NHS
Barnsley
Clinical Commissioning Group

The Primary Care Commissioning Committee will be held on Thursday 28 June 2018 at 2.30 – 3.30pm in the Boardroom Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	3:00pm
2.	Quoracy	Note	Chris Millington	3.00pm 5 mins
3.	Declarations of Interest relevant to the agenda	Note	**PCCC/18/06/03** Chris Millington	3:05pm 5 mins
4.	Minutes of the meeting held on 29 March 2018	Approve	**PCCC/18/06/04** Chris Millington	3:10pm 5 mins
5.	Matters Arising Report • Minute Item 18.01.11 & 18.03.05 – Health Checks, Weight Management & Smoking Cessation services	Note	**PCCC/18/06/05** Chris Millington	3:15pm 5 mins
	Strategy, Planning, Needs Assessment and Co-ordination of Primary Care			
6.	GP Forward View 2017/18 Update	Assurance & Information	**PCCC/18/06/06** Jackie Holdich	3.20pm 5 mins
	Quality and Finance			
7.	Finance Update	Note	**PCCC/18/06/07** Ruth Simms	3:25pm 5 mins
	Contract Management			
8.	Contractual Issues • SYB Emergency APMS Procurement Process – Framework for Emergency Contractors for Primary Care Medical Services – *final framework* • PDA 2017/18 Year End Achievement • PDA 2018/19	Assurance & Information	**PCCC/18/06/08** Jackie Holdich	3:30pm 5 mins
	Governance, Risk and Assurance			
9.	Risk and Governance Report	Assurance	**PCCC/18/06/9** Lesley Smith	3:35pm 5 mins
10.	Annual Co-Commissioning Report	Assurance & Information	**PCCC/18/06/10** Jackie Holdich	3.40pm 5 mins

Item	Session	Committee Requested to	Enclosure Lead	Time
	Reflection on conduct of the meeting			
11.	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chris Millington	3:45pm 5 mins
	Other			
12.	Questions from the public relevant to the agenda	Note	**Verbal** Chris Millington	3.50pm 5 mins
13.	Any other business	Note	**Verbal** All	3:55pm 5 mins
14.	Items for escalating to the Governing Body Assurance Report	Note	**Verbal** Lesley Smith	4.00pm
15.	**Date and time of the next scheduled meeting:** Thursday 27 September 2018 2017 at 2:30 – 3:30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	**Verbal** Chris Millington	4:00pm **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

28 June 2018

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	X	*Information*	

2. REPORT OF

	Name	*Designation*
Executive Lead	Richard Walker	Head of Governance and Assurance
Author	Alison Edwards	Governance, Risk & Assurance Facilitator

3. EXECUTIVE SUMMARY

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

The table below details what interests must be declared:

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

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

Agenda time allocation for report:	*5 minutes.*

PART 1B – SUPPORTING INFORMATION

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

NHS Barnsley Clinical Commissioning Group

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• Partner at St Georges Medical Practice (PMS) • 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 Advisor at Greater Huddersfield CCG • Ad hoc provision of Business Advice through Gordons LLP

Name	Current position (s) held in the CCG	Declared Interest
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust
Mike Simms	Secondary Care Clinician	• Clinical Advisor for Alliance Health Group
Lesley Smith	Governing Body Member	• 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. • Member of the Regional Leadership Council (RLC), Yorkshire and Humber Leadership Academy, Health Education England • Chair, South Yorkshire Cancer Alliance Board • System Reform Lead SYB, Integrated Care System • Chair, Working Together, Programme Executive Group
Sarah Tyler	Lay Member for Accountable Care	• Volunteer Governor / Board Member, Northern College • Volunteer Trustee / Board Member for Steps (community care provider for early years / nursery) • Interim contract supporting NHS England in patient choice work (ceased July 2017) • Interim Health Improvement Specialist for Wakefield Council

Name	Current position (s) held in the CCG	Declared Interest
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	• Nil
Richard Walker	Head of Governance & Assurance	• NIL
Jamie Wike	Head of Planning, Delivery and Performance	• NIL

NHS Barnsley Clinical Commissioning Group

Minutes of the PUBLIC Primary Care Commissioning Committee meeting on Thursday 29 March 2018 at 3.00pm in the Boardroom Hillder House, 49–51 Gawber Road S75 2PY

MEMBERS PRESENT:

Nigel Bell	Lay Member for Governance	CCG
Chris Millington (*Chair*)	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
Mike Simms	Secondary Care Clinician	CCG

CLINICAL ADVISERS PRESENT:

IN ATTENDANCE:

Angela Musgrave	Executive Personal Assistant	CCG
Jackie Holdich	Head of Delivery	CCG
Ruth Simms	Assistant Finance Manager	CCG
Catherine Wormstone	Senior Primary Care Commissioning Manager	CCG
Roxanna Naylor	Acting Chief Finance Officer	CCG
Victoria Lindon	Senior Primary Care Manager	NHSE

APOLOGIES:

Paul Barringer	Primary Care Manager	NHSE
Julia Burrows	Director of Public Health	BMBC
Lesley Smith	Chief Officer	CCG
Dr Nick Balac	Chairman	CCG
Dr Mehrban Ghani	Medical Director	CCG
Dr Madhavi Guntamukkala	Governing Body Member	CCG
Carrie Abbott	Service Director	BMBC

MEMBERS OF THE PUBLIC:

Philip Watson Member Patient Council

Agenda Item	Note	Action	Deadline
PCCC 18/03/01	**APOLOGIES**		
	Apologies were noted as above.		
PCCC 18/03/02	**QUORACY**		
	It was noted that the Committee was quorate, although it was acknowledged that there were no clinical representatives present at the meeting.		

Agenda Item	Note	Action	Deadline
PCCC 18/03/03	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	There were no declarations of interest relevant to the agenda.		
PCCC 18/03/04	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**		
	There was one member of the public present who queried whether Primary Eye Care was an agenda item. It was noted that Primary Eye Care was not on the meeting agenda.		
PCCC 18/03/05	**MINUTES OF THE LAST MEETING**		
	It was noted that Victoria Lindon's job title was incorrect and should read 'Senior Primary Care Manager'. **Action: Angela Musgrave to amend the minutes to reflect Victoria Lindon's correct job title.** <u>Minute Item 18.01.11 – Health Checks, Weight Management & Smoking Cessation services</u> The CCG had recently received an email from Julia Burrows, Director of Public Health, which included proposed amendments to minute item 18.01.11 of the public PCCC meeting held on 25 January 2018. Following a discussion the view of the Committee was that the proposed changes could not be made to the minutes without the opportunity to discuss these with BMBC. It was therefore agreed to adopt the minutes 'as is' and to add a post meeting note and a matter arising to prompt a discussion of the proposed changes at the next Public PCCC meeting in June which would allow Julia Burrows and Carrie Abbott to raise any issues they had with the minutes and have any clarifications recorded in the June minutes. **Action: Meeting administrator to add Minute Item 18.01.11 – Health Checks to the Matters Arising report for the Public PCCC meeting in June.** **Action: Richard Walker to email Julia Burrows and Carrie Abbot advising that the Committee did**	**AM** **AM** **RW**	

Agenda Item	Note	Action	Deadline
	not feel able to reflect the proposed amendments to minute item 18.01.11 without the opportunity to discuss these further. The item would therefore be discussed under matters arising at the next Public PCCC meeting.		
PCCC 18/03/06	**MATTERS ARISING REPORT**		
	The Committee noted the Matters Arising Report and agreed to remove the items marked as complete. In relation to reference **PCCC 17/0911b** it was agreed to include the differences between PMS and GMS contracts including any financial implications on the next PCCC Public meeting in June.	**AM**	
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 18/03/07	It was noted that there were no items on the agenda to discuss under this heading.		
QUALITY AND FINANCE			
PCCC 18/03/08	**FINANCE UPDATE** The Acting Chief Finance Officer presented the Finance Update report on the financial position for delegated Primary Care Commissioning budgets. It was noted that the forecast outturn position as at 31 January 2018 (month 10) was an underspend of £55k. National allocations for online consultations £65k and lease incentives £51k funding had been released to CCGs in month 11. It was also reported that Accountable Care System funding had been received in month 11 which included: • £290k non recurrently for development of Primary Care at scale and • £259k non recurrently relating to the £1 per head of population for development of neighbourhoods.		

Agenda Item	Note	Action	Deadline
	The Committee noted the contents of the report.		
CONTRACT MANAGEMENT			
PCCC 18/03/09	**CONTRACTUAL ISSUES REPORT**		
	The Senior Primary Care Commissioning Manager presented the Contractual Issues Report. **<u>Barnburgh Contract</u>** Following the procurement of a GP Practice by Doncaster CCG which was on the border of Barnsley and Doncaster, Doncaster CCG had now confirmed that a new contract had been awarded in its entirety. There would therefore be no requirement to disperse the list of the practice which would alleviate the need for approximately 500 patients to register with a new GP practice, which would have had a significant impact on neighbouring Barnsley practices. A press release was circulated on Monday, 26 March confirming who had been awarded the successful contract which had also been sent out to all Barnsley GP practices.		
	<u>National Contract Agreement 2018/19</u> Contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) had reached agreement on amendments which would apply to GP contracts in England in 2018/19. The contract for 2018/19 would see an investment of £256m which was an overall increase of 3.4%. The investment would also provide 1% uplift to pay and 3% uplift to expenses in line with inflation. A further uplift may be made in response to recommendations made by the Review Body on Doctors' and Dentists' remuneration (DDRB) which was expected in May 2018. NHS England would be undertaking a review of Primary Care premises which would look at things like where there was a single GP left holding the lease in a practice but also the item trailed in GP4V regarding removing the 66% cap on premises reimbursements had now been lifted and would now be 100%.		

Agenda Item	Note	Action	Deadline
	An additional update report would be provided for the Governing Body and PCCC once further guidance had been received. It was noted that financial implications of the Guidance would be provided within the finance budget report presented at the Governing Body meeting in April.	**CW** **RN**	
	South Yorkshire & Bassetlaw – Emergency APMS Procurement Process South Yorkshire & Bassetlaw CCGs had developed an interim approach to procure a standard emergency APMS primary care contract which had been led by Doncaster CCG. The process would see a number of primary care providers added onto a framework so that in the unlikely event of an emergency the service would aid the route to securing a provider with the ability to deliver services to a whole practice population. Barnsley would therefore have access to this service until a national process was agreed. An update on the outcome of the process would be presented to the next Public Primary Care Commissioning Committee. Victoria Lindon confirmed that NHSE were also working on a framework of this type which it was anticipated would be in place by summer 2018.	**CW**	
	Premises Development – Burleigh Street Medical Centre Following the approval of the relocation of Cope Street branch surgery (and previously Park Grove Surgery) the Committee were informed that the new premises would be named Burleigh Street Medical Centre. It was reported that work on the new build was progressing well. Meetings had taken place with the GP to discuss IT requirements and to ensure sure patient communication lines were open and continued to be fully met.		

Agenda Item	Note	Action	Deadline
	Estates & Technology Transformation Fund Following the successful submission of a number of schemes submitted to the NHS England Estates & Technology Transformation Fund (ETTF), progress had been made on three of the bids. • Mobile Working bid would enable the use of technology and mobile devices to allow GPs carrying out home visits and care home visits to have full access to patient records. It was anticipated that with the support of EMBED this scheme would be rolled out by the end of June. • Two premises development schemes were now at PID stage and would be uploaded within the next couple of weeks.		
	Lease Incentive Scheme – Support for Premises Costs In line with the General Practice Forward View, NHS England would be providing financial support to GP practices who were tenants of Community Health Partnerships (CHP) or NHS Property Services to help with stamp duty and legal fees if they entered into a new lease by 31 March 2018. The Committee were informed that two Barnsley GP practices had been successful at accessing this fund.		
	Easter Bank Holiday Arrangements Barnsley GP practices had been contacted to ensure they had communicated with patients to advise of practice opening hours over the Easter period. In addition, extra capacity had been commissioned from Barnsley Healthcare Federation who would be offering additional extended hours appointments between Friday, 30 March and Friday, 6 April 2018. The above information was also available on the CCGs website.		

