

**Primary Care Commissioning Committee**  
**Thursday, 28 November 2019 at 2.30 – 3.30pm in the Boardroom**  
**Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY**

## PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
Housekeeping		Information	Chair	2.30pm 5mins
1	Apologies	Note	Chair	2.35pm
2	Quoracy	Note	Chair	2.35pm
3	Declarations of Interest relevant to the agenda	Assurance	<b>PCCC/19/11/03</b> Chair	2.35pm
4	Minutes of the meeting held on 26 September 2019	Approve	<b>PCCC/19/11/04</b> Chair	2.35pm 5mins
5	Matters Arising Report	Note	<b>PCCC/19/11/05</b> Chair	2.40pm 5mins
<b>Strategy, Planning, Needs Assessment and Co-ordination of Primary Care</b>				
6	Primary Care Network Update		<b>PCCC/19/11/06</b> Julie Frampton	2.45pm 10mins
7	Primary Care Strategy Update		<b>PCCC/19/11/07</b> Julie Frampton	2.55pm 5mins
8	GP IT Update		<b>PCCC/19/11/08</b> Julie Frampton	3.00pm 10mins
<b>Quality and Finance</b>				
9	Finance Update	Note	<b>PCCC/19/11/09</b> Ruth Simms	3.10pm 10mins
10	CQC Updates	Note	<b>PCCC/19/11/10</b> Julie Frampton	3.20pm 10mins
11	Apollo Court Update <i>Item to be taken at the beginning of the meeting</i>	Note	<b>Verbal</b> Dr Guntamukkala James Barker	
<b>Contract Management</b>				
12	Contractual Issues Report	Assurance/ Note	<b>PCCC/19/11/12</b> Julie Frampton	3.30pm 5mins
13	PDA 2019/20 Mid-Year Review		<b>PCCC/19/11/13</b> Julie Frampton	3.35pm 10mins

Item	Session	Committee Requested to	Enclosure Lead	Time
	<b>Governance, Risk and Assurance</b>			
14	Risk and Governance Report <ul style="list-style-type: none"> <li>Including PCCC Terms of Reference (Vice Chair)</li> </ul>	Assurance	<b>PCCC/19/11/14</b> Richard Walker	3.45pm 5mins
	<b>Reflection on conduct of the meeting</b>			
15	<ul style="list-style-type: none"> <li>Conduct of meetings</li> <li>Any areas for additional assurance</li> <li>Any training needs identified</li> </ul>	Note	<b>Verbal</b> Chris Millington	3.50pm 5mins
	<b>Other</b>			
16	Questions from the public relevant to the agenda	Note	<b>Verbal</b> Chris Millington	3.55pm 5mins
17	Items for escalating to the Governing Body	Note	<b>Verbal</b> Lesley Smith	3.55pm
18	<b>Date and time of the next scheduled meeting:</b> Thursday, 30 January 2020 at 2:30 – 3:30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	<b>Verbal</b> Chris Millington	<b>4.00pm</b> <b>Close</b>

### Exclusion of the Public:

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

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

## PRIMARY CARE COMMISSIONING COMMITTEE

28 November 2019

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

#### PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>					
2.	<b>PURPOSE</b>											
	To foresee any potential conflicts of interests relevant to the agenda.											
3.	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Richard Walker</td> <td>Head of Governance &amp; Assurance</td> </tr> <tr> <td>Author</td> <td>Paige Dawson</td> <td>Governance, Risk &amp; Assurance Facilitator</td> </tr> </tbody> </table>		Name	Designation	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance	Author	Paige Dawson	Governance, Risk & Assurance Facilitator		
	Name	Designation										
Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance										
Author	Paige Dawson	Governance, Risk & Assurance Facilitator										
4.	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome										
N/A												
5.	<b>EXECUTIVE SUMMARY</b>											
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p>											

	<b>Type</b>	<b>Description</b>
	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
	<p>Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and Members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Removals:</p> <ul style="list-style-type: none"> <li>• Sarah Tyler</li> <li>• Jamie Wike</li> <li>• Lee Eddell</li> </ul> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>	
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li>• Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.</li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"> <li>• Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report</li> </ul>	

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

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

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

### NHS Barnsley Clinical Commissioning Group Register of Interests

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

#### Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> <li>• Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract</li> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• Member Medical Protection Society</li> <li>• The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> <li>• Two Partners at St Georges Medical Practice (PMS) are Partners on the Practice Contract at Kingswell Surgery (PMS).</li> </ul>
Nigel Bell	Lay Member for Governance	<ul style="list-style-type: none"> <li>• Ad hoc provision of Business Advice through Gordons LLP</li> <li>• Lay Member representing South Yorkshire &amp; Bassetlaw organisations on the Integrated Assurance Committee of South Yorkshire &amp; Bassetlaw Integrated Care System</li> </ul>
Dr Sudhagar Krishnasamy	Medical Director	<ul style="list-style-type: none"> <li>• GP Partner at Royston Group Practice, Barnsley</li> <li>• Member of the Royal College of General Practitioners</li> <li>• GP Appraiser for NHS England</li> <li>• Member of Barnsley LMC</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> <li>Member of the Medical Defence Union</li> <li>Director of SKSJ Medicals Ltd</li> <li>Wife is also a Director</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> <li>Undertakes sessions for IHeart Barnsley</li> </ul>
Chris Millington	Lay Member	<ul style="list-style-type: none"> <li>Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18)</li> <li>Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)</li> </ul>
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> <li>Provider of Corporate and Private healthcare and delivering some NHS Contracts.</li> </ul>
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> <li>Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, fit out and recruitment services for private sector and potentially public sector clients.</li> <li>Interim Accountable Officer NHS Sheffield CCG</li> </ul>
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> <li>Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles.</li> <li>Director of Janark Medical Ltd</li> <li>The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG</li> </ul>

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> <li>NIL</li> </ul>
Julie Frampton	Senior Primary Care Commissioning	<ul style="list-style-type: none"> <li>NIL</li> </ul>



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

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
 held on Thursday, 26 September 2019 at 2.30pm in the Boardroom  
 Hilder House, 49–51 Gawber Road S75 2PY**

**PRESENT: (VOTING MEMBERS)**

Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Lesley Smith	Chief Officer
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician

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

Dr Sudhagar Krishnasamy	Medical Director
Dr Mark Smith	Governing Body Member

**IN ATTENDANCE:**

Julie Frampton	Senior Primary Care Commissioning Manager
Angela Musgrave	Executive Personal Assistant
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE
Ruth Simms	Assistant Finance Manager
Paige Dawson	Risk, Governance & Assurance Facilitator
Rebecca Clarke	Public Health Principal

**APOLOGIES:**

Dr Nick Balac	CCG Chairman
Julia Burrows	Director of Public Health, BMBC
Roxanna Naylor	Chief Finance Officer
Richard Walker	Head of Governance & Assurance

**MEMBERS OF THE PUBLIC:**

Agenda Item	Note	Action	Deadline
<b>PCCC 19/09/01</b>	<b>APOLOGIES</b>		
	The Chair welcomed members to the meeting and apologies were noted as above.		
<b>PCCC 19/09/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>PCCC 19/09/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The following amendments to the Declarations of Interest were noted:-		

	<p><u>Remove:</u> Lee Eddell, Commissioning Manager, NHSE Sarah Tyler, Lay Member, Accountable Care Jamie Wike, Director of Strategic Planning &amp; Performance</p> <p><u>Include</u> Victoria Lindon, Assistant Head of Primary Care Co-Commissioning, NHSE</p> <p><u>Amend</u> Dr Krishnasamy's title to read 'Medical Director'.</p> <p><b>Action:</b> Declarations of Interest report to be updated to reflect the above.</p>	<b>PD</b>	<b>Complete</b>
<b>PCCC 19/09/04</b>	<b>MINUTES OF THE LAST MEETING</b>		
	<p>The minutes of the meeting held on 19 July 2019 were verified as a correct record of proceedings with the following amendment.</p> <p><u>Primary Care Networks Update</u> It was noted that the minutes should read: "that GP practices had completed and submitted the required Network Contract DES documentation to the CCG" (rather than the PCN.).</p> <p><b>Action:</b> Minutes to be amended to reflect GP practices had submitted the Network Contract DES documentation to the CCG.</p> <p><u>Amend</u> Dr Krishnasamy's title to read 'Medical Director'.</p>	<b>AM</b>	<b>Complete</b>
<b>PCCC 19/09/05</b>	<b>MATTERS ARISING REPORT</b>		
	<p><u>Working Win Update</u> The Committee noted the Working Win Referral Close Down Briefing note.</p>		
<b>QUALITY AND FINANCE</b>			
<b>PCCC 19/09/06</b>	<p><b>FINANCE UPDATE</b> The Assistant Finance Manager presented the Finance Update on the financial position detailing funding allocations for delegated Primary Care Co-Commissioning budgets as at 31 July 2019 (Month 4).</p>		

