NHS
Barnsley
Clinical Commissioning Group

Primary Care Commissioning Committee
Thursday, 28 May 2020 at 2.30 – 3.15pm in the Boardroom
Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
Housekeeping			Chair	2.30pm
1	Apologies	Note	Chair	
2	Quoracy	Note	Chair	
3	Declarations of Interest relevant to the agenda	Assurance	**PCCC 20/05/03** Chair	2.30pm 5mins
4	Minutes of the meeting held on 30 January 2020	Approve	**PCCC 20/05/04** Chair	2.35pm 5mins
5	Matters Arising Report	Note	**PCCC 20/05/05** Chair	2.40pm
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
6	Covid-19	Note	**PCCC 20/05/06** Julie Frampton	2.40pm 15mins
Quality and Finance				
7	CQC Update	Note	**PCCC 20/05/07** Julie Frampton	2.55pm 5mins
Contract Management				
8	Contractual Issues Report	Approve	**PCCC 20/05/08** Julie Frampton	3.00pm 10mins
Governance, Risk and Assurance				
9	360 Assurance Commissioning & Procurement Report	Assurance	**PCCC 20/05/09** Richard Walker	3.10pm 5mins
Reflection on conduct of the meeting				
10	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chris Millington	3.15pm

Item	Session	Committee Requested to	Enclosure Lead	Time
	Other			
11	Questions from the public relevant to the agenda	Note	**Verbal** Chris Millington	
12	Items for escalating to the Governing Body	Note	**Verbal** Lesley Smith	
13	**Date and time of the next scheduled meeting:** Thursday, 30 July 2020 at 2:30 – 3:30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.	Note	**Verbal** Chris Millington	3.15pm 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**

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Minutes of the PUBLIC Primary Care Commissioning Committee meeting held on Thursday, 30 January 2020 at 2.30pm in the Boardroom Hillder House, 49–51 Gawber Road S75 2PY

PRESENT: (VOTING MEMBERS)

Chris Millington (*Chair*)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician (joined the meeting at 2.50pm)
Richard Walker	Head of Governance & Assurance

GP CLINICAL ADVISORS: (NON-VOTING)

Dr Sudhagar Krishnasamy	Medical Director
Dr Mark Smith	Governing Body Member

IN ATTENDANCE:

Julie Frampton	Head of Primary Care
Angela Musgrave	Executive Personal Assistant
Ruth Simms	Assistant Finance Manager
Paul Barringer	Primary Care Manager, NHSE

APOLOGIES:

Dr Nick Balac	CCG Chairman
Lesley Smith	Chief Officer
Roxanna Naylor	Chief Finance Officer
Julia Burrows	Director of Public Health, BMBC
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE

MEMBERS OF THE PUBLIC:

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

Agenda Item	Note	Action	Deadline
PCCC 20/01/01	**APOLOGIES**		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 20/01/02	**QUORACY**		
	The meeting was declared quorate.		
PCCC 20/01/03	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	Julie Frampton informed the Committee that her job title had recently been changed and was now Head of Primary Care.		

	Action: Declarations of Interest report to be updated to reflect Julie Frampton's change of job title.	**RW**	**Complete**
PCCC 20/01/04	**MINUTES OF THE LAST MEETING**		
	The minutes of the meeting held on 28 November 2019 were verified as a true and correct record of proceedings.		
PCCC 20/01/05	**MATTERS ARISING REPORT**		
	The Committee noted all actions were complete on the Matters Arising Report. The Chair thanked the team for a nil return.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 20/01/06	**PRIMARY CARE ESTATES** The Head of Primary Care provided members with an update report on Primary Care Estates and future plans. The paper informed the Committee that in 2015 a comprehensive Primary Care Estates Review was carried out by Capita and a 6 facet survey was undertaken at 40 properties in and around Barnsley. A full report was received in September 2015 following which the CCG had funded a schedule of remedial works that had been carried out in line with recommendations from the report at a total cost of £482,000. (Note: In the report submitted to the Committee this figure was incorrectly quoted as £333,000). During 2018-19 a number of capital bids had been developed and submitted to NHSE. Of those bids one had been approved for a significant extension to The Grove practice at Brampton. In 2019-20 a further capital bid for internal alterations to create extra consulting rooms to support a bid to become a training practice at Kingswell Surgery, Penistone had also been successful. The Committee were informed that with the development of the Primary Care Network and 6 Neighbourhood Networks the Barnsley Care system was undergoing one of the largest change		

	programmes aimed at providing improved and more efficient integrated services. To support the development of the 'Barnsley Place' to be fully realised it was felt necessary for a review of the Strategic Estates Strategy and primary care estate to be commissioned. The CCG had therefore asked Community Health Ventures to undertake a comprehensive review of the Barnsley-wide estate and also to carry out a feasibility report looking at developing The Grove at Dodworth as a treatment hub to deliver services for patients in the Penistone neighbourhood area. The Lay member for Governance raised the question of how this piece of work connected with the review of LIFT properties and building utilisation that the Director of Commissioning had briefed Governing Body on previously. A lengthy discussion took place regarding utilisation of primary care estate following which the Lay Member for Governance requested the following actions:- **AGREED ACTIONSTO REPORT BACK TO THE COMMITTEE ON:** • What would be the financial cost to the CCG of the Community Health Ventures review? • How would the review link with the review of LIFT properties and building utilisation currently being undertaken **The Committee:** • **Noted the information contained in the Primary Care Estate Report.**	**JF** **JF**	
QUALITY AND FINANCE			
PCCC 20/01/07	**FINANCE UPDATE** The Assistant Finance Manager presented the Finance Update report that provided the financial position detailing funding allocations for delegated Primary Care Co-Commissioning budgets as at 30 November 2019 (Month 8).		

	Forecast Position 2019/20 The Committee noted that the forecast position as at Month 8 (November) was £26k underspend, the majority of which related to the underutilisation of 18/19 accruals. ICS Transformation Funding The Committee was informed that a total funding resource of £2,359k across the South Yorkshire & Bassetlaw footprint had now been received from the SYB ICS to support delivery of the General Practice Forward View and development of Primary Care Networks (PCNs). Barnsley CCG had been awarded £219k of the total funding which would be used to support the following schemes: • GP Retention £59k • Practice Resilience £37k • Reception & Clerical Training £47k • Online Consultation £76k The Committee noted that the remaining funding of £1,156k would be utilised to support the development of PCNs. From this £956k would be distributed to SYB CCGs. Barnsley CCG had received an allocation of £162k. The remaining £200k would be retained by the ICS to fund an Organisational Development programme across SYB. 2020/21 – 2023/24 Planning The Finance & Contracting teams were currently developing 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 funded from Primary Care Co-commissioning budgets. It was noted that the budget for 2019/20 was above the CCG's allocation for Co-commissioning which would necessitate the use of Programme budgets to fund any shortfall against allocations. The Finance report indicated that this pressure was expected to increase, however full details of the plans had been reported at the CCG's Governing Body in January 2020. Further details would be provided to the Primary Care Commissioning Committee once this work was complete.		

	The Committee: • **noted the contents of the Finance Update report.**		
PCCC 20/01/08	**CQC UPDATES** The Head of Primary Care introduced the CQC Report which provided members with an update on the current CQC position in relation to GP Practices and for Barnsley i-Heart contracts. <u>CQC Inspections – Good Ratings</u> The following practices had been inspected and received a rating of 'Good'. • High Street Practice, Royston had received a rating of Good overall and across all domains with the exception of services being effective which was rated as 'Requires Improvement'. • Lundwood Medical Centre had received a rating of 'Good' overall and across all domains with the exception of services being safe which was rated as 'Requires Improvement'. • The Dove Valley Practice had received a rating of 'Good' overall and across all domains. The CCG would 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. <u>CQC Inspections – Requires Improvement Ratings</u> The following practices had been re-inspected and received a rating of 'Requires Improvement':- • Caxton House Surgery • The Rose Tree Practice The CCG continued to support practices where improvements were required. <u>CQC Inspections – Completed/Planned</u> The following practices had been inspected and details of the outcome and their report would be shared with the Committee when published:- • Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service • The Kakoty Practice • Lakeside Surgery (was due to be inspected shortly following completion of their registration)		

