

Primary Care Commissioning Committee
Thursday, 25 July 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
1	Housekeeping	Information	Chair	2.30pm 5mins
2	Apologies	Note	Chair	2.35pm
3	Quoracy	Note	Chair	2.35pm
4	Declarations of Interest relevant to the agenda	Assurance	PCCC/19/07/04 Chair	2.35pm
5	Minutes of the meeting held on 30 May 2019	Approve	PCCC/19/07/05 Chair	2.35pm 5mins
6	Matters Arising Report	Note	PCCC/19/07/06 Chair	2.40pm
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7	Primary Care Networks Update	Assurance/ Note	PCCC/19/07/07 Julie Frampton	2.40pm 10mins
Quality and Finance				
8	CQC Updates	Note	PCCC/19/07/08 Julie Frampton	2.50pm 10mins
Contract Management				
9	Contractual Issues Report <ul style="list-style-type: none"> PDA 2019/20 Sign Up PDA 2018/19 Final Update 	Assurance/ Note	PCCC/19/07/09 Julie Frampton	3.00pm 10mins
Governance, Risk and Assurance				
10	Risk and Governance Report	Assurance	PCCC/19/07/10 Richard Walker	3.10pm 5mins
11	Work Plan Update	Information	PCCC/19/07/11 Richard Walker	3.15pm 5mins
Reflection on conduct of the meeting				
12	<ul style="list-style-type: none"> Conduct of meetings Any areas for additional assurance Any training needs identified 	Note	Verbal Chris Millington	3.20pm

Item	Session	Committee Requested to	Enclosure Lead	Time
	Other			
13	Questions from the public relevant to the agenda	Note	Verbal Chris Millington	3.20pm 5mins
14	Any other business	Note	Verbal All	3.25pm 5mins
15	Items for escalating to the Governing Body	Note	Verbal Lesley Smith	
17	Date and time of the next scheduled meeting: Thursday, 26 September 2019 at 2:30 – 3:30pm in the Boardroom, Hilder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	Verbal Chris Millington	3.30pm Close

Exclusion of the Public:

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

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

PRIMARY CARE COMMISSIONING COMMITTEE

25 JULY 2019

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR												
	<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.	REPORT OF												
		<i>Name</i>	<i>Designation</i>										
	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance										
	<i>Author</i>	Paige Dawson	Governance, Risk & Assurance Facilitator										
3.	EXECUTIVE SUMMARY												
	<p>Conflicts of interest are defined as a set of circumstances by which a reasonable person would consider that an individual's ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.</p> <p>The table below details what interests must be declared:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Type</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;</td> </tr> <tr> <td>Indirect interests</td> <td>Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.</td> </tr> </tbody> </table>			Type	Description	Financial interests	Where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;	Non-financial professional interests	Where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;	Non-financial personal interests	Where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;	Indirect interests	Where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child, etc.) close friend or business partner.
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	<p>Appendix 1 to this report details all Committee Members' current declared interests to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Addition: Lesley Smith is now Interim Accountable Officer NHS Sheffield CCG. Minor updates have been included to Sarah Tyler and Nigel Bell's interests.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix 1 – Primary Care Commissioning Committee Members' Declaration of Interest Report

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

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

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

Name	Current position (s) held in the CCG	Declared Interest
		<ul style="list-style-type: none"> • Member of Barnsley LMC • Member of the Medical Defence Union • Director of SKSJ Medicals Ltd • Wife is also a Director • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG • Undertakes sessions for IHeart Barnsley
Chris Millington	Lay Member	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18) • Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> • Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> • Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS. • Interim Accountable Officer NHS Sheffield CCG
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> • Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. • Director of Janark Medical Ltd • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> • Volunteer Governor / Board Member, Northern College (who may take referrals from My Best Life) • Voluntary trustee / Board Member for Steps (community care provider for early years / nursery) • Interim Health Improvement Specialist for Wakefield Council (ceased July 2018) • Quality For Health developed by Voluntary Action Calderdale and in partnership (VAC) in partnership with the Calderdale Clinical Commissioning Group and working with Greater Huddersfield Clinical Commissioning Group • ROLE NOT YET STARTED - Additional work, employed by Protocol (a provider of flexible staffing and recruitment services in the

Name	Current position (s) held in the CCG	Declared Interest
		education, FE, skills, training & public sectors). The role title is Facilitator and the role is supporting people through an apprenticeship programme to become a policy officer, largely based in the civil service. Although the employer is Protocol, the lead partner on the apprenticeship programme is KPMG.

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

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting
held on Thursday, 30 May 2019 at 2.30pm in the Boardroom
Hilder House, 49–51 Gawber Road S75 2PY**

MEMBERS PRESENT:

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

GP CLINICAL ADVISORS

Dr Sudhagar Krishnasamy	Associate Medical Director
Dr Mark Smith	Governing Body Member
Dr Nick Balac	CCG Chairman

IN ATTENDANCE:

Julie Frampton	Senior Primary Care Commissioning Manager
Angela Musgrave	Executive Personal Assistant
Julia Burrows	Director of Public Health, BMBC
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE
Paul Ellsworth	Work and Wellbeing Manager Barnsley
Niall O'Reilly	Head of Work and Wellbeing
Julie Tolhurst	Public Health Principal

APOLOGIES:

Jackie Holdich	Head of Delivery, Integrated Primary & Out of Hospital Care
Roxanna Naylor	Chief Finance Officer
Lee Eddell	Commissioning Manager, NHSE
Ruth Simms	Assistant Finance Manager

MEMBERS OF THE PUBLIC:

Agenda Item	Note	Action	Deadline
PCCC 19/05/01	APOLOGIES		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 19/05/02	QUORACY		
	The meeting was declared quorate.		