	<p><u>Forecast Position 2019/20</u></p> <p>The Committee noted that the forecast position as at Month 4 (July) was £10k overspend which related to Data Protection Officer funding required as detailed in the new GP contract.</p> <p><u>ICS Transformation Funding</u></p> <p>The Committee were informed that to support delivery of the General Practice Forward View (GPFV) and development of Primary Care Networks (PCNs), South Yorkshire &amp; Bassetlaw (SYB) ICS had an available resource of £2,395k to be shared across the footprint. Barnsley CCG had been allocated £219k of the resource which would be received in Month 6 (September).</p> <p>This funding would support the following schemes:</p> <ul style="list-style-type: none"> <li>• GP Retention £59k</li> <li>• Practice Resilience £37k</li> <li>• Reception &amp; Clerical Training £47k</li> <li>• Online Consultation £76k</li> </ul> <p>The Committee noted that not all the £2,395k resource would be dispersed straight away and £1,156k of the funding would be shared across the footprint to support Primary Care Network development. Barnsley CCG had submitted plans to the ICS for an additional share of the resource which would be considered by the ICS Primary Care Board.</p> <p><u>2020/21 – 2023/24 Planning</u></p> <p>The Finance &amp; Contracting teams were currently working on the Long Term Financial Plan for 2020/21 to 2023/24 which would incorporate the Network Contract Direct Enhanced Service (DES) and other cost pressures that were funded from the Primary Care Co-Commissioning budgets.</p> <p>It was noted that there was an increasing pressure on the Delegated Primary Care budget for 2019/20 that could necessitate the use of Programme budgets to fund any shortfall against allocations.</p> <p>Full details of the plans would be reported at the CCG's Governing Body in November following which an update report would be shared with the Primary Care Commissioning Committee.</p>		
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<p><b>PCCC</b> <b>19/09/08</b></p>	<p><b>CQC UPDATES</b> The Senior Primary Care Commissioning Manager introduced the CQC Report that provided members with an update on the current CQC position in relation to Primary Care contracts.</p> <p><b>BHF Practices</b> The Committee were reminded that following a CQC inspection of BHF Practices at Highgate Surgery, Lundwood Practice and Brierley Medical Centre in August and September 2018, all 3 Practices had received an overall rating of 'Requires Improvement'.</p> <p>Each Practice had worked hard to address the concerns detailed in the CQC's initial report and, following a re-inspection on 4 July 2019 all 3 Practices had received a rating of 'Good' in all domains.</p> <p><b>Hoyland First PMS Practice</b> Hoyland First PMS practice was inspected on 6 August 2019. In the report published on 28 August the practice received a rating of 'Good' overall.</p> <p>The CCG had written to all practices to congratulate staff and thank them for their continued efforts to provide high quality services.</p> <p><b>Planned CQC Inspections</b> The CQC had also completed inspections of the following Practices:</p> <ul style="list-style-type: none"> <li>• Huddersfield Road Surgery – 11 September 2019</li> <li>• Grimethorpe Surgery – 18 September 2019</li> </ul> <p>Details of the outcome and the CQC report would be shared when published.</p> <p>The Committee were informed that overall most GP Practices were providing high quality services with only 2 Practices receiving a rating of 'Inadequate/ Requires Improvement' which was a considerable improvement.</p> <p>The CQC had now completed all of 2019's Annual Regulatory Reviews for those practices with a 'Good' or 'Outstanding' rating. The CCG had been informed that there were no thematic concerns raised from the reviews undertaken and they were assured that everything was going well in Barnsley.</p>		
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	<p><b>Breakdown of Practice Achievement by Domain</b></p> <p>The Committee noted the update included in the report that provided details of where Barnsley Practices were in terms of the overall standing within each of the different CQC domains.</p> <p>The Chairman reminded members that feedback from the CQC Inspector for Barnsley had been that there was a high calibre of General Practices within Barnsley providing an excellent service to patients. The Inspector had also observed potential areas of outstanding practice in some GP Practices that could possibly achieve 'outstanding' ratings with guidance on how to increase evidence at future inspections.</p> <p>The Chief Officer commented that the success of BHF Brierley Medical Centre receiving a 'Good' CQC rating displayed how that underpinned the importance of Primary Care at Scale.</p> <p><b>The Committee:-</b></p> <ul style="list-style-type: none"> <li>• Noted the 'Good' rating from the CQC inspections of BHF Brierley Medical Centre, BHF Highgate Surgery, BHF Lundwood Practice and Hoyland First PMS Practice.</li> <li>• Noted the awaited CQC reports for: <ul style="list-style-type: none"> <li>○ Huddersfield Road Surgery inspection</li> <li>○ Grimethorpe Surgery inspection</li> </ul> </li> <li>• Noted the completion of Annual Regulatory Reviews</li> <li>• Noted the overall CQC ratings of Barnsley Practices</li> </ul>		
<b>CONTRACT MANAGEMENT</b>			
<b>PCCC 19/09/09</b>	<b>PUBLIC CONTRACTUAL ISSUES REPORT</b>		
	<p>The Senior Primary Care Commissioning Manager introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to Primary Care contracts.</p> <p><b>PMS Contract Changes</b></p> <ul style="list-style-type: none"> <li>• <u>Penistone Group Practice Contract Variation</u> An application had been received to add one GP partner, Dr Matthew Teesdale, to the Penistone Group Practice contract from 1 September 2019.</li> </ul>		

	<ul style="list-style-type: none"> <li> <b><u>Rose Tree Practice</u></b>  An application had been received to add the MEI partnership Limited Company as a new partner onto the Rose Tree Practice contract from 1 September 2019.   Details of this application had been circulated to voting members of the Committee on 4 September 2019 and approval was agreed virtually.   A further application had now been received to remove Dr Athale from the Rose Tree Contract from 1 October 2019 due to retirement. Dr Athale ceased to provide clinical work on 31 July 2019.   The CCG had been advised that once Dr Athale was removed from the Rose Tree contract, it was the intention of two other current contract holders, Mrs L Rippon and Dr MA Ghani to apply to be removed from the contract during 2019.   The report confirmed that NHS England had carried out all due diligence checks relating to the above and recommended that these been approved by the PCCC members following which the Primary Care Team would ensure the contract was amended accordingly. </li> <li> <b><u>GP Retainer Scheme Application</u></b>  The CCG had received an application from Dr NL Emad for the National GP Retention Scheme which was supported by Hoyland First practice (Walderslade).   The National GP Retention Scheme provided a package of educational and financial support to help eligible doctors, who might otherwise leave the profession, to remain in general practice.   In response to a query, members were informed that the scheme supported both the retained GP and the practice employing them by offering financial support. The CCG would be responsible for the financial cost of the scheme which would be provided from an allocated budget. Approval of any further applications would be dependent on the limitations of the budget. </li> </ul>		
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	<ul style="list-style-type: none"> <li> <b>Practice Opening Hours</b>            Following recent reviews over the last twelve months, members were provided with an update of the current core hours access to primary medical services in Barnsley.             The Senior Primary Care Commissioning Manager shared a summary which provided the Committee with assurance that all Barnsley GP Practices were now compliant with their core hours as set out in the new Network Contract DES.             Where practices were closing for staff training purposes or closing earlier than 18:30 on various days of the week, practices were utilising the sub-contracting arrangements and transferring cover to the i-Heart Barnsley Healthcare Federation.             The Assistant Head of Primary Care Co-Commissioning, NHSE informed the meeting that a national GP access review was currently underway looking at extended access services and what those services meant for the extended hours DES, core access and core opening hours.             It was acknowledged that as NHSE would be contacting CCGs to provide the necessary assurances relating to extended access, the current core hour's access to primary medical services update would prove very timely.         </li> <li> <b>Network Contract DES</b>            The Committee were provided with an update on the requirement for PCNs to develop the infrastructure to support delivery of the Neighbourhood Services Specification and the seven national contract specifications expected from 2020/21.             The update provided a summary of where the focus of the work and plans were going to be which would be supported by the CCG's national contract budget and the £1.50 per head of population as required by NHSE. Further transformation funding was also expected to be allocated from the Primary Care ICS work stream.         </li> </ul>		
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	<b>The Committee:</b> <ol style="list-style-type: none"> <li>1. In Year Contract Variations               <ol style="list-style-type: none"> <li>i) Approved the Penistone Group Practice Contract Variation to add Dr M Teesdale</li> <li>ii) Ratified the approval to add the MEI Partnership Limited Company to the Rose Tree contract and approve the removal of Dr Athale.</li> </ol> </li> <li>2. Approved the application for the GP Retainer Scheme.</li> <li>3. Noted the review of practice opening hours.</li> <li>4. Noted the PCN development and delivery</li> </ol>		
<b>GOVERNANCE, RISK AND ASSURANCE</b>			
<b>PCCC 19/09/10</b>	<b>RISK AND GOVERNANCE REPORT</b>		
	<p>The Risk, Governance &amp; Assurance Facilitator provided an overview of the Risk and Governance Report confirming that no new risks had been identified since the previous meeting which needed to be brought to the attention of the Committee from either the Assurance Framework or the Risk Register.</p> <p><b><u>Assurance Framework 2018/19</u></b> Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.</p> <p>The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated.</p> <p><b><u>Risk Register</u></b> There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the six risks, there was one red risk (extreme), one amber risk (high), three yellow risks (moderate) and one green (low) risk.</p> <p>The Committee noted that the mitigating actions relating to risk reference CCG 14/10 'Primary Care clinical workforce' had recently been updated to include the recruitment of Phase 2 Clinical Pharmacists.</p>		