	Assurance regarding the outcome of these would be brought to the next possible Committee meeting. **The Committee noted the CQC 'Good rating' for:-** • Dove Valley Practice • Lundwood medical Centre and assurance of an action plan for the 'Safe' domain which is rated as 'Requires Improvement' • High Street Practice, Royston and assurance of an action plan for the 'Effective' domain which is rated as 'Requires Improvement' **The Committee noted the awaited CQC reports for:-** • Barnsley Healthcare Federation i-Heart 365 Services for Extended Hours and Out of Hours Service • The Kakoty Practice • Lakeside Surgery		
CONTRACT MANAGEMENT			
PCCC 20/01/09	**CONTRACTUAL ISSUES REPORT**		
	The Head of Primary Care introduced the Contractual Issues Report which provided members with an update on the current contractual issues in relation to Primary Care contracts. **GMS Contract Changes** • <u>Chapelfield Medical Centre</u> An application had been received to remove one GP partner, Dr A Mistry from the contract from 30 June 2020 due to retirement. **Pseudo Dynamic Purchasing System for GP Services** NHS England and NHS Improvement are to launch a new online procurement tool to include a list of pre-approved GP providers who were able to provide local GP service needs, including caretaker services that could be accessed by local commissioners. The main objectives and benefits of the system was to establish a procurement portal/platform available to all local commissioners where APMS services could be procured if and when the need arose, creating a quicker, easier and leaner process. The initiative was not however, intended as a		

	replacement for local commissioner roles and responsibilities for planning their procurement projects. It was reported that the CCG currently had 4 APMS contracts in place for routine GP services together with a caretaker contract procured on a SYB footprint. Consideration would be given to the use of the Pseudo Dynamic Purchasing System tool for future procurement of APMS contracts. **The Committee noted the:** • planned removal of Dr Ajay Mistry from the Chapelfield Medical Centre contract due to retirement • launch of the new Pseudo Dynamic Purchasing System for GP Services online procurement tool		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 20/01/10	**RISK AND GOVERNANCE REPORT**		
	The Head of Governance & 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. <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. 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. <u>Risk Register</u> There were currently five risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the five risks, there was one red risk (extreme), one amber risk (high), two yellow risks (moderate) and one green (low) risk. The Head of Governance & Assurance reported that there was a longstanding risk on the risk register from when the CCG became fully delegated and referred to the CCG not having adequate primary care		

	capacity or resource to deliver delegated responsibilities. Since then, the CCG had recruited people into a dedicated Primary Care Team and continued to benefit from additional support from NHSE. The Committee were therefore asked to consider whether this risk remained for the CCG and if so, was the score reflective of the risk or should it be reduced. The Committee agreed that although the Primary Care Team were better resourced to deliver the CCGs delegated responsibilities, the risk should remain on the risk register but the score should be reduced to reflect a risk score of 3 - likelihood 1 x consequence 3. **Action: Amendment to be made to the CCG's risk register (ref: CCG 15/04) to reflect a risk score of 3 – likelihood 1 x Consequence 3.** <u>Primary Care Commissioning Committee (PCCC) Terms of Reference</u> It was reported that following discussions at the CCG's Membership Council held on 21 January it was agreed to support the proposal to remove vacant posts of the Governing Body from the Constitution which included the Lay Member for Accountable Care. The Committee was therefore asked to approve the removal of the Lay Member for Accountable Care from the PCCC Terms of Reference prior to the amended Constitution being submitted to NHSE. **The Committee:** • **Approved the removal of the Lay Member for Accountable Care from the PCCC Terms of Reference**	**RW**	
PCCC 20/01/11	**DRAFT PCCC ANNUAL ASSURANCE REPORT 2019-20** The Head of Governance & Assurance presented the information contained in the Draft PCCC Annual Assurance Report 2019-20. **The Committee:** • **noted and approved the information contained in the Draft PCCC Annual Assurance Report 2019-20**		

OTHER			
PCCC 20/01/12	**REFLECTION OF CONDUCT OF THE MEETING** The Committee agreed that the meeting had been conducted appropriately. <u>Areas for additional assurance for the PCCC Annual Assurance Report 2019-20</u> • Check CCG achievements over 2019-20 • Include £4m investment in the 2019-20 PDA	**AM** **JF**	
PCCC 20/01/13	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA** There were no members of the public present at the meeting.		
PCCC 20/01/14	**ITEMS FOR ESCALATING TO THE GOVERNING BODY** It was agreed to escalate the following items to the Governing Body:- • CQC Update • Removal of the Lay Member for Accountable Care from the PCCC Terms of Reference		
PCCC 20/01/15	**DATE & TIME OF NEXT MEETING** Thursday, 26 March 2020 at 2.30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley S75 2PY		

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MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

26 MARCH 2020

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **30 January 2020**

Minute ref	Issue	Action	Action/Outcome
PCCC 20/01/03	**Declarations of Interest** Job title for the Senior Primary Care Commissioning Manager to be amended to reflect new title as 'Head of Primary Care'.	**RW**	Completed
PCCC 20/01/06	**Primary Care Estates** • Costings to be provided for the commissioning of an independent review of the CCG's Strategic Estates and Primary Care Estate. • Information to be provided regarding how the review would link with the review of LIFT properties and building utilisation currently being undertaken.	**JF** **JF**	Some of this has now been superseded by an NHS England Primary Care estates review. However, this is on hold due to Covid-19 currently. Completed – J Budd asked to liaise with N Bell
PCCC 20/01/10	**Risk and Governance Report – Risk Register** • Amendment to be made to the CCG's risk register (ref: CCG 15/04) to reflect a risk score of 3.	**RW**	Completed
PCCC 20/01/12	**Reflection of Conduct of the Meeting** <u>Areas for additional assurance for the PCCC Annual Assurance Report 2019/20</u> • Cross-reference CCGs achievements over 2019-20 for assurance • Make reference to the £4m investment in the 2019-20 PDA	 **AM** **JF**	 Completed Completed

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		

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PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2020

COVID- 19 Service Changes

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

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

2. PURPOSE

The purpose of this report is to provide a short summary of the work undertaken in Primary Care as a result of the Covid-19 pandemic and changed working environment.

3. REPORT OF

	Name	**Designation**
Executive Lead	Lesley Smith	Chief Officer
Author	Julie Frampton	Head of Primary Care

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	**Date**	**Outcome**

5. EXECUTIVE SUMMARY

Service changes

There have been a number of changes to services necessary in response to the difficult circumstances created by Covid-19. Primary Care have responded well to the changes and have accepted new ways of working to support their patients.

General Practice

A number of practices experienced staffing issues at the outset and in order to deliver Primary Medical services adapted the service offer. Ten practices have made changes to their branch surgery facilities by reducing opening hours or closing the branch site and focussing their service from the main site.
Practices are working hard to ensure delivery of services within core hours to patients although some are reducing their additional ‘extended hours’ offer.

The practices made adaptations for “safe” access for patients requiring face-to-face consultation and encouraged as many patients as possible to use electronic repeat prescribing apps supported by our Medicines Management team.

IT/Digital use has increased dramatically, and all our practices now have Doctorlink installed which will support the total triage model required since Covid-19. Video and telephone consultations are in use and in Barnsley we were particularly well placed with technology due to the roll out of IT equipment as part of the Mobile Working project. This enabled some GPs to continue to work from home to support their colleagues as the Surface Pros were fully enabled to access the clinical system as well as having a 4G Sim card should the internet connectivity be a problem.

Relocation of BHNFT Services

The Phlebotomy Service at Barnsley Hospital relocated to the site of one of our closed branch sites at the Roundhouse Centre in Athersley. This move was taken to support social distancing guidance and protect vulnerable patients who require vital blood tests from attending at the hospital site.

The Antenatal Clinic moved some of its service to Woodland Drive again to support social distancing guidance and protect pregnant ladies with care away from hospital.

We are looking to support the Physiotherapy Service to relocate some of their clinics to Primary Care as their Department is now housing the “cold” ED service. This would enable those who are able to attend for treatment in a safe environment and restart service delivery.

Covid-19 Blue Clinic

In order to maintain safe service delivery within practices a “hot” site for suspected or Covid positive patients, to receive care, was established at Oaks Park. It was named the Blue Clinic to separate its identity from the GP practice already at the site.

Staff relocated from the GP Assessment Service at BHNFT, following the decision to stop this service, to help see the patients at the Blue Clinic or support the i-Heart service.

Primary Care Team

The team formed the working unit for the Primary Care Silver Command and took responsibility to ensure that timely communication across Primary Care was achieved. The team have produced a Daily Bulletin for Primary Care colleagues, Community Pharmacy colleagues, Local Medical Council, Local Pharmacy Council, BHF. Medicines Management team, NHS England colleagues for example which initially was very time consuming and has now decreased with the improving picture.