PCCC 19/05/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	<p>The Chief Officer advised that she had recently updated her declarations of interests but noted that this was not reflected on the version included in the papers for the meeting.</p> <p>The Lay Member for Governance declared an interest in any ICS related matters as he was a member of the ICS Integrated Assurance Committee.</p> <p>GP members of the Committee declared an interest in agenda item 7 – Primary Care Networks Update. It was however; agreed that their input to the discussions would be important.</p> <p>GP members also declared an interest in agenda item 12 – PDA end of year report 2018/19.</p> <p>The Chair requested that GP members of the Committee be present for the PDA end of year report 2018/19 discussion but should leave prior to the decision being made.</p> <p>Action: Updated version of the Declarations of Interest report to be presented at future meetings.</p>	RW	
PCCC 19/05/04	MINUTES OF THE LAST MEETING		
	The minutes of the meeting held on 28 March 2019 were verified as a correct record of proceedings.		
PCCC 19/05/05	MATTERS ARISING REPORT		
	The Committee noted the matters arising report. All actions were complete.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 19/05/06	WORKING WIN UPDATE		
	In response to a request from the Chief Officer at the May meeting for an update on the Working Win Health Employment Trail to be presented at the PCCC meeting in July, colleagues from Barnsley Council and the Working Win trail attended the meeting.		

	<p>The Committee noted that since commencement of the Working Win trial in May 2018 more than 3,250 people had signed up to the trail during the first 12 months and that Working Win was on course to hit its employment targets with 531 participants achieving job outcomes so far. Of these figures more than 410 people in Barnsley had signed up to the trial with 62 achieving job outcomes.</p> <p>Working Win had embedded well in Barnsley with colleagues working closely with clinical partners at SWYPFT Mental Health Access Team, BMBC, GP Practices, the Voluntary and Community sectors.</p> <p>It was however reported that for Working Win to produce definitive results for evaluation of the trial a minimum of 6,000 participants needed to be recruited. This would mean a further 2,800 participants across South Yorkshire & Bassetlaw would need to be recruited of which 737 participants were required from Barnsley before referrals closed at the end of October 2019.</p> <p>A lengthy discussion followed regarding what the CCG could do to best support Working Win to achieve their Barnsley target.</p> <p>The following suggestions were noted:-</p> <ul style="list-style-type: none"> • Encourage GPs to refer all eligible patients who express an interest in employment support via the Working Win website (https://workingwinreferrals.co.uk) • Share practice referral data per practice 'in confidence' to identify which practices were engaged with the trial so that others could be targeted to promote. • Promote training for practice administrators • Promote text messaging patients within the Primary Care Newsletter • Liaise with MSK colleagues to set KPIs around referrals • Include Working Win on the Primary Care Development Workstream agenda. 	<p>JF</p> <p>WW</p> <p>WW</p> <p>JF</p> <p>JS</p> <p>JF</p>	
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	<ul style="list-style-type: none"> • Link with the CCG Comms Team to produce a joint article with the Council detailing the success of Working Win for inclusion in the Barnsley Chronicle • Arrange for Working Win to attend a future BEST meeting to promote the trial. 	KW	
PCCC 19/05/07	<p>PRIMARY CARE NETWORKS UPDATE The Senior Primary Care Commissioning Manager presented the Primary Care Networks Update report.</p> <p>Members were informed that following the publication of the Network Contract DES specification, practices had been strongly in favour of continuing to work together in their established local networks whilst ensuring that work undertaken as a whole was not lost.</p> <p>This would ensure that Barnsley could continue to operate as 'one'. All of the practices within the 6 Local Networks had agreed to be part of the one joint PCN that would provide sustainability, security and integration with the providers who form the Integrated Delivery Partnership in Barnsley.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Approved the single Primary Care Network (PCN) within which each of the six Local Networks would operate in their own right, each with a Local Network Director/s. 	JF	
PCCC 19/05/08	<p>HOME VISITING PROCUREMENT UPDATE The Senior Primary Care Commissioning Manager presented the Primary Care Home Visiting Service report.</p> <p>Following PCCC approval of the appointment of Barnsley Healthcare Federation (BHF) as the provider of the service, the report provided members with assurance that implementation and delivery processes had now been completed and that the service went live on Wednesday, 1 May 2019.</p> <p>The Home Visiting Service delivery would be reviewed monthly as part of the BHF Contracting meetings and any issues would be managed within the meetings' terms of reference.</p>		

	<p>The Committee: Noted the successful implementation and start of the service as planned.</p>		
<p>PCCC 19/05/09</p>	<p>ETTF & BAU CAPITAL The Senior Primary Care Commissioning Manager presented the Update on the Estates and Technology Transformation Fund (ETTF) and Business as Usual (BAU) Capital Schemes which provided members with an update on how the NHSE approved schemes in Barnsley were progressing.</p> <p><u>The Health Centre, Brampton</u> This scheme was underway with a large extension to the existing practice.</p> <p><u>Kingswell Surgery, Penistone</u> This scheme had received approval for internal alterations to enable the premises to be better suited to becoming a teaching practice as well as providing additional space to accommodate increasing patient numbers.</p> <p><u>Mobile Working</u> Updates for this scheme had been reported via the CCG IT meetings.</p> <p><u>Huddersfield Road Branch Surgery at Barugh Green</u> A first draft of the PID had been submitted to NHSE following which a few amendments were required to questions from the NHSE team before resubmission for approval. Members noted that this scheme, if approved, would be funded through any slippage money that became available in 2019/20 which would be reviewed and discussed with the finance team.</p> <p>Members noted that one scheme, from Barnsley Healthcare Federation (BHF), had been approved by NHSE however; the Federation had since decided to develop this scheme via a different route and had therefore withdrawn the scheme.</p> <p>The Chair of the CCG informed members that with the development of Primary Care Networks and Localities it may be necessary to revise the Estates Strategy over the next couple of years to accommodate a more collaborative approach on how to use estates and technology more effectively.</p> <p>The Committee: Noted the progress of the schemes.</p>		