Agenda Item	Note	Action	Deadline
GOVERNANCE, RISK AND ASSURANCE			
PCCC 18/03/10	**RISK AND GOVERNANCE REPORT**		
	The Head of Governance and Assurance presented the Risk and Governance Report to the Committee. The Assurance & Risk Register continued to be reviewed and updated through normal processes however there were a couple of changes to bring to the attention of the Committee. Following discussions at the last PCCC meeting and at the last Governing Body meeting a new risk relating to the Health Check service had been added to the Corporate Risk Register which the Governing Body had scored at 16. This risk would continue to be reported to Governing Body meetings until the risk had reduced. The Committee were informed that commissioning clinical associates to provide Health Checks was an ongoing process however, the Council had advised the CCG that the service would commence on 1 April 2018. It was also noted that the CCG Chairman would be providing an update on Health Checks at the Governing Body meeting on 12 April although if the Committee wanted to bring this matter back to a future meeting a colleague from Public Health would be invited to attend the meeting to explain the issues. A second risk was the 0-19 service which had been discussed at previous PCCC and Governing Body meetings. The Governing Body recognised that a reasonable degree of progress had been made against the 0-19 action plan which had been put in place by the service provider; however they did not feel confidently assured to reduce the score and would monitor and observe the service for a further three months. Following this update a concern was raised that although the actual risk was monitored on the risk register the register did not capture work being undertaken to reduce the risk.		

Agenda Item	Note	Action	Deadline
	The meeting was informed that should the PCCC require update reports relating to items on the risk register these could be requested. **Actions: Officers to ensure that updates to the Risk Register provide sufficient detail regarding progress and actions taken.**	**RW**	**26.4.18**
OTHER			
PCCC 18/03/11	**REFLECTION OF CONDUCT OF THE MEETING** It was noted that Committee members agreed the conduct of the meeting had gone well. Following the concern raised by a member of the Committee regarding the fact that the risk register did not capture the full detail of work being undertaken, there was concern regarding how to update the risk register to give assurance. It was also important that Lay Members felt informed enough to be able to contribute to discussions. It was suggested that periodically an update could be included on the PCCC agenda on current risks with appropriate representatives being invited to the meeting to support discussions around any issues. **Action: Committee to consider scheduling update reports re highest risks into the Committee work plan.**	**ALL**	**26.4.18**
PCCC 18/01/12	**ANY OTHER BUSINESS**		
	It was noted that questions from the Public at Governing Body meetings were now asked at the end of the meeting to enable people sitting throughout the meeting to gain an understanding of business which may help answer some particular questions. It was suggested that this format be adopted by the Primary Care Commissioning Committee. **Action: The Committee agreed that going forward questions from the Public relevant to the agenda would be taken at the end of the agenda.**	**RB**	

Agenda Item	Note	Action	Deadline
	QUESTIONS FROM THE PUBLIC ON PRIMARY CARE COMMISSIONING GROUP BUSINESS		
	The following questions / comments and answers form Members of the public were noted: A member of the Patient Council made an observation that periodically a Joint Liaison Committee could take place where officials from Barnsley Council could be invited to present update reports on health and care services which the Council commissioned for Barnsley patients. The Chair informed the Patient Council member that the Director and Deputy Director of Public Health attended the PCCC on a regular basis. It was unfortunate that on this occasion they were unable to attend but had they done so a more constructive discussion would have taken place regarding the Health Checks and 0-19 service.		
PCCC 18/03/13	**ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**		
	Committee members had no items for escalating to the Governing Body.		
PCCC 18/03/14	**DATE AND TIME OF THE NEXT SCHEDULED MEETING**		
	Thursday, 28 June 2018 at 2.30pm to 3.30pm in the Boardroom, Hillder House, Barnsley		

NHS
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MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

28 June 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 **29 March 2018**

Minute ref	Issue	Action	Action/Outcome
PCCC 18.03.05	**Minutes of the meeting held on 25 January 2018** Amend minutes to reflect Victoria Lindon's correct job title. **Minute item 18.01.11 – Health Checks, Weight Management & Smoking Cessation services** Item to be added to the Matters Arising report for the Public PCCC meeting on 28 June. Email to be sent to Julia Burrows and Carrie Abbot advising the Committee were unable to reflect the proposed amendments until further discussions at the Public PCCC meeting on 28 June.	**AM** **AM** **RW**	**Complete** **Complete** **Complete**
PCCC 18.03.06	**MATTERS ARISING REPORT** **PCCC 17.09.11b** Include the differences between PMS and GMS contracts including any financial implications on the Public PCCC meeting agenda on 28 June.	**AM**	**Complete**

PCCC 18.03.09	**CONTRACTUAL ISSUES REPORT** **<u>National Contract Agreement 2018/19</u>** Update report to be provided for the Governing Body and Public PCCC meetings once further guidance from NHSE had been received. Financial implications of the Guidance to be provided within the finance budget report presented at the Governing Body meeting in April. **<u>South Yorkshire & Bassetlaw – Emergency APMS Procurement Process</u>** Update on the SY&B process regarding the interim approach to procure a standard emergency APMS primary care contract to be presented at the Public PCCC on 28 June 2018.	**CW** **RW** **CW**	**In progress** **Complete** **In Progress**
PCCC 18.03.10	**RISK & GOVERNANCE REPORT** **<u>Assurance & Risk Register</u>** Officers to ensure updates to the Risk Register provide sufficient detail regarding progress and actions taken.	**RW**	**26.04.18 Complete**
PCCC 18.03.11	**REFLECTION OF CONDUCT OF THE MEETING** **<u>Risk Register</u>** Committee to consider scheduling update reports re highest risks into the Committee Work Plan.	**ALL**	**26.4.18**
PCCC 18.01.12	**ANY OTHER BUSINESS** Going forward questions from the Public relevant to the agenda would be taken at the end of the agenda.	**AM**	**26.4.18 Complete**

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2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute ref	Issue	Action	Action/Outcome
PCCC 17/09/11b	A full breakdown of the differences between PMS and GMS contracts to be drafted for Members.	**CW**	Agreed to include this item on the June PCCC Public agenda.

NHS
Barnsley
Clinical Commissioning Group

EXTRACTS from the
Minutes of the PUBLIC Primary Care Commissioning Committee meetings
Held on 25 January and 29 March 2018 at 3.00pm in the Boardroom
Hillder House, 49–51 Gawber Road S75 2PY

Minute Item 18.03.05 – Health Checks, Weight Management & Smoking Cessation services

The CCG had recently received an email from Julia Burrows, Director of Public Health, which included proposed amendments to minute item 18.01.11 of the public PCCC meeting held on 25 January 2018.

Following a discussion the view of the Committee was that the proposed changes could not be made to the minutes without the opportunity to discuss these with BMBC.

It was therefore agreed to adopt the minutes 'as is' and to add a post meeting note and a matter arising to prompt a discussion of the proposed changes at the next Public PCCC meeting in June which would allow Julia Burrows and Carrie Abbott to raise any issues they had with the minutes and have any clarifications recorded in the June minutes.

Action: Meeting administrator to add Minute Item 18.01.11 – Health Checks to the Matters Arising report for the Public PCCC meeting in June.

Action: Richard Walker to email Julia Burrows and Carrie Abbot advising that the Committee did not feel able to reflect the proposed amendments to minute item 18.01.11 without the opportunity to discuss these further. The item would therefore be discussed under matters arising at the next Public PCCC meeting.

Minute Item 18.01.11 – Health Checks, Weight Management & Smoking Cessation services

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 Cessation services and how they impact upon Primary Care.

This was in the light of a recent re-procurement of the Health Checks service and the potential reduction in resources for the other services.

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.

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.

The Chief Officer added that engagement of all parties involved was needed to provide clarity, and practices needed to understand timescales.

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.

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.

The Lay Member for Accountable Care queried why had the service been recommissioned without the CCG knowing?

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 implemented in GP practices.

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.

NHS
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Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 June 2018

GP Forward View Update 2017/18

1. THIS PAPER IS FOR

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

2. REPORT OF

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
Author	Catherine Wormstone	Senior Primary Care Commissioning Manager

3. EXECUTIVE SUMMARY

To provide the Primary Care Commissioning Committee (PCCC) with an update on the key issues and headlines relating to Primary Care and implementation of the GP Forward View (GPFV) which was originally published in April 2015.

This report follows on from a preliminary report to PCCC on 28 September 2017 and marks the end of the second year of the GPFV initiative and the various streams of national investment.

1. GP Forward View – Progress with Implementation

1.1 Assurance Process for GPFV

NHS England continues to request and receive regular and detailed information from CCGs on the delivery of plans to support GP Forward View. In Barnsley, the first detailed return was submitted on 15 September 2017 and has created a baseline from which to measure progress on the roll out of care navigation, e-consultations, online consultations, access activity and access trajectories.

The assurance process continues monthly and has grown in complexity since September 17. The return, managed through Unify, now covers statistical data on:

- Care co-ordination (Care Navigation/Medical Correspondence Management)
- The development of Primary Care Networks/Localities
- On-line consultations

- Access activity (including extended access arrangements)
- Extended access trajectories

The year-end position for Barnsley reported the following key headlines:

a) 129 trained care navigators in Barnsley following roll out of the First Port of Call Plus programme. (figures at the end of March 18)
b) All Barnsley practices working within one of 6 geographical localities
c) On-line consultations – the number of consultations delivered is formally at zero as this project has just commenced
d) Access Activity and extended access – 100% of Barnsley practices covered by extended access arrangements through the service commissioned from Barnsley Healthcare Federation.

NHS England has also published a number of dashboards which describe national progress now the GPFV is moving into its third year.

GP Forward View dashboard
This NHSE dashboard provides indicators that show progress in delivering the GPFV and wider health care system indicators. This provides data at England, region, STP, DCO and CCG level. It is updated monthly and the May dashboard can be found here.

Workforce reporting tool
This presents the primary care workforce data (for example, GPs, nurses, etc.) published by NHS Digital in a reporting tool, with tables and charts. It provides data at England, region, STP, DCO and CCG level. This is updated every quarter following the publication of new NHS Digital data and can be found here.

1.2 Investment

a) Practice Delivery Agreement

The content of the Barnsley Practice Delivery Agreement (PDA) for 2017/18 was approved by the CCG's Governing Body on Thursday 13 April 17.

The scheme represents a significant amount of annual investment (£4.2m) in General Practice which is now into its fifth consecutive year. In 2017/18 the required £1.50 per head non-recurrent funding (from CCG baselines) was invested via the PDA.

b) GPFV – New Financial Allocations in 2017/18

A number of financial allocations to support delivery of the GP Forward View commenced in 2017/18 and will continue into 2018/19.

The distribution of this funding is complex and is accessed in different ways. Some funding is retained at NHS England (e.g. GP Resilience Fund) and some has already been shared with the CCG (e.g. GP WIFI

implementation funding and money to support E-consultation). The priority in Barnsley is that as much of this financial support as possible is secured for primary care services and that maximum benefit is delivered for patients.

The Primary Care teams within the CCG and NHSE continue to work closely together with finance colleagues to track any new funding and ensure that it is invested in primary care within Barnsley.

In addition to the ring fenced funding streams, Barnsley CCG has developed a primary care spending plan to further support and enhance Primary Care 'at scale' and has allocated funds to develop a number of transformation projects including the development of a home visiting service to alleviate pressure on in-hours GP services.

c) GP Resilience Programme (GPRP)

NHS Barnsley CCG put forward a number of bids against the 2017/18 Resilience Fund (previously known as the Vulnerable Practice Fund). National guidance for this money was made available in July and practices were able to self-refer as individuals or groups; or the CCG was able to nominate practices (in discussion with the practices and the LMC) to NHS England.

Due to slippage in the scheme, a second round of bids was co-ordinated by the CCG and these were submitted to NHS England in December 2017.

In total, seven Barnsley practices benefitted from the GP Resilience Programme during the last financial year. These were typically non-recurrent sums of between £5k and £10k and schemes were agreed between NHS England and the individual practices via a Memorandum of Understanding. The areas recommended in the GPRP guidance were for:

- Rapid intervention and management support for practices at risk of closure
- Diagnostic services to quickly identify areas for improvement support
- Specialist advice and guidance – e.g. Operational HR, IT, Management, and Finance
- Coaching / Supervision / Mentorship (as appropriate to identified needs)
- Practice management capacity support
- Coordinated support to help practices struggling with workforce issues
- Change management and improvement support to individual practices or group of practices
- Other (must be linked to agreed resilience plan)

In Barnsley, the schemes mostly focussed on:

- Workforce and support for recruitment
- Change Management and Organisational Development

- Practice Management capacity/recruitment
- Resilience and sustainability assisted by technology
- Diagnostic services

The GPRP is about to commence for 2018/19 and practices have been informed of the deadlines and criteria for the scheme. Practices who have previously received funding through the programme will be able to apply again. All practices will have to provide evidence of how the programme funding has been utilised and what benefits it has offered.

d) GP Retention Fund

NHS England has recently announced a new £10 million fund to support and retain GPs as part of the ongoing commitment made in the GP Forward View to increase the GP workforce. Further details can be found here.

£7 million will be made available through regional-based schemes to help GPs to stay in the workforce, by promoting new ways of working and by offering additional support through a new Local GP Retention Fund.

A further £3 million will also be made available to establish seven intensive support sites across the country in areas that have struggled most to retain GPs. Details on these sites and plans for retention efforts there will be announced next month.

The fund will support local health services focusing on supporting newly qualified GPs or those within their first five years of practice, who are seriously considering leaving general practice or who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical).

It is the latest in a series of initiatives aimed at improving patient care by improving GPs quality of work life including:

- The GP Retention Scheme, launched in 2017 to support GPs who, for personal reasons, cannot work more than four sessions per week and when a regular part-time role does not meet the doctor's need for flexibility. The GP receives financial support and the practice where they are based receives funding to support their continued professional development, supervision and mentoring.
- The GP Health Service, also launched in 2017, is a free and confidential mental health service for General Practitioners and Trainee GPs, who may be experiencing mental health and addiction issues.

These initiatives are in addition to significant investment by NHS England to attract new GPs to practices, including providing more training places and an international programme to recruit 2,000 GPs by 2020

In Barnsley, conversations have already commenced with the Local Medical Committee and Barnsley Healthcare Federation about ensuring access to these funds for Barnsley doctors and this will be facilitated through the South Yorkshire and Bassetlaw Primary Care (ICS)

workstream.

1.3 Workforce

i) Workforce Baselines

As part of the 2017/18 Practice Delivery Agreement, all practices were required to complete the Health Education England Workforce tool to provide a district wide baseline of primary care workforce. By the 31 March 2018 all 33 practices had completed this task on a quarterly basis and this has enabled collation of data which can be used at practice, CCG and system level to plan and predict workforce requirements. The requirement to provide this data remains in the 2018/19 PDA contract. The data also informs the CCGs quality dashboard. This enables us to have information about the current workforce when looking at any variation in the dashboard.

ii) Workforce & BEST

A CCG wide event was held on 20 September 2017 where the workforce baseline information was shared with member practices. The workforce data was shared as part of the BEST Event and was led by Dr Mark Purvis from Health Education England. The session also looked at alternative models of skill mix and the benefits of Physicians Associates in supporting the expansion of primary care roles to better meet the increasing demands of patients.

In addition to the session for all primary care staff, a further session was held for nurses where the forecasting of retirement ages and the potential future shortfall of nurses was highlighted.

It was recognised at the BEST event that there are many practices in Barnsley who have already made good progress in re-modelling their workforce and are proactively recruiting to new roles.

iii) Clinical Pharmacists

A Clinical Pharmacist programme has been rolled out to all Barnsley CCG practices to integrate the role into General Practice. The programme has seen 15 Pharmacists supported by a strategic support team of 6 (1 Manager and 5 Administrators) employed to work within GP practices across Barnsley. The aim of the programme is to increase the capacity of GP's and Practice Nurses through the principle of patients being treated by the right clinician at the right time. The addition of Clinical Pharmacists also increases quality and safety in prescribing; maximising cost effective prescribing and reduce prescribing queries, complementing and enhancing the existing successful medicines management team.

The data below highlights the impact that the Clinical Pharmacist Programme has had on General Practice in Barnsley (*Full year data October 16 – October 2017*):

- Clinical Pharmacists have undertaken 4119 Medication Reviews which has reduced the GP workload by approximately 687 hrs.
- 6037 Patients medicines have been reconciled which has reduced GP workload by approximately 1006 hrs.
- 2322 Requests for medication and queries have been actioned which has reduced GP workload by approximately 290 hrs.
- The programme has saved 11898 GP appointments which has allowed GP's more time to focus on complex needs and increase access to primary care.

iv) International Recruitment

The GP Forward View committed to strengthening the primary care workforce and to support this, NHS England is delivering an international GP recruitment programme. The programme has recently been scaled up with a view to recruiting up to a total of 2,000 overseas doctors nationally by 2020/21.

The South Yorkshire and Bassetlaw (SYB) Integrated Care System (ICS) has submitted a joint bid in which Barnsley confirmed that it would like 12.5 whole time equivalent GPs to strengthen the Barnsley GP workforce. This number was agreed by engaging with our Member Practices to gain the commitment that the GPs would be employed within practices. Practices are required to fund the salary of the GP once any necessary training is completed, just as they would any other doctor employed by the practice.

The scheme recruits doctors from the European Economic Area where GP training is recognised in the UK and there is automatic recognition to join the GMC's GP Register. The recruitment, training & support and relocation of recruited doctors will be co-ordinated nationally and fully funded by NHS England. The ICS bid included funding to ensure that GPs will be integrated into the local community and to support the retention of the recruited GPs.

The SYB bid was presented to a Regional NHSE panel on the 12 March 2018 and following that draft job descriptions have been created for a project team to take the work forward. Estimated costs for the project were submitted in May and two Barnsley GPs have agreed to be part of the project team.

Doctors recruited will meet the highest standards of practice and speak good English. NHS England will be bound by the World Health Organisation's Global Code of Practice on International Recruitment of Health Personnel. Those countries with the best choice of affordable supply will be targeted.

iv) Practice Manager Leadership Development

The CCG is making good progress in supporting Practice Manager Leadership Development in 2017/18. A coach, Gail Jones, who has a wealth of experience in Practice Manager Development, delivered a programme which was co-designed with Barnsley Practice Managers.

The programme commenced in August 2017 and has been attended as follows:

Date	Topic	Numbers attending
22nd August 2017	Dealing with Conflict	18
27th September 2017	Influencing for Impact	11
28th November 2017	Building & Maintaining Personal Resilience	6
30th January 2018	Building & Maintaining your Team	9
13th March 2018	Using Situation Leadership to Improve or Maintain Performance	3
10th July 2018	Appraisal training	TBC
18th September 2018	TBC	TBC

Feedback on Current Sessions

- 75% of respondents scored strongly agree when asked whether the session was relevant to their work
- 75% of respondents strongly agreed when asked whether they using ideas from the session will help them address some of the challenges ahead
- 100% of respondents strongly agreed when asked whether the session challenged them to reflect on their thoughts/behaviours/actions.

- Comments made about the sessions include:
  - "Good ideas to put into practice"
  - "Extremely engaging – thank you"
  - "Made me think about my working methods and influencing methods"
  - "Gained a lot of understanding about push and pull behaviours"

v) LMC – General Practice Development Programme – Practice Manager Funding

In January 2018, NHS England General Practice Development Programme team allocated monies through GPFV to support the development of practice managers at a local level. This funding was passed directly from NHSE to Local Medical Committees (LMCs) to support

- face to face networking opportunities
- training practice manager appraisers
- practice manager coaching and mentoring

In Barnsley, the LMC worked together with the existing Practice Managers network and CCG to determine the best use for the limited funding (£8,839) and it was agreed that the requirements of the NHSE programme and Memorandum of Understanding (MOU) would be built into the existing planned programme of Practice Management Development. The LMC have recently received the funding allocation (June 18) and will be liaising with the CCG and the current provider (Gail

Jones) to ensure the programme is delivered and evaluated by the 31 March 2019. The first session on appraisal is already scheduled for 10 July 2018 and has the highest number of delegates booked so far.

vi) NAPC – Diploma in Advanced Primary Care Management

The GPFV is funding a number of national initiatives and courses to advance the skills and capability of the Practice Manager workforce and in Barnsley, 6 managers have signed up to join the National Association of Primary Care (NAPC) 1 year diploma course. This will be funded 1/3 by the CCG, 1/3 by the practice/candidate and 1/3 by NHS England and money has been set aside within the CCG allocation in 2018/19 to cover these costs (£2800 + VAT per candidate).

vii) Apprenticeship Scheme

The CCG is in the third and final year of an apprenticeship scheme in partnership with Barnsley College. 15 apprentices are currently employed by Barnsley GP practices and they will focus on either Business Administration or Health Care Assistant roles. The scheme was organised, facilitated and part funded by Barnsley CCG.

viii) Physicians Associates

A number of practices have explored the benefits that Physicians Associates can offer to the primary care workforce and there are now a small number employed in Barnsley practices. Barnsley Healthcare Federation (BHF) is developing an innovative approach to retaining local graduates by offering work experience and placements which cover both primary and secondary care. BHF and BHNFT have agreed to fund a joint Primary/Secondary Care post. The Federation has appointed to this position and are awaiting the start of the successful applicant.

This is a preceptorship position that will rotate through different specialities in the hospital and through Primary Care, with the hope that it will create better links and understanding between the hospital and Practices.

2. Workload & Care Redesign

Project plans are in place and being monitored against the 10 high impact actions described within GPFV. Many of these are linked to workforce and expanding the primary healthcare team (see section above). Brief highlights from other key areas of progress are described below:

a) **Active Signposting** – In Barnsley, active signposting (or care navigation) is delivered through a programme called First Port of Call Plus. Barnsley Healthcare Federation was commissioned to deliver bespoke care navigation training for Barnsley practices and this programme of work resulted in 129 trained care navigators at the end of the financial year. The training comprised two visits and builds on the structure and services which each practice has. To support the bespoke practice sessions, a number of larger scale events were held

in February and March and these targeted social prescribing champions and dementia champions across the patch.

b) **Social Prescribing** – My Best Life is a borough wide Social Prescribing service which was commenced in April 2017 to enable adults to access non-medical sources of support in the community and have a holistic approach to health.

South Yorkshire Housing Association (SYHA) were awarded the contract for the new social prescribing service, My Best Life, which began in April 2017 for 3 years.

'My Best Life' – Achievements to date

- Appointed 6 generic advisors to work across 6 GP locality areas (roughly in line with Area council footprint)
- The service exceeded target referrals for year 1 – 1144 received by the end of March 2018 (expected 600).
    - 42% referrals for customers who's mental wellbeing is affected by social situation
    - 59% referrals are female
    - 9 GP appointments on average in the 3 months prior to support
    - 6 GP appointments following interventions
    - Average of 5 visits per customer by MBL advisor
    - 89% of customers agree or strongly agree that they are more aware of services and support in their local community
    - 70% of customers agree or strongly agree that they feel better supported to manage their own health needs
    - 60% of customers agree or strongly agree that they are more confident in managing their own health conditions
    - A number of case studies are available to demonstrate distance travelled and the positive impact on people's health and wellbeing and personal circumstances
- The service has embedded well in primary care by engaging all the practices to make referrals into the MBL service including identification of a Practice 'champion' in every every practice to provide additional support/referral to the service.
- Additional resource identified for an additional specialist HIU advisor to work with the A&E cohort – offering longer term support for this cohort.
    - 106 Customers
    - 70% customers referred due to poor mental wellbeing affected by social circumstances
    - Average of 15 visits per customer
    - 62% are aged over 60
    - 49% reduction in GP appointments*
- Created strong partnerships with onward referral agencies offering patients appropriate support.
- Identifying opportunities to extend the service further with DH funding (decision due Mid-May 2018) is in line with CCG and other health & social care priorities
- Event held on 20th April 2018 celebrate success and partnerships established in first year.

Working Win (Health Led Employment Trial)

The Sheffield City Region (SCR) Health-led employment trial is one of two Randomised Controlled Trials (RCT) across the country, working across Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. It provides an innovative and evidence based new form of voluntary health-aligned employment support to over 7000 individuals (resident in SCR) with mild to moderate mental health problems and/or musculoskeletal (MSK) conditions who are either unemployed and seeking work or who are in work, but struggling/off sick.

South Yorkshire Housing Association (SYHA) have been awarded the contract to take this work forward and they have well-established links with GPs in Barnsley due to the introduction of the 'My Best Life' Scheme.

The trial will consist of 16 employment specialists in GP surgeries, or other health care settings, taking voluntary referrals from health professionals or individuals self-referral – they are looking for a range of sites within primary care, MSK and IAPT services.

Referrals to this service commenced on 3 May 2018.

c) **Supporting Self Care** – People need to be at the heart of their own health and wellbeing and person centred care is a priority area that is broad ranging and needs promoting widely across Barnsley. We need to find different ways of communicating and how to empower patients to take control over their own care and treatment.