The team also signposted people to service information and brokered conversations to ensure delivery of services happened or supported relocation of services. We also have links into other Barnsley cells to help support work and support with knowledge of Primary Care.

	Business as Usual Business as usual elements have also continued with contracting, commissioning, IT and estates work still occurring and needing to have support and input of various team members. We have also been working with our finance colleagues to support payments to practices and that any service changes that have incurred additional cost due to Covid have been noted for reimbursement. Windows10 and the HSCN work has also continued as this was deemed a priority need by NHS Digital and practices have supported this work throughout this difficult period. Please find attached a log of the temporary service changes. This information has been shared with NHS England.
6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	• Note - for assurance and information
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix A – Service change log

Agenda time allocation for report:	

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
4.1 Mental Health		9.1 Digital and Technology	
5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
5.2 Integrated Care @ Place			

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

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.1**	Duties as to reducing inequalities (s14T)	**See 3.4**
Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.2**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.3**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.3**	Public involvement and consultation (s14Z2)	**See 3.5**

2A. Links to delegated primary care commissioning functions

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

Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)		Decisions in relation to the management of poorly performing GP Practices	
Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
Planning the Commissioning of Primary Medical Services in Barnsley	✓	Co-ordinating a common approach to the commissioning of primary care services	✓
Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		

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

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

3.9	**Human Resources**	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
	If relevant provide brief details here OR cross refer to detailed report if used	
3.10	**Environmental Sustainability**	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***
	If relevant provide brief details here OR cross refer to detailed report if used	

Appendix A – Service Change Log

Practice Code	BRANCH SURGERY POSITION	Change to opening hours
C85004		
C85006		
C85020		
C85026		
C85033		
C85623		No longer delivering Extended hours
C85003		
C85007	Unable to keep Gold Street open all the time due to staffing issues. They have put a notice on the door and a message on their website advising patients not to come to surgery and to contact The Worsbrough Centre. Trying to have reception staff at the branch site when possible to man the phones but not open to the public at that site.	
C85009		No longer delivering Extended hours
C85017	Branch site closed for F2F appointments. Although if patients are unable to access Burleigh Street and require a F2F they are sending a GP over to the Branch just for that appointment.	
C85019	Brampton - operating as normal. Birdwell - Closed for face to face appointments. Phone lines are diverted to The Grove and if patients require a face to face appointment, they will need to attend The Grove or Brampton. A secretary remains in the building in case anyone turns up at the site.	
C85005		No longer delivering Saturdays
C85010	Struggling to cope with staffing two sites and are looking to close the branch site.	Opening at 8am (not 7.30am) & Closing at 6pm
C85024		
C85614		
C85619		No longer delivering Extended hours Closing daily between 12-2pm
C85014	Branch Site Closed	
C85018		

C85028	Cudworth branch closed, may be able to open mornings only depending on staffing levels 27/4/2020 - update provided that Cudworth are now open for morning clinics.	
C85622		
C85628	16/4/20 Grimethorpe branch closure due to staff requiring isolation working from there.	
Y05248		
Y05363	Shafton- closed with a view to being used as a Covid 19 orange clinic.	
Y05364		
C85001		
C85016		
C85023		
Y00411	Operating from one site to pool resources. Thurnscoe - Tuesday and Thursday Goldthorpe - Monday, Wednesday and Friday.	
Y04809		
C85008		
C85013		
C85022	Branch site is closing at 1pm daily.	
C85030		
	10	

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PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2020

CQC REPORT

PART 1A – SUMMARY REPORT

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

	Name	Designation
Executive Lead	Lesley Smith	Chief Officer
Management Lead	Julie Frampton	Head of Primary Care
Author	Terry Hague	Primary Care Transformation Manager

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
Quality and Patient Safety Committee	20/02/2020	Noted
Primary Care Quality Improvement Group	09/01/2020	Noted

5. EXECUTIVE SUMMARY

CQC Inspections - Good Ratings

The CQC are continuing to review practices although the inspection timetable is being considered on an ongoing basis to ensure activity is aligned with the latest position regarding Covod-19 circumstances. This has included changing the format to 'desktop' inspections as appropriate. The CQC do not currently have any plans to inspect any practices.

Liaison with the CQC continues and the CCG are assured that the CQC are addressing any quality issues within practices and will be kept informed of any concerns.

The Primary Care team continue to liaise with practices and Barnsley Healthcare Federation and have close links in supporting practices and reviewing resilience during this difficult time. Any issues highlighted either Covid-19, quality or resilience are addressed within the appropriate forum.

The outcome of the following practice inspections has been published since the last report was provided to the committee.

- **The Kakoty Practice**

  The Kakoty Practice was inspected on the 10 December 2019. In the report published on the 30 January 2020. The practice received a rating of Good overall and across all domains with the exception of services being "effective" which was rated as Requires Improvement.

  The practice had last been inspected in December 2015 and had been rated as Good overall and across all domains.

  The CQC completed an Annual Review with the practice in June 2019. Following the Annual Review, the CQC inspection focused solely on the domains of Safe, Effective and Well-led when they completed the inspection in December.

  You can read the report in full on the CQC's website at: https://www.cqc.org.uk/location/1-585217328 - Note: the wrong report has been published by the CQC and we have requested that this be updated to reflect the most recent report.

- **Burleigh Medical Centre**

  Burleigh Medical Centre was inspected on the 4 March 2020. In the report published on the 23 April 2020 the practice received a rating of Good overall with requires improvement for the "working age people" population group due to the below target cervical screening figures. The CQC inspection focused solely on the domains of Safe, Effective and Well-led.

  The practice had last been inspected in May 2016 and had been rated as Good overall and across all domains.

  You can read the report in full on the CQC's website at: https://www.cqc.org.uk/location/1-7574261025

A desk top inspection had taken place with the practices below. Both practices had a domain rated as Requires Improvement in a recent inspection. This domain was reconsidered at the inspection:

- Lundwood Medical Practice – now rated good for "safe". https://www.cqc.org.uk/location/1-585217311

- Huddersfield Road Surgery – now rated good for "well-led". https://www.cqc.org.uk/location/1-570647760

	The CCG will write to the practice to congratulate all staff on receiving the 'Good' rating, commendable CQC report and to thank the practice for their continued efforts to provide high quality services for the people of Barnsley.
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**

	• Note the Good rating from the CQC inspections of:
	  ○ The Kakoty Practice
	  ○ Burleigh Medical Centre
	  ○ Lundwood Medical Centre
	  ○ Huddersfield Road Surgery

7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	None

Agenda time allocation for report:	*10 minutes.*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
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

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.1**	Duties as to reducing inequalities (s14T)	**See 3.4**
Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.2**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.3**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.3**	Public involvement and consultation (s14Z2)	**See 3.5**

2A. PCCC - Links to delegated primary care commissioning functions

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

Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	
Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
Manage the delegated allocation for commissioning of primary medical care services in Barnsley			

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

3.1 **Clinical Leadership**

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

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

NHS
Barnsley
Clinical Commissioning Group

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2020

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*	✓	*Assurance*		*Information*	

2. PURPOSE

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. REPORT OF

	Name	Designation
Executive Lead	Lesley Smith	Chief Officer
Management Lead	Julie Frampton	Head of Primary Care
Author	Julie Frampton Terry Hague	Head of Primary Care Primary Care Transformation Manager

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
SMT – Gold Command		Approved and for noting at PCCC

5. EXECUTIVE SUMMARY

5.1 In Year Contract Variations

Hoyland First PMS Practice (Walderslade Surgery)
Barnsley CCG has received an application to add Dr Allan to the Hoyland First Practice (Walderslade Surgery) contract from 1 May 2020.

The practice is a PMS practice with 12,985 patients. The regulation detailed below is applied. Appropriate due diligence checks have been undertaken by NHS England colleagues.

