch relocation.		
<b>PCCC 18/01/15</b>	<b>DATE AND TIME OF THE NEXT SCHEDULED MEETING</b>		
	Thursday 29 March 2018 at 2.30 – 3.30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.		

## MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

29 March 2018

PUBLIC

### 1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **25 January 2018**

Minute ref	Issue	Action	Action/Outcome
<b>PCCC 18/01/11</b>	<b>RISK AND GOVERNANCE REPORT</b> <b>Risk 15/14(b) 0-19 pathway</b> The Chief Officer raised concerns regarding risk reference 15/14(b) in respect of the 0-19 pathway. It was noted meetings had taken place with Dr Mark Smith, Marie Hoyle and the Lead Commissioners. Also this has been discussed at the Primary Care Commissioning Committee in December 2017 and in Primary Care Work Stream. The CCG Chair asked for a report to be brought to Governing Body in March. The Head of Governance & Assurance to ask Dr Mark Smith to produce a report in relation to the 0-19 pathway risk.	<b>RW March 2018</b>	<b>COMPLETE</b> The report went to Governing Body in March 2018 as requested.
<b>PCCC 18/01/12</b>	<b>ANY OTHER BUSINESS</b> It was noted that Healthwatch were not at the meeting. It was confirmed by the Head of Governance & Assurance that Healthwatch has a standing invitation to attend public meetings of the Primary Care Commissioning Committee. The Chair agreed to follow this up.	<b>CM</b>	<b>COMPLETE</b> Meeting dates have been sent to Sue Womack Manager at Healthwatch Barnsley

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

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

*Table 2*

Minute ref	Issue	Action	Action/Outcome
<b>PCCC 17/09/11b</b>	A full breakdown of the differences between PMS and GMS contracts to be drafted for Members.	<b>CW</b>	<b>In Progress</b>

## PRIMARY CARE COMMISSIONING COMMITTEE

29 March 2018

### FINANCE UPDATE

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<b>2.</b>	<b>REPORT OF</b>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 35%; text-align: left;"><i>Name</i></th> <th style="width: 35%; text-align: left;"><i>Designation</i></th> </tr> </thead> <tbody> <tr> <td><i>Executive Lead</i></td> <td>Roxanna Naylor</td> <td>Acting Chief Finance Officer</td> </tr> <tr> <td><i>Author</i></td> <td>Roxanna Naylor</td> <td>Acting Chief Finance Officer</td> </tr> </tbody> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Roxanna Naylor	Acting Chief Finance Officer	<i>Author</i>	Roxanna Naylor	Acting Chief Finance Officer
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	Roxanna Naylor	Acting Chief Finance Officer								
<i>Author</i>	Roxanna Naylor	Acting Chief Finance Officer								
<b>3.</b>	<b>EXECUTIVE SUMMARY</b>									
	<p>This report provides an update on the financial position for delegated Primary Care Commissioning budgets as at 31 January 2018 (Month 10).</p> <p>The forecast outturn position as at Month 10 is an underspend of £55k. Movements from budget that are reported in Appendix A.</p> <p>Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.</p> <p>National allocations for Online Consultations £65k and Lease Incentives £51k funding have been released to CCGs in Month 11.</p> <p>Accountable Care System funding is also included on Appendix A, this has been received in Month 11. This includes:</p> <ul style="list-style-type: none"> <li>£200k non recurrently for development of Primary Care at scale and</li> <li>£259k non recurrently relating to the £1 per head of population for development of localities (neighbourhoods).</li> </ul>									
<b>4.</b>	<b>THE COMMITTEE IS ASKED TO:</b>									
	<ul style="list-style-type: none"> <li>Note the contents of the report</li> </ul>									
<b>5.</b>	<b>APPENDICES</b>									
	<ul style="list-style-type: none"> <li>Appendix A – Finance Monitoring Statement</li> </ul>									