	<b>The Committee:-</b> <ul style="list-style-type: none"> <li>Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible;</li> <li>Reviewed the Risk Register attached and: <ul style="list-style-type: none"> <li>i. Confirmed all risks identified were appropriately described and scored</li> <li>ii. Confirmed there were no other risks which needed to be included on the Risk Register</li> </ul> </li> </ul>		
<b>PCCC</b> <b>19/09/11</b>	<b>PCCC TERMS OF REFERENCE</b> The Risk, Governance & Assurance Facilitator introduced the updated annual PCCC Terms of Reference for consideration.  It was noted that the revised terms of reference now included a non-voting representative from NHSE.  The Committee were also reminded that following the resignation of the Lay Member for Accountable Care, the role of PCCC Vice Chair was now vacant.  Following a brief discussion, the Lay Member for Governance agreed to act as the PCCC Vice Chair providing this did not cause a conflict of interest with his other CCG work responsibilities.  After further consideration if, following the required governance checks there was a conflict of interest, the Secondary Care Clinician agreed to act as the PCCC Vice Chair until a replacement was sought for the Lay Member for Accountable Care.  <b>Action: Governance checks to be carried out to establish whether the Lay Member for Governance could act as the PCCC Vice Chair.</b>	RW	
<b>OTHER</b>			
<b>PCCC</b> <b>19/09/12</b>	<b>REFLECTION OF CONDUCT OF THE MEETING</b> The Committee agreed that the meeting had been conducted appropriately.		
<b>PCCC</b> <b>19/09/13</b>	<b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b> There were no members of the public present at the meeting.		

<b>PCCC 19/09/14</b>	<b>ANY OTHER BUSINESS</b> <u>PCCC Meeting Dates for 2020</u> The Committee noted that the PCCC meeting dates for 2020 had now been agreed and meeting requests had been circulated to members.		
<b>PCCC 19/09/15</b>	<b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b> It was agreed to escalate the following items to the Governing Body:- <ul style="list-style-type: none"> <li>• CQC Updates</li> <li>• Practice Opening Hours</li> <li>• Terms of Reference             <ul style="list-style-type: none"> <li>○ Appointment of Vice Chair</li> </ul> </li> </ul>		
<b>PCCC 19/09/16</b>	<b>DATE &amp; TIME OF NEXT MEETING</b> Thursday, 28 November 2019 at 2.30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley S75 2PY		

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

**28 NOVEMBER 2019**

## **1. MATTERS ARISING**

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **26 September 2019**

Minute ref	Issue	Action	Action/Outcome
<b>PCCC 19/09/11</b>	<b>PCCC Terms of Reference</b> Governance checks to be carried out to establish whether the Lay Member for Governance was able to act as the Vice Chair for the PCCC.	<b>RW</b>	<b>Complete</b>  Included in Risk & Governance Report

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

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

*Table 2*

Minute ref	Issue	Action	Action/Outcome
	<b>None</b>		

## PRIMARY CARE COMMISSIONING COMMITTEE

28 NOVEMBER 2019

### Primary Care Network Update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																	
	<i>Decision</i> <input type="checkbox"/>	<i>Approval</i> <input type="checkbox"/>	<i>Assurance</i> <input type="checkbox"/>	<i>Information</i> <input checked="" type="checkbox"/>														
<b>2.</b>	<b>PURPOSE</b>																	
	The purpose of this paper is to update PCCC members to the progress of the work undertaken by the PCN.																	
<b>3.</b>	<b>REPORT OF</b>																	
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #b0c4de;"> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Lead</td> <td>Julie Frampton</td> <td>Senior PC Commissioning Manager</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td>Senior PC Commissioning Manager</td> </tr> </tbody> </table>				Name	Designation	Lead	Julie Frampton	Senior PC Commissioning Manager	Author	Julie Frampton	Senior PC Commissioning Manager						
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Group / Committee	Date	Outcome																
N/A																		
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																	
	<p>There are a number of areas of work progressing within Barnsley PCN. The following is an update on work delivered:</p> <ul style="list-style-type: none"> <li>All Neighbourhoods Networks have appointed their Network Clinical Director and some of the CDs attended a recent NHS England PC workshop where the refresh of the ICS PC Strategy was started to include their input</li> <li>Extended access appointments are available at all practices in line with the Network Contract DES</li> </ul>																	

	<ul style="list-style-type: none"> <li>• Work is in progress regarding the recruitment of the Social Prescribing Link Workers and Clinical Pharmacists as part of the additional roles funded provision. Barnsley Healthcare Federation has been discussing the link worker roles with the providers of the My Best Life contract linking into the ICS work regarding these role to ensure a consistent approach is taken so to not undermine contracts and staffing</li> <li>• A PCN Development plan has been produced and is informing the ICN PC Strategy</li> <li>• The Maturity Network Matrix assessment has been completed by the PCN and will link into the OD offer from NHS England as well as local OD offers</li> <li>• Work to progress the digital requirements is underway e.g. 111 Direct Booking, GP Connect, Doctorlink</li> </ul> <p>There are a number of areas of work that will need to be actioned to ensure that they are completed by the 31 March 2020. The PC team will be working closely with the PCN to ensure that this completed as scheduled.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the contents of the update.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	None

<b>Agenda time allocation for report:</b>	<i>10 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