	The regulation detailed below is applied in the case of the above variations. 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 Contract Variation requires an amendment to the PMS contract, this needs PCCC member's approval. It is recommended that these are approved, and the Primary Care Team will ensure the contracts are amended accordingly.
5.2	**Single Tender Waiver – Extended Access (Appendix A)** Barnsley Healthcare Federation have been contracted to provide Extended Access services to Barnsley patients since 01/03/2017, providing access to pre-bookable and same day appointments for general medical services in the evenings (between 6:30pm and 10:30pm) and on Saturdays and Sundays (between 10:00am and 14:00pm). Improving access to general medical services was a key aspect of the General Practice Forward View including sufficient routine appointments at evenings and weekends to meet locally determined demand. The Extended Access service complements existing core and out of hours services ensuring appointments are available with GPs and nurses across Barnsley 7 days a week in line with the service aims and objectives. The initial contract period of 1/3/2017 to 31/3/2019 was extended for a further year in line with the option to do so within the contract, therefore this contract was due to end 31/3/2020. Ceasing the contract at the end of March 2020 would vastly impact patient access and would put a considerable burden back into GP practices. An average of 1337 patients per month accessed the service in 2019/20. Verbal discussions have also been held with Barnsley CCG's Chief Finance Officer, Barnsley CCG's Chief Officer and NHS England & NHS Improvement (North East & Yorkshire) Assistant Head of Primary Care Co-Commissioning approving the approach. The option that the waiver is requested to be approved under is: 13.10 Formal tendering procedures may be waived in the following circumstances: In very exceptional circumstances where the Chief Officer or the Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record The Committee is asked to approve the Single Tender Waver.

5.3	**Barnsley Healthcare Federation Out of Hours Contract Extension** Barnsley Healthcare Federation (BHF) have been contracted to provide the Out of Hours (OOH) Service to Barnsley patients since July 2017. The current contract is due to cease on the 30 June 2020. The contract includes the provision to extend the contract for up to one year. The CCG are to utilise this provision to extend the contract with BHF to continue to deliver OOH care for nine months until 31 March 2021. This will align with the end date of the contract for Extended Access which is also held by the BHF. With the Network Contract DES requiring the delivery of Extended Hours it would be sensible to align the end dates of these contracts and for this to coincide with the NHSE led review for Extended Hours. The contract extension will ensure continuity of service, particularly during the current COVID-19 circumstances, and ensure that the CCG has time to review both contracts and service specifications for these services ahead of April 2021. Barnsley CCG's Senior Management Team (Gold Command) have approved this contract variation. The committee is asked to note the extension to the OOH contract for a further 9 months for the period 1 July 2020 to 31 March 2021. The Primary Care Team will ensure the contracts are amended accordingly.
5.4	**GMS/PMS Equalisation** In Summer 2013 NHS England commenced a review of the funding of PMS practices due to the significant variation in approach to these contracts both in terms of the financial resources invested and the additional objectives included in contracts. You will recall that in 2019/20 the CCG continued with the work towards the GMS/PMS equalisation and this Committee approved the approach recommended to continue with the reconciliation. For 2020/21 the CCG continues with the equalisation between GMS/PMS contracts and will be applying an uplift to all PMS practices. The table below shows the alignment of payments to ensure all of our PMS practices are in line with the GMS rate of £93.46. The PMS uplift in 2020/21 is £3.13 and, as you can see from the variance column, the uplift applied to practices varies to equalise with the GMS payment.

Practice Type	Practice Name	Opening PMS Value 2020/21	GMS Rate 2020/21	Variance
PMS	Practice 1	£92.13	93.46	-1.33
PMS	Practice 2	£89.88	93.46	-3.58
PMS	Practice 3	£89.88	93.46	-3.58
PMS	Practice 4	£90.90	93.46	-2.56
PMS	Practice 5	£89.88	93.46	-3.58
PMS	Practice 6	£89.88	93.46	-3.58
PMS	Practice 7	£91.38	93.46	-2.08
PMS	Practice 8	£92.51	93.46	-0.95
PMS	Practice 9	£89.88	93.46	-3.58
PMS	Practice 10	£91.80	93.46	-1.66
PMS	Practice 12	£89.88	93.46	-3.58
PMS	Practice 13	£89.88	93.46	-3.58
PMS	Practice 14	£91.97	93.46	-1.49
PMS	Practice 15	£89.88	93.46	-3.58
PMS	Practice 16	£89.88	93.46	-3.58

A further review will then be undertaken at the beginning of 2021/22 to ensure the equalisation remains on track.

5.5 Network Contract DES Payments – 2020/21

The table below indicates the finances applicable for the 2020/21 Network Contract DES for Barnsley Primary Care Network. These figures are subject to final confirmation and are for the Committee to note.

	2019/20	Assumptions/Calculation	2020/21**	Assumptions/Calculation
Extended Hours	385,660	Q1 budget based on previous years DES payments with 0.7% Demographic growth & 1% Provider Inflation. Q2/Q3/Q4 budget based on actual list size (January 2019) X £1.099 per patient	382,295	Budget based on actual list size (January 2020) X £1.45 per patient.
Staff Reimbursement	160,536	Funding available of £92,000 per 50,000 population for 9 months of the year. This Budget is based on 3 Months taking into account recruitment timelines and notice periods. (part year effect)	1,271,713	£1,271,713 in CCG plan based on December 2019 Guidance. £2,103,953 potentially available in total for the PCN based on £7.131 per weighted patient (January 2020) of which a proportion is retained at NHS England and can be claimed for by the PCN submitting claims.
Clinical Director Contribution	134,536	£0.514 per registered patient (January 2019) to cover July 2019 to March 2020	190,357	£0.722 per registered patient (January 2020) to cover April 2020 to March 2021
Network Participation	514,849	Weighted list size January 2019 X £1.761 per patient.	519,602	Weighted list size January 2020 X £1.761 per patient.
PCN Support Funding			79,666	Weighted list size January 2020 X £0.27 per patient, to cover April 2020 to September 2020.
PCN Care Home Premium			119,160	£60 X 1,986 (number of CQC registered beds)
Total	**1,195,581**		**2,562,793**	
Core PCN Funding	393,347	Additional core PCN funding equating to £1.50 per registered patient (January 2019) totalling £393,347 has been allocated to the new PCN DES, which will be funded from CCG Programme Allocations.	395,478	Additional core PCN funding equating to £1.50 per registered patient (January 2020) totalling £395,478 has been allocated to the new PCN DES, which will be funded from CCG Programme Allocations.

**** Indicative numbers in the budget not yet confirmed due to awaiting further budgeting guidance from NHS England at the end of May 2020.**

6. THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:

1. Approve the addition of Dr Allan to Hoyland First Medical Practice (Walderslade Surgery) from 1 May 2020.
2. Approve the single tender waiver
3. Note the contract extension for the Out of Hours service

	4. GMS/PMS Equalisation – approve the approach to equalisation for 2020/21 5. Note the PCN DES finances
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix A – Single Tender Waiver Form

NHS
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PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
4.1 Mental Health		9.1 Digital and Technology	
5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
5.2 Integrated Care @ Place			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	2.1

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.1**	Duties as to reducing inequalities (s14T)	**See 3.4**
Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.2**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.3**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.3**	Public involvement and consultation (s14Z2)	**See 3.5**

2A. PCCC ONLY - Links to delegated primary care commissioning functions

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

Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)	✓	Decisions in relation to the management of poorly performing GP Practices	
Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	✓
Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		

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

3.1 Clinical Leadership

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

	leadership?	

3.2 Management of Conflicts of Interest (s14O)

Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	***NA***

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

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

3.4 Improving quality (s14R, s14S)

Has a Quality Impact Assessment (QIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	***NA***

3.5 Reducing inequalities (s14T)

Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***

3.6 Public Involvement & Consultation (s14Z2)

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

3.7 Data Protection and Data Security

Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***

3.8 Procurement considerations

Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	***Y***
Has a Single Tender Waiver form been completed if appropriate?	***Y***
Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	***NA***

3.9 Human Resources

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

3.10 Environmental Sustainability

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

Appendix A

BARNSLEY CCG – DECISION NOT TO SEEK TENDERS FORM

NOTES FOR COMPLETION: *Approval must be sought in advance for any single tender action using the form below. Please refer to Sections 13.9-13.13 of the CCG's Prime Financial Policies (see annex) and give details of the relevant sub section which supports this request. When form is complete retain the original with the tender documentation and provide copies to the Head of Assurance and Procurement Lead. A copy of the form will be retained in a log by the Corporate Affairs team.*

Name of person making request	**Julie Frampton**
Job title	**Head of Primary Care**
Date	**20 February 2020**
Supplier name	**Barnsley Healthcare Federation**
Details of product or service	**Provision of an Extended Access service to all Barnsley patients.**
Contract value £	**£1,686,327**
Contract duration	**12 months**

A single tender waiver / decision not to apply competitive tendering* is requested for the following reason(s)
[See Annex para 13.10 to this form for acceptable grounds and quote relevant sub sections below along with supplementary explanation]

Barnsley Healthcare Federation have been contracted to provide Extended Access services to Barnsley patients since 01/03/2017, providing access to pre-bookable and same day appointments for general medical services in the evenings (between 6:30pm and 10:30pm) and on Saturdays and Sundays (between 10:00am and 14:00pm).