QUALITY AND FINANCE			
<p>PCCC 19/05/10</p>	<p>FINANCE UPDATE</p> <p>The Senior Primary Care Commissioning Manager presented the Finance Update on the financial outturn position for 2018/19 for delegated Primary Care Commissioning.</p> <p>Members noted that for 2018/19 there was an under spend of £818k; the majority of which related to 2017/18 accruals not materialising and achievement of QOF not being as expected.</p> <p><u>2019/20 Budget Update</u></p> <p>The report informed members that the revised national Primary Care Co-Commissioning budget allocation for 2019/20 was £37,016,000. It was however important to note that the actual budget required for 2019/20 was £37,789,828 which placed a financial cost pressure on the CCG of £773,828 which would be funded from CCG programme costs and had been approved by the Governing Body in May 2019.</p> <p>Additional PCN funding equating to £1.50 per registered patient totalling £393,347 had been allocated to the new PCN DES, which would also be funded from CCG Programme allocations.</p> <p>Updates on the financial position would be reported on a monthly basis through the Finance & Performance Committee and Governing Body.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • The contents of the Finance report • The 2018/19 year end position • The budget for 2019/20 and other primary care funding within CCG Programme budgets to support Primary Care Networks • The over commitment against the Primary Care Co-Commissioning budget of £774k funded from Programme budgets within the CCG 		
<p>PCCC 19/05/11</p>	<p>CQC UPDATES</p> <p>The Senior Primary Care Commissioning Manager introduced the CQC Report which provided members with an update on the current CQC position in relation to primary care contracts.</p>		

	<p>The following practices had received a rating of 'Good' across all domains:</p> <ul style="list-style-type: none"> • Ashville Medical Practice • Goldthorpe Medical Practice <p>Victoria Medical Centre had received a rating of 'Good' overall and across all domains with the exception of services being well-led which had been rated as 'requires improvement'.</p> <p>The CCG was liaising with the practice to offer support and was assured that an action plan had been developed.</p> <p><u>CQC Inspections Completed</u> Dodworth Medical Practice (Apollo Court) was re-inspected on 30 April 2019 following an inspection on 10 July 2018 where the practice had been rated as inadequate. Following this the CCG had been supporting the practice and were assured that steps were being taken in line with the action plan.</p> <p>Details of the outcome and the CQC report would be shared with members when published.</p> <p>The CCG had written to Ashville Medical Practice, Goldthorpe Medical Practice and Victoria Medical Centre to congratulate all staff and thank them for their continued efforts to provide high quality services.</p> <p><u>CQC Annual Regulatory Reviews</u> Following the CQC's introduction of a new system of Provider Information Collections and Annual Regulatory Reviews for practices rated with good and outstanding services introduced in April 2019, seven Practices had received an Annual Regulatory Review and a further five Practices were due to receive a Review during June 2019.</p> <p>No concerns had been raised by the CQC and positive feedback had been received from two of the practices.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • The Good rating from the CQC inspections of Ashville Medical Practice; Goldthorpe Medical Centre and Victoria Medical Centre. 		
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	<ul style="list-style-type: none"> • The awaited CQC report for Dodworth Medical Practice (Apollo Court) • The Annual Regulatory Reviews completed and booked to take place 		
CONTRACT MANAGEMENT			
PCCC 19/05/12	PUBLIC CONTRACTUAL ISSUES REPORT		
	<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><u>e-Declaration Update</u> All 33 Barnsley GP practices had submitted their responses within the deadline. An analysis of responses received and queries followed up for clarification and action had subsequently taken place.</p> <p><u>Lakeside Surgery APMS Contract Variation</u> Following Committee approval to add the Alliance Primary Care Limited company as a new partner to the Lakeside Surgery APMS contract with effect from 1 April 2019, the CCG had received an application to remove Dr Guntamukkala and Dr Vermula from the Lakeside Surgery PMS contract.</p> <p>It was recommended that the amendment to the PMS contract be approved and Members noted that as PMS Contract Variations required an amendment to PMS contracts, it was a requirement of the Committee to approve any changes.</p> <p><u>Barnsley Healthcare Federation – BEST Budget</u> A budget allocation of £333,332 for 2018/19 had been provided to Barnsley Healthcare Federation for the provision of the Barnsley Education and Support Time (BEST) scheme following which a variation was added to the First Port of Call Plus and Clinical Correspondence contract to provide for this service.</p> <p>It was the intention of the CCG to extend the variation to the contract for 2019/20 with a budget allocation of £268,099 to support the continued service of the BEST scheme. The reduction in the allocation was due to staff resigning from the CCG.</p>		