**Agenda time allocation for report:**

**10 minutes.**

**PART 1B – SUPPORTING INFORMATION**

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

**NHS BARNSELY CLINICAL COMMISSIONING GROUP**

**Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 10  
FOR THE PERIOD ENDING 31st January 2018**

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			Forecast Outturn Variance Explanation
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	
ENHANCED SERVICES	750,284	-	750,284	657,041	(93,243)	-12.43%	Enhanced Services underspend relates to 16/17 under utilisation of accruals
GENERAL PRACTICE - APMS	1,170,124	-	1,170,124	1,175,392	5,268	0.45%	Primary Care Co Commissioning forecast for GMS, APMS and PMS contracts are based on up to date list sizes (April 2017). List sizes are adjusted for Quarterly and payments are updated in line with this, percentage increase in list sizes built into forecast.
GENERAL PRACTICE - GMS	10,317,661	-	10,317,661	10,336,704	19,043	0.18%	
GENERAL PRACTICE - PMS	12,353,503	-	12,353,503	12,286,393	(67,110)	-0.54%	Underspend due to movement in Prescribing & Dispensing charges, this is down to seasonal variation. Still an overspend for Locum and Sickness claims but the underpend offsets this.
OTHER GP SERVICES	1,630,064	-	1,630,064	1,609,655	(20,409)	-1.25%	Primary Care Co-Commissioning QIPP.
OTHER GP SERVICES CONTINGENCY/QIPP	(285,881)	-	(285,881)	-	285,881	-100.00%	
OTHER PREMISES	369,589	-	369,589	236,164	(133,425)	-36.10%	Underspend due to underutilisation of 2016/17 accruals of £15k. Releasing of accrual for Capital Investment and Valuation and Office fees for £118k.
PREMISES COST REIMBURSEMENT	5,005,113	-	5,005,113	4,678,445	(326,668)	-6.53%	Premises costs reimbursements are underspending due to GL Hearn Rates review, up to date Rent reviews on premises & 16/17 under utilisation of accruals.
QOF	3,397,997	-	3,397,997	3,673,383	275,386	8.10%	£62k cost pressure from 16/17 actuals & forecast £213k overspend on 2017/18 based on 16/17 achievement.
<b>TOTAL PRIMARY MEDICAL SERVICES</b>	<b>34,708,454</b>	<b>-</b>	<b>34,708,454</b>	<b>34,653,177</b>	<b>(55,276)</b>	<b>-0.16%</b>	

## PRIMARY CARE COMMISSIONING COMMITTEE

29 March 2018

### CONTRACTUAL ISSUES REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>							
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>
<b>2.</b>	<b>REPORT OF</b>							
		<i>Name</i>	<i>Designation</i>					
	<i>Executive Lead</i>	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)					
	<i>Author</i>	Catherine Wormstone	Senior Primary Care Commissioning Manager					
<b>3.</b>	<b>EXECUTIVE SUMMARY</b>							
	<p>The purpose of this report is to provide members with an overview of the current Contractual issues for Barnsley GP Practices and where relevant, seek a decision on any contractual changes required.</p> <p><b>3.1 Barnburgh Contract</b></p> <p>A GP Practice on the border of Barnsley and Doncaster has recently been procured by Doncaster CCG after the GP there (Dr Karen Wagstaff) gave notice to terminate her contract with the NHS on 8 May 2018. Doncaster CCG has now confirmed that a new contract has been awarded in its entirety and therefore there will be no requirement to disperse the list.</p> <p>As previously reported to Primary Care Commissioning Committee, a number of Barnsley practices border this area and approximately 500 patients could potentially have required assistance to register with a new GP. Awarding a single contract should not now impact the Barnsley practices. A press release is due imminently to announce the successful provider and once this has happened, Barnsley practices will be informed of the outcome.</p> <p><b>3.2 National Contract Agreement 2018/19</b></p> <p>Contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) have reached</p>							

agreement on amendments that will apply to GP contracts in England in 2018/19.

The contract for 2018/19 will see an investment of £256 million, which is an overall increase of 3.4 per cent.