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

3.1	<b>Clinical Leadership</b> <table border="1" data-bbox="279 197 1412 324"> <tr> <td data-bbox="279 197 1268 257">Have GB GPs and / or other appropriate clinicians provided input and leadership?</td> <td data-bbox="1268 197 1412 257"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 257 1412 324"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have GB GPs and / or other appropriate clinicians provided input and leadership?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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3.2	<b>Management of Conflicts of Interest (s14O)</b> <table border="1" data-bbox="279 398 1412 555"> <tr> <td data-bbox="279 398 1268 492">Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance &amp; Assurance and / or the Conflicts of Interest Guardian if appropriate?</td> <td data-bbox="1268 398 1412 492"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 492 1412 555"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					
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<i>If relevant provide brief details here OR cross refer to detailed report if used</i>									
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b> <table border="1" data-bbox="279 629 1412 817"> <tr> <td data-bbox="279 629 1268 689">Have any financial implications been considered &amp; discussed with the Finance Team?</td> <td data-bbox="1268 629 1412 689"><b>NA</b></td> </tr> <tr> <td data-bbox="279 689 1268 750">Where relevant has authority to commit expenditure been sought from Management Team (&lt;£100k) or Governing Body (&gt;£100k)?</td> <td data-bbox="1268 689 1412 750"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 750 1412 817"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any financial implications been considered & discussed with the Finance Team?	<b>NA</b>	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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<i>If relevant provide brief details here OR cross refer to detailed report if used</i>									
3.4	<b>Improving quality (s14R, s14S)</b> <table border="1" data-bbox="279 891 1412 1052"> <tr> <td data-bbox="279 891 1268 925">Has a Quality Impact Assessment (QIA) been completed if relevant?</td> <td data-bbox="1268 891 1412 925"><b>NA</b></td> </tr> <tr> <td data-bbox="279 925 1268 985">Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?</td> <td data-bbox="1268 925 1412 985"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 985 1412 1052"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.5	<b>Reducing inequalities (s14T)</b> <table border="1" data-bbox="279 1126 1412 1283"> <tr> <td data-bbox="279 1126 1268 1160">Has an Equality Impact Assessment (EIA) been completed if relevant?</td> <td data-bbox="1268 1126 1412 1160"><b>NA</b></td> </tr> <tr> <td data-bbox="279 1160 1268 1220">Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity &amp; Inclusion Lead if appropriate?</td> <td data-bbox="1268 1160 1412 1220"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 1220 1412 1283"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.6	<b>Public Involvement &amp; Consultation (s14Z2)</b> <table border="1" data-bbox="279 1357 1412 1518"> <tr> <td data-bbox="279 1357 1268 1391">Has a s14Z2: Patient and Public Participation Form been completed if relevant?</td> <td data-bbox="1268 1357 1412 1391"><b>NA</b></td> </tr> <tr> <td data-bbox="279 1391 1268 1451">Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms &amp; Engagement if appropriate?</td> <td data-bbox="1268 1391 1412 1451"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 1451 1412 1518"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			
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3.8	<b>Procurement considerations</b> <table border="1" data-bbox="279 1827 1412 2049"> <tr> <td data-bbox="279 1827 1268 1888">Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?</td> <td data-bbox="1268 1827 1412 1888"><b>NA</b></td> </tr> <tr> <td data-bbox="279 1888 1268 1921">Has a Single Tender Waiver form been completed if appropriate?</td> <td data-bbox="1268 1888 1412 1921"><b>NA</b></td> </tr> <tr> <td data-bbox="279 1921 1268 1982">Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?</td> <td data-bbox="1268 1921 1412 1982"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 1982 1412 2049"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td> </tr> </table>	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
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3.9	<b>Human Resources</b>								



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3.10	<b>Environmental Sustainability</b> <table border="1"> <tr> <td data-bbox="282 376 1262 439">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td data-bbox="1270 376 1406 439"><b>NA</b></td></tr> <tr> <td colspan="2" data-bbox="282 439 1406 501"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
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## PRIMARY CARE COMMISSIONING COMMITTEE

28 NOVEMBER 2019

### Primary Care Network Update

#### PART 1A – SUMMARY REPORT

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<b>2.</b>	<b>PURPOSE</b>																	
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N/A																		
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																	
	<p>The BCCG PC Strategy was initially refreshed following the publication of the Long Term Plan, Network Contract DES and development of our Primary Care Network and the 6 Neighbourhood Networks. An early draft was shared with the ICS PC Programme Lead to help inform the development of the ICS PC Strategy.</p>																	

	The CCG PC strategy requires some further work to widen the input to include the aspirations the CCG has in moving towards fully integrated Primary and Community teams and services, our aspirations for Mental Health in the Community, Urgent Care, the PCN development plan and Maturity Matrix achievement, Network CD role in supporting delivery and ICS PC developments.
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the contents of the update.</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	None

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

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

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## PRIMARY CARE COMMISSIONING COMMITTEE

28 NOVEMBER 2019

### Digital Developments and IT Project Update for Primary Care

#### PART 1A – SUMMARY REPORT

<b>1. THIS PAPER IS FOR</b>												
	<table border="1"> <tr> <td><i>Decision</i></td><td><input type="checkbox"/></td> <td><i>Approval</i></td><td><input type="checkbox"/></td> <td><i>Assurance</i></td><td><input checked="" type="checkbox"/></td> <td><i>Information</i></td><td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>			
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<b>2. PURPOSE</b>												
	This report provides an update on the digital developments and IT projects for Primary Care.											
<b>3. REPORT OF</b>												
	<table border="1"> <thead> <tr> <th></th><th>Name</th><th>Designation</th></tr> </thead> <tbody> <tr> <td>Lead</td><td>Julie Frampton</td><td>Senior Primary Care Commissioning Manager</td></tr> <tr> <td>Author</td><td>Louise Dodson</td><td>Primary Care Transformation Manager</td></tr> </tbody> </table>				Name	Designation	Lead	Julie Frampton	Senior Primary Care Commissioning Manager	Author	Louise Dodson	Primary Care Transformation Manager
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Lead	Julie Frampton	Senior Primary Care Commissioning Manager										
Author	Louise Dodson	Primary Care Transformation Manager										
<b>4. SUMMARY OF PREVIOUS GOVERNANCE</b>												
	<p>The Digital Developments raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th><th>Date</th><th>Outcome</th></tr> </thead> <tbody> <tr> <td>Membership Council</td><td>17 September 2019</td><td>Noted</td></tr> </tbody> </table>			Group / Committee	Date	Outcome	Membership Council	17 September 2019	Noted			
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<b>5. EXECUTIVE SUMMARY</b>												
	<p>As part of its Digital Transformation strategy, NHSE is encouraging the use of technology to empower patients and make it easier for clinicians to deliver high quality care, enabling patients to seamlessly navigate services. In addition there are particular digital developments which practices are contractually required to deliver.</p> <p>There are a number of local digital development projects which are either underway or due to be delivered over the current financial year (2019-20). There are also projects which will begin in this financial year with a view to being delivered in the next financial year (2020-21).</p>											

## **5.1 SystemOne and EMIS Interoperability**

Barnsley CCG has completed the first wave of TPP / EMIS Interoperability following service scoping and identification of data controllers.

Wave one included approximately two thirds of practices; a mix of both TPP and EMIS. These practices have been provided with guidance on how to action the interoperability and steps to take to ensure information governance is followed.

Wave two has been submitted to TPP and EMIS, this wave includes a further eight practices, i-heart OOH plus over 40 community modules for services provided by SWYPFT. It is anticipated the request to action interoperability will be completed by both TPP and EMIS by the end of November 2019.

For wave three steps have been made to obtain the details of modules and agreement from data controllers for community services provided by BHNFT, in hospital services provided by BHNFT and the outstanding three TPP/EMIS practices.

It is expected this will be delivered in the current financial year.

## **5.2 111 Direct Booking**

The 2019/2020 standard contract includes a new requirement for 'practices to make available a proportion of their appointments for direct booking via NHS 111, where the functionality exists.' Practices must make available a minimum of one appointment per whole 3,000 patients per day for direct booking from NHS 111.

We have been working with Yorkshire Ambulance Service (YAS), NHS Digital (NHSD) and colleagues across South Yorkshire and Bassetlaw (SY & B) to get the functionality enabled across the region.

NHSD have confirmed that the new GP Connect system which allows functionality across clinical systems is now available, locally this will follow the completion of TPP and EMIS interoperability.

Practices have been asked to sign a data sharing agreement with YAS; currently we have 20 practices that have completed this. Following completion of data sharing agreements, the CCG Caldicott Guardian will be asked to sign an End User Organisation Declaration (EUOD) for submission to NHSD. Approximately ten days later BCCG will be able to join the SYB rollout.

YAS are staggering the rollout in order to ensure their call response times are not negatively impacted with the new capacity for booking in this way. There is an SYB wide approach to proportionate this across CCGs.

## **5.3 Doctorlink**

Doctorlink were the successful provider from the joint procurement by Barnsley Doncaster, Sheffield and Bassetlaw CCGs. Doctorlink were awarded a 2 year contract, with the option of an additional 2 year extension.



Doctorlink provides a digital triage and advice tool which can be integrated into practice systems. Patients will be directed to the most appropriate service and if required will be able to book an appointment with an appropriate clinician.

Practices are required to offer online consultations by April 2020 and video consultations by April 2021. Doctorlink has the functionality to provide both these requirements although video consultation is not currently activated. Discussions are ongoing regarding the introduction of video consultations. It is likely this will be implemented in the 2020-21 financial year allowing practices to focus on implementation of the 2019-20 requirements.

Currently BCCG has one practice who have implemented Doctorlink, with a further five booked arranged over the next four weeks. An SYB approach has been taken to increase the number of practices implementing in order to meet the contractual deadline.