	<p><u>Extended Access Contract – Barnsley Healthcare Federation (BHF)</u> It was reported that the Extended Access contract for Winter Resilience had been amended to provide for an extension of the Home Visiting Pilot during April 2019.</p> <p><u>Novation of Contract – Barnsley Healthcare Federation (BHF)</u> Following a request to novate all contracts from BHF CIC (Limited by Guarantee) to BHF (Limited by Shares) the Committee were completely assured that thorough checks had been carried out and confirmation of CQC registration had been confirmed.</p> <p><u>GMS/PMS Equalization</u> Following the CCG’s review of funding of PMS and GMS practices in 2013 and the subsequent agreement to equalise payments to bring all PMS and GMS practices into alignment, a further review of 15 PMS practices had been carried out in relation to the price per patient.</p> <p>The review had established that due to staff turnover these practices had now fallen out of line with the GMS rate for 2019/20 of £89.88. Six practices were above and nine practices were below the GMS price per patient.</p> <p>It was recommended that the nine practices that were below the GMS value receive an uplift in 2019/20 to bring them in line and the six practices that were above the GMS value should not receive the national uplift until they were brought back in line.</p> <p>A further review would be undertaken at the beginning of 2020/21 to ensure the equalisation remained on track.</p> <p><u>Primary Medical Care Policy & Guidance Manual (PGM) Changes</u> Minor amendments had been made to the Policy and Guidance manual provided by NHSE to reflect the changing landscape in primary care co-commissioning. The main amendments and additions were in respect of the following:-</p>		
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	<ul style="list-style-type: none"> • Part A – Excellent Commissioning & Partnership Working • Part B – General Contract Management • Part C – When things go wrong <p>The Committee:-</p> <ol style="list-style-type: none"> 1. Noted the process completed in respect of the General Practice e-Declaration for assurance 2. In year Contract Variations <ol style="list-style-type: none"> i) Approved the Lakeside Surgery APMS Contract Variation ii) Approved the allocation of the 2019/20 BEST budget to the Barnsley Healthcare Federation iii) Noted the contract variation completed on the Barnsley Healthcare Federation Extended Access Contract regarding Winter Resilience extension of the home visiting pilot for April 2019 iv) Approved Novation of the Barnsley Healthcare Federation and Contract variations 3. GMS/PMS Equalisation <ol style="list-style-type: none"> i) Approved the approach to equalisation for 2019/20 4. Noted the changes to the Primary Medical Care Policy and Guidance Manual Changes 		
	<p><u>PDA End of Year Report</u></p> <p>The Committee received a report of an independent Scrutiny Panel which had met to make recommendations for payment on the outcome of the 2018/19 PDA contract.</p> <p>Prior to the detailed discussion of outcomes, the Terms of Reference of the scrutiny panel were considered and approved. It was noted that Dr Balac had attended the panel as a clinical adviser but had declared his interest and did not participate in discussions regarding recommendations for payment.</p> <p>The CCG had invested £4.2m into Primary Care for achievement of six schemes which would enable the CCG to set a guaranteed and consistent income level for practices.</p>		

	<p>A lengthy discussion took place regarding the purpose for developing the PDA which had been to put investment year on year into Barnsley practices to enable them to deliver aspects of the 5 year forward view.</p> <p>On consideration of the report a concern was raised that some practices had not achieved against some or all of the PDA targets and therefore were not able to benefit from the investment which had led to disparity in investment and equity.</p> <p>Following a query from the Lay Member for Governance, it was agreed to provide a report on the 2018/19 PDA costings including total spend and percentage received by practice. It was also suggested that the report include an explanation as to why practices had failed to achieve.</p> <p>NB: At this point in the meeting Dr Nick Balac, Dr Mark Smith and Dr Sudhagar Krishnasamy left the meeting room.</p> <p>The Committee approved:-</p> <ul style="list-style-type: none"> • The recommendations from the PDA Scrutiny panel • The Terms of Reference for the PDA Scrutiny Panel 	<p>JF</p>	
<p>GOVERNANCE, RISK AND ASSURANCE</p>			
<p>PCCC 19/05/13</p>	<p>RISK AND GOVERNANCE REPORT</p>		
	<p>The Head of Governance and Assurance 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><u>Assurance Framework 2018/19</u> 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>Members noted that the Assurance Framework extract provided for the meeting was a previous version. The CCG had recently reviewed and refreshed the Assurance Framework which had been approved at the CCG's Extraordinary Governing Body meeting held on 23 May 2019. Unfortunately timing of the meetings had prevented the new version being circulated but would be used going forward.</p> <p><u>Risk Register</u> There were currently six risks on the Corporate Risk Register for which the Committee were responsible for managing.</p> <p>The Primary Care Commissioning Committee:-</p> <ul style="list-style-type: none"> • Reviewed the risk on the Assurance Framework for which the Primary Care Commissioning Committee was responsible; • Reviewed the Risk Register attached and: <ul style="list-style-type: none"> i. Confirmed all risks identified were appropriately described and scored ii. Confirmed there were no other risks which needed to be included on the Risk Register 		
OTHER			
PCCC 19/05/14	REFLECTION OF CONDUCT OF THE MEETING The Committee agreed that the meeting had been conducted appropriately.		
PCCC 19/05/15	QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA There were no members of the public present at the meeting.		
PCCC 19/05/16	ANY OTHER BUSINESS No other items of business were discussed.		
PCCC 19/05/17	ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT The 'good' rating from the CQC inspections for: <ul style="list-style-type: none"> • Ashville Medical Practice • Goldthorpe Medical Practice • Victoria Medical Centre The briefing provided by Working Win colleagues and the agreed actions.	JF JF	Complete Complete

PCCC 19/05/19	DATE AND TIME OF THE NEXT SCHEDULED MEETING		
	Thursday, 25 July 2019 at 2.30pm to 3.30pm in the Boardroom, Hillder House, Barnsley		

UNADOPTED

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

25 JULY 2019

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **30 May 2019**

Minute ref	Issue	Action	Action/Outcome
PCCC 19/05/06	WORKING WIN UPDATE A number of suggestions were made in which the CCG could best support Working Win to achieve their Barnsley referral target, which were:-		
	<ul style="list-style-type: none"> Encourage GPs to refer all eligible patients who express an interest in employment support via the Working Win website (https://workingwinreferrals.co.uk) 	JF	Complete
	<ul style="list-style-type: none"> Share practice referral data per practice 'in confidence' to identify which practices were engaged with the trial so that others could be targeted to promote. 	Working Win	
	<ul style="list-style-type: none"> Promote training for practice administrators 	Working Win	
	<ul style="list-style-type: none"> Promote text messaging patients within the Primary Care Newsletter 	JF	Complete
	<ul style="list-style-type: none"> Liaise with MSK colleagues to set KPIs around referrals 	JS	In Progress – via Alliance Management Team & MSK Steering Group
	<ul style="list-style-type: none"> Include Working Win on the Primary Care Development Workstream agenda. 	JF	Complete
	<ul style="list-style-type: none"> Link with the CCG Comms Team to produce a joint article with the Council detailing the success of Working Win for inclusion in the Barnsley Chronicle 	KW	In Progress
<ul style="list-style-type: none"> Arrange for Working Win to attend a future BEST meeting to promote the trial. 	JF	Complete	

PCCC 19/05/12	PDA END OF YEAR REPORT 2018/19 Report to be provided on the 2018/19 PDA costings including total spends and percentage received by practice. Report to include an explanation as to why practices had failed to achieve.	JF	On July meeting agenda
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2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute ref	Issue	Action	Action/Outcome
	None		

PRIMARY CARE COMMISSIONING COMMITTEE

25 July 2019

Primary Care Networks

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<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.	REPORT OF									
	<table border="1"> <tr> <td></td> <td>Name</td> <td>Designation</td> </tr> <tr> <td>Lead</td> <td>Julie Frampton</td> <td>Senior Primary Care Commissioning Manager</td> </tr> <tr> <td>Author</td> <td>Julie Frampton</td> <td></td> </tr> </table>		Name	Designation	Lead	Julie Frampton	Senior Primary Care Commissioning Manager	Author	Julie Frampton	
	Name	Designation								
Lead	Julie Frampton	Senior Primary Care Commissioning Manager								
Author	Julie Frampton									
3.	SUMMARY OF PREVIOUS GOVERNANCE									
	<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										
4.	EXECUTIVE SUMMARY									
	<p>Following the publication of the Network Contract DES specification GP Practices have actively sought the best approach for Barnsley to support both Practices and patients. Practices have been overwhelmingly in favour of continuing to work together in their established neighbourhood networks, whilst making certain that the work undertaken as ‘one’ is not lost.</p> <p>Practices are committed to the single, joint PCN approach as it not only provides neighbourhood autonomy, but provides sustainability, security and wider integration with all providers in Barnsley who form part the integrated delivery partnership.</p>									
5.	THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:									
	<ul style="list-style-type: none"> Note the information within the paper. 									

6.	APPENDICES / LINKS TO FURTHER INFORMATION

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

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	Y
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

1.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>Barnsley’s Primary Care Network will focus on seamless, accessible and integrated care, delivered by primary care teams and ensuring primary medical care is the foundation of a high performing health care system.</p> <p>Following the initial PCN sign up in May 2019 work continued to achieve the next steps prior to the “go live” date of 1st July 2019.</p>
2.	DISCUSSION/ISSUES
	<p>You will recall that Barnsley Healthcare Federation (BHF) will host each of the existing neighbourhood networks that are linked through a single joint Primary Care Network (PCN). Each of the six neighbourhood networks will operate in their own right, each with a Neighbourhood Network Director/s. This will ensure that Barnsley can continue to operate as ‘one’ and all of the practices within the 6 neighbourhood networks agreed to be part of the one joint PCN. There will be a lead Accountable Clinical Director that works supportively and collaboratively with each of the Neighbourhood Network Directors thereby ensuring the accountability for delivery will flow through each network in Barnsley.</p> <p>In May all practices in Barnsley signed the relevant schedules within the Mandatory Network Agreement demonstrating their commitment to the Barnsley PCN structure. This has been submitted to NHS England as required.</p> <p>Following on from this the PCN then worked to complete the outstanding schedules of the Network Contract DES to ensure that all Neighbourhood Networks are clear regarding the commitment and principles, activity requirements, financial arrangements, workforce, insolvency events and, alongside this, a PCN Confidentiality Agreement and a PCN Data and Information Sharing Agreement also required completion and sign up.</p> <p>The PCN completed all the documentation and secured agreement from all practices ahead of the 30th June 2019 which enabled the PCN to commence from the 1st July 2019. This also triggered the release of some of the funding allocations for the PCN and practices.</p> <p>PCN Financial Allocation</p> <p>The table below reflects the remuneration for the PCN/Neighbourhood Networks as part of the Network Contract DES.</p> <p>Please note the following:</p> <ul style="list-style-type: none"> • Extended Hours allocation in this table is for 9 months – part year effect. The budget table in the finance paper received by PCCC on the 30th May 2019 indicated the full year effect. • Staff reimbursement – the funding available is based on £92,000 per 50,000 population for 9 months. The £160,535.71 is based on 3 months to

take into account the recruitment timelines and notice periods of potential staff (part year effect).

- The PCN is currently working on proposals to utilise the £1.50 funding allocation which will be brought to a future PCCC meeting

PCN Finances 2019/20	NHAIS		NHAIS List Size				
	Weighted List Size January 2019	Actual List Size January 2019	£1.50 (Actual List Size)	Clinical Lead 0.514p (Actual List Size)	Role Reimbursement (Paid on actuals following recruitment)	£1.099 Extended Hours (Actual List Size)	Network Participation DES £1.761 (Weighted List Size)
Network 1	60,584.32	56,585.00		29,085	34,705	46,640	106,689
Network 2	51,710.55	45,155.00		23,210	27,695	37,219	91,062
Network 3	45,936.08	41,613.00		21,389	25,523	34,300	80,893
Network 4	38,270.85	33,178.00		17,053	20,349	27,347	67,395
Network 5	47,165.21	39,908.00		20,513	24,477	32,894	83,058
Network 6	48,694.94	45,304.00		23,286	27,786	37,342	85,752
	292,361.95	261,743.00	392,615	134,536	160,536	215,742	514,849

5. APPENDICES TO THE REPORT

None

6. CONCLUSION

Barnsley CCG confirms that it has received all of the documentation required, as listed above, by 30th June 2019. The CCG has also received a "Pledge of Support" from the ICS and NHS England is in receipt of relevant documentation.