The changes include:

- an investment of £60 million to cover GP indemnity costs for 2017/18
- an uplift to allow an increase to the Item of Service (IoS) fee for certain vaccination and immunisations (V&I) from £9.80 to £10.06, in line with consumer price index inflation
- an uplift of £22 million to allow a change in the value of a Quality and Outcomes Framework (QOF) point as a result of a Contractor Population Index (CPI) adjustment
- a non-recurrent investment of £10 million to recognise additional workload associated with the implementation of e-Referral contractual requirements.

The investment will also provide a one per cent uplift to pay and a three per cent uplift to expenses in line with consumer price index inflation. A further uplift may be made following the Government's response to any recommendations by the Review Body on Doctors' and Dentists' remuneration (DDRB). The DDRB recommendation is expected in May 2018.

There are further key changes relating to use of the Electronic Prescription Service (EPS) and NHS e-Referral Service (e-RS), as well as contractual changes around advertising, violent patients, patient access to online services and out of hours services.

The NHS Employers contract website [www.nhsemployers.org/gms201819](http://www.nhsemployers.org/gms201819) provides details of the agreement and NHS England's dedicated GP contracts page will be updated throughout the process as some changes will be introduced in October 18.

Further guidance is anticipated before the 1 April 18 and a further update will be prepared for the Committee at that point.

### **3.3 South Yorkshire and Bassetlaw – Emergency APMS Procurement Process**

Following publication of the NHS England Primary Care Policy and Guidance Manual last year and ahead of a national process to secure GP contracts under emergency procurement rules (expected in the Summer of 2018), South Yorkshire and Bassetlaw CCGs have developed an interim approach to procure a standard emergency APMS primary care contract.

This has been led by Doncaster CCG at considerable pace. This process will see the inclusion of a number of providers (e.g. practices or Federations) on a framework so that in the unlikely eventuality of an urgent need to secure a provider to deliver services to a whole practice population in Barnsley, this framework should speed up the process and assure the quality of service.



Interested parties must register and apply using the eProcurement tool [www.nhssourcing.co.uk](http://www.nhssourcing.co.uk). The closing date for submission of bids is 12 noon on the 16th April 2018. Barnsley is LOT 2

An update on the outcome of the process will be presented to the next Primary Care Commissioning Committee.

### **3.4 Premises Development – Burleigh Street Medical Centre**

Following approval of the relocation of Cope Street branch surgery (and previously Park Grove Surgery) to the new build at Burleigh Street Medical Centre, a number of meetings have taken place to progress the relocation. The District Valuer has been contacted to make an assessment on the full occupation of the building. In addition, discussions have taken place to determine costs and requirements around IT and a further meeting has been scheduled to ensure that patient engagement remains at the forefront of the process.

### **3.5 Estates and Technology Transformation Fund**

The Committee will recollect that there were a number of successful schemes submitted to the NHS England Estates and Technology Transformation Fund (ETTF). Two of these premises schemes are now in the process of developing full Project Initiation Documents (PIDs). These are for an extension to premises at Brampton and the development of a 3<sup>rd</sup> hub for iHeart Extended Access services. The PIDs are being developed with support from Auburn Ainsley and should be complete by the end of March 2018.

NHS Barnsley CCG has been notified of approval for a technology scheme to support mobile working for GP practices. This successful PID set out the benefits for clinicians, practice staff and patients of having devices to allow full record access through agile working (for example visits within care homes). The CCG is now working with EMBED as IT delivery partners and practices to determine what combination of devices will have the most beneficial impact for Barnsley practices. A draft timeline has been prepared which will see procurement and roll out complete by the end of June 2018.

### **3.5 Lease Incentive Scheme – Support for Premises Costs**

In line with the General Practice Forward View, NHS England is providing financial support to GP practices who are tenants of [Community Health Partnerships](#) (CHP) or tenants of [NHS Property Services](#), if practices enter into a new lease by 31/03/2018 (extended from 30/11/17). NHS England has agreed to:

- Reimburse Stamp Duty Land Tax for the initial term (up to 15 years).
- Contribute up to £1,000 plus VAT of legal fees related to the lease transaction.
- Reimburse management fees for the financial year 2016-2017 and 2017-2018.