Improving access to general medical services was a key aspect of the General Practice Forward View including sufficient routine appointments at evenings and weekends to meet locally determined demand. The Extended Access service complements existing core and out of hours services ensuring appointments are available with GPs and nurses across Barnsley 7 days a week in line with the service aims and objectives.

The initial contract period of 1/3/2017 to 31/3/2019 was extended for a further year in line with the option to do so within the contract, therefore this contract is due to end 31/3/2020.

Ceasing the contract at the end of March 2020 would vastly impact patient access and would put a considerable burden back into GP practices. An average of 1337 patients per month accessed the service in 2019/20. These patients would instead need to access either normal GP practice services or the Out of Hours service. There would also be an additional risk of increasing unnecessary A & E attendance for routine general medical services.

The Long Term Plan continues the priority of improving patient access and reducing variation in experience and long waits. NHS England are currently undertaking a review to implement a coherent access offer by 2020/2021 to include improved access to patient requested pre-bookable appointments and same day general practice appointments.

As outlined in Investment and Evolution: A five-year framework for GP contract reform to implement The NHS Long Term Plan, the funding for CCG commissioned Extended Access services will become a single combined access offer with the existing Extended Hours Access DES which is an integral part of the Network Contract DES.
The alternative of commencing a procurement process would, potentially, introduce a gap in service, result in the CCG's non-compliance in providing Extended Access for all Barnsley patients. In addition to the effectiveness of embedding a new supplier for a 12 month contract given that it could potentially take 3 months to establish the service. Additionally, it would be

difficult to compile a relevant service specification whilst an NHS England led review is in train. Therefore, in these circumstances a formal tendering process would not be practicable. The review was due to be completed by the end of 2019-20 and is now not due to until 2020-21.

Current patient feedback from users of the Extended Access service, recorded from May 2019 to January 2020, was that 74% of patients felt that the service was excellent and 22% rated the service as very good. 97% of patients would recommend the service. The cessation of this service would impact on the people of Barnsley and their ability to choose to access general medical services when most convenient for them.

Based on market intelligence it is anticipated that tender bids for a potential procurement would be low. Across the South Yorkshire and Bassetlaw region similar procurements resulted in a low response from providers other than the local Federation. Additionally, the number of Freedom of Interest (FOI) requests in relation to the Extended Access contract have been low with one received in the last 12 months. This requested information regarding the number of patients attending on Christmas bank holiday days; how many premises were open and the cost of this; and how many GPs were on shift. This reinforces that there would be a low risk to the challenge of waiving procurement of the contract.

Verbal discussions have also been held with Barnsley CCG's Chief Finance Officer and NHS England & NHS Improvement (North East & Yorkshire)'s Assistant Head of Primary Care Co-Commissioning approving the approach.

The option that the waiver is requested to be approved under is;

13.10 Formal tendering procedures may be waived in the following circumstances:

a. In very exceptional circumstances where the Chief Officer or the Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record

Considering the NHS England access review, which is due to report during 2020-2021, and the obligation to deliver Extended Access it would be judicious to continue with the current service and provider to prevent loss of access to general medical services. It would also ensure that the reputation of the CCG is not harmed with the withdrawal of this service.

Procurement Lead sign off	
Does the Procurement Lead support the rationale provided?	Yes ☐
Name:…… Signature:……..... Date:……	No ☐

Chief Officer Authorisation	
Decision to waive or not apply competitive tendering authorised	Yes ☐
Name:…… Signature:……..... Date:……	No ☐
If 'no' please state reasons below	

Governing Body or Management Team Approval of Business Case	
Date approved by Management Team (if <£100,000) **OR**	
Date approved by Governing Body (if >£100,000)	

***NOTE:** Where the CCG proposes not to conduct a tender process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the Governing Body shall consider such proposal at a meeting of the Governing Body as recommended by the Procurement Guide for commissioning of NHS-funded services.*

ANNEX TO BARNSLEY CCG SINGLE TENDER WAIVER FORM

Extract from CCG Prime Financial Policies detailing exceptions and instances where formal tendering procedures need not be applied

13.9 Where a contract opportunity is required to be tendered such contract opportunities need not be advertised and formal tendering procedures need not be applied where:

a. The estimated expenditure or income:
   (i) For a contract opportunity (for goods and non-healthcare services) does not, or is not reasonably expected to, exceed limits as specified in the operational Scheme of Delegation; or
   (ii) For any contract opportunity (for healthcare services) that does not, or is not reasonably expected to reach OJEU limits

b. The requirement can be met under an existing contract without infringing Procurement Legislation

c. The CCG is entitled to call off from a Framework Agreement subject to 13.14 below

d. A consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the CCG; or

e. An exception permitting the use of the negotiated procedure without notice validly applies under Regulation 14 of the EU Regulations

13.10 Formal tendering procedures may be waived in the following circumstances:

b. In very exceptional circumstances where the Chief Officer or the Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record

   a. Where the timescale genuinely precludes competitive tendering for reasons of extreme urgency brought about by events unforeseeable by the CCG and not attributable to the CCG. Failure to plan work properly is not a justification for waiving the requirement to tender

   b. Where the works, services or supply required are available from only one source for technical or artistic reasons or for reasons connected with the protection of exclusive rights

   c. When the goods required by the CCG are a partial replacement for, or in addition to, existing goods and to obtain the goods from a supplier other than the supplier who supplied the existing goods would oblige the CCG to acquire goods with different technical characteristics and this would result in:

      i. Incompatibility with the existing goods; or

ii. Disproportionate technical difficulty in the operation and maintenance of the existing goods

However, no such contract may be entered in for duration of more than three years.

e. When works or services required by the CCG are additional to works or services already contracted for but for unforeseen circumstances such additional works or services have become necessary and that such additional works or services

f. Cannot for technical or economic reasons be carried out separately from the works or services under the original contract without major inconvenience to the CCG

g. Can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract

h. For the provision of legal advice and/or services provided that any provider of legal advice and/or services commissioned by the CCG is regulated by the Solicitors Regulation Authority for the conduct of their business (or by the Bar Council for England and Wales in relation to the obtaining of Counsel's opinion) and are generally recognised as having sufficient expertise in the area of work for which they are commissioned. The Chief of Corporate Affairs will ensure that any legal fees paid are reasonable and within commonly accepted rates for the costing of such work

Monitoring and Audit of Decision not to seek Tenders

13.11 The waiving of competitive tendering procedures should not be used with the object of avoiding competition or solely for administrative convenience or, subject to above exceptions, to award further work to a provider originally appointed through a competitive procedure.

13.12 Where it is decided that competitive tendering need not be applied or should be waived, the fact of the non-application or waiver and the reasons for it should be documented and recorded in an appropriate CCG record and reported to the Audit committee at each meeting.

13.13 Where the CCG proposes not to conduct a tender process in relation to a contract opportunity for a new health care service or a significantly changed health care service then the Governing Body shall consider such proposal at a meeting of the Governing Body as recommended by the Procurement Guide for commissioning of NHS-funded services.

NHS
Barnsley
Clinical Commissioning Group

PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2020

CONTRACTUAL ISSUES REPORT – QUALITY OUTCOME FRAMEWORK PAYMENTS

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

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

2. PURPOSE

The purpose of this report is to provide members with an update on the current contractual issues in relation to Quality Outcome Framework payments.

3. REPORT OF

	Name	Designation
Executive Lead	Lesley Smith	Chief Officer
Management Lead and Author	Julie Frampton	Head of Primary Care

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
Not Applicable		

5. EXECUTIVE SUMMARY

Quality Outcome Framework (QOF)

NHS England & Improvement and NHS Digital have outlined the work that has been undertaken and describes the next steps for QOF payments for GP practices.

The calculated QOF data is now available for practices to view in CQRS and practices are able to run their Achievement Summary Report. This data is also available for Commissioners to view.

Income protection may apply where earnings for QOF in 19/20 were negatively

impacted by Covid-19 activities. Commissioners may need to make an off-system, one-off payment to practices. The steps below detail how to make an adjustment:

Next steps on QOF end of year payments 2019/20: Guidance for CCGs

1. The GP preparedness letter of 19th March 2020 advised that 'QOF activity for 2019/20 is largely complete and QOF calculations will be made as usual. Given the priority that may need to be given to Covid-19 work, we will undertake a piece of analysis to confirm the impact and will make a one-off adjustment for practices who earned less in 2019/20 than 2018/19 as a result of Covid-19 activities.'