The PCN having completed all the documentation and secured agreement from all practices has enabled the PCN to commence from the 1st July 2019.

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

25 July 2019

CQC REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<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.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Julie Frampton	Senior Primary Care Commissioning Manager
	Author	Terry Hague	Primary Care Transformation Manager
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	Quality and Patient Safety Committee	25/04/2019	Noted
4.	EXECUTIVE SUMMARY		
	The purpose of this report is to provide members with an update on the current CQC position in relation to our primary care contracts.		
	<p><u>CQC Inspections - Good Ratings</u></p> <p>The following practices have been inspected and received a rating of 'Good'.</p> <ul style="list-style-type: none"> • Dodworth Medical Practice (Apollo Court) <p>Dodworth Medical Practice (Apollo Court) was re-inspected on the 30 April 2019 following an inspection on the 10 July 2018 where the practice was rated inadequate. The CCG have been supporting the practice and were assured that steps were being taken in line with the action plan.</p> <p>In the report published on the 17 June 2019, the practice received a rating of 'Good' within the Safe and Well Led domains, and 'Not sufficient evidence</p>		

	<p>to rate' in respect of Effective, and Caring and Responsive. Therefore the overall rating is currently 'Not sufficient evidence to rate'.</p> <p>The CQC panel have confirmed that the practice is no longer subject to special measures. The unrated domains and population groups will be followed up during an inspection at a later date.</p> <p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/sites/default/files/new_reports/AAAJ3146.pdf</p> <ul style="list-style-type: none"> • Hill Brow Surgery <p>Hill Brow Surgery was inspected on the 10 June 2019. In the report published on the 5 July the practice received a rating of Good overall and for all domains.</p> <p>You can read the reports in full on the CQC's website at: https://www.cqc.org.uk/location/1-544310785</p> <p>The CCG has written 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>CQC Inspections Completed/Planned</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"> • BHF Highgate inspection completed for 1 July 2019 • BHF Lundwood inspection completed for 3 July 2019 • BHF Brierley inspection completed for 4 July 2019 <p>Assurance regarding this will be brought to a future committee meeting.</p>
	<p>CQC Annual Regulatory Reviews</p> <p>The committee may recall the update provided regarding the CQC's introduction of a new system of Provider Information Collections and Annual Regulatory Reviews for practices rated with good and outstanding services introduced in April 2019.</p> <p>Inspectors will formally review the information they hold on each practice and consider whether there are any indications of substantial change (positive or negative) in the quality of care since the last inspection. This process will assist the decision as to whether to inspect, what to focus on and when the next inspection should be timetabled. If the CQC decide not to take any action, the practice will be informed and the practices page updated on the CQC website. The annual regulatory review cannot change a practice rating. This can only happen following an inspection.</p> <p>The following practices have had an Annual Regulatory Review completed on the date noted below:</p> <ul style="list-style-type: none"> • Dearne Valley Group Practice – 13 June 2019 • Kakoty Practice – 17 June 2019 • Lundwood Medical Centre – 19 June 2019

	<ul style="list-style-type: none"> • Dr Mellor & partners – 19 June 2019 • Woodland Drive Medical Centre – 17 June 2019 • Monk Bretton health centre – 5 July 2019 <p>An Annual Regulatory Review is planned at the practices listed below:</p> <ul style="list-style-type: none"> • Penistone Group PMS Practice – 23 July 2019 • Royston Group Practice - 23 July 2019 • St George's Medical Centre PMS Practice - 23 July 2019 • Victoria Medical Centre (Drs Smith & Taylor) – 12 August 2019¹ • Hollygreen Practice - 12 August 2019 • Wombwell Medical Centre Practice - 12/08/2019 • Ashville Medical Practice PMS Practice – 24 January 2020 • Kingswell Surgery - 24 January 2020 <p>Details of the outcome of these will be shared with the committee.</p> <p>¹ The PC Team is checking whether this is an annual review or review of the one domain that “requires improvement from the last full inspection</p>
	<p>Feedback from the CQC regarding Barnsley Practices</p> <p>A meeting was held between the CQC and the CCG to discuss themes from inspections and Annual Regulatory Reviews.</p> <p>During recent inspections and reviews the CQC have identified potential areas of outstanding practice. Carys Murray-Cook has volunteered to attend a Practice Managers meeting to provide guidance on how to evidence these to assist with possible ratings in future inspections.</p> <p>Additionally the CQC representative offered the opinion that Barnsley patients are lucky to have the calibre of General Practices within Barnsley.</p>
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Note the Good rating from the CQC inspections of Dodworth Medical Practice (Apollo Court) and Hillbrow Surgery. • Note the awaited CQC reports for: <ul style="list-style-type: none"> ○ BHF Highgate inspection planned for 1 July 2019 ○ BHF Lundwood inspection planned for 3 July 2019 ○ BHF Brierley inspection planned for 4 July 2019 • Note the Annual Regulatory Reviews completed and booked to take place • Note the feedback received from the CQC
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> • None
Agenda time allocation for report:	<i>10 minutes.</i>

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	Y
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA
3.3	Equality and Diversity	
	Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