#### 5.4 IT Projects Update

IT Project	Explanation/Update
<b>GPWIFI:</b> NHS Digital is working to make sure that everyone can access free WiFi in NHS sites in England, as set out in the NHS England General Practice Forward View. NHS WiFi will provide a secure, stable, and reliable WiFi capability, consistent across all NHS settings. It will allow patients and the public to download health apps, browse the internet and access health and care information.	Final remedial work is scheduled with those practices and once completed the project will close.
<b>HSCN:</b> The Health and Social Care Network (HSCN) is a new data network for health and care organisations succeeding N3. HSCN enables health and social care organisations to create shared networks, which help deliver shared and integrated ICT services.	HSCN is progressing and following the technical work a final order was placed with Redcentric. The majority of pre transition work has been completed in practices with dates for the remaining booked. A plan for the full transition is being released in phases and practices are being notified.

	<p><b>Windows 10 &amp; GPIT Refresh:</b> NHS England have published the "2018/19 Addendum to the GP IT Operating Model", the results of which are that:</p> <ul style="list-style-type: none"> <li>• All machines must be upgraded to Windows 10 from Windows 7 before the Microsoft support period ends</li> <li>• All software must be of a supported version for Windows 10 and have a valid support contract in place to ensure Windows 10 compliance (i.e. Sage, Dictation Software)</li> </ul>	<p>The Windows 10 Upgrade and Annual IT Refresh Project will be run by our IT Provider (eMBED Health Consortium) as one project, delivering to all practices across the CCG:</p> <ul style="list-style-type: none"> <li>• Engineers will go to all GP practice sites and replace any machines which are due to go out of support (approx. 25% across the estate). The new machines will come with Windows 10 already installed</li> <li>• The project continues and practices are moving across to Windows10. There had been a slight delay in the roll out due to the delay in receiving the sign off from NHS Digital for the capital PID.</li> </ul>
	<p><b>Apex Tool</b> - The system provides an overview of a practice's profile to support planning and evaluate year on year changes in trends and population health demands. It also improves understanding of patient's behaviour and use of their services as well as providing a valuable insight into primary care activity, capacity and demand by analysis and reporting on GP practice appointment data.</p>	<p>All but 1 of our practices has Apex installed and this practice will install following the upgrade to HSCN. Work is ongoing to take practices through the various stages of implementation and this is monitored by the NHSE Apex Working Group.</p> <p>The Apex tool will help the CCG in assessing the practice capacity and demand, evidence any access issues and support the wider attendance issues across the Barnsley system.</p>
	<p><b>Population Segmentation Tool:</b> Barnsley CCG has commissioned Outcomes Based Healthcare (OBH) to undertake a population segmentation analysis that will provide important insights that help to develop the local case for greater service integration across health and care.</p>	<p>This work has been completed and an analysis has been performed. The data will support the Network Clinical Directors and wider teams will be able to use this information to support service development, focus on health inequalities at Neighbourhood Network level, and support outcome based commissioning.</p>
	<p><b>Mobile Working – ETTF:</b> The Barnsley Mobile Working project is intended to bring efficiencies to the operation of GPs, practice staff and other clinical staff by enabling them to work from any location, allowing GPs to make</p>	<p>The Proof of Concept work has been completed and widened, as planned, to include a larger cohort of practice staff from sites that use TPP and Emis to test different specifications of the SurfacePro laptops. This will enable a decision to be made about how well these machines will</p>

	use of new Microsoft technology and to facilitate new ways of working such as use of Microsoft Office 365 (O365) cloud-based applications and storage, and Microsoft 365 Windows 10 infrastructure.	work, how well they support staff in working more agilely and which laptop specification is most suitable. The project is due to finish at the end of January 2020 following the outcome of the pilots and delivery to practices of the chosen laptop.
<b>6.</b>	<b>THE COMMITTEE IS ASKED TO:</b>	
	<ul style="list-style-type: none"> <li><i>Note for assurance</i></li> </ul>	
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	None	

<b>Agenda time allocation for report:</b>	<i>10 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	✓
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
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<b>2.</b>	<b>Links to statutory duties</b>			
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	<b>Links to delegated primary care commissioning functions</b>			
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	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			
<b>3.1</b>	<b>Clinical Leadership</b>			
	Have GB GPs and / or other appropriate clinicians provided input and			<b>NA</b>

	leadership?	
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3.2	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.3	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
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	Has a Single Tender Waiver form been completed if appropriate?	Y/N/NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.9	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA

	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.10	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	

## PRIMARY CARE COMMISSIONING COMMITTEE

28 November 2019

### FINANCE UPDATE

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>											
	Decision	<input type="checkbox"/>	Approval									
		<input type="checkbox"/>	Assurance									
		<input type="checkbox"/>	Information									
			<input checked="" type="checkbox"/>									
<b>2.</b>	<b>PURPOSE</b>											
	This report provides an update of the financial position and details of funding allocations for delegated Primary Care Co Commissioning budgets as at 30th September 2019 (Month 6).											
<b>3.</b>	<b>REPORT OF</b>											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td>Ruth Simms</td> <td>Assistant Finance Manager</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author	Ruth Simms	Assistant Finance Manager
	Name	Designation										
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer										
Author	Ruth Simms	Assistant Finance Manager										
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>											
	The matters raised in this paper have been subject to prior consideration in the following forums:											
	<table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Group / Committee	Date	Outcome						
Group / Committee	Date	Outcome										
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>											
<b>5.1</b>	<b><u>Forecast Position 2019/20</u></b>											
	<p>The forecast position as at Month 6 is (£202k) underspend, Appendix A sets out the movements from budget, however the majority of this underspend relates to the underutilisation of 18/19 accruals.</p> <p>Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.</p>											

5.2	<p><b><u>ICS Transformation Funding</u></b></p> <p>We have now received funding from the South Yorkshire and Bassetlaw (SYB) ICS to support delivery of the General Practice Forward View (GPFV) and development of Primary Care Networks (PCNs) of £219k. Total available resource across the footprint is £2,395k. This funding will support the following schemes;</p> <ul style="list-style-type: none"><li>• GP Retention £59k,</li><li>• Practice Resilience £37k,</li><li>• Reception &amp; Clerical Training £47k</li><li>• Online Consultation £76k.</li></ul> <p>The remaining funding of £1,156k across SYB will be utilised to support Primary Care Network (PCN) development. From this £956k will be distributed to SYB CCGs, Barnsley CCG has been allocated £162k which will be transferred in Month 8 (November). The ICS will retain £200k of the total remaining funding which will fund Organisational Development programmes that can be delivered across SYB.</p> <p>Further allocations are available across the footprint for Training Hub £265k, Fellowship Core Offer £238k and Fellowship Aspiring Leaders £304k. The ICS Primary Care Board is looking at the way in which this will be allocated.</p>
5.3	<p><b><u>2020/21 – 2023/24 Planning</u></b></p> <p>The CCG Finance and Contracting Team are currently developing the Long Term Financial Plan for 2020/21 -2023/24 which incorporates all aspects of the Network Contract Direct Enhanced Service (DES) and other known cost pressures funded from within the Primary Care Co-commissioning budgets. PCCC is aware that the budget for 2019/20 is above the CCG allocation for Co-Commissioning and funding from within CCG Programme budgets fund the shortfall against allocations. This pressure is expected to increase, however full details will be reported through Governing Body as part of the operational planning process which is expected to be in January 2020. Further details will be provided to PCCC once this work is complete.</p>
6.	<p><b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b></p>
	<ul style="list-style-type: none"><li>• Note the contents of the report</li></ul>
7.	<p><b>APPENDICES / LINKS TO FURTHER INFORMATION</b></p>
	<ul style="list-style-type: none"><li>• Appendix A – Finance Monitoring Statement for 2019/20</li></ul>
<p><b>Agenda time allocation for report:</b></p>	
<p>10 minutes.</p>	



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

<b>1.</b>	<b>Links to Corporate Priorities, GBAF and Risk Register</b>			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework ( <i>place ✓ beside all that apply</i> ):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
<b>2A.</b>	<b>Links to delegated primary care commissioning functions</b>			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG ( <i>place ✓ beside all that are relevant</i> ):			
	Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)		Decisions in relation to the management of poorly performing GP Practices	
	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			

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

	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>N/A</b>

**NHS BARNSELEY CLINICAL COMMISSIONING GROUP**  
**Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 6**  
**FOR THE PERIOD ENDING 30th September 2019**