2. This analysis is complete, and this note sets out the next steps which local Commissioners (normally CCGs) need to undertake.

3. A total of 6,475 practices returned QOF data. Average QOF achievement was 516 points in 2019/20: a fall of 6 points from 2018/19. 95% of practices had a change in QOF points ranging from an increase of 49.5 points to a fall of 40.7 points. But 5% of practices saw a significant change in performance ranging from an increase of 506 points to a fall of 449 points. At a national level we are unable to fully determine whether a fall in practice income has occurred directly as a result of Covid-19 activities or whether this would have happened independently of the pandemic.

4. Understanding the impact of Covid-19 activities requires local knowledge of the practice and the activities which were being undertaken. We are therefore asking local commissioners to focus validation activity upon practices which are outliers and who have seen a significant fall in QOF points.

5. Nationally the CQRS file (using 2019/20 collected data) will be transferred to NHAIS and used to make payment in June 2020. This will include all practices who submitted data with the exception of those where the local commissioner has requested that this does not happen. This will have the effect of ensuring that where practice payment is higher in 2019/20 than 2018/19 this payment will be made irrespective of changes in achievement (as would be usual).

6. Where the 2019/20 payment is lower than the 2018/19 payment, the lower payment will be made using the national payment file. Commissioners will need to make a one-off payment to practices to 2018/19 payment levels where local knowledge would suggest that practice performance was negatively impacted by Covid-19 activities. The GP preparedness letter of 19th March advised that practices should continue to be paid at rates that assume they would have continued to perform at the same levels from the beginning of the outbreak.

7. In making a fair adjustment, Commissioners should consider practice performance from September 2019 onwards and discuss with their individual practices if necessary. Where the points difference between 2018/19 and 2019/20 is minimal i.e. a fall of less than 30 points, we would expect Commissioners to offer income protection to 2018/19 payment

	values. 8. Where there is a significant fall in achievement at year end which is also apparent in reported achievement through the year then this is unlikely to be solely due to Covid-19 activities. Commissioners will need to consider what would be a reasonable adjustment in these circumstances, if any. It may be helpful to review historical patterns of achievement in determining whether any fall in performance is related to Covid-19 activities. In making this assessment, Commissioners should remember that the 74 Quality Improvement points were credited to practices in the year end calculation (unless the practice had opted out of QI delivery) and these do not need to be added separately. The QOF QI modules represent 13% of the available QOF points. 9. Income protection should <u>not</u> be offered to practices whose contracts ended prior to the 1st March 2020 as they were not operational during the pandemic period. 10. These activities should be undertaken in a timely manner with any one-off payments being made in June 2020. In Barnsley we have 10 practices that have a difference in achievement from 2018/19 to 2019/20 of less than 30 points and additional payments need to be made to ensure income security for the practices during this time. Barnsley also have 4 practices whom have a difference of more than 30 points. These 4 practices will need to be reviewed by the Primary Care team on a practice by practice basis and an update will be provided at the next PCCC. **QOF aspiration payments for 2020/21** A further review will be carried out regarding the QOF aspirational payments for 2020/21. Practices may potentially need further top up payments to provide income security, as previously stated, and a further update will be provided to PCCC when this analysis has been carried out**.**
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	i) Note the QOF achievement for 2019/20 and work currently in place to review those practices with the greatest points deficit. ii) Note the work to be undertaken with regard to the 2020/21 QOF aspirational payments.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	None

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
4.1 Mental Health		9.1 Digital and Technology	
5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
5.2 Integrated Care @ Place			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	2.1

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.1**	Duties as to reducing inequalities (s14T)	**See 3.4**
Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
Duty to exercise its functions effectively, efficiently and economically (s14Q)	**See 3.2**	Duty as to patient choice (s14V)	
Duty as to improvement in quality of services (s14R)	**See 3.3**	Duty as to promoting integration (s14Z1)	
Duty in relation to quality of primary medical services (s14S)	**See 3.3**	Public involvement and consultation (s14Z2)	**See 3.5**

2A. PCCC ONLY - Links to delegated primary care commissioning functions

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

Decisions in relation to the commissioning, procurement and management of GMS, PMS and APMS contracts (inc breach notices etc)		Decisions in relation to the management of poorly performing GP Practices	
Planning the primary medical services provider landscape in Barnsley (inc closures, mergers, dispersals)		Decisions in relation to the Premises Costs Directions Functions	
Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		

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

3.1 **Clinical Leadership**

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

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

Commissioning and Procurement of Primary Medical Care Services

NHS Barnsley Clinical Commissioning Group

March 2020

1920/BCCG/06

Final Report

Understanding Integrity Trust Respect Value Added Professionalism

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Distribution

Name	For action	For information
Lesley Smith, Chief Officer	×	✓
Roxanna Naylor, Chief Finance Officer	×	✓
Julie Frampton, Head of Primary Care	✓	×
Richard Walker, Head of Governance and Assurance	✓	×
Chris Millington, Lay Member – Chair of PCCC	×	✓

Key dates

Report stage	Date
Discussion draft issued:	17 February 2020
Exit meeting:	25 February 2020
Final draft issued:	3 March 2020
Client approval received:	6 March 2020
Final report issued:	6 March 2020

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The matters reported are only those which have come to our attention during the course of our work and that we believe need to be brought to the attention of NHS Barnsley CCG. They are not a comprehensive record of all matters arising and 360 Assurance is not responsible for reporting all risks or all internal control weaknesses to NHS Barnsley CCG.

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Introduction and background

NHS England (NHSE) became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen CCGs invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements.

NHS Barnsley CCG assumed full delegated responsibility under these arrangements as of 1 April 2015.

Although NHS England has delegated functions to CCGs, it retains overall accountability and is, therefore, responsible for obtaining assurances that its functions are being discharged effectively.

From 2018/19, NHS England (NHSE) has required independent assurances to be provided that delegated functions have been appropriately discharged. NHSE's Internal Audit Framework sets out the requirement for independent assessments to be undertaken across four domains, on a cyclical basis, by March 2022**.** These are:

- Commissioning and Procurement of Services
- Contract Oversight and Management Functions
- Primary Care Finance
- Governance (common to each of the above areas).

CCGs are required to tailor their approach to take account of the findings from any previous or related audit work, and make use of local assessment of risk to determine appropriate focus within the scope of work detailed.

For NHS Barnsley CCG, the outputs from the following audits have been taken into account in complying with the requirements of the Framework:

- Primary Medical Care Commissioning and Contracting - Review of Governance Arrangements (1819/BCCG/09)
- Contract Management for Primary Care (1819/BCCG/02)
- Governance and Risk Management (1920/BCCG/03)

The Framework requires that the outcome of each annual internal audit is reported to the CCG Audit Committee using the opinion levels specified in the Framework; these are provided at Appendix A. The Primary Care Commissioning Committee will have a lead role in discussing and agreeing the report.

Audit objective

The objective of our audit was to determine whether a robust, efficient and effective control environment is in place in relation to commissioning and procurement of primary medical care services as detailed within the Delegation Agreement between the CCG and NHSE.

Audit opinion

Substantial assurance	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and/ or one or more of the controls tested are not operating effectively, resulting in unnecessary exposure to risk**.**

Our opinion is limited to the controls examined and samples tested as part of this review.

The opinion level we are required to use is as specified by NHSE. The assurance levels defined by NHSE:

- are not comparable with ISAE 3000[1]
- differ to the assurance levels used by 360 Assurance for other reviews completed as part of the agreed internal audit programme of work.

Summary findings

There are strong governance arrangements in place, with the Primary Care Commissioning Committee (PCCC) having appropriate membership and meeting frequently. The Committee's Terms of Reference were updated in August 2019, approved by the PCCC in November 2019 and presented to the Governing Body for approval in January 2020. The Governing Body receives assurance regarding the work of the Committee through the receipt of an assurance report along with adopted minutes of the meetings held in public.

Accountability for primary medical care services (PMCS) rests with the Chief Officer who is supported by the CCG's Primary Care Team and the South Yorkshire Procurement Service (shared service procurement model between NHS Barnsley, NHS Bassetlaw, NHS Rotherham and NHS Sheffield CCGs). Services are commissioned in accordance with NHSE's Policy and Guidance Manual (PGM) which the CCG has adopted and relevant staff are aware of.