25 July 2019

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>
		<input checked="" type="checkbox"/>	<i>Assurance</i>
		<input type="checkbox"/>	<i>Information</i>
	<input type="checkbox"/>		<input type="checkbox"/>
2.	REPORT OF		
		Name	Designation
	Executive / Clinical Lead	Julie Frampton	Senior Primary Care Commissioning Manager
	Author	Terry Hague	Primary Care Transformation Manager
3.	SUMMARY OF PREVIOUS GOVERNANCE		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	Group / Committee	Date	Outcome
	NA		
4.	EXECUTIVE SUMMARY		
	The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.		
	<p>1 In Year Contract Variations</p> <p>PMS Contract Changes</p> <ul style="list-style-type: none"> Ashville Medical Practice PMS Contract Variation <p>Barnsley CCG has received an application to add one GP partner Dr Sarah Messenger to Ashville Medical Practice contract from 1 September 2019.</p> <p>The practice is a PMS practice with 11,946 patients. As there are currently 8 contract holders the regulation detailed below is applied.</p>		

- **Hoyland First Practice (Walderslade) PMS Contract Variation**

Barnsley CCG have received an application to remove one GP partner, from Hoyland First Practice (Walderslade) contract as Dr Andrea Susan Ward is resigning from the contract from 1 August 2019, but will continue to work at the practice as a salaried GP for 3 sessions per week.

The practice is a PMS practice with 13,017 patients. As there are currently 5 contract holders the regulation detailed below is applied.

- **Hill Brow Surgery PMS Contract Variation**

Barnsley CCG has received an application to remove Dr Arun Kumar Aggarwal from the Hill Brow Surgery Contract due to retirement on the 30 September 2019.

The practice is a PMS practice with 17,258 patients. As there are currently 6 contract holders the regulation detailed below is applied.

The regulation in respect of variations to contracts states:

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

As the above PMS Contract Variations require an amendment to the PMS contracts, this requires PCCC member’s approval. As there would still be sufficient signatories to the PMS contract it is recommended that these items be approved and the Primary Care Team will amend the PMS contracts to vary off and vary on the contract accordingly.

2 Practice Development Agreement

- **2018 - 19 PDA Achievements** - All practices have been notified regarding which indicators in each of the schemes have been achieved and of the resultant remuneration.
- The table below demonstrates the actual spend against budget, by scheme, for the 2018 -19 PDA
- The Health Improvement Nurse will target support to those practices, whose PDA achievement was low during 2018-19, throughout 2019-20

Scheme	18/19 Annual Budget	18/19 Actuals	Variance
1 Medicines Optimisation Scheme	£1,419,486.00	£1,419,486.00	£0.00
2 Get Fit First	£599,746.00	£590,690.53	-£9,055.47
3 Referral Toolkit Scheme	£441,631.00	£434,724.14	-£6,906.43
4/5 Health Inequalities Target Scheme (HITS) & GPFV	£837,342.00	£680,338.23	-£186,816.94
6 Medicines Management	£893,460.00	£758,934.64	-£134,525.36
Total 2018/19 PDA Investment	£4,191,665.00	£3,884,173.53	-£337,304.20

- **2019 - 20 PDA** - All practices have received their finance schedule and PDA contract and we have had all practices sign the contract and return

	<p>the documentation.</p> <ul style="list-style-type: none"> We have also contacted all practices by email confirming they are now eligible to submit an invoice for the first PDA payment (30%).
5.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:
	<ol style="list-style-type: none"> In Year Contract Variations <ol style="list-style-type: none"> Approve the Ashville Medical Practice Contract Variation to add Dr Sarah Messenger Approve the Hoyland First Practice PMS Contract Variation to remove Dr Andrea Susan Ward Approve the Hill Brow PMS Contract Variation to remove Dr Arun Kumar Aggarwal Note the PDA achievement for 2018-19 and 2019-20 PDA sign up.
6.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none"> None

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

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	2.1
2.	Links to CCG's Priority Areas	Y/N
	1 - Urgent & Emergency Care	
	2 - Primary Care	Y
	3 - Cancer	
	4 - Mental Health	
	5 - Integrated Care System (ICS)	
	6 - Efficiency Plan	
	7 - Transforming Care for People with Learning Disabilities and / or Autistic Spectrum Conditions	
	8 - Maternity	
	9 - Compliance with Statutory and Regulatory Requirements	
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA
	Are any financial implications detailed in the report?	NA
3.2	Consultation and Engagement	
	Has Comms & Engagement Checklist been completed?	NA
	Is actual or proposed engagement activity set out in the report?	NA

3.3	Equality and Diversity Has an Equality Impact Assessment been completed and appended to this report?	NA
3.4	Information Governance Have potential IG issues been identified in discussion with the IG Lead and included in the report? Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	NA
3.5	Environmental Sustainability Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
3.6	Human Resources Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA

PRIMARY CARE COMMISSIONING COMMITTEE

25 JULY 2019

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR			
	<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.	REPORT OF			
		<i>Name</i>	<i>Designation</i>	
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance	
	<i>Author</i>	Paige Dawson	Governance, Risk and Assurance Facilitator	
3.	EXECUTIVE SUMMARY			
	<p>Introduction In common with all committees of the CCG, the Primary Care Commissioning Committee receives and reviews at every meeting extracts of the Governing Body Assurance Framework (GBAF) and Corporate Risk Register providing details of the risks allocated to the Committee for monitoring and updating.</p> <p>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.</p> <p>Appendix 1 of this report provides the Committee with an extract from the GBAF of the one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.</p> <ul style="list-style-type: none"> • Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: <ul style="list-style-type: none"> ○ 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. 			

	<p>Risk Register</p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG’s strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.</p> <p>The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members’ attention is drawn to Appendix 2 of this report which provides the Committee with an extract of all the risks associated with the Primary Care Commissioning Committee.</p> <p>There are currently six risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the six risks, there is one red (extreme) rated risk, one amber risk (high), three yellow risks (moderate) and one green (low) risk. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.</p> <p>Additions / Removals There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.</p> <p>Members are asked to review the risk detailed on Appendix 2 to ensure that the risk is being appropriately managed and scored.</p>
<p>4.</p>	<p>THE COMMITTEE IS ASKED TO:</p>
	<ul style="list-style-type: none"> • Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible • Review the Risk Register attached and: <ul style="list-style-type: none"> ○ Consider whether all risks identified are appropriately described and scored ○ Consider whether there are other risks which need to be included on the Risk Register.
<p>5.</p>	<p>APPENDICES</p>
	<ul style="list-style-type: none"> • Appendix 1 – GBAF Extract risk 2.1 • Appendix 2 – Risk Register (red risk extract)

<p>Agenda time allocation for report:</p>	<p>10 mins</p>
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PART 1B – SUPPORTING INFORMATION

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

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY					
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: investment into Primary Care Infrastructure recruitment/retention/development of workforce workload issues using 10 high impact actions 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 High quality health care Care closer to home Safe & sustainable local services Strong partnerships, effective use of £		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					
				Deliver Improve Ensure Address Improve							
				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		Jul-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 local Clinical 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 the My Best Life Service 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 bi-monthly to NHSE. Further update to PCCC in June 2018 to report on GPFV progress from 2017/18. GPFV update submitted to PCCC in June 2018 as planned. GPFV assurance reports are submitted to NHSE monthly. 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; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities. BCCG has a Workforce Manager in post who will ensure that Primary Care workforce is accounted for within all workforce discussions. This member of staff also represents Barnsley at SYB level so that the entire Barnsley CCG area workforce has representation.	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	

RISK REGISTER – July 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)	4	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	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream and Primary Care workforce Strategy is in development. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The successful PMCF (now known	Senior Primary Care Commissioning Manager. (Primary Care Commissioning Committee)	Governing Body	4	4	16	07/19	July 2019 No Changes to report June 2019 Network Contract DES has a number of options for additional staff to support general practice within the emergent PCN/Local Clinical Networks. May 2019 2019-20 PDA agreed and is now with GP practices. Recruitment of	08/19

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			
		services could be further away from their home.				<p>as GP Access Fund) has enabled additional capacity to be made available outside normal hours via the iHeart Barnsley Hubs. BHF is also actively developing physicians associates roles.</p> <p>The CCG has funded 15 Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of 7 clinical pharmacists & 2 technicians in March 2019. The CCG has also funded 14 Apprentices to provide additional capacity in Primary Care.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p> <p>GP Forward View includes a section on workforce, with additional funding being made available to support Primary</p>							<p>Clinical Pharmacists completed. No change to risk</p> <p>April 2019 – Recruitment is in progress for the clinical pharmacists. PDA review of attainment for 2018-19 is underway. No change to risk score.</p> <p>March 2019 – GB approved recruitment of a second cohort of clinical pharmacists at its meeting on 14.3.19. No change to risk score.</p> <p>February 2019 – No changes to report</p> <p>December 2018 No updates to</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			
						Care sustainability.							report	

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

WORK PLAN/AGENDA TIMETABLE 2019/20 UPDATE

AGENDA ITEMS	MARCH 19	MAY 19	JULY 19	SEPTEMBER 19	NOVEMBER 19
Apologies	✓	✓	✓	✓	✓
Quoracy	✓	✓	✓	✓	✓
Declaration of Interest	✓	✓	✓	✓	✓
Minutes of previous Public PCCC meeting	✓	✓	✓	✓	✓
Matters Arising Report	✓	✓	✓	✓	✓
STRATEGY, PLANNING, NEEDS ASSESSMENT & COORDINATION OF PRIMARY CARE					
Primary Care Networks Update	✓	✓	✓	✓	✓
Primary Care Briefings	✓				✓
Primary Care Strategy	✓				✓
Estates & Technology Transformation Fund (ETTF) Update / Business as Usual (BAU) Capital			✓		
Procurement Updates	✓	✓	✓	✓	✓
Primary Care Estate				✓	

AGENDA ITEMS	MARCH 19	MAY 19	JULY 19	SEPTEMBER 19	NOVEMBER 19
Review of Primary Care business cases and investments	✓	✓	✓	✓	✓
QUALITY & FINANCE					
CQC Updates	✓	✓	✓	✓	✓
Finance Update	✓	✓	✓	✓	✓
CONTRACT MANAGEMENT					
GP Patient Survey Results					✓
e-Declarations	✓				
PDA End of Year Report 18/19			✓		
PDA 19/20 Mid Year Review					✓
PDA 19/20 End of Year Report		May 2020			
PDA 20/21 Mid Year Review				September 2020	
Contractual Issues	✓	✓	✓	✓	✓
GP IT		✓		✓	January 2020
LES, DES, Local Incentive Schemes	✓	✓	✓	✓	✓
GOVERNANCE, RISK & ASSURANCE					
Terms of Reference				✓	

AGENDA ITEMS	MARCH 19	MAY 19	JULY 19	SEPTEMBER 19	NOVEMBER 19
Risk & Governance Report including Risk Register & Assurance Framework	✓	✓	✓	✓	✓
Internal Audit Report (As required)	✓	✓	✓	✓	✓
Annual Assurance Report	✓				
Work Plan Update	✓		✓		✓
Self-assessment of Committee's effectiveness				✓	
OTHER					
Questions from the public	✓	✓	✓	✓	✓
Items for escalating to the Governing Body	✓	✓	✓	✓	✓