To make a claim for any of these incentives practices had to complete an application form directly to NHS England. Two practices within NHS Barnsley CCG have successfully accessed funding through this route and have re-

	<p>negotiated leases in the specified timescale.</p> <p><b>3.6 Easter Bank Holiday Arrangements</b></p> <p>As part of preparations to ensure appropriate delivery of services across the Easter Bank Holiday period, practices have been contacted to confirm their arrangements for delivery of the Extended Hours DES (pre-bookable appointments outside of core contract hours 8:00am to 6:30pm).</p> <p>In addition, extra capacity has been commissioned from Barnsley Healthcare Federation who will be offering additional extended hours appointments between Friday 29 March and Friday 6 April 2018.</p>
<b>4.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	a) Note the contents of the contractual issues report for March 2018
<b>5.</b>	<b>APPENDICES</b>
	None

<b>Agenda time allocation for report:</b>	<b>10 mins</b>
-------------------------------------------	----------------

**PART 1B – SUPPORTING INFORMATION**

<b>1.</b>	<b>Links to the Governing Body Assurance Framework</b>	<b>Risk ref(s)</b>
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
<b>2.</b>	<b>Links to CCG's Corporate Objectives</b>	<b>Y/N</b>
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
<b>3.</b>	<b>Governance Arrangements Checklist</b>	
<b>3.1</b>	<b>Financial Implications</b>	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
<b>3.2</b>	<b>Consultation and Engagement</b>	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
<b>3.3</b>	<b>Equality and Diversity</b>	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
<b>3.4</b>	<b>Information Governance</b>	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
<b>3.5</b>	<b>Environmental Sustainability</b>	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
<b>3.6</b>	<b>Human Resources</b>	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

# PRIVATE - PRIMARY CARE COMMISSIONING COMMITTEE

29 MARCH 2018

## RISK AND GOVERNANCE REPORT

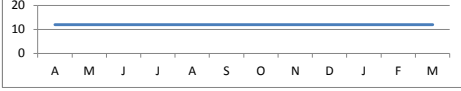
### PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input type="checkbox"/>	<i>Assurance</i>
		<input checked="" type="checkbox"/>	<i>Information</i>
		<input type="checkbox"/>	
2.	<b>REPORT OF</b>		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance
	<i>Author</i>	Alison Edwards	Governance, Risk and Assurance Facilitator
3.	<b>EXECUTIVE SUMMARY</b>		
	<p><b>Introduction</b></p> <p>In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.</p> <p><b>Assurance Framework</b></p> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. 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 &amp; Governance Exception Report.</p> <p>Appendix 1 of this report provides the Committee with an extract from the GBAF of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.</p> <ul style="list-style-type: none"> <li>• 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: <ul style="list-style-type: none"> <li>○ Engagement with primary care workforce</li> <li>○ Workforce and capacity shortage, recruitment and retention</li> <li>○ Under development of opportunities of primary care at scale, including new models of care</li> <li>○ Not having quality monitoring arrangements embedded in practice</li> <li>○ Inadequate investment in primary care</li> <li>○ Independent contractor status of General Practice.</li> </ul> </li> </ul>		

	<p><b>Risk Register</b></p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.</p> <p>The full risk register is submitted to the Committee on a six monthly basis and the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 2 of this report which provides the Committee with an extract of all the risks associated with the Primary Care Commissioning Committee.</p> <p>There are currently eight risks on the Corporate Risk Register allocated to the PCCC which the Committee is responsible for managing. Of the eight risks, there are three red (extreme) rated risks, one amber risk (high), three yellow risks (moderate) and one green (low) risk.</p> <p>Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.</p> <p><i>Additions / Removals</i></p> <p>There has been one risk added to the Risk Register since the previous meeting of the Primary Care Commissioning Committee.</p> <ul style="list-style-type: none"> <li>• Risk Ref CCG 18/01 - If the BMBC commissioned Health Checks service experiences a decline in uptake among eligible Barnsley residents (eg due to local GP Practices being unwilling or unable to support the operating model) there is a risk that the number of undetected or untreated long term conditions will increase with negative consequences for priority areas eg CVD and mental health; increased health inequalities, and poorer health outcomes.</li> </ul> <p>There have been no risks removed from the Risk Register since the previous meeting of the Primary Care Commissioning Committee.</p>
<b>4.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible</li> <li>• Review the Risk Register attached and: <ul style="list-style-type: none"> <li>○ Consider whether all risks identified are appropriately described and scored</li> <li>○ Consider whether there are other risks which need to be included on the Risk Register.</li> </ul> </li> </ul>
<b>5.</b>	<b>APPENDICES</b>
	<ul style="list-style-type: none"> <li>• Appendix 1 – GBAF Extract risk 2.1</li> <li>• Appendix 2 – Risk Register (full extract)</li> </ul>

**PART 1B – SUPPORTING INFORMATION**

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

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY			
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to:				Highest quality governance		There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:			
a) deliver investment into Primary Care				High quality health care	✓	• Engagement with primary care workforce			
b) improve Infrastructure				Care closer to home	✓	• Workforce and capacity shortage, recruitment and retention			
c) ensure recruitment/retention/development of workforce				Safe & sustainable local services	✓	• Under development of opportunities of primary care at scale, including new models of care			
d) Address workload issues using 10 high impact actions				Strong partnerships, effective use of £	✓	• Not having quality monitoring arrangements embedded in practice			
e) Improve access particularly during the working week, more bookable appointments at evening and weekends.				Links to SYB STP MOU		• Inadequate investment in primary care			
				8.3. General Practice and primary care		• Independent contractor status of General Practice.			
Committee Providing Assurance			PCCC	Executive Lead		JH	Clinical Lead	NB	
Risk rating	Likelihood	Consequence	Total					Date reviewed	Mar-18
Initial	3	4	12						
Current	3	4	12						
Appetite	3	4	12						
Approach	TOLERATE								
Key controls to mitigate threat:				Sources of assurance				Rec'd?	
1. Incentivise practices to complete HEE Workforce Analysis tool				31/33 practices submitted baseline information for 30 June 2017 with the same number completing again in September 17. The workforce data has been presented to September BEST meeting supported by Mark Purvis from HEE. Awaiting figures from second workforce return 30/9/17. All practices have submitted their workforce data via the HEE Tool. This continues to be incentivised through the PDA.				Ongoing	
2. Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area.				Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC)				Ongoing	
3. Optimum use of BEST sessions				BEST programme and Programme co-ordination				Ongoing	
4. Development of locality working				6 localities established. A GP Clinical Leads and PM lead allocated to each locality. A series of locality meetings held August, October and December 2017. Large locality event on 14 February 2018 to develop locality based plans and identify areas for development.				Ongoing	
5. BHF - Existence of strong federation supports Primary Care at Scale				BHF contract monitoring, oversight by PCCC				Ongoing	
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)				Monitored through PDA Contract monitoring of the My Best Life Service				Ongoing	
7. Programme Management Approach of GPFV & Forward View Next steps				Reported to GB in November 2017. GPFV assurance returns submitted bi-monthly to NHSE				Ongoing	
8. Care Navigation roll out - First Port of Call Plus				BHF contract monitoring, oversight by PCCC, also included in GPFV assurance returns				Ongoing	
9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc)				NHS England 360 Stakeholder Survey results reported to Governing Body. 16/17 results reported to Membership Council Spring 2017.				Ongoing	
Gaps in assurance				Positive assurances received					
None identified									
Gaps in control				Actions being taken to address gaps in control / assurance					
RR 15/14(b): In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity				Feb 2018 - progress report requested and risk will be considered again at PCCC/GB. November 2017 - A meeting held with CCG representatives and representatives from Public Health actions to initiate future cohesive working between the 0-19 Service and primary care. An Action Plan from BMBC received on 25 October 2017 details the progress. The Action Plan will be shared with the Primary Care Workstream (PCWS) for them to consider whether the actions mitigate the risks recorded in the CCG's Risk Register .					
RR 14/10: If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc 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.				Feb 2018 BCCG has a baseline of the Primary Care workforce following the 30 June 2017 submission for baseline data via the HEE Tool. Data presented at BEST event in September. The CCG and BHF will then work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Actively exploring option of international recruitment with 16 practices expressing an interest. BHF looking to host a number of these GPs if the initiative goes forward. Practices encouraged to look at skill mix with innovative recruitment.					
Primary and Community Workforce Shortages to deliver out of hospital strategy				SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.					

## RISK REGISTER – March 2018

### 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)	8	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	16	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	5	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	<b>Total = Likelihood x Consequence</b>				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/14(b)	4	In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	16	As for risk 15/14(a)  Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time.  A Governing Body Development Session on 27 April 2017 with service leads agreed to establish a co-production Group with CCG involvement to work on service model	MG  (Primary Care Commissioning Committee)	Governing Body	4	4	16	03/18	<b>March 2018</b> Reviewed at Governing Body, although Action Plan complete agreed review in 3/12  <b>9 February 2018</b> No further update to report <b>January 2018</b> A further meeting is planned with Public Health representatives to track progress following which a progress report will be prepared for consideration	06/18



			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
						The Practice Managers Group are being regularly updated with the 0-19 pathway							<p>by GB in March 2018.</p> <p><b>December 2017</b> Meeting held recently with Public Health and progress is being made. The risk to be discussed at Primary Care Committee meeting.</p> <p><b>November 2017</b> A meeting has been held with CCG representatives and representatives from Public Health which identified actions to initiate future cohesive working between the 0-19 Service and primary care. An Action Plan from BMBC was received on 25 October 2017</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													detailing the progress. BMBC have been asked to firm up next two meeting dates. The Action Plan will now be shared with the Primary Care Workstream (PCWS) for them to consider whether the actions mitigate the risks recorded in the CCG's Risk Register.	
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of	3	3	9	NHS England's Primary Care Strategy includes a section on workforce planning  The CCG's Primary Care Development Programme has a workforce workstream and Primary Care workforce Strategy is in development.  Links have been developed with the Medical School to enhance attractiveness of Barnsley to students	MG  (Primary Care Commissioning Committee)	Governing Body	4	4	16	03/18	<b>March 2018</b> No change to report  <b>9 February 2018</b> No update to report  <b>January 2018</b> The PCCC agreed the new wording at the meeting on 24 January 2018	04/18

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		<p>Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>				<p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The successful PMCF (now known as GP Access Fund) has enabled additional capacity to be made available outside normal hours via the iHeart Barnsley Hubs. BHF is also actively developing physicians associates roles.</p> <p>The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley.</p> <p>The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p>							<p><b>December 2017</b></p> <p>The risk has been amended slightly to recognize the importance of considering primary care capacity in its broader sense. The Primary Care Quality improvement Tool will facilitate a robust baseline assessment and the risk score will be revisited in the light of this before the end of 2017/18.</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
						GP Forward View includes a section on workforce, with additional funding being made available to support Primary Care sustainability.								
CCG 18/01 Added March 18	5	If the BMBC commissioned Health Checks service experiences a decline in uptake among eligible Barnsley residents (eg due to local GP Practices being unwilling or unable to support the operating model) there is a risk that the number of undetected or untreated long term conditions will increase with negative consequences for priority areas eg CVD and mental health; increased health inequalities, and poorer health outcomes.	4	4	16	Concerns regarding the proposed operating model have been raised with the Commissioner (BMBC by the CCG, local Practice Managers, and via the LMC.  A response to these concerns is currently awaited.  BMBC has been asked to complete and share with the CCG a Privacy Impact Assessment to ensure any issues with respect to information sharing have been identified and mitigated.	JH  Primary Care Commissioning Committee	Risk Assessment	4	4	16	02/18	<b>Feb 2018</b> Risk considered and scored by PCCC. Will be taken to Gb for approval in March 18.	03/18
CCG 15/03		If the CCG does not effectively discharge	3	4	12	The CCG has access to existing primary care	JH	Risk Assessment	2	4	8	03/18	<b>March 2018</b> The CCG is	06/18

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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
		its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.				<p>commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture &amp; approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>	(Primary Care Commissioning Committee)						<p>effectively managing its delegated responsibility. This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE.</p> <p><b>January 2018</b> The CCG is effectively managing its delegated responsibility. This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE.</p> <p><b>September 2017</b> The CCG is currently managing its delegated responsibility for contract</p>	

			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
													performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team  <b>May 2017</b> The CCG is currently managing its delegated responsibility for contract performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team.	
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	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	JH  (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	03/18	<b>March 2018</b> Primary Care team in place and working effectively  <b>January 2018</b> Primary Care	09/18

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		delegated statutory duties, for instance in relation to quality, financial resources and public participation.				<p>within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>							<p>team in place and working effectively</p> <p><b>June 2017</b> The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.</p> <p><b>May 2017</b> The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.</p>	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully	3	3	9	Standards of Business Conduct Policy and	RW	Risk Assessment	2	3	6	03/18	<b>March 2018</b> Annual internal	09/18

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			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		transparent way with the statutory Conflicts of Interest guidance issued in June 2016 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.				<p>Procurement Policy updated.</p> <p>Registers of Interests extended to incorporate relevant GP practice staff .</p> <p>Declarations of interest tabled at start of every meeting to enable updating.</p> <p>Minutes clearly record how any declared conflicts have been managed.</p> <p>PCCC has Lay Chair and Lay &amp; Exec majority, and GP members are non voting.</p> <p>Register of Procurement decisions established to record how any conflicts have been managed.</p> <p>Guidance provided to minute takers on recording decisions re managing conflicts of interest.</p>	(Primary Care Commissioning Committee)						<p>audit review of conflicts of interest provided significant assurance and raised just 3 low risk actions which are currently being addressed.</p> <p><b>January 2018</b> Unchanged since the last update</p> <p><b>December 2017</b> CCG continues to comply. So FBC Policy has been updated again to reflect minor changes to the statutory guidance. Arrangements for managing conflicts in procurement clarified and strengthened through GB agreeing a 'decision tree' in November 2017.</p>	



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													<p>PCCC ToR now specify that the Committee will be the decision making body where GB cannot take decisions due to conflicts.</p> <p><b>June 2017</b> Third lay member now in post and attending meetings of PCCC.</p> <p><b>March 2017</b> Third Lay now recruited and will commence on 1.4.17. Internal Audit has found CCG fully or partially compliant across all areas.</p>	
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	2	4	8	<p>Impact could be mitigated by local provision e.g. BHF</p> <p>APMS Contracts allow increased diversity of provision.</p>	<p>JH</p> <p>(Primary Care Commissioning</p>		1	4	4	03/18	<p><b>March 2018</b> – position remains as below</p> <p><b>January 2018</b> The risk remains</p>	09/18

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		appropriate provision of services in all localities in Barnsley.					Committee)						in place. CCG would follow NHSE Policy and Guidance Manual to secure emergency provision  <b>May 2017</b> Individual contracts are monitored through the Primary Care Commissioning Committee's Contractual Issues Report	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could	2	3	6	The CCG has a well-established and effective PPE function, as well as robust governance supporting the function.  The existing primary care commissioning resource and expertise within the Area Team can be accessed by the CCG.  The CCG considered its strategic capacity & capability as part of the successful application process.	(KW) JR  (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	03/18	<b>March 2018</b> No changes to report  <b>February 2018</b> NHS England has assessed the CCG as Good against the new patient and community engagement indicator  <b>October 2016</b> – general update to	03/19

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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
		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.							mitigation and treatment  <b>August 2016</b> The CCG continues to hold practice engagement events with practices the last one being at the end of June  <b>June 2016</b> Estates issues resolved, the CCG held a practice Engagement event scheduled for 30 <sup>th</sup> June 2016	