Dr Ollie Hart, a GP in Sheffield spoke at the October BEST event and the Practice Nurse forum about the importance of person centred care and the benefits for clinicians and patients.

Sound Doctor
Since October 2014 the CCG has commissioned 'The Sound Doctor' to provide patients with access to a library of online films aimed at effective self-management in Primary Care. The types of conditions covered by The Sound Doctor include:

- Diabetes
- Coronary Obstructive Pulmonary Disorder (COPD)
- Heart failure
- Dementia
- Back pain
- Weight management surgery

Patents are informed about Sound Doctor from the General Practice Staff and this supports self-care and My Best Life. Data shows that 25 of the 33 Barnsley practices are currently using this on-line facility.

d) Develop Quality Improvement Expertise - A cohort of ten colleagues from NHS Barnsley CCG, Barnsley Healthcare Federation and member practices has ompleted the General Practice Improvement Leaders (GPIL) programme during 2017/18. This is a national programme arranged by NHS England which is designed to equip

primary care leaders with improvement techniques and methodologies. The course was beneficial and those who attended have practiced skills in process re-design, facilitation and change management.

CVD Quality Improvement (QI) Programme for Primary Care
A Quality improvement programme for CVD has been established to support practices to continuously improve clinical care for CVD. Expert support and guidance is provided by Sarah Pollard, Health Improvement Nurse – vascular disease at BCCG. The package of support offered to practices will be tailored to practice need and developed in partnership with clinical and managerial staff. Areas of greatest importance will be prioritised. A flavour of the type of support offered to practices includes:

- Support to review available CVD data, including in-house audit and national audits, for example, identifying at risk groups to support delivery of the PDA scheme – high risk AF with no anticoagulation, uncontrolled hypertension, people at risk of diabetes.
- Work with the practice team to identify any areas which present a current issue or require improvement or greater consistency in the delivery of comprehensive care, including developing any new innovations.
- Support to develop new or modified systems and processes in the detection and management of CVD and take a supported approach to test out changes.
- Support the practice in setting goals and targets, and reviewing outputs to evaluate progress and to share learning.
- Provide advice to practices in accessing hard to reach groups, including strategies for housebound and patients in care homes.

This project is being delivered using QI improvement techniques such as Plan Do Study Act (PDSA) cycles taught on the GPIL programme.

e) 'Releasing Time for Care' National Roadshow – 10 High Impact Actions - Dr Robert Varnam, Director of General Practice Development for NHS England, is leading a number of showcase events branded as 'Releasing Time for Care' to promote the GPFV 10 High Impact Actions.

The aim of this introductory session is about freeing up GP capacity to focus on patients with more complex needs. A successful showcase event for clinicians and managers in Barnsley was initially planned for January but was later rescheduled to 7 June 2018. The event was well attended with approximately 70 local GPs, Nurses and Managers represented alongside Barnsley Healthcare Federation. The event promoted some of the successful GPFV work which Barnsley has done to date (e.g. My Best Life, Care Navigation training, Capacity and Demand audits) and combined these with practical examples to help implement other 'High Impact Actions' such as reducing DNAs and different consultation types. The workshop which was particularly well received promoted the use of e-consultations and many local practices have expressed an interest in piloting this way of working differently.

A number of practices are now exploring further support from the national General Practice Development Programme.

Following the 'High Impact Actions' and making use of the General Practice Development Programme should allow more data to be made available about the effectiveness of these interventions and be able to quantify time saved. Some national tools and clinical system suppliers are building in capacity and demand functionality which will, in the future, be able to provide reports and data to help practice sustainability and resilience.

f) E-Consultations

NHS England is using technology to empower patients and make it easier for clinicians to deliver high quality care and enabling patients to seamlessly navigate the service as part of its digital transformation strategy. The Online Consultation programme is a contribution towards this ambition. Additional information about the programme can be found here.

As part of the General Practice Forward View, a £45 million fund has been created to contribute towards the costs for practices to purchase online consultation systems, improving access and making best use of clinicians' time.

This funding is part of the General Practice Development Programme building capacity for improvement through free training, spreading innovations from around to country using the 10 High Impact Actions and funding for new ways of working.

In Barnsley, £65k was allocated in 2017/18 to the CCG to support the roll out of this work which will involve a procurement process to select an e-consultation 'product' from an NHS England framework of suppliers. A Project Manager has been appointed for South Yorkshire and Bassetlaw and procurement will commence in 2018/19 following engagement with the LMC and local practices to determine preferences and requirements. The work will also be aligned with the Local Digital Roadmap and the strategic direction for IT.

3. Infrastructure - Estates & Technology Transformation Fund (ETTF)

a) Premises Schemes

Following submission of 7 bids against the ETTF fund in June 2016, 2 premises bids remain 'live' and are included in cohort 2 (due for completion by 31 March 2019). Nationally, it is recognised that investment from this fund has been slow to reach General Practice and CCGs have been approached a number of times to check that the schemes are still required and in what priority order they might be considered.

Primary Care Commissioning Committee delegated authority to a one off

Task and Finish Group on the 12 October 2018 to undertake this assessment and this was done using the same Terms of Reference as the original ETTF working group held in 2016.

The group confirmed that the mobile working bid should be progressed and that the premises bids would be considered as higher and lower priority schemes

Higher Priority Schemes

- Development of a 3rd hub for Extended Hours
- Extension at Brampton HC

Lower Priority Schemes

- Feasibility study for new build at Brierley
- Feasibility study for new build at Monk Bretton

The two feasibility schemes were deemed lower priority to allow a more strategic piece of work to be completed which would give a more informed picture about where there was a strategic gap (ie areas of significant new build, buildings in a poor condition and buildings which are not effectively utilised).

Barnsley CCG worked with Community Ventures who were procured by Community Health Partnerships (CHP) to complete a "strategy light" document for the four schemes. This was to document the progress with the scheme and to secure a limited amount of funding to provide expertise to progress the two higher priority schemes to the Project Initiation Document (PID) stage.

The "strategy light" documents were signed by the CCG and submitted to NHS England on 19 December 2017. Since then, technical expertise has been secured from Auburn Ainsley (again by CHP) to develop PID documentation and this is now drafted for the two higher priority schemes.

NHS England has once again requested CCGs to review their capital pipeline with a view to ensuring the national ETTF fund is fully utilised during the lifetime of the scheme.

Due to the further development of the strategic plans for Barnsley (Barnsley Health and Care Together) and the requirement to fully understand what impact this will have on primary care estate, locality working and the wider health and social care infrastructure; Primary Care Commissioning Committee (May 2018) approved the recommendation to that the remaining two feasibility schemes for potential new builds are formally withdrawn from the ETTF process.

Draft PID documentation is now in place for the remaining two live schemes and these will be submitted to NHSE in June 2018 to progress to the next stage of the process:

- Development of a 3rd hub for Extended Hours
- Extension at Brampton HC

b) Mobile Working

The CCG has successfully bid for capital monies to fund the provision of 284 mobile end-user computing devices to GP Practices, with4G connectivity to the GP system in use, EMIS or SystmOne.

These will be deployed in all of the 33 GP practices within Barnsley CCG area.

Objectives:

The objectives of this project are:

- Improve citizen/patient support by providing Practice staff with secure access to all of their information needs, be it in a care home, nursing or patient home or home working setting.
- Support the development and effectiveness of new 'Neighbourhood' care models by providing health practitioners with the tools to operate with the agility and flexibility required for more place-based and community health provision.
- To support the CCG's commissioning priorities and Care Out of Hospital Strategy and that GP IT is fully capable of adopting new models of care, extended working and digital adoption.
- To support multi-agency, multi-disciplinary approach to address primary and secondary determinants of health by providing GPs access to their clinical systems and data outside a traditional practice environment.

Benefits

By enabling practice staff with secure access to clinical systems and data in a remote setting will provide the following benefits:

- Support the delivery of services which is paper free at point of care
- Help develop systems that improve how information is shared within primary care and other health services in Barnsley
- Providing GPs visiting patients at home, care homes and other settings access to systems they would have if they were in their own practice building
- Increased patient safety with more timely decision making in respect to ongoing health and care management/coordination
- Better coordination of multi-disciplinary teams with more immediacy of decision making
- Increased efficiency of general practices and reduced duplication of work as clinicians will not have to revisit notes to input retrospectively. This will save valuable clinical time in travelling and data input which can be redirected into patient care.
- Supports ability for e-consultations, reducing patient demand and increased clinical capacity in a primary care setting.
- Continues to build the digital skills of the NHS workforce and will have a positive impact on staff moral and confidence to use and enhance their digital skills
- Accelerate locally in Barnsley, a step change in the digital access and sharing of clinical data for direct patient care across multi-disciplinary teams. This will enable working across integrated pathways and the

delivery of care away from a traditional setting, increasing effectiveness of Primary Care.

Funding for this project was approved by NHS England in March 2018 and EMBED have commenced work with four pilot practices (supported by the CCG) to determine what would be most helpful to practices and what devices and staff groups would get the most benefit from mobile working.

It was originally envisaged that equipment would be procured and rolled out by the end of June 2018 but this is likely to move to the end of August 2018 to allow adequate time for the practices to influence the configuration of preferred devices.

c) GP WiFi

In 2017/18 Barnsley CCG was allocated specific funds through GPFV (£136k) to procure a supplier that can provide an NHS WiFi compliant system across all Barnsley GP practice sites. The chosen system had to be compliant with a set of policies and guidance defined by NHS Digital.

Following a procurement process which was managed at South Yorkshire and Bassetlaw level, the successful bidder (Daisy) has begun this work.

Working together with NHS Digital and South Yorkshire and Bassetlaw Integrated Care System, free GP Wifi is now being rolled out across GP Practices in Barnsley. The successful bidder (Daisy) are now working in partnership with EMBED and Practice Managers through a project managed process to undertake the installations.

The aim is to provide patients access to health and care information, to be able to download health apps and to browse the internet safely. Currently Broadband circuits are being installed across Barnsley and this will be followed by installation of the Wifi system itself.

Summary of GP WiFi Project Progress:

- The project intends to install four Wifi networks: NHS Wifi Public, Guest, Corporate and Govroam in the 57 GP sites (includes branch sites) across Barnsley CCG in line with the NHS digital national programme.

- The South Yorkshire and Bassetlaw SYB ICS is managing the projects centrally for Barnsley and other 4 CCGs and have contracted Daisy Communications Ltd as their main supplier.

- Prior to onsite installation of Wifi, is the installation of high speed BT broadband connections in each building.

- To date all BT circuits have been ordered and nearly all have been installed in the non-LIFT buildings.

- For the LIFT buildings, all works must be approved by the landlord and

a Tenant Variation Request (TVR) is being progress by the Daisy team for each building.

- Delivery of Wifi within LIFT buildings is subject to confirmation by the CCG at the programme board on 22nd June.

- Wifi engineering and cabling teams are now contracted and mobilised by Daisy.

- Pilot sites are now being scheduled and Daisy engineering team will be contacting each GP practice manager to schedule their delivery very shortly.

- Overall the Barnsley project is expected to deliver GP Wifi for all 57 sites by end of July 2018.

Once the systems are installed patients and staff will see the GP Wifi logo displayed in GP premises.

4. Locality Working and GP Forward View – "Next Steps"

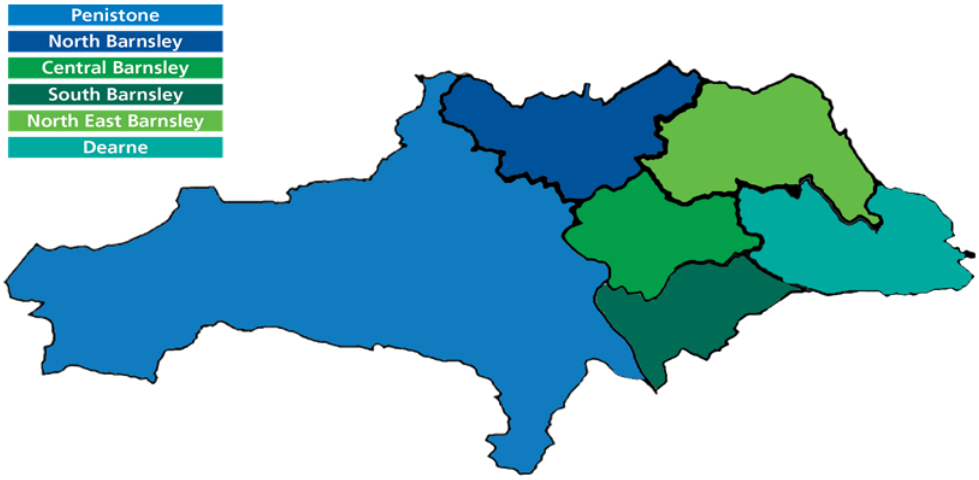
In June 2017, NHS England published the GP Forward View "Next Steps" document.

https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/

This document set out a clear vision to:

"Encourage practices to work together in 'hubs' or networks. Most GP surgeries will increasingly work together in primary care networks or hubs. This is because a combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. They also involve working more closely with community pharmacists, to make fuller use of the contribution they make.

NHS Barnsley CCG has incentivised and encouraged practices to work together around existing locality structures through the 2017/18 Practice Delivery Agreement (PDA) and this will be continued into 2018/19. Through the 2017/18 Demand Management scheme, practices met together in six geographical localities to facilitate peer review of referrals and to consider how locality working can offer benefits and resilience in the future.



The first locality meetings took place on 16 August 2017 and a further 2 meetings were held on 18 October 2017 and13 December 2017.

NHS Barnsley CCG has actively begun the process of articulating a clear vision for locality working as part of the move towards an Accountable Care Organisation. As part of a local incentive scheme in 2017 (the Practice Delivery Agreement), all 33 practices have been working together in 6 geographical localities across the borough.

Locality groupings have been arranged around existing geographical hub services (e.g. community nursing). This work was initially focussed on peer review of referrals and through meeting together, practices have articulated a willingness to work collectively on a wider range of issues. A Governing Body clinical lead has been identified for each locality and they are supported by a lead Practice Manager.

Two Governing Body development sessions have taken place to help shape the vision and to form a plan for wider engagement. Three bi-monthly locality meetings have taken place to date and the intention is for these to continue into 2018/19. A set of locality health profiles have been produced which were shared with practices in time for the second locality meeting in October 2017. This has triggered discussion on analysis of variation and allow for understanding of needs of key groups.

The localities align as closely as possible to the six existing local authority area council geographical populations and new community health services and through recent changes, services have been further aligned to these six areas (including neighbourhood nursing, BREATHE, My Best Life (Social Prescribing), with others to follow. Community social work teams are also aligned to these locality areas. Within community health services there are regular multi-disciplinary team meetings held in localities to support those patients most vulnerable and in need which GP are invited to participate in. Further work is in underway to include social workers in locality MDTs.

Barnsley Healthcare Federation is central to the development of localities and the CCG is exploring how they can support this journey.

	A district-wide locality event was held on 14 February 2018 which further articulated the CCGs plan for localities and steps to getting there. The event was very well attended with over 80 delegates and 13 stakeholder stands and brought together key partners and providers from the Barnsley system. This was an important meeting to secure engagement from primary care providers (including the LMC) alongside the hospitals, the council and the provider of community nursing and mental health services. Individual localities began to formulate plans for their area based on health needs and utilising available investment at this event. Localities have undertaken further analysis of their health needs and have started to articulate individual plans which set out actions required at locality level. In addition, the CCG has made further investment into delivery of Primary Care at Scale via Barnsley Healthcare Federation to support the infrastructure and capacity needed to deliver large scale transformation. A transformation project is now underway to explore the feasibility of developing an in-hours home visiting service to alleviate pressure on general practice and this is being focussed on a locality model. The CCG continues to invest time in building transformation resource. A number of Governing Body Development Sessions have been held to focus on the development of locality working alongside the journey to integrated care. Resource has been allocated from locality funding (£1 per population head non-recurrent funding) to provide additional capacity and skills for transformation (likely for a lead Practice Manager or Nurse). An additional sum of £116k was allocated to Barnsley from SYB ICS to support locality development in 2018/19. The use of the resource will be linked back to the plans which were first discussed at the February event and in providing the headspace to make lasting transformational change. Two key posts have been created and identified within the CCG Primary Care Team (Primary Care Transformation Managers) who will each support three localities. NHS England has created a 'locality development matrix' to map the journey and progress of localities across the SYB footprint and the CCG will be required to complete this on an ongoing basis. To date, two returns have been submitted which reflect the start of this journey.
4.	**THE COMMITTEE IS ASKED TO:**
	• Note the content of the GP Forward View update for 2017/18t.

Agenda time allocation for report:	*10 minutes.*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework: .	*1.4 and 5.2*
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications** Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report? — *NA*	
3.2	**Consultation and Engagement** Has Comms & Engagement Checklist been completed? — *NA*	
3.3	**Equality and Diversity** Has an Equality Impact Assessment been completed and appended to this report? — *NA*	
3.4	**Information Governance** Have potential IG issues been identified in discussion with the IG Lead and included in the report? — *NA*	
3.5	**Environmental Sustainability** Are any significant (positive or negative) impacts on the environment discussed in the report? — *NA*	
3.6	**Human Resources** Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report? — *NA*	

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 June 2018

FINANCE UPDATE

PART 1A – SUMMARY REPORT

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

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

3. EXECUTIVE SUMMARY

This report provides an update on the financial position for delegated Primary Care Commissioning budgets as at 31May 2018 (Month 2).

The national allocation for Primary care Co-Commissioning budgets for 2018/19 is £35,917,000. The budget requirement however for 2018/19 is £36,501,282, creating a pressure to the CCG of £584,282. This pressure is a result of national GP contract negotiations and planning requirements and therefore cannot be avoided. This pressure was included in the financial plan and budget approved by Governing Body in April 2018.

The 2018/19 Core Contract uplift has not yet been applied to GP Payments as the contract is still in draft format; this uplift will be applied to the July Contract payment and backdated to April 2018.

The forecast outturn position against this increased budget as at Month 2 is balanced budget as data is not yet available to undertake a robust assessment of the financial position. This is included in Appendix A.

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.

4. THE COMMITTEE IS ASKED TO:

- Note the contents of the report

5.	APPENDICES
	• Appendix A – Finance Monitoring Statement

Agenda time allocation for report:	10 minutes.

PART 1B – SUPPORTING INFORMATION

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

3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*N/A*

APPENDIX A

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 2

FOR THE PERIOD ENDING 31st May 2018

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	774,308	-	774,308	774,308	-	0.00%	M2 Position is Balance Budget
GENERAL PRACTICE - APMS	1,209,583	-	1,209,583	1,209,583	-	0.00%	
GENERAL PRACTICE - GMS	11,394,343	-	11,394,343	11,394,343	-	0.00%	
GENERAL PRACTICE - PMS	12,146,559	-	12,146,559	12,146,559	-	0.00%	
OTHER GP SERVICES	1,721,190	-	1,721,190	1,721,190	-	0.00%	
OTHER GP SERVICES CONTINGENCY/QIPP	-	-	-	-	-	#DIV/0!	
OTHER PREMISES	369,589	-	369,589	369,589	-	0.00%	
PREMISES COST REIMBURSEMENT	5,079,739	-	5,079,739	5,079,739	-	0.00%	
QOF	3,805,971	-	3,805,971	3,805,971	-	0.00%	
TOTAL PRIMARY MEDICAL SERVICES	**36,501,282**	**-**	**36,501,282**	**36,501,282**	**-**	**0.00%**	

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 June

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
Author	Catherine Wormstone Lynne Richards	Senior Primary Care Commissioning Manager Primary Care Transformation Manager

3. EXECUTIVE SUMMARY

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.

3.1 South Yorkshire and Bassetlaw – Emergency APMS Procurement Process

a) Background

It was reported to Primary Care Commissioning Committee on 29 March 2018 that following publication of the NHS England Primary Care Policy and Guidance Manual in December 2017 and ahead of a national process to secure GP contracts under emergency procurement rules (expected in the Summer of 2018), South Yorkshire and Bassetlaw (SYB) CCGs have developed an interim approach to procure a standard Emergency APMS primary care contract.

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

The contract to be awarded in the event of an emergency procurement scenario would be the standard APMS contract for a 12 month period. This would be to allow a full procurement process to take place and a thorough assessment of strategic and contractual scenarios for delivery of primary medical services in the affected area. The national specification is attached at Appendix 1 for information. Financial values are not included as part of this process as these would be determined at the time of award dependent upon list size of the population to be covered and agreed values (pound per head of population) following the Equitable Funding Review.

b) Timeline

The contract notice was advertised on Contracts Finder on 22 March 2018 and it was previously reported that interested parties must register and apply using the eProcurement tool www.nhssourcing.co.uk The closing date for submission of bids was 12 noon on the 16th April 2018. Barnsley was LOT 2

Scoring of bids was completed by a project team which had representation from all CCGs by noon on 18 April 2018 and moderation was completed by the same team by 5pm on Monday 23 April 2018.

Successful and unsuccessful bidders were notified of the outcome and the standstill period closed on 29 May 2018 at midnight.

Once awarded, the framework commencement date will be 1June 2018 for a period of 3 years with an optional extension of a further 12 months.

c) Contract Award

Following submission and consideration of the Award Recommendation Report (NHS South Yorkshire and Bassetlaw CCGs - Framework for Emergency Contractors for Primary Care Medical Services DCCG/2018/EC/029) at the Primary Care Commissioning Committee meeting on 26 April 2018, members should be aware that the same report has now been presented to all other PCCC meetings across the SYB footprint. All Committees have adopted the recommendations contained within the report. Separate comments were fed back to the procurement team from the Barnsley Primary Care Commissioning Committee about potential changes in circumstances for bidders.

d) Final Framework

Following completion of an open procurement process and in order to create an SYB framework of providers who can provide primary medical services at short notice, the following organisations have been appointed to each area's framework under an APMS contract:

- Barnsley Healthcare Federation
- One Medical Group Ltd.

- Primary Care Sheffield Ltd.
- The Practice (Group) Ltd.
- Spirit Healthcare Ltd.

In the event of needing to utilise the framework, a mini-procurement process would be undertaken to call off a provider.

3.2 Primary Care Webtool Update

Primary Care webtool is a web portal for Primary Care data accessible to GP practice staff , CCGs area and regional teams of NHS England and other approved stakeholder organisations.

The committee should be aware that the Primary Care Webtool (PCWT) at www.primarycare.nhs.uk has recently been redesigned to provide improved functionality, user experience and the range of indicators have been updated.

As part of this update NHS England have launched a new General Practice Indicators (GPI) module. The new module brings together and replaces the General Practice Outcome Standards (GPOS) and General Practice High level indicators (GPHLI) modules, creating a single unified indicator set. This development removes the overlaps that existed between the two datasets and uses a single methodology to assess variation of the 46 indicators contained within it. This new module and methodology draws on the strengths of the GPOS and GPHLI approaches and reflects the valued feedback from users and stakeholders to ensure a greater consistency of approach.

The PCWT remains an NHS facing website. Data within the GPI module will be updated on quarterly basis for any indicator where new data has become available since the previous update.

Key features available within the website include:

i) Summary view of practice data at regional, CCG and STP footprints.

ii) General Practice overview: presents indicators, demographics and location contextual information and an overall summary of the practice data based on assessment of the variation occurring within the indicator set. The General Practice overview also supports identification of indicators which could benefit from further local discussions. It is acknowledged that variation can be warranted or unwarranted, and supporting contextual information should be considered when making any further assessments when using this data.

iii) Practices can compare themselves within a CCG, local regional area, or by bespoke custom group supporting peer review and benchmarking.

iv) Indicator time series information.

v) Practice indicators can be compared by similar demographics e.g. list size, index of multiple deprivation.

vi) Data download and PDF summary reports.

The CCG primary care team has access to this data and regularly reviews this for variation and adverse indications.

3.3 Veteran Friendly Practice Scheme

A new national scheme to improve medical care and treatment for former members of the armed services has recently been announced. The scheme has been backed by NHS England and the Royal College of GPs.

Practices can qualify for veteran friendly status by offering extra support for ex-military personnel who may face additional challenges when they return to civilian life.

Practices will be able to seek Military Veteran Aware Accreditation, and this has been adopted by NHS England and the Royal College of GPs as a nationwide initiative so that family doctors can better identify and treat veterans, ensuring they get access to dedicated care where appropriate.