Effective arrangements are in place for planning and procuring PMCS, which involves patients and public. We reviewed a sample of 10 decisions made by the PCCC during the year and identified that there is further scope to improve transparency within papers being reported to the PCCC. This relates to the consideration of relevant NHSE statutory duties and the application of the NHSE PGM.

The CCG has appropriate arrangements in place for emergency practice closures, or if there is disruption to services, through the use of caretaker arrangements. Processes are in place to ensure that practices are monitored and concerns discussed. There have not been any practice closures and no practices have been subject to caretaker arrangements during 2019/20.

Throughout the year, no decisions in relation to local enhanced services were required to be made by the PCCC.

[1] International Standard on Assurance Engagements (ISAE) 3000 *Assurance Engagements Other than Audits or Reviews of Historical Financial Information* issued by the International Audit and Assurance Standards Board

Summary of actions

	High	Medium	Low	Total
Proposed actions	0	0	2	2
Agreed actions	0	0	2	2

Audit scope

Scope area	Audit testing
Effective governance arrangements are in place through the Primary Care Commissioning Committee that support the CCG in discharging delegated functions relating to commissioning and procurement.	We reviewed the CCG's Constitution and associated Scheme of Delegation to assess whether it specified the role of the Primary Care Commissioning Committee (PCCC). We compared PCCC Terms of Reference to the Standing Documents and the Delegation Agreement with NHSE. We assessed whether the Terms of Reference were approved by the Governing Body and that membership and reporting to the Governing Body was as expected. We reviewed whether responsibility for primary medical care services is assigned to an appropriate director at the CCG and if any external support is provided to deliver this agenda. We reviewed whether the CCG has adopted NHSE's Policy and Guidance Manual (PGM) which was updated in 2019, or if it has its own policy.
Effective arrangements are in place for planning the provision of primary medical care services in the area, including carrying out health needs assessments, assessment of provider landscape and consulting with the public and other relevant agencies as necessary.	We interviewed the Head of Primary Care to assess how the CCG documents that it has planned PMCS including conducting needs assessments.
Effective arrangements are in place for the procurement of PMCS, including decisions to extend existing contracts.	We interviewed the Head of Primary Care to establish who is accountable for PMCS and where external support is received that this is recorded within an agreed Memorandum of Understanding and services are received as expected. We requested copies of the central database of contracts with practices and evidence that these are managed proactively and, where relevant, procurement legislation is applied. We reviewed agendas, papers and minutes of the PCCC to assess that procurement and commissioning decisions are recorded.
Effective arrangements are in place for the involvement of patients/public in those commissioning and procurement decisions.	We interviewed the Head of Primary Care to ascertain the responsibility of the practices to engage with patients and other stakeholders for procurements and commissioning decisions. We tested a sample of 10 decisions made by the PCCC between January and November 2019 to assess the level of engagement.
Effective arrangements are in place for the commissioning of Directed Enhanced Services (DES) and any Local Incentive Schemes (LIS), including the design of such	We interviewed the Head of Primary Care to understand the process for commissioning DES, Local Enhanced Services (LES) and LIS. We restricted our testing to LES as the CCG has no role with regards to DES and there are no Local Incentive Schemes across Barnsley in

Scope area	Audit testing
schemes.	2019/20. We reviewed PCCC agendas and papers to assess what Local Enhanced Services have been designed and approved by the PCCC.
Effective arrangements are in place to respond to urgent GP practice closures or disruption to service provision.	We reviewed PCCC agendas and papers to identify if there have been any urgent GP practice closures or other disruption of services, e.g. through closure to list sizes or boundary changes, and how these were managed by the PCCC.

Limitations of scope:

The scope of our work was limited to the systems and controls identified in the Terms of Reference agreed with the Head of Primary Care in January 2020.

Excluded from the scope was the management of conflicts of interest which is subject to a separate mandated internal audit framework.

We have not provided assurance on the controls in place within the South Yorkshire Procurement Service.

Key findings

The following sections of the report summarise the findings of our review. Our risk assessment process aligns with the ISO 31000 principles and generic guidelines on risk management. The risk matrix we use, along with definitions of different opinion levels, is provided at Appendix A.

1. Governance arrangements

Primary Care Commissioning Committee

The PCCC's Terms of Reference were submitted to the Governing Body for approval at its meeting in January 2020 and are consistent with the CCG's Constitution, associated Scheme of Reservation and Delegation and the Delegation Agreement between the CCG and NHSE.

Membership of the PCCC is predominantly Lay Members and Executive Members as well as three non-voting Clinical Advisors who are elected practice representatives. A representative from NHSE also attends the PCCC meetings and receives papers for each meeting of the Committee.

The PCCC meets bi-monthly in public and confidentially and we confirmed in our separate review of Governance and Risk Management Arrangements that there are robust arrangements in place for reporting from the Committee to the Governing Body. This is through the provision of an assurance report along with adopted minutes of the meetings held in public.

We were advised that a Heads of Primary Care meeting is held on a regular basis that is attended by the Heads of Primary Care from CCGs throughout South Yorkshire and Bassetlaw. These meetings are an informal mechanism for sharing good practice and for discussing developments at an ICS footprint level.

Furthermore, we understand that the CCG's Head of Primary Care and Primary Care Transformation Manager hold monthly informal discussions (either face to face or via telephone) with the NHSE Primary Care Team. The purpose of these discussions is to clarify any

areas of ambiguity in the NHSE PGM.

The PCCC produce an assurance report on an annual basis to provide assurance that the Committee has discharged the responsibilities delegated to it. The annual assurance report for 2018/19 was provided to the PCCC in March 2019 and the annual assurance report for 2019/20 was provided to the PCCC in January 2020.

An action was agreed as part of our 2019/20 Governance and Risk Management report for an exercise to be undertaken to ensure that there is alignment between the Committee's terms of reference, work plan and meeting agendas. This action is due to be completed by 31 March and so we have not raised it again.

2. Planning primary medical care services

PCCC has delegated authority to review, plan and procure primary care services in Barnsley. This is specified within the PCCC Terms of Reference and also within the Scheme of Reservation and Delegation (SORD) on page 103 of the CCG Constitution. This responsibility is consistent with the Delegation Agreement between the CCG and NHSE at Section 6 and Schedule 2 which was signed on 26 March 2015 and became effective on 1 April 2015.

The PCCC is responsible for the following areas within its Terms of Reference. Each one has been agreed back to the Delegation Agreement.

From our review of a sample of 10 decisions made by the PCCC between January and November 2019, we confirmed that papers incorporated data on contractual issues including the approval of PMS, APMS and GMS contract variations (addition of new partners to and removal of existing partners from contracts) and procurement award reports.

3. Commissioning and procuring primary medical care services

3.1 Accountability for primary medical care services

We confirmed that the Chief Officer is the executive lead for primary medical care services and is supported by the CCG's Primary Care Team and the South Yorkshire Procurement Service (see below).

There is an agreed Memorandum of Understanding (MOU) in place for shared service procurement between NHS Barnsley, NHS Bassetlaw, NHS Rotherham and NHS Sheffield CCGs. The shared service model is known as the South Yorkshire Procurement Service. The MOU was signed by the Chief Finance Officer of each organisation in November / December 2018. According to the MOU, the host organisation (NHS Sheffield CCG) is responsible for ensuring that the service is provided in accordance with the Service Specifications set out in Annex 1 and for notifying the other CCGs of any risks which may materially affect the delivery of the services. The CCG only receives reports by exception from the host organisation and to date, has not received anything that required reporting.

The MOU also states that the host organisation will employ service employees and that each CCG will provide desk space and access for relevant service employees as agreed with the host organisation. We were advised by the Head of Primary Care that a service employee spends approximately one day a week on the CCG's premises to provide guidance and support in relation to procurement processes.

In addition, the CCG has a Procurement Policy in place the purpose of which is to ensure that the CCG meets its legal obligation to act in the best interests of the organisation, in accordance with the CCG's Constitution.

We noted from our review of the 2019/20 Contracts Register that the CCG has 74 primary care contracts in place – a breakdown by contract type is provided below:

- 6 APMS
- 14 GMS
- 15 PMS
- 31 Practice Delivery Agreement (PDA)
- 3 Any Qualified Provider (AQP)
- 1 NHS Standard Contract
- 4 other

3.2. Policy for primary medical care services

We confirmed that the CCG has adopted the Policy and Guidance Manual issued by NHSE which was updated in 2019. The Contractual Issues Report that the PCCC received at its public meeting in May 2019 highlighted the changes to the PGM and asked the Committee to note the changes.