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			Forecast Outturn Variance Explanation
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	
ENHANCED SERVICES	458,541	-	458,541	527,061	68,520	14.94%	Overspend relates to £11k for 18/19 actuals on Minor Surgery and Learning Disability higher than expected. Minor Surgery 19/20 £42k overspend due to increase in GPs trained to provide this service. Specialist Allocation Scheme £15k overspend, the number of patients eligible for the scheme have increased. Other minor movements of £1k.
GENERAL PRACTICE - APMS	1,222,245	-	1,222,245	1,238,864	16,619	1.36%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (July 2019). List sizes are adjusted quarterly and payments are updated in line with this, there is a percentage increase in list sizes included in the position resulting in a £21k overspend on GMS and £17k overspend in APMS. The impact of the GMS/PMS review can also be seen within the FOT resulting in a £34k overspend on PMS contracts.
GENERAL PRACTICE - GMS	11,754,245	-	11,754,245	11,774,980	20,735	0.18%	
GENERAL PRACTICE - PMS	12,351,060		12,351,060	12,384,999	33,939	0.27%	
OTHER GP SERVICES	1,503,536	-	1,503,536	1,440,993	(62,543)	-4.16%	Underspend includes a number of areas - <b>Prescribing &amp; Dispensing</b> - underutilisation of 18/19 accruals of (£15k). FOT £57k over for 19/20 YTD actuals higher than expected. <b>Telephone and Transport</b> - underutilisation of 18/19 accruals of (£4k). FOT for 19/20 includes £10k for DPO as per National GP Guidance. <b>Locum &amp; Sickness</b> - underutilisation of 18/19 accruals of (£98k) actuals lower than expected. <b>Seniority</b> - FOT (£41k) quarter 1 actuals lower than expected. Forecast includes £15k for GP Retention scheme as approved at Primary Care Co Commissioning Committee. Additional costs for sterile products for £7k included in the Forecast. Other minor movements of £6k.
OTHER PREMISES	133,642	-	133,642	(91,121)	(224,763)	-168.18%	Underspend due to underutilisation of 18/19 accruals of (£124k) due to actuals been lower than expected. FOT (£101k) actuals lower than expected.
PREMISES COST REIMBURSEMENT	5,385,120	(22,291)	5,362,829	5,465,933	103,104	1.92%	Overspend relates to £59k from 18/19 relating two backdated rent reviews. Overspend of £44k for 19/20 due to review of current rent reimbursements taking place compared to previous and a percentage increase included in the forecast.
QOF	3,785,941	-	3,785,941	3,628,924	(157,017)	-4.15%	Underspend due to 18/19 QOF Achievement lower than expected (£187k). 19/20 QOF Achievement FOT £9k over and QOF Aspiration FOT £21k overspend YTD higher than expected.
Primary Care Network DES	1,195,584		1,195,584	1,194,764	(820)	-0.07%	Underspend due to underutilisation of 18/19 Extended Hours accruals of (£4k) actuals lower than expected. Quarter 1 Extended Hours £3k overspent actuals higher than expected.
<b>TOTAL PRIMARY MEDICAL SERVICES</b>	<b>37,789,914</b>	<b>(22,291)</b>	<b>37,767,623</b>	<b>37,565,397</b>	<b>(202,226)</b>	<b>-157.88%</b>	

**PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE**
**28 November 2019**
**CQC REPORT**
**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	<i>Decision</i> <input type="checkbox"/> <i>Approval</i> <input type="checkbox"/> <i>Assurance</i> <input checked="" type="checkbox"/> <i>Information</i> <input type="checkbox"/>		
<b>2.</b>	<b>PURPOSE</b>		
	The purpose of this report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Lead	Julie Frampton	Senior Primary Care Commissioning Manager
	Author	Terry Hague	Primary Care Transformation Manager
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Quality and Patient Safety Committee	02/10/2019	Noted
	Primary Care Quality Improvement Group	07/11/2019	Noted
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<b><u>CQC Inspections - Good Ratings</u></b>  The following practices have been inspected and received a rating of 'Good'. <ul style="list-style-type: none"> <li> <b>Grimethorpe Surgery</b>            Grimethorpe Surgery was inspected on the 18 September 2019. In the report published on the 14 October 2019 the practice received a rating of Good overall.         </li> </ul>		

	<p>The practice was last been inspected in December 2014 and had been rated as Good overall and in all domains. The CQC completed an Annual Review with the practice in May 2019. Following the Annual Review the CQC inspection focused solely on the domains of Effective, Responsive and Well-led when they completed the inspection in September.</p> <p>You can read the report in full on the CQC's website at:  <a href="https://www.cqc.org.uk/location/1-544649434">https://www.cqc.org.uk/location/1-544649434</a></p> <ul style="list-style-type: none"> <li>• <b>Huddersfield Road Surgery</b></li> </ul> <p>A CQC inspection took place on the 11 September 2019. In the report published on the 8 November 2019, the practice received a rating of 'Good' overall and across all domains with the exception of services being Well-led which was rated as Requires Improvement.</p> <p>The CCG is liaising with the practice and is assured that an action plan has been developed and to offer support.</p> <p>You can read the reports in full on the CQC's website at:  <a href="https://www.cqc.org.uk/location/1-570647760">https://www.cqc.org.uk/location/1-570647760</a></p> <p>The CCG will write to the practices to congratulate all staff on receiving the 'Good' rating and commendable CQC report and thanking the practice for their continued efforts to provide high quality services for the people of Barnsley.</p>
	<p><b>CQC Inspections Completed/Planned</b></p> <p>The CQC have also completed inspections of the practice listed below. Details of the outcome and their report will be shared when published.</p> <ul style="list-style-type: none"> <li>• Dove Valley Practice inspection completed 19 November 2019</li> <li>• Lundwood Medical Centre inspection completed 19 November 2019</li> <li>• Royston High Street Practice inspection completed 16 September 2019</li> <li>• Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service were inspected on 14 and 15 November 2019</li> </ul> <p>Assurance regarding the outcome of these will be brought to the next possible committee meeting.</p>
	<p><b>CQC Outcome Publicity</b></p> <p>A media release issued by Dodworth Medical Practice (Apollo Court), with support from the CCG, was published in the 18 October 2019 edition of the Barnsley Chronicle. The article entitled 'GP Surgery in Good Health' focussed on the practice being rated Good by CQC inspectors and being out of special measures.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the Good rating from the CQC inspection of Grimethorpe Surgery</li> <li>• Note the Good rating from the CQC inspections of Huddersfield Road Surgery and assurance of an action plan for the Well-Led domain rated as requires Improvement</li> </ul>

	<ul style="list-style-type: none"> <li>Note the awaited CQC reports for: <ul style="list-style-type: none"> <li>Dove Valley Practice inspection completed 19 November 2019</li> <li>Lundwood Medical Centre inspection completed 19 November 2019</li> <li>Royston High Street Practice inspection completed 16 September 2019</li> <li>Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service were inspected 14 and 15 November 2019</li> </ul> </li> <li>Note the Publicity for the CQC outcome from the inspection of Dodworth Medical Practice (Apollo Court)</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	None

<b>Agenda time allocation for report:</b>	<i>10 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

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



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

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

## PRIMARY CARE COMMISSIONING COMMITTEE

28 November 2019

### CONTRACTUAL ISSUES REPORT

#### PART 1A – SUMMARY REPORT

1.	<b>THIS PAPER IS FOR</b>		
	Decision	<input type="checkbox"/>	Approval
		<input checked="" type="checkbox"/>	Assurance
		<input type="checkbox"/>	Information
2.	<b>PURPOSE</b>		
	The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.		
3.	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Lead	Julie Frampton	Senior Primary Care Commissioning Manager
	Author	Terry Hague	Primary Care Transformation Manager
4.	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Not Applicable		
5.	<b>EXECUTIVE SUMMARY</b>		
	<b>PMS Contract Changes</b> <ul style="list-style-type: none"> <li><b>Victoria Medical Centre Contract Variation</b></li> </ul> <p>Barnsley CCG has received an application to vary Victoria Medical Centre's PMS contract in relation to a 24 hour retirement for Mark Smith on 9 January 2020.</p> <p>24-hour retirement is a process by which members of the NHS pension scheme seek to qualify for their retirement benefits whilst continuing to work (albeit with a break). 24-hour retirement usually involves resigning from all involvement in an</p>		

	<p>NHS contract, not returning to the NHS in any capacity for at least 24 hours; and not working for more than 16 hours a week in the first month of retirement.</p> <p>As this 24 hour retirement requires an amendment to the PMS contract this requires PCCC members' approval. We have confirmed there will still be signatories to the PMS contract during the 24 hour retirement and it is recommended that this item be approved. The Primary Care Team will amend the PMS contract to support the 24 hour retirement by a "vary off" and "vary on" contract amendment.</p> <p><b>GMS Contract Changes</b></p> <ul style="list-style-type: none"> <li>• <b>Hollygreen Surgery</b> Barnsley CCG has received an application to add one GP partner Dr Awadallah to the Hollygreen Surgery contract from 1 October 2019.</li> </ul> <p>The practice is a GMS practice with 11,021 patients and currently has 4 contract holders.</p> <p>This addition does not require an amendment to the contract due to it being a GMS contract so this item is note for information only.</p> <p><b>Rent Reimbursement for GP Practices</b></p> <p>The CCG has responsibility to approve rent reimbursements in line with the National Health Services (General Medical Services – Premises Costs Directions) 2013 specifically Part 5 Recurring Premises Costs. The following are the reviews that have been approved and actioned since April 2019:</p> <ul style="list-style-type: none"> <li>• All LIFT/Health Centre rents applied as per CHP schedule</li> <li>• C85003 Ashville</li> <li>• C85020 Huddersfield Road</li> <li>• C85622 Monk Bretton</li> <li>• C85005 Royston</li> <li>• C85013 Wombwell PMS</li> <li>• C85010 Rotherham Road (all buildings)</li> </ul> <p>The CCG continues to fund this increased expenditure through CCG programme budgets.</p>		
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>		
	<ul style="list-style-type: none"> <li>• Approve the 24 hour retirement of Dr Mark Smith at Victoria Medical Centre</li> <li>• Note - the addition of Dr Awadallah to Hollygreen Surgery contract</li> <li>• Note the rent reimbursements.</li> </ul>		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
	<ul style="list-style-type: none"> <li>• None</li> </ul>		
<table border="1"> <tr> <td><b>Agenda time allocation for report:</b></td> <td><i>5 minutes.</i></td> </tr> </table>		<b>Agenda time allocation for report:</b>	<i>5 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

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

3.2	<b>Management of Conflicts of Interest (s14O)</b> <table border="1" data-bbox="279 241 1409 392"> <tr> <td data-bbox="279 241 1262 331">Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance &amp; Assurance and / or the Conflicts of Interest Guardian if appropriate?</td> <td data-bbox="1262 241 1409 331"><b>NA</b></td> </tr> <tr> <td colspan="2" data-bbox="279 331 1409 392"></td> </tr> </table>		Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>NA</b>						
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## PRIMARY CARE COMMISSIONING COMMITTEE

28 November 2019

### PDA 2019/20 Mid-Year Update

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>																
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>									
<b>2.</b>	<b>PURPOSE</b>																
	<p>The purpose of this report is to provide information regarding an update of the 2019/20 PDA at mid-year.</p> <p>This paper does not report on the Medicines Optimisation Scheme as progress is monitored directly by Medicines Management Team.</p>																
<b>3.</b>	<b>REPORT OF</b>																
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Julie Frampton</td> <td>Senior Primary Care Commissioning Manager</td> </tr> <tr> <td>Author</td> <td>Louise Dodson</td> <td>Primary Care Transformation Manager</td> </tr> </tbody> </table>									Name	Designation	Executive / Clinical Lead	Julie Frampton	Senior Primary Care Commissioning Manager	Author	Louise Dodson	Primary Care Transformation Manager
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Author	Louise Dodson	Primary Care Transformation Manager															
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>																
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 40%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>NA</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>								Group / Committee	Date	Outcome	NA					
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<b>5.</b>	<b>EXECUTIVE SUMMARY</b>																
	<p>The 2019/20 PDA contract is to be delivered 1<sup>st</sup> April 2019 to 31<sup>st</sup> March 2020.</p> <p>Practices were invited to invoice the CCG for 30% of the payment once a signed contract had been received into Primary Care. To date all 33 practices have submitted this invoice.</p>																



	<p>Practices were then invited to invoice the CCG for the next 30% of the payment once they had submitted both Q1 and Q2 data returns. To date 29 practices have submitted an invoice.</p> <p>Q1 submissions were received by practices 12 July 2019 and Submission 2 by 11<sup>th</sup> October. (Cancer scheme submissions were received by 18<sup>th</sup> October 2019).</p> <p>Not all indicators are reported on mid-year, however the majority are reported at least once by the time Submission 1 and 2 have been made. Some indicators can only be reported at year end.</p> <p>Scheme leads met following Submission 2 to identify if any schemes were not delivering as expected and/or identify practices which were not on target for any schemes. The purpose of this meeting was to identify trends within indicators and/or practices, there was no financial implication for practices meeting expected progress.</p> <p>Where a scheme is not delivering where expected, scheme leads have taken appropriate action i.e. escalate for clinical support, offer practical advice to practices, amend indicator for PDA Development Planning 2020/21 etc.</p> <p>All practices received communication outlining current progress against expected progress for mid-year; if a practice was not on target for delivering additional support has been offered by scheme leads.</p> <p>Additionally to this Primary Care Staff (Sarah Pollard, Improvement Nurse Vascular Disease) is providing intensive support to 7 practices, enhanced support on specific indicators to 3 practices and ad hoc support and communication to the remaining practices.</p>		
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>		
	Note - for information		
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>		
	None		
<table border="1"> <tr> <td><b>Agenda time allocation for report:</b></td><td><i>10 minutes.</i></td></tr> </table>		<b>Agenda time allocation for report:</b>	<i>10 minutes.</i>
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**PART 1B – SUPPORTING INFORMATION & ASSURANCE**

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	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
<b>2.</b>	<b>Links to statutory duties</b>			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act ( <i>place ✓ beside all that are relevant</i> ):			
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	<b>Links to delegated primary care commissioning functions</b>			
	This report is relevant to the following responsibilities for primary care commissioning delegated to the CCG ( <i>place ✓ beside all that are relevant</i> ):			
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	Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
	Planning the Commissioning of Primary Medical Services in Barnsley	✓	Co-ordinating a common approach to the commissioning of primary care services	✓
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
<b>3.</b>	<b>Governance Considerations Checklist</b> ( <i>these will be especially relevant where a proposal or policy is brought for decision or approval</i> )			

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

3.10	<b>Environmental Sustainability</b> <table border="1" data-bbox="280 241 1412 367"> <tr> <td data-bbox="280 241 1265 304">Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td data-bbox="1265 241 1412 304"><b>NA</b></td></tr> <tr> <td colspan="2" data-bbox="280 304 1412 367"></td></tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>		
Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>				

## PRIMARY CARE COMMISSIONING COMMITTEE

28 November 2019

### RISK AND GOVERNANCE REPORT

#### PART 1A – SUMMARY REPORT

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
			Information <input type="checkbox"/>
<b>2.</b>	<b>PURPOSE</b>		
	<ul style="list-style-type: none"> <li>To assure the Primary Care Commissioning Committee members re the delivery of the CCG's annual strategic objectives.</li> <li>To assure the Primary Care Commissioning Committee of current risks to the organisation are being effectively managed and monitored appropriately.</li> <li>To advise the Committee of proposed arrangements regarding the position of Vice Chair of the Committee.</li> </ul>		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive / Clinical Lead	Richard Walker	Head of Governance & Assurance
	Author	Paige Dawson	Governance, Risk & Assurance Facilitator
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	N/A		
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<b>Introduction</b> In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.		

## **Assurance Framework**

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

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

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

## **Risk Register**

The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.

The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 2 of this report which provides the Committee with an extract risk register of risks associated with the Primary Care Commissioning Committee.

There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), two 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. Specifically, the Committee is asked to consider reducing the risk score of 14/10 in light of a number of staffing initiatives included within the Network Contract DES and across the ICS that aim to recruit staff to support GP practices.

## **Additions / Removals**

There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.

Members are asked to review the risk detailed on Appendix 2 to ensure that the risk is being appropriately managed and scored.

	<p><b>Primary Care Commissioning Committee Terms of Reference</b></p> <p>At its meeting in September 2019 the Committee considered and approved a number of amendments to the Committee's terms of Reference. During this discussion the question was raised of who could or should act as the vice chair of the committee in the light of the recent resignation of the Lay Member for Accountable Care who had previously held this role.</p> <p>The relevant guidance is NHSE's <i>statutory guidance for CCGs on the management of conflicts of interest</i> (2017) and the FAQ published alongside the new model constitution earlier this year:</p> <p><i>"Statutory guidance on conflicts of interest and CCGs states that the PCCC must have a lay chair and lay vice chair. It also states that the CCG must appoint a conflicts of interest guardian and proposes that this will ordinarily be a role fulfilled by the Audit Committee Chair.</i></p> <p><i>To ensure the role of the conflicts of interest guardian is not compromised, the chair of Audit Committee should not also fulfil the role of chair of the Primary Care Commissioning Committee. Ideally the CCG Audit Chair would also not serve as vice chair of the PCCC. However, if this is required (for example where there is a lack of other suitable lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the PCCC chair."</i></p> <p>In the light of this guidance it is proposed that:</p> <ul style="list-style-type: none"> <li>• The Lay Member for Governance becomes the Vice Chair of the Primary Care Commissioning Committee, to comply with the requirement that this role is held by a Lay Member</li> <li>• To preserve the integrity of his role as Conflicts of Interest Guardian, when chairing the PCCC in the absence of the Chair, the Lay Member for Governance will relinquish the chair to the Secondary Care Clinician for any items which come up for discussion or decision and in relation to which material interests have been declared in order that he can form an objective view as to the appropriateness of the management of those declared conflicts</li> <li>• The Terms of Reference of the Committee are amended accordingly.</li> </ul>
6.	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review and agree that the risks are being appropriately managed and scored.</li> <li>• Review risk score of 14/10.</li> <li>• Approve the proposal re the Vice Chair of the Committee for inclusion in the Terms of Reference.</li> </ul>

<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>	
	<ul style="list-style-type: none"><li>• Appendix 1 – GBAF</li><li>• Appendix 2 – Risk Register (extract)</li></ul>	
<b>Agenda time allocation for report:</b>		5 minutes



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

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

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

## RISK REGISTER – November 2019

### Domains

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	19	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	3	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

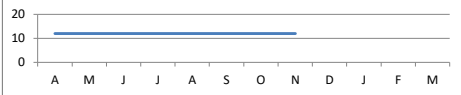
The initial risk rating is what the risk would score if no mitigation was in place. The residual/current risk score is the likelihood/consequence (impact) of the risk sits when mitigation plans are in place

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (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	3	3	9	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles.  The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley.  NHS England has published an Interim People Plan to support the workforce challenge.  The CCG's Primary Care Development Workstream	Senior Primary Care Commissioning Manager.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	11/19	<b>November 2019</b> There are a number of staffing initiatives included within the Network Contract DES and across the ICS that aim to recruit staff to support GP practices. Work is underway with the PCN and ICS to facilitate this.  This further mitigation helps to reduce the risk.  <b>October 2019</b> There are a	12/19

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		services could be further away from their home.				<p>has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists &amp; 2 technicians in March 2019.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p>							<p>number of current local initiatives to support the Primary Care workforce, these include: Nurse VTS scheme, New GP contract roles, GP retention, clinical pharmacist programme and Advanced Clinical Practitioner courses. These initiatives will continue to be built on and embedded to support primary care recruitment and retention.</p> <p><b>Sept 2019</b> Phase 2 Clinical Pharmacists now in post and commencing work to support practices.</p> <p>Work continues to establish the</p>	

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													recruitment of the roles in the LTP  <b>August 2019</b> Work is underway to support the PCN to deliver the requirements stated in the Network Contract DES	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.  The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).	Senior Primary Care Commissioning Manager  (Primary Care Commissioning Committee)	Risk Assessment	2	4	8	11/19	<b>November 2019</b> The CCG continues to effectively manage its delegated responsibility.  <b>August 2019</b> The CCG continues to effectively manage its delegated responsibility.  <b>May 2019</b> The CCG continues to effectively	02/20

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													<p>manage its delegated responsibility.</p> <p><b>February 2019 –</b> Recruited staff now in post will support the CCG to meet its delegated responsibilities.</p>	

PRIMARY 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: Deliver investment into Primary Care Improve Infrastructure Ensure recruitment/retention/development of workforce Address workload issues using 10 high impact actions Improve access particularly during the working week, more bookable appointments at evening and weekends. Every practice implements at least 2 of the high impact 'time to care' actions Deliver delegated Primary Care functions to be confirmed via mandated internal audit reviews Develop and maintain PCN with 100% coverage by 30 June.2019 and support the transition and further development of the PCNs				Highest quality governance		There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: -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 -Primary Care Networks do not embed and support delivery of Primary Care at place -Not having quality monitoring arrangements embedded in practice -Inadequate investment in primary care Independent contractor status of General Practice							
				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					Date reviewed		Nov-19			
Initial	3	4	12					Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.					
Current	3	4	12										
Appetite	3	4	12										
Approach	TOLERATE												
Key controls to mitigate threat:				Sources of assurance				Rec'd?					
Support practices to complete HEE Workforce Analysis tool. Ensure all practices install APEX and use this for capacity and demand assessment. This will also help to inform the workforce requirements. Those practices not utilising the APEX tool will be required to use the National Workforce Tool for monitoring workforce data.				All practices have now completed the HEE tool to allow the CCG to create a workforce baseline. The workforce data was been presented to September 17 BEST meeting supported by Mark Purvis from HEE. All practices (with 1 exception) has agreed to install and use the APEX tool. The installation process is monitored via the SYB D2 Group to ensure compliance and rigorous monitoring. APEX use is to be incentivised through the 2019/20 PDA to maintain workforce data.				In progress					
Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices to improve sustainability and attract workforce to the Barnsley area				Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC).				Ongoing					
Optimum use of BEST sessions				BEST programme and Programme co-ordination being led by BHF				Ongoing					
Development of locality working through the establishment of PCN's				6 Neighbourhood Networks have been agreed with the support of a single super Primary Care Network worked by the GP Federation. These are co-terminous with previous CCG and Local Authority localities (submission completed) and signing up to the new Network Framework Agreement and Network Contract DES. This supports the transition and development of formal Primary Care Networks to deliver the primary care elements of the NHS Long Term Plan. Meetings are set for the year to ensure that the PCNs are able to meet regularly.				In progress					
BHF - Existence of strong federation supports Primary Care at Scale				BHF contract monitoring, oversight by PCCC				Ongoing					
Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life) Social Prescribing - My Best Life is a successful programme supporting the people of Barnsley to work towards self care. This service has now extended to include high intensity users.				Monitored through PDA Contract monitoring of My Best Life's contract is monitored regularly. The 2019-20 PDA ensures that each practice continues to have a "My Best Life Champion". Social Prescribing is a key element in the Long Term Plan and a new cohort of Link Workers will support PCNs to deliver the requirements.				Ongoing					
Programme Management Approach of GPFV & Forward View Next steps				GPFV assurance returns submitted quarterly to NHSE. Regular updates on progress are reported to PCCC as per PCCC work plan.				Ongoing					
Care Navigation roll out - First Port of Call Plus				BHF contract monitoring, oversight by PCCC, also included in GPFV assurance returns				Ongoing					
Engagement and consultation with Primary Care (Membership Council, Practice Managers etc.)				NHS England 360 Stakeholder Survey results shared with stakeholders and published on the CCG website. 18/19 results to be reported to Membership Council Spring 2019. Results show that BCCG stakeholders have a high level of satisfaction with the CCG's leadership & engagement.				Ongoing					
SY Workforce Group in place; ICS has a workforce hub and a workforce lead for Barnsley the workforce hub is a collaboration with CCG's, HEE, providers and Universities.				BCCG is represented on the group. BCCG is represented on all workforce groups. Reporting is via PCCC for Primary care.				Ongoing					
Gaps in assurance						Positive assurances received							
None identified													
Gaps in control						Actions being taken to address gaps in control / assurance							
RR 14/10:If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (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 CCG and BHF work with member practices to address any gaps/ variance and to develop a workforce plan going forward. Actively exploring option of international recruitment with 16 practices expressing an interest. BHF looking to host a number of these GPs if the initiative goes forward. Practices encouraged to look at skill mix with innovative recruitment. Recruitment of phase 2 Clinical Pharmacist completed							