To become accredited, GP practices need to:

- have a lead for veterans' issues within the surgery;
- identify and flag veterans on their computer system;
- undertake dedicated training and attend armed forces healthcare meetings;
- increase understanding of the health needs of veterans amongst both clinical and administrative staff

Barnsley CCG will be keen to encourage local practices to support this scheme.

3.4 Practice Delivery Agreement 2017/18 Outcomes

The aim of the 2017/18 Barnsley Practice Delivery Agreement (PDA) was to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley. As referenced in the Primary care strategy and the GP forward View. This was be delivered through the provision of a guaranteed income for the delivery of four schemes:

- Demand Management
- Medicines Optimisation Scheme
- Health Inequalities Target Scheme (HITS)
- Workforce Analysis

For 2017/18 Barnsley CCG invested £4.2 million into Primary Care. This was broken down as follows; £1.4 million demand management, £1.4 million medicines optimisation and £500k for health inequalities targeted schemes, which include the workforce analysis.

A further investment of £0.9 million will cover existing medicine optimisation schemes, Eclipse live, specialist drug service/shared care, Anticoagulation initiation and maintenance.

All 33 Barnsley GP practices signed an NHS standard contract to deliver the PDA in 2017/18 and submitted 3 contract monitoring returns throughout the year to provide evidence of achievement of the Key Performance Indicators (KPIs).

The long term benefits to population health will be through improved quality and consistency of referrals and adherence to NICE advice and best practice guidance. The Health Inequalities Target Scheme reflected the aims of the Barnsley's Health and Wellbeing Strategy with a focus on specific disease areas, self-care and the integration of services.

OUTCOMES

The outcomes for Barnsley patients during 2017/18 from the investment in the above schemes are detailed as follows:

Demand Management:

- The listed specialities within the demand management scheme have reduced the number of Outpatient First Appointments from 33,000 to 27,500 (reduction of 5,500) during 2017/18 which is equivalent to 17% reduction. This demonstrates a reduction of inappropriate referrals when utilising nice guidelines and best clinical practice.

Workforce:

- The CCG now has a complete data set of the primary care workforce in Barnsley which is updated quarterly. This will inform a local Workforce Strategy and the Primary Care Quality Dashboard when variation is identified.

My Best Life:

- During 2017/18 **1144** referrals were made to the My Best Life service (924 from GP practices) with every GP practice in Barnsley referring into the service.

- Each practice has a named Social Prescribing Champion who links with the My Best Life Advisor.

Dementia:

- Out of the 2036 patients on the QOF Dementia Register 1617 have a care plan review during 2017/18.

Respiratory:

- 6651 patients have had a COPD annual review and 5010 of these patients also have a COPD self-management plan
- 21 Practices have at least one member of staff who is on the new national spirometry register who has been assessed as competent to ARTP standards to perform and interpret spirometry ahead of the national deadline if 2021.

- Every practice in Barnsley now has a system to give priority appointments to patients with a history of COPD exacerbations if they call with symptoms of an exacerbation.
- All Barnsley COPD patients who have recently suffered an exacerbation (during 2017/18) have been offered rescue pack of medications, a referal to stop smoking, Sound Doctor promotion, a referral to Pulmonary Rehab and had their flu vaccination status ascertained.

Diabetes

- Each practice has a named of point of contact for National Diabetes Prevention Programme (NDPP)

- All practices have utilised the PRIMIS DIABETES audit tool through CHART software to identify patients with possible diabetes/non-diabetic hyperglycaemia and updated the practice registers accordingly and to improve the care and management of people with diabetes.

- Each practice has sent at least one practice nurse and one GP has attended the BEST and Practice Nurse Forum events on diabetes care on 21 March 2018 to improve clinical expertise and share learning.

CVD

- Each practice identified the number of patients aged 80 years or under who have been identified (ever) as having a 10 year risk of developing CVD (any risk score) of

a. >20% (excluding those who are on registers for CHD/stroke/TIA/hypertension/diabetes/heart failure/CKD/atrial fibrillation/peripheral arterial disease) prior to 1 April 17

b. 10 - 19.9% and currently on a statin (excluding those who are on registers CHD/stroke/TIA/hypertension/diabetes/heart failure/CKD/atrial fibrillation/peripheral arterial disease) prior to 1 April 17

Of these 3604 patients have had high risk of CVD annual review between 01/04/17 to 31/03/18.

- All practices have at least 75% of clinical staff who have undertaken the nation centre for Smoking Cessation & Training on-line 'Very Brief Advice' training & cascaded learning to the practice team.

3.5 Practice Delivery Agreement Financial Investment 2018/19

The content of the 2018/19 Practice Delivery Agreement was approved by the CCG Governing Body on 13 February 2018. The aim of the 2018/19 Barnsley Practice Delivery Agreement (PDA) is to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley (as reference in the Primary care strategy and the GP forward View). This will be delivered through the provision of a guaranteed income for the delivery of six schemes:

- Medicines Optimisation Scheme
- Get Fit First
- Referral Toolkit
- Health Inequalities Target Scheme (HITS)
- General Practice Forward View
- Medicines Management

The aim of this paper is to give members the headline financial breakdown for each of the 5 schemes above:

Eclipse Live	£67,000
Shared Care	£300,000
Anti-Coagulation (maintain)	£356,460
Anti-Coagulation (initiate)	£170,000
Total Medicines Management	**£893,460**
Medicines Optimisation Scheme	**£1,419,485**
Get Fit First	**£599,748**
Referral Toolkit Scheme	**£441,633**
Workforce Analysis	£27,261
Dementia	£27,261
My Best Life - (Social Prescribing)	£38,165
Quality Dashboard	£27,261
Respiratory	£70,879
Diabetes	£261,708
CVD	£381,658
Total 2018/19 PDA Investment	**£4,188,523**

For 2018/19 Barnsley CCG is investing £4.2 million into Primary Care. This is the fifth year of significant investment into primary care in Barnsley and is a scheme which delivers not only benefits for patients but the opportunity to add resilience to practices and makes working in this area attractive to GPs. The cumulative investment is now in the region of £18.7m.

The funding for 2018/19 is broken down as follows; £1.4m Medicines Management, £0.6m Get Fit First, £440k Referral Toolkit, plus £724k for the Health Inequalities Target Scheme and £120k for General Practice Forward View. £0.9 million will cover existing medicine management schemes, Eclipse live, specialist drug service/shared care, Anticoagulation initiation and maintenance.

The total investment enables the CCG to set a guaranteed and consistent income level giving practices the investment to increase staffing capacity and resilience and deliver quality improvement. The aim being to meet rising demand and deliver improved access and better outcomes for patients. The intention is for the Barnsley Practice Delivery Agreement to pay for itself with the Medicines Optimisation and HITS Schemes delivering a return on investment in year.

4.	**THE COMMITTEE IS ASKED TO:**
	• Note the contents of the Primary Care Contractual Issues Update • Note the final framework for the award of an emergency APMS contract
5.	**APPENDICES**
	None

Agenda time allocation for report:	*15 mins*

PART 1B – SUPPORTING INFORMATION

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

NHS Barnsley Clinical Commissioning Group

PRIVATE - PRIMARY CARE COMMISSIONING COMMITTEE

28 June 2018

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*	***X***	*Assurance*	***X***	*Information*	

2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Richard Walker	Head of Governance & Assurance
	Author	Alison Edwards	Governance, Risk and Assurance Facilitator

3. EXECUTIVE SUMMARY

Introduction

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

Assurance Framework 2018/19

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 2018/19 of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.

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

	Risk Register 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 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 the red and amber rated risks associated with the Primary Care Commissioning Committee There are currently eight risks on the Corporate Risk Register allocated to the PCCC for 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. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored. *Additions / Removals* There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.
4.	**THE COMMITTEE IS ASKED TO:**

	• Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible
	• Review the Risk Register attached and:
	  ○ Consider whether all risks identified are appropriately described and scored
	  ○ Consider whether there are other risks which need to be included on the Risk Register.

5.	**APPENDICES**
	• Appendix 1 – GBAF 2018/19 Extract risk 2.1 • Appendix 2 – Risk Register extract of red and amber risks

Agenda time allocation for report:	10 mins

PART 1B – SUPPORTING INFORMATION

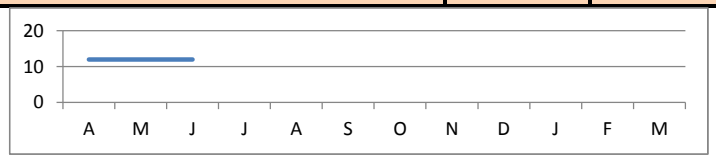
1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business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

21/06/2018 **NHS Barnsley CCG Governing Body Assurance Framework 2018-19**

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: a) deliver investment into Primary Care b) improve Infrastructure c) ensure recruitment/retention/development of workforce d) Address workload issues using 10 high impact actions e) Improve access particularly during the working week, more bookable appointments at evening and weekends. f) Every practice implements at least 2 of the high impact 'time to care' actions g) Deliver delegated Primary Care functions	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: • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice • Inadequate investment in primary care • Independent contractor status of General Practice.
	High quality health care	✓	
	Care closer to home	✓	
	Safe & sustainable local services	✓	
	Strong partnerships, effective use of £	✓	
	Links to SYB STP MOU		
	8.3. General Practice and primary care		

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

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



Date reviewed	**Jun-18**

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

Key controls to mitigate threat:	**Sources of assurance**	**Rec'd?**
1. Incentivise practices to complete HEE Workforce Analysis tool	All practices have now completed the HEE tool to allow the CCG to create a workforce baseline. The workforce data was been presented to September 17 BEST meeting supported by Mark Purvis from HEE. This continues to be incentivised through the 2018/19 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) - as at May 2018 all Practices bar one are signed up to the 2018-19 PDA.	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 Lead 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. Further update to PCCC in June 2018 to report on GPFV progress from 2017/18.	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
SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.	BCCG is represented on the group.	Ongoing

Gaps in assurance	Positive assurances received
None identified	*Report on implementation of the GP Forward View being presented at PCCC June 2018. Await any further recommendations.*
Gaps in control	**Actions being taken to address gaps in control / assurance**
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.	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.
RR 15/14(b): In relation to the 0-19 pathway reprocurement 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	An initial action plan was agreed following the first meeting in October 2017 and has been updated at subsequent meetings. Although it is recognised that good progress has been made in delivering the agreed actions Governing Body agreed in March 2018 to maintain these risks at their current level whilst continuing to observe and evaluate the impact of the new service model.

RISK REGISTER – June 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)	15	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					
				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 18/01	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	**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**	06/18	**June 2018** No updates to report **May 2018** Ongoing dialogue with Practice Managers regarding barriers to NHS Healthcheck uptake. BMBC reviewing arrangements and current provision model. **March 2018** Risk Approved by the Governing body on 8 March	07/18

			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**
		health; increased health inequalities, and poorer health outcomes.											2018 **Feb 2018** Risk considered and scored by PCCC. Will be taken to Gb for approval in March 18.	
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 will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg	JH (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	06/18	**June 2018** No updates to report **March 2018** The CCG is effectively managing its delegated responsibility. This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE. **January 2018** The CCG is effectively managing its delegated responsibility.	09/18

			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**
						equalisation).							This is primarily delivered through the PCCC and the CCGs Primary Care Team, supported by NHSE. **September 2017** 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 **May 2017** The CCG is currently managing its delegated responsibility for contract performance effectively. This	

			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**
													is supported by the CCG's Primary Care Team and the NHS England Area Team**.**	

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 June

ANNUAL CO-COMMISSIONING REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	X
2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
	Author	Catherine Wormstone	Senior Primary Care Commissioning Manager
3.	**EXECUTIVE SUMMARY**		
	On 1 April 2015, NHS Barnsley CCG was given delegated responsibility from NHS England for the commissioning of pimary medical care services. The Primary Care Commissioning Committee makes decisions within the delegated functions in the Terms of Reference that are binding on the CCG and NHS England. Minutes of the Committee are presented to the CCG Governing Body and are available to the Public through the CCG Website; http://www.barnsleyccg.nhs.uk/ This paper summarises progress on the Committee business and work plan and details the management of potential and real conflicts of interest covering the period 1 April 2017 to 31 March 2018. An annual report from the committee is required as part of the delegation agreement and this report will meet that requirement and will be provided to NHS England.		
4.	**THE COMMITTEE IS ASKED TO:**		

	• Note the contents of the Annual Primary Care Commissioning Report • Note that the report will be shared with NHSE England
5.	**APPENDICES**
	• Primary Care Activity Report for May 2018

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

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

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

ANNUAL ASSURANCE REPORT 2017/18

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 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
- 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 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 In the interest of transparency and the mitigation of conflicts of interest, meetings are held in public at least four times a year. Private meetings are held

monthly, and extraordinary meetings are occasionally arranged 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 2017/18 the Committee has met twelve times, twice in public session only, three times with both a public and private session, five times with just a private session, and twice in extraordinary session to take delegated procurement decisions. All meetings were quorate.

2.4 The membership and attendance of the Primary Care Commissioning Committee during 2017/18 is set out in the table below. (Please note GP advisers to the Committee were excluded from the extraordinary meetings due to their declared interests and as such these meetings are not counted towards their attendance records set out below).:

Name	Role	Meetings attended
Voting Members		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	11/12
Sarah Tyler (Vice Chair)	Lay Member for Accountable Care	10/12
Nigel Bell	Lay Member for Governance	6/7*
Mike Simms	Governing Body Secondary Care Clinician	9/12
Lesley Smith	Chief Officer	9/12
Richard Walker	Head of Governance and Assurance	11/12
GP Clinical Advisers (non voting)		
Dr Nick Balac	Chair of the Governing Body	7/10
Dr Mehrban Ghani	Medical Director	8/10
Dr Madhavi Guntamukkala	Elected Governing Body Member	7/10

** The Governance Lay Member role was vacant between March and July 2017.*

2.5 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 Governing Body.

2.6 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 The Committee reviewed its Terms of Reference in October 2017 and agreed the following enhancements:

- Specific reference to the responsibility to review the CCG's Assurance Framework and Risk Register at each meeting of the Committee in accordance with the CCG's risk management framework
- Inclusion of the provision that, where the Governing Body is unable to take a decision due to conflicts of interest, the matter will be delegated to the Primary Care Commissioning Committee for approval or consideration.

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
- 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 Following a review of the CCG's committee governance arrangements 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. Generally these reflections indicate that members of the Primary Care Commissioning Committee are satisfied with the way the business of the meetings is conducted. A development session for members of the Committee is planned to deepen their understanding of primary medical services contracts and the CCG's role in monitoring and managing these.

4. ACHIEVEMENTS IN THE YEAR

4.1 Highlights of the PCCC's work during 17/18 include:

- Oversight of the development of a Primary Care Quality Improvement Tool to facilitate the sharing of good practice and the provision of support where appropriate
- Providing oversight of the financial and contractual aspects of the PDA
- Supporting local Practices to prepare for and respond to CQC inspections – during the year one Practice improved its rating from 'requires improvement' (August 2016) to 'good' (April 2017) meaning that 29 Barnsley Practices are now rated as good with four still to be inspected
- GP Five Year Forward View - the Committee received updates on the key progress, issues and headlines relating to Primary Care and implementation of the GP Five Year Forward View.
- Oversight of the comprehensive winter planning arrangements for the provision of primary care

- Supporting the CCG in managing conflicts of interest eg exercising oversight and decision making over the CCG's procurement of a GP Out of Hours service, a new MSK service, and an integrated diabetes service for the people of Barnsley, in order to facilitate effective decision making in areas where the Governing Body is conflicted.

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 a 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 Services")	No decisions in relation to enhanced services have been required in 2017/18
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	No such local incentive scheme as an alternative to QOF has been designed in 2017/18
Making decisions on 'discretionary' payment (e.g., returner/retainer schemes)	No decisions in relation to discretionary payments have been required in 2017/18
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 2017/18, no practices have closed although one branch closure was approved
Approving practice mergers	Proposals for mergers are considered through the contractual issues report – there has been 1 merger during 2017/18
Managing GP Practices providing inadequate standards of patient care	A Primary Care Quality Improvement Tool has been developed in year. Support would be offered to practices in the first instance where there were indications of poor care standards, but should contractual action be required this would be done through the contractual issues report.
Procurement of new PMS contracts	There have been no such procurements in 2017/18
Dispersing lists of GP Practices	Would be picked up through the contractual issues report - none required in 2017/18

Variations to the boundaries of GP Practices	Requests to vary boundaries would be picked up through the contractual issues report – there have been no boundary changes approved in 2017/18
List cleansing in relation to GP Practices	
Other responsibilities	
To plan, including needs assessment, primary medical care services in Barnsley; and to undertake reviews of primary medical care services in Barnsley	The CCG has a Primary Care Strategy to build capacity to deliver primary care at scale in Barnsley and the PCCC has discharged its functions in accordance with the Strategy eg through regular updates on the GP Five Year Forward View
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
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	Decisions have been taken in 2017/18 for GP OOH, MSK, and Integrated Diabetes Services

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 early in 2017/18 one GBAF risk was allocated to the PCCC for oversight, as follows:

- Risk ref 2.1 - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care

- Not having quality monitoring arrangements embedded in practice
- Inadequate investment in primary care
- Independent contractor status of General Practice.

6.3 The risk was rated as 12 (amber – high) at the start of the year and has 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 the risk.

Corporate Risk Register

6.4 The PCCC began the year with six risks on its risk register, of which one was rated as red ('extreme'). There are currently (March 2018) seven risks on the Committee's register, of which two are judged to be red (extreme) and which have therefore been escalated as 'gaps in control or assurance' on the GBAF.

6.3 The two red ('extreme') risks for which the Primary Care Commissioning Committee is the responsible committee are set out in the table below along with mitigating actions:

Risk	**Mitigation**
15/14(b): In relation to the 0-19 pathway reprocurement 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."	Meetings have been held with CCG representatives and representatives from Public Health which have 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 and has been shared with the Primary Care Workstream (PCWS). Progress was reviewed at Governing Body in March 2018 and, although progress in delivering the action plan was noted it was agreed to keep the service under review and revisit in three months.
14/10: 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 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.

7. Primary Care Activity Report

In support of the work of the Primary Care Commissioning Committee, an annual Primary Care Activity Report was completed in May which also summarises activity relating to:

- Equitable Funding Review
- Procurement and Expiry of Contracts
- Availability of Services (Closed Lists and GP Practice Closures)
- Managing Contractual Reviews
- Contractual Notices
- Primary Medical Care Policies

The return, submitted via UNIFY, is included at Appendix 1

To support the Committee further, a development session has now been scheduled for July 2018 to provide further detail around the new Policy and Guidance Manual.

CONCLUSION

7.1 This report has demonstrated how, during 2017/18, 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 Patient Involvement

2017/18 Primary Care Commissioning Activity Report

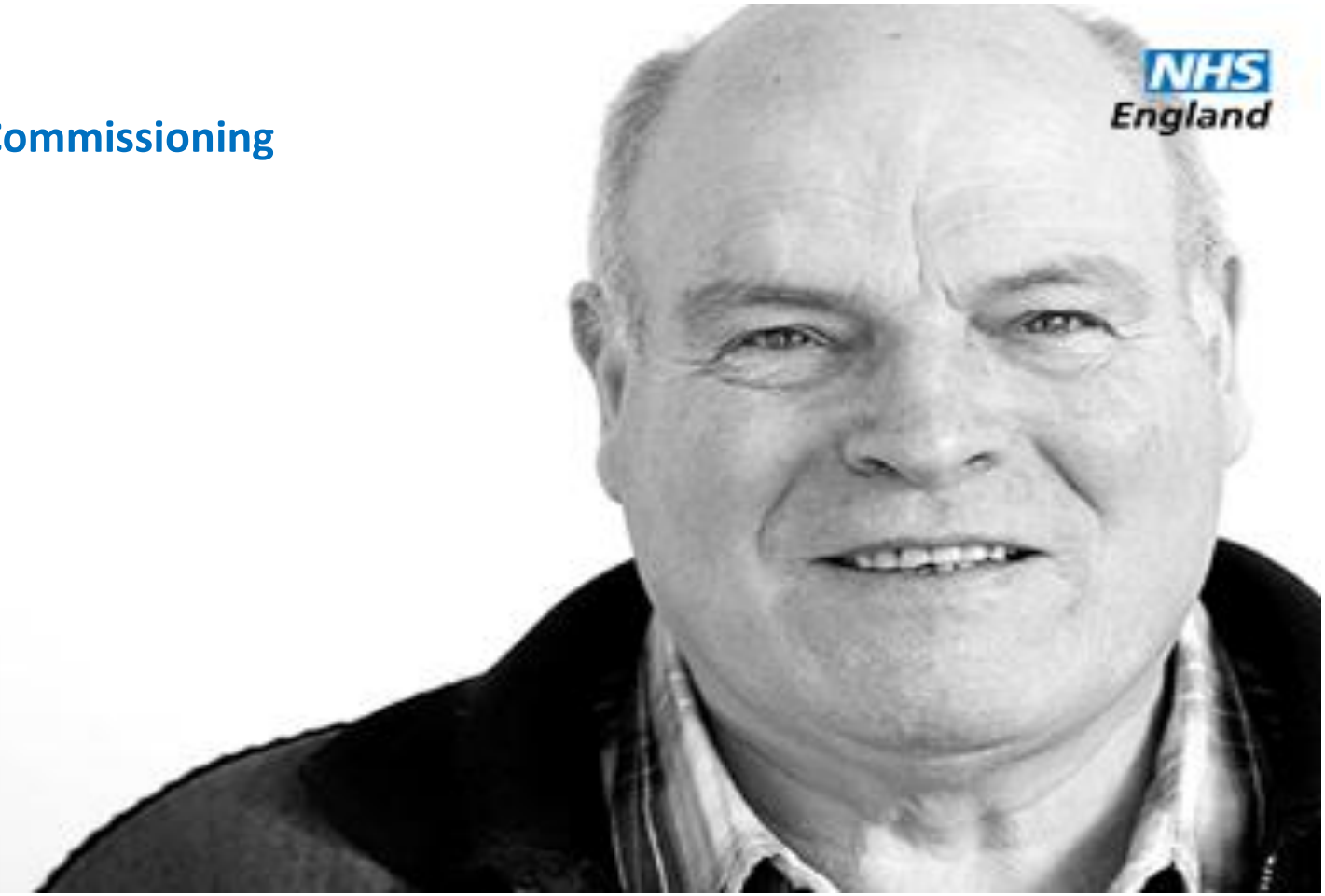
May 2018

Click here to read guidance

Click here to fill in template

Click here to enter practices

Click here before submitting
(question status sheet)



Back to question status

Back to front page

Template to be completed

Please ensure all applicable questions are filled in. You can check to ensure all necessary questions have been filled in on the question status sheet

Guidance Notes
Further details can be found in the notes and guidance information.

Click on drop down arrows on the right to enter area and CCG data is being submitted for.

Area
North

Local NHS England Office (DCO-area)
Yorkshire and the Humber

Clinical Commissioning Group
NHS Barnsley CCG

Automatically generated numbers displaying on the right (grey box) do not need editing- Source ODS

Link to Guidance here

General	
How many GP practices (including all commissioning routes) were there as of the 1 April 2017 within your local commissioning area	**35**
If you dispute the above pre-generated figures, please enter the new figure: (Figure is approximate - see guidance for caveats about ODS source)	33

Please complete all yellow sections of the form - for the purposes of this return, the re

1. Equitable funding

Click here for further guidance

1. When providing a value for this question please consider all payments that are not covered under standard arrangements such as the global sum, a DES or other enhanced services (ES). However, It is essential that DCO's/CCGs DO NOT include payments funded from the General Practice Resilience Programme in their returns as we want to measure genuine discretionary spend by local commissioners.

Discretionary payments made outside of standard contracting agreements	
1.1 How many GP practices received payments under Section 96 Support and Assistance during the reporting period? (Remember to exlcude any payments funded from the General Practice Resilience Programme)	~~0~~
1.2 What was the value of those Section 96 payments in pounds (£):	~~£0.00~~

2. Procurement and expiry of contracts

2.2a APMS refers to Alternative Provider Medical Services
GMS/PMS refers to General Medical Services or Personal Medical Services

Automatically generated numbers displaying on the right (grey box) do not need editing

2.1 How many completed procurement exercises were undertaken for primary medical services during the reporting period		0
2.2 How many of these were:		
a. re-procurement of existing services	Expiring APMS	0
	GMS/PMS Termination	0
	GMS/PMS Closure	0
	Total	**0**
b. procurement of new services to fill identified need or gap		0
2.3 How many of the total procurement exercises (question 2.1) were:		
a. Appointed (please confirm by provider type)	Existing GP practice	0
	Commercial provider	0

		GP Federation	0
		Local NHS Trust	0
		Other	0
Automatically generated numbers displaying on the right (grey box) do not need editing		Total	**0**
	b. Failed to appoint (quality grounds)		0
	c. Failed to attract a bidder		0

3.1 Availability of services

	Closed GP patient lists	
3.1a If the same practice has sent through several requests within the reporting period please record each separately.	**3.1a Please click the below link to enter practices which have requested to close their lists between 1 st April 2017 and 31 March 2018**	
	Click here to list closure requests	
Automatically generated numbers displaying on the right (grey box) do not need editing	3.2 How many practice applications to close patient lists were received during the reporting period ?	**0**
	3.3 How many applications to close patients' lists were approved during the reporting period	**0**
	3.4How many GP practices were operating as of 31st March 2018 with a closed patient list?	0

	GP practice closures	
	3.5. Please click the below link to enter practices which have closed during the reporting period	
	Click here to enter closed practices	
Automatically generated numbers displaying on the right (grey box) do not need editing	3.6.How many patient lists have been dispersed as a result of these closures?	**0**
	3.7 How many patients were dispersed in total as a result of these closures?	**0**

'Review' includes a visit from the local team, contractual management or risk assessment.

4. Managing Contractual Reviews	
4.1 How many practices were identified for a contractual review during the reporting period?	2
4.2 How many of these contractual reviews were completed during the reporting period?	2
4.3 Proportion of CCG practices identified for contractual review	0.057142857
4.4 Proportion of identified contractual reviews completed	1

5. Contractual Notices	
5.1 (a) How many **remedial** notices have been issued during the reporting period?	2
5.1 (b) If there was a main or common theme for these remedial notices please provide brief details below	

Free text responses: bullet list only and no contractual references to be used, e.g opening hours, CQC improvement, CQC registration, patient reference group)

Free text response:	
5.2 (a) How many **breach** notices have been issued during the reporting period?	1
5.2 (b) If there was a main or common theme for these breach notices please provide brief details below	
Free text response:	
5.3 (a) How many **termination** notices have been issued during the reporting period?	0
5.2 (b) If there was a main or common theme for these termination notices please provide brief details below	
Free text response:	

Answer 'Not applicable' if the need to apply the policy did not arise in the year. Answer 'No' if there are known instances where policy and procedures were not applied or adhered to, for example, this could have led to a contractor or patient appealing a decision or action of the commissioner (but not necessarily exclusively so).

6. Primary Medical Care Policies	
6.1 Where the local commissioner has taken decisions and/or actions in the following areas, were these compliant with the NHS England published policy and guidance that applied at that time?	
Establishing new primary medical care contracts?	N/A
Managing contractual variations (whether due to mutual agreement or regulatory amendment)	Yes
Contract breaches, sanctions and terminations	Yes
Managing a PMS contractor's right to return to a GMS contract	Yes
Managing patient lists (registration, temporary suspension and special allocation schemes SAS (SAS new from Nov 2017))	Yes
Management of adverse events (effect of force majeure on contractors)	N/A
Management of Practice Closedown (Planned and unplanned (latter new from Nov 2017))	N/A
Process for determining discretionary payments (made under section 96) (new from Nov 2017)	N/A
Managing contractor disputes	N/A
Dealing with the Death of a contractor	N/A
For commissioners responding 'No' please click here to provide details of the issue and solution to ensure the PGM is adequately implemented in local procedures.	
6.2 Have you updated local procedures to ensure compliance with the new Primary Medical Care Policy and Guidance Manual (PGM) in 2018/19?	Yes
For commissioners responding 'No' please click here to provide details of the issue and solution to ensure the PGM is adequately implemented in local procedures.	
6.3 (**For delegated CCGs only to complete**) Has the Primary Care Commissioning Committee reviewed and considered the new PGM?	Yes

Please click here BEFORE submitting via Unity

Guidance notes for completion

1 Introduction

The primary care commissioning activity report (PCAR) was introduced in 2016/17 to support greater assurance and oversight of NHS England's primary care commissioning responsibilities. It replaces what had often been variable and ad hoc requests for information with a more systematic approach. This guidance covers the collection for the annual reporting period of 1st April 2017 to 31st March 2018.

The report which is being managed through Unify2 continues to focus on key operational areas for commissioned general practice services[1], although this could extend to other primary care contractor groups in future years. It collects information on local commissioning activity regardless of the commissioning route (e.g. NHS England or CCGs with delegated authority).

The key areas of interest for the 2017/18 reporting round include:
- Management of contractual performance
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists.
- Assurance of policy compliance and implementation (new)

Information gathered from this report is being used to support national oversight (from the aggregated results), detecting variation across local geographies and supporting review against our operational policies (e.g. management of GP list closures, contractual performance etc.) It will also support more efficient management of Freedom of Information requests limiting the ad hoc burdens.
1 These are the services expected' from all GP practices commissioned under General Medical Services, Personal Medical Services and Alternative Provider Medical Services contracts)

[1] These are the services expected' from all GP practices commissioned under General Medical Services, Personal Medical Services and Alternative Provider Medical Services contracts)

2 Responsibility for completion

The NHS England regional team completes the PCAR for all individual non-delegated CCGs in the DCO team footprint, excluding those CCGs with delegated authority who will be responsible for completing the PCAR collection themselves. Please note: this refers to delegation status in 2017/18

Online Collection
The PCAR is hosted via Unify2, an online collection system used for collating, sharing and reporting NHS and social care data.

Each regional team and delegated CCG should already have a nominated person(s) responsible for completing the report. The following form should be completed for any changes to nominated person(s) who do not currently have access to Unify2 in order to complete the return.

Local primary care teams (NHS England and CCGs) will need to decide whether to complete this directly or through their local assurances teams who will already have access to and experience of Unify2.

3 Reporting period

In order to ease the collection burden the reporting period will now proceed as an annual collection and will collect the previous 12 months in a whole collection

Regional teams and CCGs will therefore need to ensure they have appropriate ongoing local processes in place for capturing and recording the requested information.

Key dates are for the 2017/18 collection are:

Reporting period (period of activity to be reported on)

01 April 2017 – 31March 2018

Collection opens on Unify2

Week commencing 9th April 2018

Deadline for returns on Unify2

18th May 2018

Completion Guidance

Caveat: General Practitioner information in the ODS (Organisation Data Service) relies on contacts within the parent primary care organisations to inform of updates and additions to GP Practices within their area. This updating is carried out on an ongoing basis but discrepancies can occur if the necessary information has not been provided. If you dispute the pre-generated figures provided by the ODS, please enter the figure you believe to be accurate.

Please ensure an answer is provided for every question, including nil returns using 0 value. Any answers left blank will jeopardise the validity of the collection.

Questions may include changes to previous collections and therefore detailed guidance on questions and terminology should be reviewed as

a matter of course before completing the return. A summary of where key changes have been made is provided in the table below.

Question	Change
Equitable funding	No change
Procurement and expiry of contracts	No change
Patient and public engagement	Removed
Availability of services	Revision
Managing contractual underperformance	Revision
Managing Disputes	Removed
Contractual notices	New
Policy Assurance	New

4 Questions and terminology

The following is provided as a supplementary overview and explanation of the information requested.

1. Equitable funding

Discretionary payments made outside od standard (SFE) contracting arrangements (Section 96 payments sometimes referred to as discretionary payments or funding locally) are a provision in the NHS Act 2006, (transferred to NHS England under the Health and Social Care Act 2012) which provides the facility to support (including financially) GP practices outside of standard contractual arrangements.

When providing a value for this question please only consider payments during the reporting period that are not covered under standard arrangements as the intention is to measure only genuine discretionary spend by local commissioners.

In previous collections commissioners have incorrectly reported spending made via routine contractual enhanced services or PMS 'premiums'.

Payments to exclude from the value:

- Any payments to general practice under GMS,PMS or APMS contractual arrangements
- Any payments made to practices by CCGs under local commissioning arrangements
- Any section 96 payments made under the Vulnerable Practice Programme/General Practice Resilience Programme

If you are unsure as to whether a payment should be included, CCGs should contact their NHS England regional team and DCOs should contact the national team.

2. Procurement and expiry of contracts

This applies to any new procurement exercise for primary medical services undertaken in the reporting period.

This may take the form of the re-procurement of existing services due to:
- An expiring Alternative Provider Medical Services (APMS) contract
- Termination of a General Medical Services (GMS) or Personal Medical Services (PMS) contract
- Closure of a General Medical Services (GMS) or Personal Medical Services (PMS) contract

A procurement exercise may also be carried out for the procurement of new services to fill an identified need/gap.

Any appointments made should be recorded by provider type. A record should be kept of any exercise that failed to appoint either on the grounds that the bidder failed to meet set quality standards OR that the exercise failed to attract a bidder

3. Avaliability of Services

This refers to the closure of patient lists and GP practices resulting in reduced access for patients.
- Practice applying to close their patient list

This seeks to identify all GP practices which applied to close their patient lists during the reporting period and the outcome of this.

If the same practice has sent through several requests within the reporting period please record each separately.

The template will calculate the aggregate counts for the reporting period based on the individual practice details submitted.

Practice closures (This seeks to identify the number of GP practices that have closed to patients during the reporting period due to:
- A commissioner notice (notice from NHS England local team/CCG)
- A contractor notice (notice from provider)
- A merger (to be able to distinguish contractual closures)

4. Contractual reviews

This question has been revised to capture at aggregate level how many practices were identified for a contractual review during the reporting period and how many of those were completed. It is no longer necessary to provide details of individual practices
- Practices identified for review

Commissioners are responsible for overseeing the delivery of services in line with the contracts they hold. Contractual review can be risk

based but, could be triggered as a result of data or local intelligence including for example, CQC pre inspection data or post inspection outcomes, complaints, clinical activity data held on the primary care web tool (PCWT) alongside any other local or national clinical data and the electronic declaration (E-dec), serious untoward incidents, performer concerns, friends and family test information. Commissioners may choose to select practices randomly

Not all reviews will require a practice visit but some face to face inspections are expected

5. Contractual Notices (New)

Part C of the Primary care policy and guidance manual sets out the requirements for issuing contract breaches, sanctions and terminations. Commissioners are required to maintain accurate records when issuing contractual notices and where in the past the central team was informed on each individual notice via emailing details to england.primarycareops@nhs.net this information will now be collected via PCAR. This is because of concerns that notices were not being routinely reported. Commissioners are however, still required to email notification of individual notices issued until March 2018

Question Status

Question number	Status
1. Equitable funding	
1.1	
1.2	
2. Procurement and expiry of contracts	
2.1	
2.2a Expiring APMS	
2.2a PMS/GMS termination	
2.2a GMS/PMS Closure	
2.3	
2.3a Existing GP Practice	
2.3a Commercial provider	
2.3a GP Federation	
2.3a Local NHS Trust	
2.3a Other	
2.3b	
2.3c	
3. Availability of services	
Closure Requests	
Closed Practices	
4. Managing Contractual Reviews	
4	
5. Contractual Notices	
5	
6. Primary Medical Care Policies	
6	

Practice Data

Please provide details of all practices as required by each question and complete as many rows as necessary. Please leave blank any rows which are surplus to requirements.

A "back to question" link is provided on row 2 (at the top of each table). This takes you back to the 'Template' sheet.

Back to front page

Back to question

Please provide details of all practices as required by each question and complete as many rows as necessary. Please leave blank any rows which are surplus to requirements.

Closed GP patient lists		
4.1a Please include the practice codes for all practices which have requested to close their lists during the reporting period	4.3a.Was the practice list closed as a result of this request?	4.3d. If Authorised, has the practice list reopened?
Total	0	0

Practice closures

This applies to the number of GP practices that have closed during the reporting period due to:
- A commissioner notice (notice from NHS England local team/CCG)
- A contractor notice (notice from provider)

Please be aware, only one 'yes' response can be submitted below, either a), b) or c). Please ensure you answer 'no' to other options. Do not leave any answers blank.

If closure was due to commissioner notice or contractor notice, please select 'yes' or 'no' to establish if there was a dispersal of the patient list. This will not apply to practices closed via mergers.

Back to question

Closed GP Practices				
	Which of these have been due to:			
4.4 Please include the practice codes for all practices which have closed during the reporting period	a) commissioner notices	b) Contractor notices	c) Merger	For closures due to commissioner and contractual notice, did this lead to a dispersal of the patient list to neighbouring practices?