The CCG does not have a separate policy for discretionary payments. Instead, it has adopted section 10 (Discretionary Payments) of the NHSE Policy and Guidance Manual. This includes key principles and a process for financial assistance. At the time of our review the CCG had not made any discretionary payments in the year.

During 2019/20, GP practices have claimed from the CCG reimbursement of the cost for providing GP performer cover (provided by locums) when a GP performer has been on either

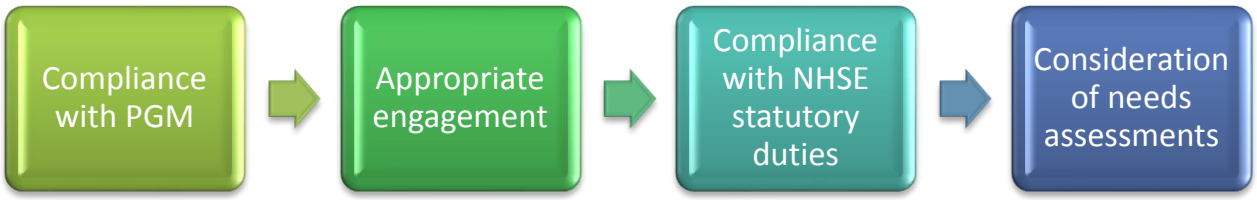
parental leave or on sickness leave. NHSE have provided authorisation for each of these payments (11 in total) via a memorandum to the CCG. The PCCC does not receive any reports requesting approval of such payments other than applications for support, for example in relation to the GP retention scheme.

1. Decommissioning Policy	
Finding: The CCG has developed a Decommissioning Policy which sets out the agreed principles for decommissioning a service. We note that the policy should have been subject to a review in August 2019.	
Risk: If the Decommissioning Policy is not reviewed in line with its scheduled review date, then there is a risk that it may contain references to out of date legislation and processes which may limit its usefulness.	Low (Impact x Likelihood) 2 x 2
Action: The Decommissioning Policy to be reviewed and updated where necessary.	**Responsible officer:** Richard Walker, Head of Governance and Assurance **Implementation date:** 31 August 2020
Management response: Agreed.	

3.3 Commissioning and procurement decisions

We reviewed agendas, minutes and papers for the PCCC. We selected a sample of 10 decisions made by the Committee between January and November 2019. The decisions covered the approval of PMS, APMS and GMS contract variations (addition of new partners to and removal of existing partners from contracts) and procurement award reports.

As part of our testing we assessed how clear the cover sheets or associated papers were in providing assurance that there was:



In terms of compliance with the PGM, we found that evidence recorded in cover sheets to the Committee could be strengthened.

In terms of engagement, we confirmed for our sample of decisions that the standard cover sheet for the paper presented to the PCCC included a section which required the author of the paper to confirm whether the communications and engagement checklist had been completed and whether the actual or proposed engagement activity was set out in the paper.

In terms of compliance with NHSE's statutory duties recorded within section 4 of the PGM, the cover sheets of the reports that were presented to the public meeting of the PCCC in November 2019 reflected that the authors of those reports had indicated which of statutory duties set out in Chapter A2 of the NHS Act had been considered in their preparation.

We were advised that throughout the period covered by our review (January to November 2019), the CCG has not needed to conduct any needs assessments in relation to the decisions taken by the PCCC. It should be noted that there is a standard heading on the agenda of both the public and private meetings of the PCCC called 'Strategy, Planning, Needs Assessment and Co-ordination of Primary Care'.

2. Cover sheets and papers for the Primary Care Commissioning Committee provide assurance to members that all relevant NHSE statutory duties and responsibilities have been considered	
Finding: The CCG has recently updated its Supporting Information & Assurance sheet that accompanies papers that are submitted to the PCCC. Since the November 2019 meeting of the PCCC, the supporting information sheets have included a section titled 'Links to statutory duties'. This section provides assurance to members of the Committee that the following duties, amongst others, have been considered where appropriate: • duties as to reducing inequalities • duty to promote the NHS Constitution • duty to promote the involvement of each patient • duty as to promoting integration • public involvement and consultation • duty to exercise its functions effectively, efficiently and economically However, it does not refer to the following statutory duties recorded within section 4 of part A of the PGM: • regard duties • view duties • duty to act fairly and reasonably • duty to obtain appropriate advice • duty not to prefer one type of provider From our review of a sample of 10 decisions made by the PCCC during the period January to November 2019, we considered that there could be greater transparency within the papers to demonstrate the application of the NHSE PGM. In five of the 10 decisions reviewed, evidence that the NHSE PGM had been applied was lacking. Four of these related to Contractual Issues Reports and one related to a Primary Care Home Visiting Service Procurement Recommendation Report.	
Risk: If a decision is made by PCCC and there is a lack of evidence that there has been compliance with the PGM and consideration of NHSE statutory duties, then the decision could be challenged and overturned. There could be an impact on the reputation of the CCG and patient experience and care.	Low (Impact x Likelihood) 2 x 3
Action: The CCG to ensure that it refers to the Policy and Guidance Manual in all of its Primary Care Commissioning Committee papers.	Responsible officer: Julie Frampton, Head of Primary Care Implementation date: 31 August 2020

Management response: Agreed.

Point for future consideration

We note that the CCG does not currently have an APMS Procurement Group or equivalent in place to manage the procurement processes for APMS contracts although we acknowledge that the next review of such contracts is due in approximately five years' time. Benchmarking found that a peer CCG has established an APMS Procurement Group the purpose of which is to: procure/re-procure APMS following capacity/demand reviews and options appraisals; manage procurements to an agreed timeline; oversee the production and sign off of the procurement documents; and oversee provider exit and mobilisation, as necessary.

The CCG may wish to consider establishing such a group in the future.

3.4 Development and approval of Local Enhanced Services and Local Incentive Schemes

Our review of the PCCC annual assurance reports for 2019/20 and 2018/19 that were presented to the public meetings of the Committee in January 2020 and March 2019 respectively confirmed that throughout these time periods, no decisions in relation to enhanced services were required and no local incentive schemes were designed.

3.5 Commissioning response to urgent practice closures or disruption to services

Our review has confirmed throughout 2019/20, there have not been any practice closures and no practices have been subject to caretaker arrangements. We have also been advised that there are currently no providers that are deemed to be at risk as a result of which no current succession planning arrangements are in place. However, processes are in place to ensure that practices are monitored and concerns discussed. This includes:

- oversight within the Quality and Patient Safety Committee
- oversight with the Quality Improvement Group
- the use of a Quality Concerns Trigger Tool.

There is also a Framework for Emergency Contracts for the delivery of interim Primary Care Medical Services. The framework enables short term (12 month) contracts for General Practice Services to be secured whilst enabling a formal procurement to be undertaken to secure a longer term solution. The nature of the short term contracts is such that it ensures continuity of primary medical services for patients in the event of an urgent need.

We have raised no recommendations in this area.

Follow up

The follow-up of all actions identified within this review will be undertaken via the CCG's "live follow-up" of recommendations, as each individual implementation date is due, we will work with the CCG to evaluate progress made in respect of the issues raised.

Appendix A: Risk matrix and opinion levels

Risks contained within this report have been assessed using the standard 5x5 risk matrix below. The score has been determined by consideration of the impact the risk may have, and its likelihood of occurrence, in relation to the system's objectives. The two scores have then been multiplied in order to identify the risk classification of low, medium, high or extreme.

Score	Impact	Likelihood
1	Negligible	Rare
2	Low	Unlikely
3	Medium	Possible
4	High	Likely
5	Extreme	Almost Certain

		Impact				
		1	2	3	4	5
Likelihood	1	L	L	L	L	L
	2	L	L	L	M	M
	3	L	L	M	M	H
	4	L	M	M	H	H
	5	L	M	H	H	E

The audit opinion has been determined in relation to the objectives of the system being reviewed. It takes into consideration the volume and classification of the risks identified during the review.

These are the opinion levels are prescribed within NHS England's Internal Audit Framework for Delegated Clinical Commissioning Groups.

Audit opinions	
Full assurance	The controls in place adequately address the risks to the successful achievement of objectives; and the controls tested operate effectively.
Substantial assurance	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and/ or one or more of the controls tested are not operating effectively, resulting in unnecessary exposure to risk**.**
Limited assurance	The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and /or a number of controls are not operating effectively, resulting in exposure to a high level of risk.
No assurance	The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and/or the controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives.