

**Public Primary Care Commissioning Committee**  
**Thursday, 30 July 2020 at 2.30pm to 3.30pm**  
**Via MS Teams**

## **PUBLIC AGENDA**

Item	Session	Committee Requested to	Enclosure Lead	Time
Housekeeping			Chair	2.30pm 5mins
1	Apologies	Note	Chair	
2	Quoracy	Note	Chair	
3	Declarations of Interest relevant to the agenda	Assurance	<b>PCCC 20/07/03</b> Chair	2.35pm 5mins
4	Minutes of the meeting held on 28 May 2020	Approve	<b>PCCC 20/07/04</b> Chair	2.40pm 5mins
5	Matters Arising Report	Note	<b>PCCC 20/75/05</b> Chair	2.45pm 5mins
<b>Strategy, Planning, Needs Assessment and Co-ordination of Primary Care</b>				
6	None			
<b>Quality and Finance</b>				
7	None			
8	CQC Updates	Assurance	<b>PCCC 20/07/08</b> Julie Frampton	2.45pm 10mins
<b>Contract Management</b>				
9	Contractual Issues Report	Assurance	<b>PCCC 20/07/09</b> Julie Frampton	2.55pm 20mins
<b>Governance, Risk and Assurance</b>				
10	Risk and Governance Report • Assurance Framework & Risk Register	Assurance	<b>PCCC 20/07/10</b> Richard Walker	3.15pm 5mins
<b>Reflection on conduct of the meeting</b>				
11	<ul style="list-style-type: none"> <li>Conduct of meetings</li> <li>Any areas for additional assurance</li> <li>Any training needs identified</li> </ul>	Note	<b>Verbal</b> Chris Millington	3.20pm 5mins



Item	Session	Committee Requested to	Enclosure Lead	Time
	<b>Other</b>			
12	Questions from the public relevant to the agenda	Note	<b>Verbal</b> Chris Millington	3.25pm 5mins
13	Items for escalating to the Governing Body	Note	<b>Verbal</b> Lesley Smith	3.30pm
14	<b>Date and time of the next scheduled meeting:</b> Thursday, 24 September 2020 at 2:30pm to 3:30pm	Note	<b>Verbal</b> Chris Millington	Close

**Exclusion of the Public:**

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

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



## PRIMARY CARE COMMISSIONING COMMITTEE

30 July 2020

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

#### PART 1A – SUMMARY REPORT

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



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

<b>Agenda time allocation for report:</b>	5 minutes
---	-----------



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

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



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



### NHS Barnsley Clinical Commissioning Group Register of Interests

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

#### Register: Primary Care Commissioning Committee

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



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



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



**Minutes of the PUBLIC Primary Care Commissioning Committee meeting  
held on Thursday, 28 May 2020 at 2.30pm via MS Teams**

**PRESENT: (VOTING MEMBERS)**

Chris Millington ( <i>Chair</i> )	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Mike Simms	Secondary Care Clinician (joined the meeting at 2.50pm)
Richard Walker	Head of Governance & Assurance
Lesley Smith	Chief Officer

**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
Victoria Lindon	Assistant Head of Primary Care Co-Commissioning, NHSE

**APOLOGIES:**

Dr Nick Balac	CCG Chairman
Roxanna Naylor	Chief Finance Officer
Julie Burrows	Director of Public Health, BMBC
Sue Womack	Manager, Healthwatch Barnsley

**MEMBERS OF THE PUBLIC:**

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

Agenda Item	Note	Action	Deadline
<b>PCCC 20/05/01</b>	<b>APOLOGIES</b>		
	The Chair welcomed members to the meeting and apologies were noted as above.		
<b>PCCC 20/05/02</b>	<b>QUORACY</b>		
	The meeting was declared quorate.		
<b>PCCC 20/05/03</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The Medical Director declared an interest in the Network Contract DES Payments – 2020/21 included within agenda item 8, Contractual Issues Report.		



	The Chair agreed that the Medical Director and Dr Mark Smith could remain for the discussion relating to this item.		
<b>PCCC 20/05/04</b>	<b>MINUTES OF THE LAST MEETING</b>		
	The minutes of the meeting held on 30 January 2020 were verified as a true and correct record of proceedings.		
<b>PCCC 20/05/05</b>	<b>MATTERS ARISING REPORT</b>		
	The Committee noted all actions were complete on the Matters Arising Report with the exception of the action relating to Primary Care Estates. It was reported that this action had now been superseded by an NHSE Primary Care estates review, although due to Covid-19 this was currently on hold.		
<b>STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE</b>			
<b>PCCC 20/05/06</b>	<p><b>COVID-19</b> The Head of Primary Care provided members with an update report of the work undertaken and service changes that had taken place in Primary Care as a result of the Covid-19 pandemic.</p> <p><u>General Practice</u> Due to staffing issues a number of practices had taken the decision to change surgery facilities provided at their branch sites by either reducing opening hours or closing the site and consolidating delivery of primary medical services from their main site.</p> <p>Safety adaptations had been implemented in surgeries across Barnsley for patients requiring face to face consultation. Patients were also being encouraged to use video and telephone facilities for GP consultations and the electronic repeat prescribing app to order repeat prescriptions.</p> <p><u>Relocation of BHNFT Services</u> In order to avoid any risk of Covid, the phlebotomy service had been moved into one of the closed branch sites at the Roundhouse Centre, Athersley to support social distancing for patients requiring blood sample. YAS had also supported this move and were transporting patients to the new site.</p> <p>To support pregnant ladies, the antenatal clinic had been moved into Woodland Drive to ensure care continued to be provided in a safe location.</p>		



	<p><b><u>Covid-19 Blue Clinic</u></b> In order to ensure safe service delivery within practices, Barnsley Healthcare Federation had developed a 'hot' site at Oaks Park, Kendray for suspected or Covid positive patients to receive care.</p> <p>The site had been named the 'Blue Clinic' to separate its identity from the GP practice already based at Oaks Park.</p> <p><b><u>Primary Care Team</u></b> The Primary Care Team had formed the working group for the primary care silver command acting as a single point of contact to manage all communication across primary care including community pharmacies the LMC and other primary care services to ensure a consistent message was conveyed.</p> <p>The team also linked into other Barnsley cells to help support work and provide primary care knowledge.</p> <p>The Head of Primary Care thanked Dr Mark Smith for supporting the Primary Care Team with the development and production of the daily Bulletin that was circulated to Primary Care colleagues.</p> <p>The Chair and the Committee thanked the Primary Care Team for all their hard work and effort they had provided to support the people of Barnsley during these unprecedented times.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>Noted the information contained in the Covid-19 Service Changes report.</b></li> </ul>		
<b>QUALITY AND FINANCE</b>			
<b>PCCC</b> <b>20/05/07</b>	<p><b>CQC UPDATE</b> The Head of Primary Care provided members with an update report on the current CQC position relating to GP Practices and the Barnsley Healthcare Federation i-Heart contracts.</p> <p>It was noted that although the CQC were unable to visit practice sites they continued to manage reviews via desktop inspections and were in touch with those practices facing difficulties. The CCG continued to liaise with the CQC and had been assured that Barnsley practices were managing well during the Covid situation and the additional work the CQC had asked of them. Should any quality issues within practices arise these would be fed back as a priority.</p>		



	<p><b><u>CQC Inspections – Good Ratings</u></b></p> <p>The outcome of the following practice inspections had been published since the last meeting of the Committee.</p> <ul style="list-style-type: none"> <li>• The Kakoty Practice was inspected on 10 December 2019. In the report published on 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’.</li> </ul> <p>It was noted that the CQC had published the wrong report for the Kakoty Practice. This error had been reported to the CQC with a request for the correct report to be published.</p> <ul style="list-style-type: none"> <li>• Burleigh Medical Centre was inspected on 4 March 2020. In the report published on 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 focussed solely on the domains of Safe, Effective and Well-led.</li> </ul> <p>A ‘desk-top’ inspection had taken place for the following two practices both of which had a domain rating of ‘requires improvement’ in an earlier inspection.</p> <ul style="list-style-type: none"> <li>• Lundwood Medical Practice – now rated good for “safe”.</li> <li>• Huddersfield Road Surgery – now rated good for ‘well led’</li> </ul> <p>The Committee noted the CCG were awaiting confirmation that the wrongly published report had been corrected.</p> <p><b>Action:</b> The Head of Delivery would check to ensure the wrongly published report had been rectified.</p> <p><b>Action:</b> Write to each practice congratulating all staff on receiving a ‘Good’ rating, commendable CQC report and to thank the practice for their continued efforts.</p> <p><b>The Committee:</b> Noted the ‘Good’ rating from the CQC inspections of:</p> <ul style="list-style-type: none"> <li>• The Kakoty Practice</li> <li>• Burleigh Medical Centre</li> <li>• Lundwood Medical Centre</li> <li>• Huddersfield Road Surgery</li> <li>•</li> </ul>	<p>JF</p> <p>JF</p>	
--	---	---------------------	--



CONTRACT MANAGEMENT			
PCCC 20/05/08	CONTRACTUAL ISSUES REPORT		
	<p>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.</p> <p><b>In Year Contract Variations</b></p> <p><u>Hoyland First PMS Practice (Walderslade Surgery)</u> An application had been received to add Dr Allan to the Hoyland First Practice (Walderslade Surgery) contract from 1 May 2020. Due diligence had been carried out and the CCG were pleased to welcome a new doctor at this practice.</p> <p><u>Single Tender Waiver – Extended Access</u> Barnsley Healthcare Federation (BHF) had been contracted to provide extended access services to Barnsley patients from 1 March 2017 to 31 March 2020.</p> <p>A review of the contract was being considered as part of the Network contract DES however due to the impact of work relating to Covid-19 the Primary Care Team had sought agreement from Barnsley CCGs Senior Management Team to agree to extend the contract through a single tender waver to 31 March 2021. It was felt ceasing the contract at the end of March 2020 would vastly impact patient access and would put a considerable burden back into GP practices.</p> <p><u>Barnsley Healthcare Federation (BHF) – Out of Hours Contract Extension</u> Barnsley Healthcare Federation had been contracted to provide the Out of Hours service to Barnsley patients from July 2017 to 30 June 2020.</p> <p>Following discussions, it was felt sensible to extend the Out of Hours contract until 31 March 2021 which would bring the end date in line with the Extend Access contract also held by BHF.</p> <p>It was also noted that Barnsley CCG's Senior Management Team had approved the contract variation.</p>		



<p><b><u>GMS/PMS Equalisation</u></b></p> <p>The Committee were reminded that for a number of years the CCG had been working to equalise the GMS and PMS payments to practices. The Committee were informed that as per the approach taken by the CCG in 2019, equalisation payments would be made to practices to bring both contracts into alignment for 2020.</p> <p>Following a query from the Medical Director, the Assistant Head of Primary Care Co-Commissioning, NHSE advised that following the equalisation value of the GMS and PMS contracts the only slight difference between the two would be who was eligible to hold each type of contract.</p> <p><b><u>Network Contract DES payment – 2020/21</u></b></p> <p>The Committee noted and approved the financial information contained in the table provided within the report for the 2020/21 Network Contract DES for Barnsley Primary Care Network.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• Approved the addition of Dr Allan to Hoyland First Medical Practice (Walderslade Surgery) from 1 May 2020.</li> <li>• Approved the single tender waiver</li> <li>• Noted the contract extension for the Out of Hours service</li> <li>• Approved the approach to equalisation for 2020/21</li> <li>• Noted the PCN DES finances</li> </ul> <p><b><u>Quality Outcome Framework Payments</u></b></p> <p>The Committee were informed that the CCG had agreed a slight change to how QOF payments would be determined for the 2019/20 final payment in order to ensure practice income was maintained.</p> <p>It was reported that some practices had been unable to complete some of the work planned to achieve their QOF points due to the impact of Covid and therefore an assessment of the last quarter, based on the achievement during 2018/19, would be used to agree the final payments for 2019/20.</p> <p>The report outlined the work already carried out and the work still to be completed to establish fair QOF payments for all Barnsley GP practices the outcome of which would be brought back to the next Primary Care Commissioning Committee meeting.</p>		
---	--	--



	<p>However, the Head of Primary Care informed the Committee that since writing the report further information had been received from NHSE advising the deadline for receipt of the final QOF payments for GP practices was Monday, 1 June. It was therefore noted that Committee agreement for the QOF payments would need to be done virtually.</p> <p>Following a lengthy discussion on the challenges likely to be faced to establish fair QOF payments for individual practices, it was agreed that should a practice be significantly disadvantaged this would be discussed with the practice to explore in more detail, before making a final decision.</p> <p><u>QOF aspiration payments for 2020/21</u> It was noted that a further review would be carried out relating to QOF aspirational payments for 2020/21 as practices may require a top up payment to provide income security.</p> <p>An update report would be brought back to the Primary Care Commissioning Committee once the analysis was completed.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>• Noted the QOF achievement for 2019/20 and work currently in place to review those practices with the greatest point's deficit.</li> <li>• Noted the work to be undertaken regarding the 200/21 QOF aspirational payments.</li> </ul>		
<b>GOVERNANCE, RISK AND ASSURANCE</b>			
<b>PCCC 20/05/09</b>	<b>360 ASSURANCE COMMISSIONING &amp; PROCUREMENT REPORT</b>		
	<p>The Head of Governance &amp; Assurance introduced the 360 Assurance Commissioning &amp; Procurement Report for 2019/20.</p> <p>The Committee were reminded that NHSE commission local internal auditors on a cyclical basis to review the CCGs Primary Care commissioning functions and delegated responsibilities to gain assurance these functions were being appropriately discharged. The 2019/20 review had focussed on the commissioning and procurement of Primary Medical Services.</p>		



	<p>The Committee were pleased to hear that the final report gave substantial assurance that Barnsley CCGs was discharging their Primary Care Commissioning arrangements appropriately.</p> <p><b>The Committee:</b></p> <ul style="list-style-type: none"> <li>Noted the information contained in the report.</li> </ul>		
<b>OTHER</b>			
<b>PCCC 20/05/10</b>	<p><b>REFLECTION OF CONDUCT OF THE MEETING</b></p> <p>The Committee agreed that the meeting had been conducted appropriately.</p>		
<b>PCCC 20/05/11</b>	<p><b>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</b></p> <p>There were no members of the public present at the meeting.</p>		
<b>PCCC 20/05/12</b>	<p><b>ITEMS FOR ESCALATING TO THE GOVERNING BODY</b></p> <p>It was agreed to escalate the following items to the Governing Body:-</p> <ul style="list-style-type: none"> <li>Feedback on GP payment mechanism for QOF</li> </ul>		
<b>PCCC 20/05/13</b>	<p><b>DATE &amp; TIME OF NEXT MEETING</b></p> <p>Thursday, 30 July 2020 at 2:30 – 3:30pm</p>		



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

**30 JULY 2020**

### 1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **28 May 2020**

Minute ref	Issue	Action	Action/Outcome
<b>PCCC 20/05/07</b>	<b>CQC Update</b> <u>Kakoty Practice – CQC Report</u> Ensure the correct report for the Kakoty Practice had been published on the CQC website.	<b>JF</b>	The correct report has been published by the CQC on their website.
	<b>CQC Inspections – Good Ratings</b> Write to each practice congratulating all staff on receiving a ‘Good’ rating, commendable CQC report and to thank the practice for their continued efforts.	<b>JF</b>	Action 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		



**PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE**
**30 July 2020**
**CQC REPORT**
**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>		
	Decision	<input type="checkbox"/>	Approval
		<input type="checkbox"/>	Assurance
		<input checked="" type="checkbox"/>	Information
<b>2.</b>	<b>PURPOSE</b>		
	The purpose of this report is to provide members with an update on the current CQC position in relation our GP Practices and for Barnsley Healthcare Federation i-Heart contracts.		
<b>3.</b>	<b>REPORT OF</b>		
		<b>Name</b>	<b>Designation</b>
	Executive Lead	Lesley Smith	Chief Officer
	Management Lead	Julie Frampton	Head of Primary Care
	Author	Terry Hague	Primary Care Transformation Manager
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>		
	The matters raised in this paper have been subject to prior consideration in the following forums:		
	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>
	Quality and Patient Safety Committee	02/07/2020	Noted
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>		
	<b><u>CQC Inspections and Emergency Support Framework</u></b>		
	<p>The CQC have paused their routine inspections during COVID-19. However, their regulatory role and core purpose of keeping people safe has not changed, safety is still a priority. The CQC have therefore developed an Emergency Support Framework they will follow during the pandemic.</p> <p>The interim approach has a number of elements:</p> <ul style="list-style-type: none"> <li>• using and sharing information to target support where it's needed most</li> <li>• having open and honest conversations</li> </ul>		



	<ul style="list-style-type: none"> <li>• taking action to keep people safe and to protect people's human rights</li> <li>• capturing and sharing what we do.</li> </ul> <p>Data and intelligence will be monitored as usual by the CQC and if appropriate a practice may be contacted for discussion and to see if any additional support is needed. Please see attached document with the discussion questions for GP practices.</p> <p>The CQC will use this emergency approach in all health and social care settings registered with CQC during the pandemic, and for a period afterwards.</p> <p>The emergency support framework is not an inspection, the CQC are not rating performance. A report will be produced from the telephone call with the practice but will only be shared with the practice, it will not become a public document (as this could initiate issues with potential factual accuracy etc). However, we already have close systems in place with our CQC inspector with whom we share intelligence and if any concerns.</p> <p>Not all practices will be contacted. We have been advised that there were three practices currently identified as a risk within the monitoring completed by the CQC for the Emergency Support Framework in Barnsley. These included Caxton House, the Rose Tree Practice and Dodworth Medical Practice. The outcome is as outlined below</p> <ul style="list-style-type: none"> <li>• The assessment completed for the Rose Tree Practice resulted in the assessment that they were managing during the Covid-19 Pandemic.</li> <li>• As the majority of the data the descriptors to calculate the risk for Dodworth Medical Practice were based on the previous providers performance, the CQC decided not to complete the Emergency Support Framework for this practice.</li> <li>• The assessment for Caxton House Surgery was deferred as Dr Saxena had submitted the application to cancel her CQC registration on 31 August 2020.</li> </ul> <p>The Primary Care Team will continue to liaise closely with the CQC and provide an update for assurance to the next committee.</p>
	<p><b><u>GP Patient Survey 2020</u></b></p> <p>The GP patient survey for 2020 was published on the 9 July 2020 and is an important indicator for how our patients feel about general practice. It is positive to see that 77% of patients had a good experience of their GP practice.</p> <p>The survey covers the period up until the end of March 2020 and the pandemic has radically altered the way our patients 33% of patients responded and completed the GP survey. The results will be analysed, and a report brought to a future meeting of the committee.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Note the CQC's implementation of the Emergency Support Framework and the assessment completed with The Rose Tree Practice.</li> <li>• Note the publication of the GP Patient Survey and the attached results.</li> </ul>



<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	Appendix A – NHS Barnsley CCG GP Patient Survey Presentation

<b>Agenda time allocation for report:</b>	<i>10 minutes.</i>
---	--------------------



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

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



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



# GP PATIENT SURVEY

**NHS BARNSELEY CCG**

**Latest survey results**

**2020 survey publication**

Version 1 | Public



# Contents

[Background, introduction and guidance](#)

[Overall experience of GP practice](#)

[Local GP services](#)

[Access to online services](#)

[Making an appointment](#)

[Perceptions of care at patients' last appointment](#)

[Managing health conditions](#)

[Satisfaction with general practice appointment times](#)

[Services when GP practice is closed](#)

[Statistical reliability](#)

[Want to know more?](#)



# Background, introduction and guidance



# Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit <https://gp-patient.co.uk/>.
- This slide pack presents some of the key results for **NHS BARNESLEY CCG**.
- The data in this slide pack are based on the 2020 GPPS publication.
- In NHS BARNESLEY CCG, **11,032** questionnaires were sent out, and **3,619** were returned completed. This represents a response rate of **33%**.
- In 2018 the questionnaire was redeveloped in response to significant changes to primary care services as set out in the [GP Forward View](#), and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: <https://gp-patient.co.uk/surveysandreports>.

The screenshot shows the 'GP PATIENT SURVEY' interface by Ipsos MORI and NHS. It includes a login section with a survey number (1234567890) and an online password (ABCDE). Below this is the 'YOUR LOCAL GP SERVICES' section with seven questions (Q1-Q7) about patient experiences. Each question has multiple-choice options with checkboxes. For example, Q1 asks 'Generally, how easy is it to get through to someone at your GP practice on the phone?' with options: Very easy, Fairly easy, Not very easy, Not at all easy, and Haven't tried. Q2 asks 'How helpful do you find the receptionists at your GP practice?' with options: Very helpful, Fairly helpful, Not very helpful, Not at all helpful, and Don't know. Q3 asks 'In the past 12 months, have you booked general practice appointments in any of the following ways?' with options: In person, By phone, By automated telephone booking, Online including on an app, Via another route, such as NHS 111, and Doesn't apply / none of these. Q4 asks 'As far as you know, which of the following online services does your GP practice offer?' with options: Booking appointments online, Ordering repeat prescriptions online, Accessing my medical records online, None of these, and Don't know. Q5 asks 'Which of the following general practice online services have you used in the past 12 months?' with options: Booking appointments online, Ordering repeat prescriptions online, Accessing my medical records online, and None of these. Q6 asks 'How easy is it to use your GP practice's website to look for information or access services?' with options: Very easy, Fairly easy, Not very easy, Not at all easy, and Haven't tried. Q7 asks 'As far as you are aware, what general practice appointment times are available to you?' with options: Before 9am on at least one weekday, Weekdays between 9am and 6.30pm, After 6.30pm on a weekday, On a Saturday, On a Sunday, and Don't know. The interface also includes a 'Please turn over' arrow at the bottom right.



# Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Your local GP services
  - Making an appointment
  - Your last appointment
  - Overall experience
  - Your health
  - When your GP practice is closed
  - NHS Dentistry
  - Some questions about you
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data, which limits the detail provided by the results.
- The data provide a snapshot of patient experience at a given time, and are updated annually.
- There is variation in practice-level response rates, leading to variation in levels of uncertainty around practice-level results. Data users are encouraged to use insight from GPPS as one element of evidence when considering patients' experiences of general practice.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**
- Where available, packs include trend data beginning in 2018. Following the extensive changes to the questionnaire in 2018, all questions at CCG and practice level are not comparable prior to this year.

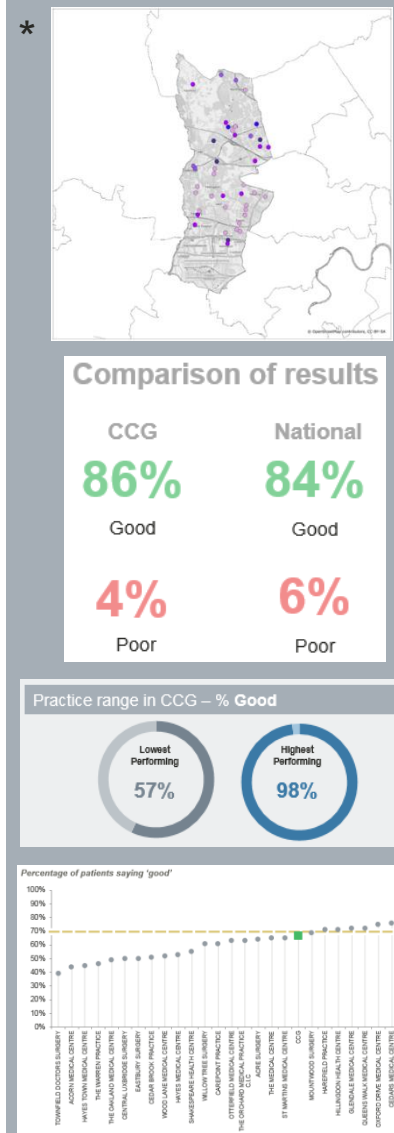


## Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

- **Comparison of a CCG's results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.
- **Considering questions where there is a larger range in responses among practices or CCGs:** this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.
- **Comparison of practices' results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
- **Comparison of CCGs' results within a region:** region as described in this report is based on NHS England regions, further information about these regions can be found here:  
<https://www.england.nhs.uk/about/regional-area-teams/>

\*Images used in this slide are for example purposes only





# Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particular care should be taken when comparing practices due to smaller numbers of responses at this level.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- Trends:
  - Latest: refers to the 2020 publication (fieldwork January to March 2020)
  - 2019: refers to the July 2019 publication (fieldwork January to March 2019)
  - 2018: refers to the August 2018 publication (fieldwork January to March 2018)
- For further information on using the data please refer to the end of this slide pack.



More than 0% but less than 0.5%

## When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the **data have been suppressed** and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

## 100%

Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding, or cases where multiple responses are allowed.**



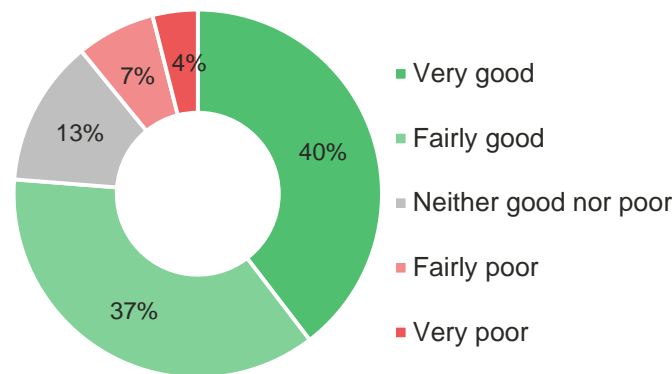
# Overall experience of GP practice



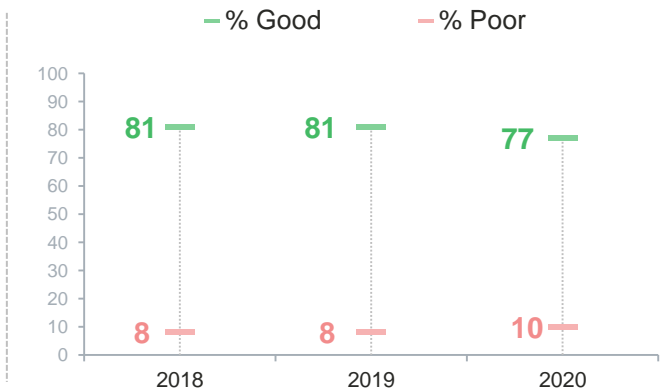
# Overall experience of GP practice

Q31. Overall, how would you describe your experience of your GP practice?

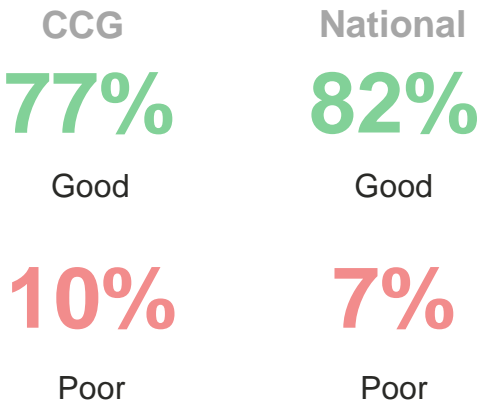
CCG's results



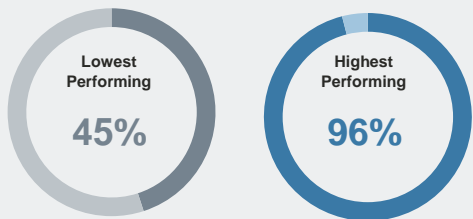
CCG's results over time



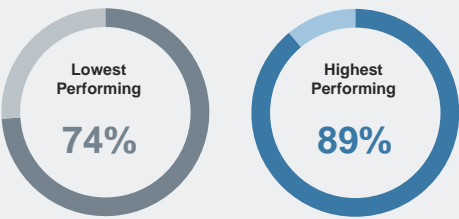
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,442); CCG 2019 (3,730); CCG 2018 (3,524); Practice bases range from 70 to 128; CCG bases range from 953 to 9,750

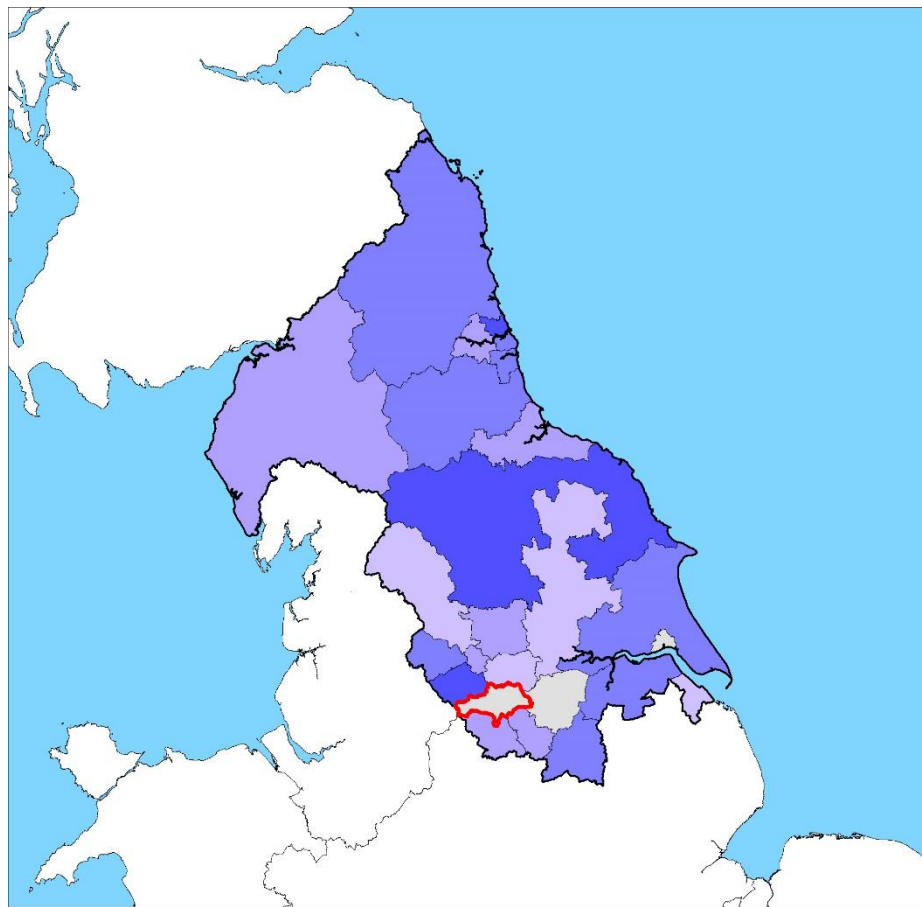
%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor



# Overall experience: how the CCG's results compare to other CCGs within the region

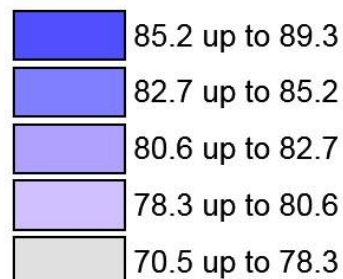
Q31. Overall, how would you describe your experience of your GP practice?

*Percentage of patients saying 'good'*



Overall Experience of GP Practice

**% Good**



Results range from

**74%**  
to  
**89%**

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 953 to 9,750

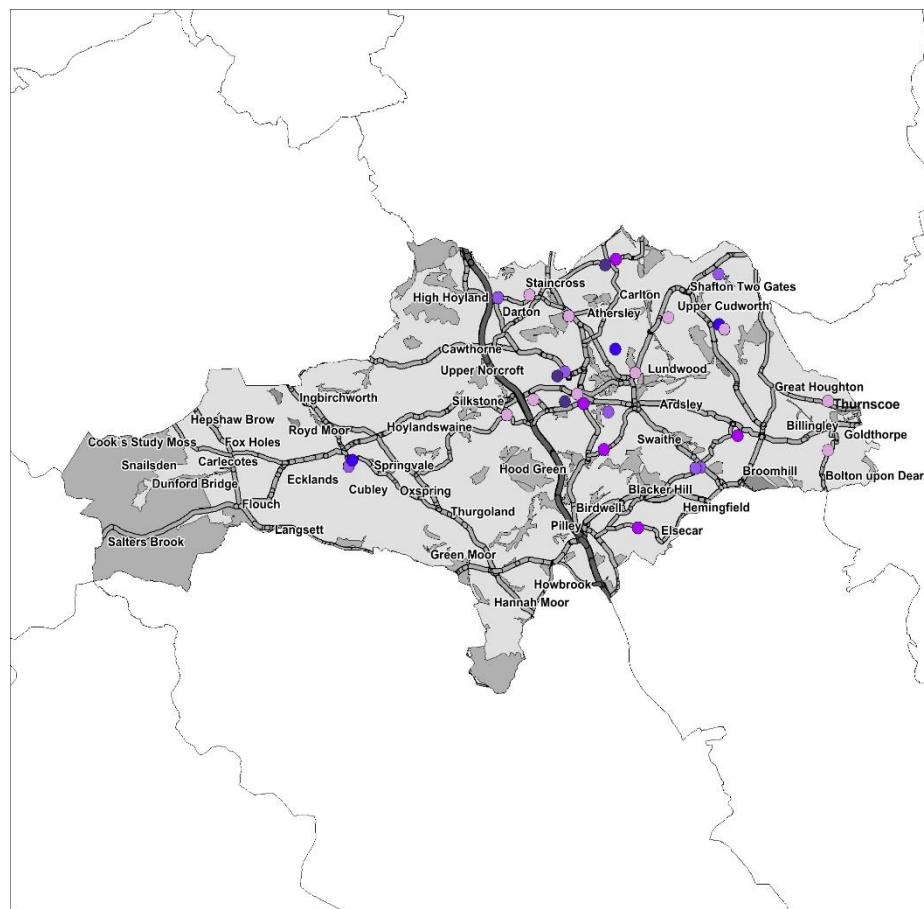
%Good = %Very good + %Fairly good



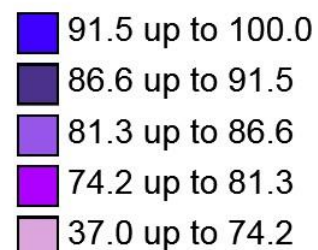
# Overall experience: how the CCG's practices compare

Q31. Overall, how would you describe your experience of your GP practice?

*Percentage of patients saying 'good'*



Overall Experience of GP Practice  
**% Good**



Results range from

**45%**  
to  
**96%**

Comparisons are indicative only: differences may not be statistically significant

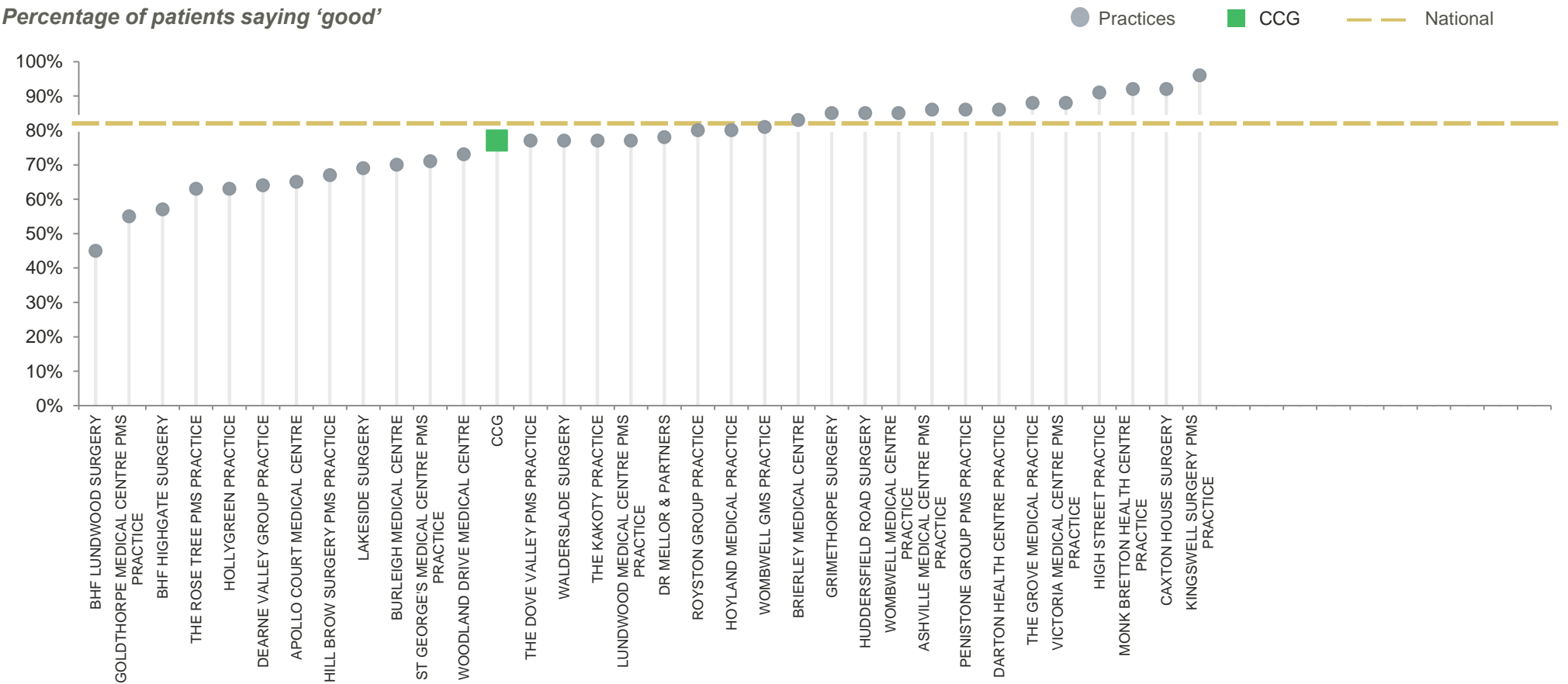
Base: All those completing a questionnaire: Practice bases range from 70 to 128

%Good = %Very good + %Fairly good



# Overall experience: how the CCG's practices compare

## Q31. Overall, how would you describe your experience of your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (710,945); CCG 2020 (3,442); Practice bases range from 70 to 128

%Good = %Very good + %Fairly good



# Local GP services

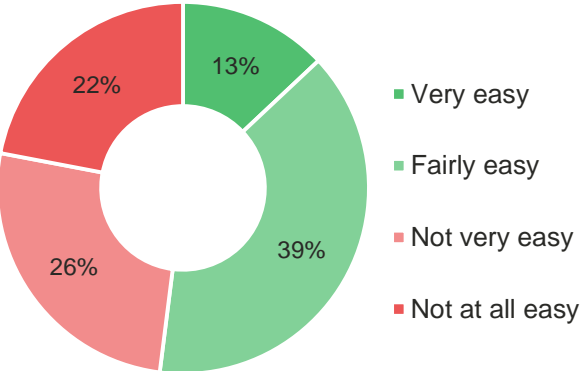
---



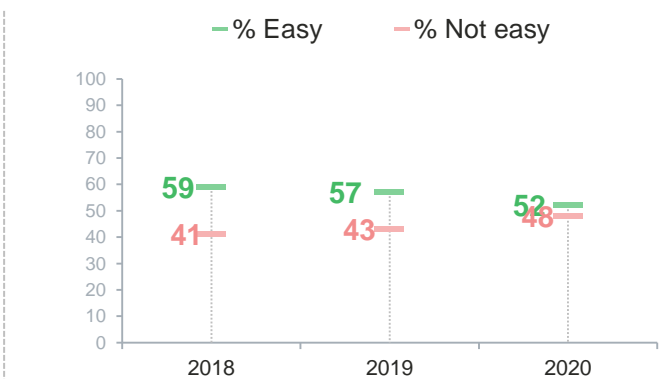
# Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

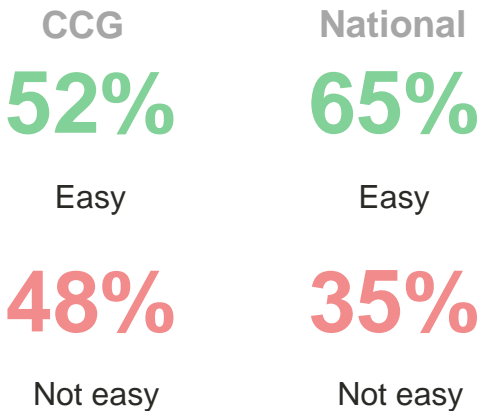
CCG's results



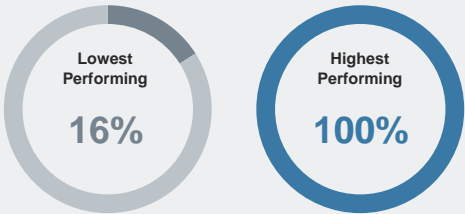
CCG's results over time



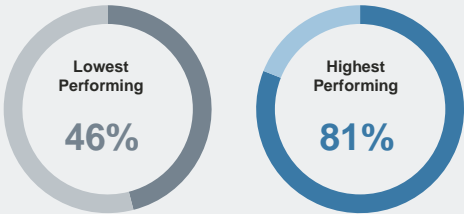
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,450); CCG 2019 (3,653); CCG 2018 (3,441); Practice bases range from 74 to 125; CCG bases range from 941 to 9,674

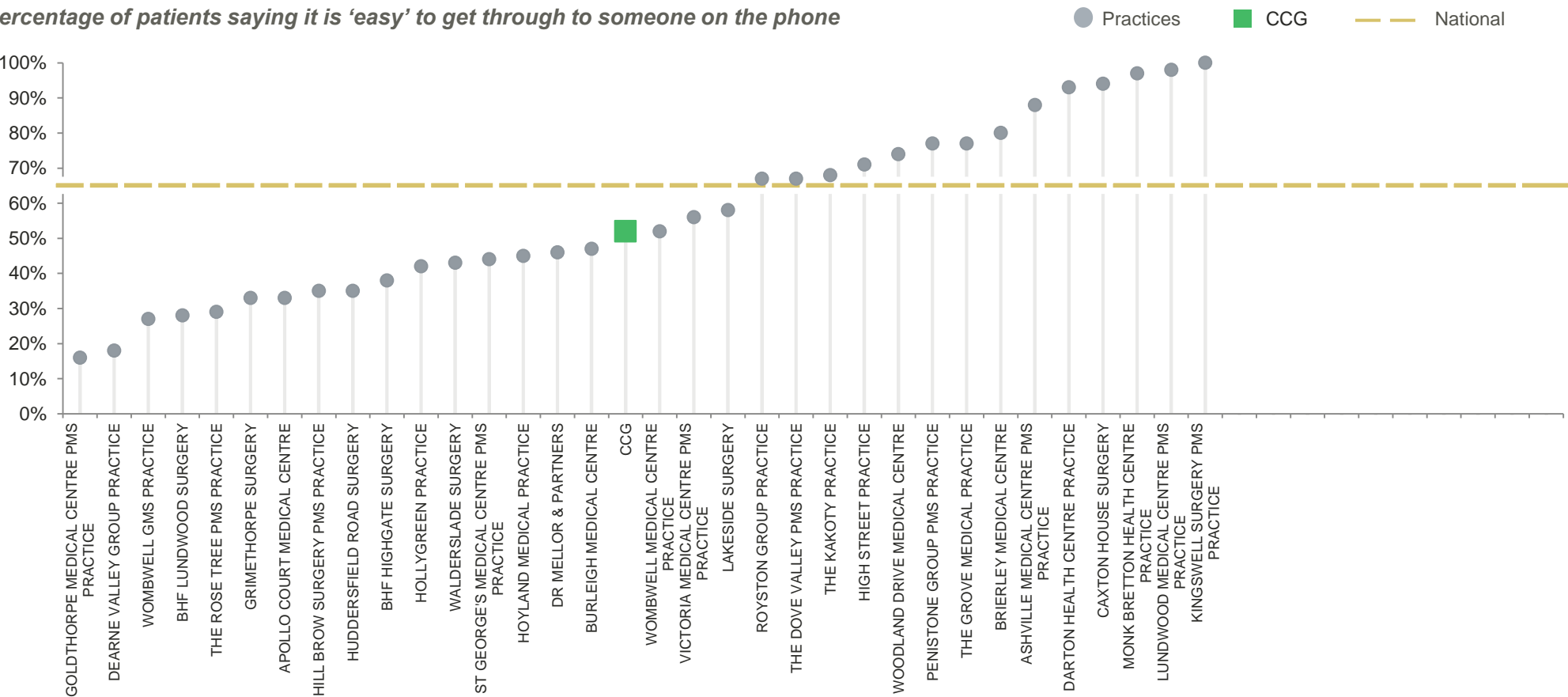
%Easy = %Very easy + %Fairly easy  
%Not easy = %Not very easy + %Not at all easy



# Ease of getting through to GP practice on the phone: how the CCG's practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is 'easy' to get through to someone on the phone



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (701,494); CCG 2020 (3,450); Practice bases range from 74 to 125

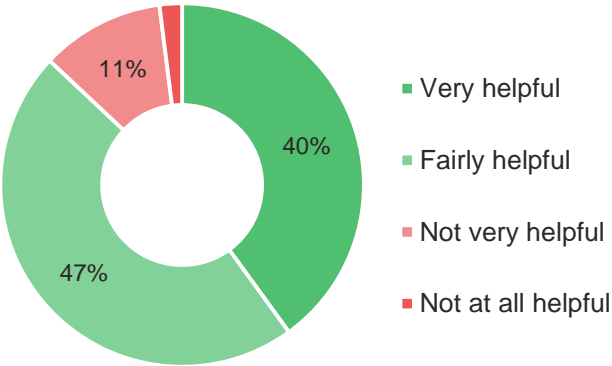
%Easy = %Very easy + %Fairly easy



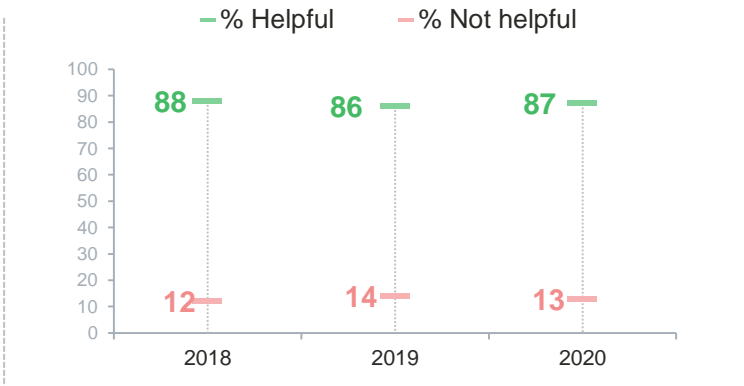
# Helpfulness of receptionists at GP practice

## Q2. How helpful do you find the receptionists at your GP practice?

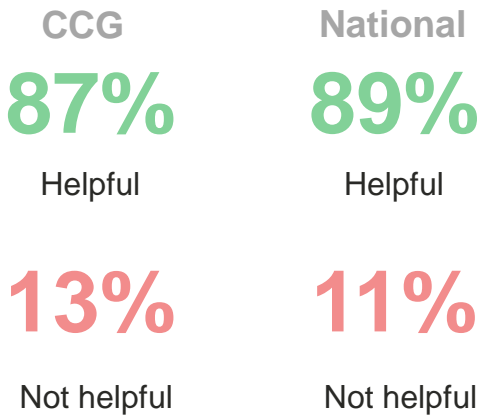
CCG's results



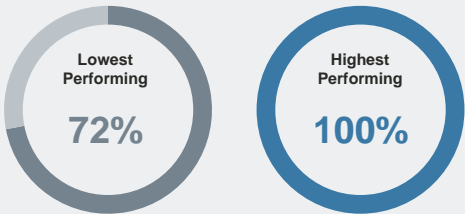
CCG's results over time



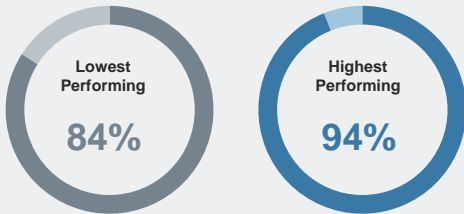
Comparison of results



Practice range within CCG – % Helpful



CCG range within region – % Helpful



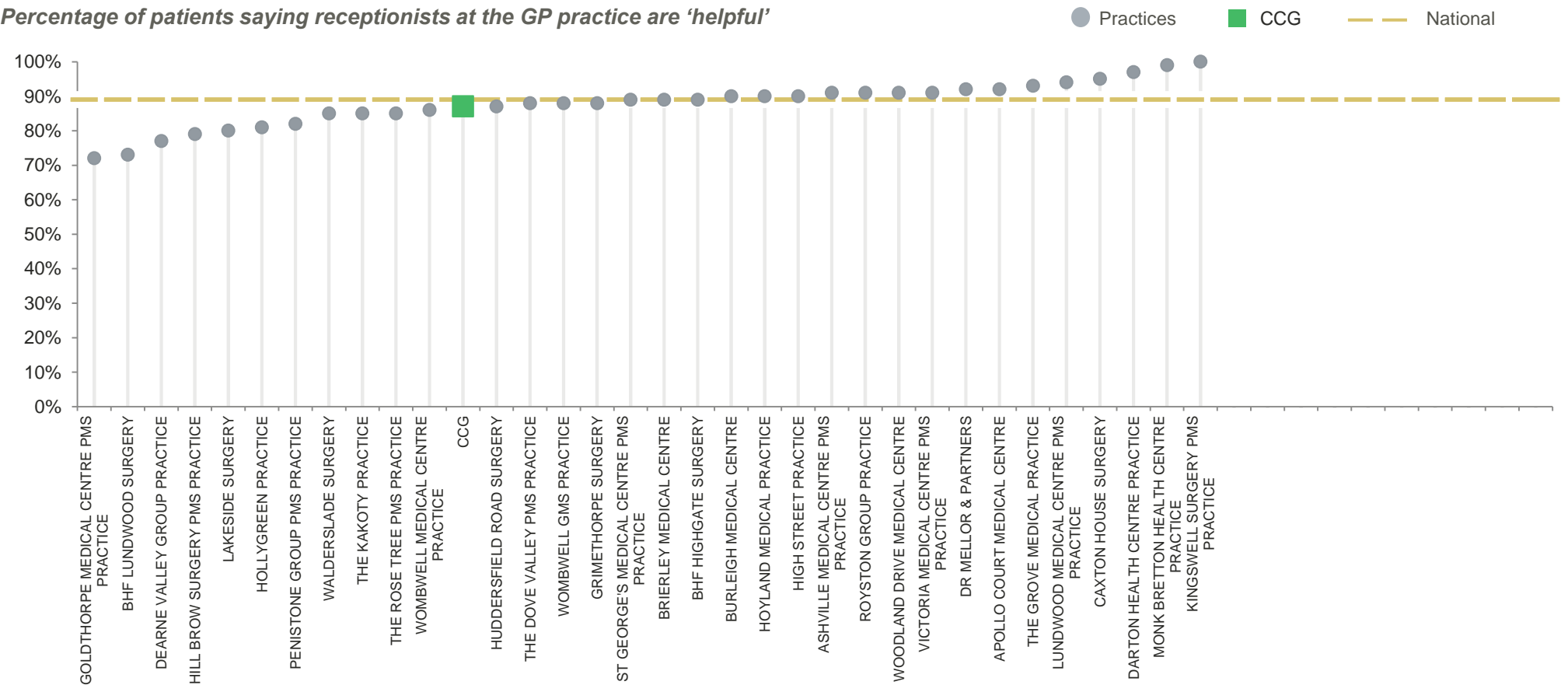
Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,495); CCG 2019 (3,679); CCG 2018 (3,470); Practice bases range from 78 to 129; CCG bases range from 951 to 9,811

%Helpful = %Very helpful + %Fairly helpful  
%Not helpful = %Not very helpful + %Not at all helpful



# Helpfulness of receptionists at GP practice: how the CCG's practices compare

## Q2. How helpful do you find the receptionists at your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (714,379); CCG 2020 (3,495); Practice bases range from 78 to 129

%Helpful = %Very helpful + %Fairly helpful



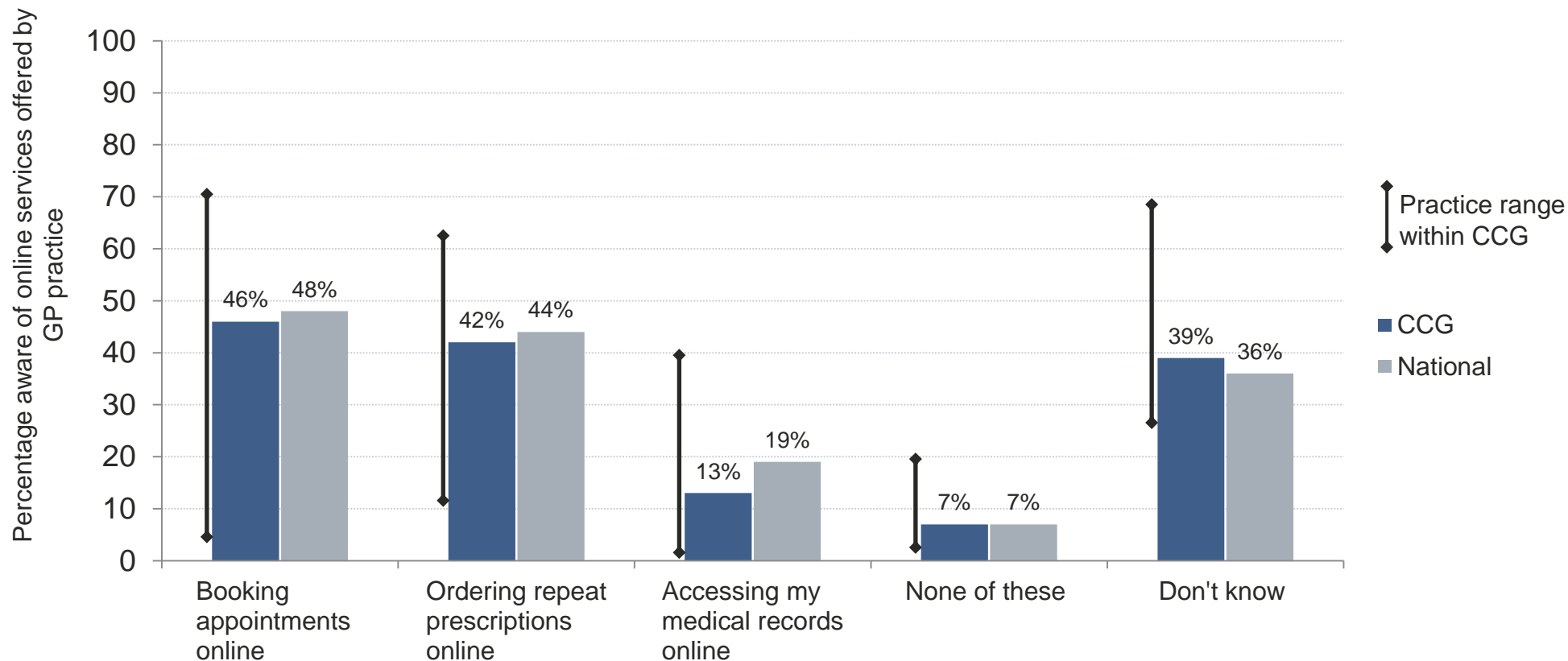
# Access to online services

---



# Awareness of online services

Q4. As far as you know, which of the following online services does your GP practice offer?



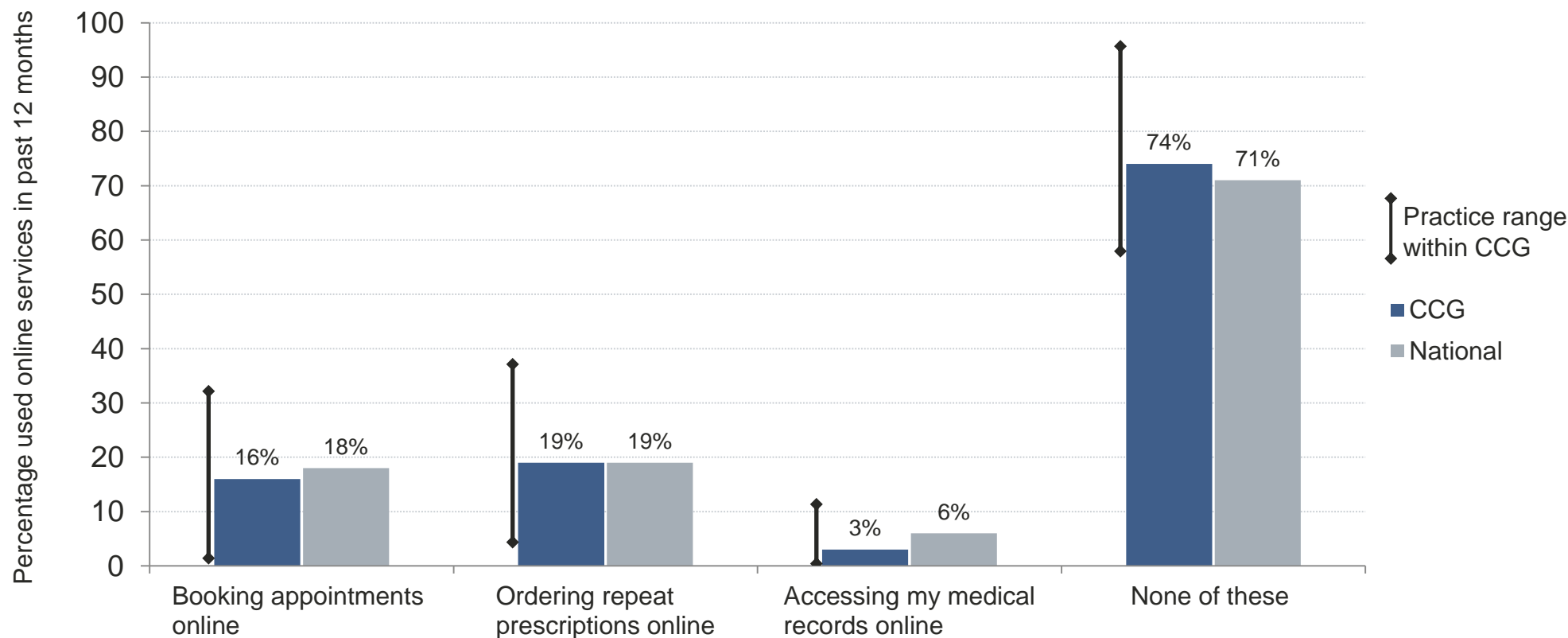
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (716,915); CCG 2020 (3,524); Practice bases range from 73 to 129



# Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?



Comparisons are indicative only: differences may not be statistically significant

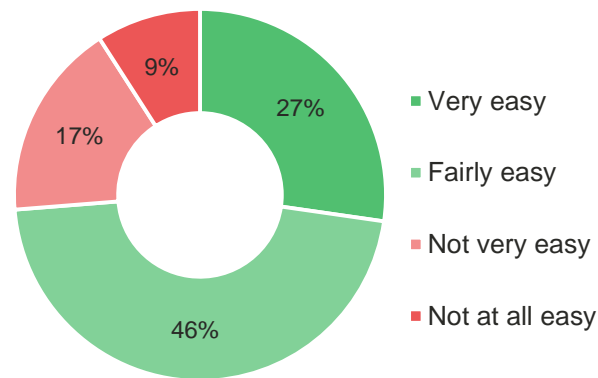
Base: All those completing a questionnaire: National (723,567); CCG 2020 (3,540); Practice bases range from 76 to 129



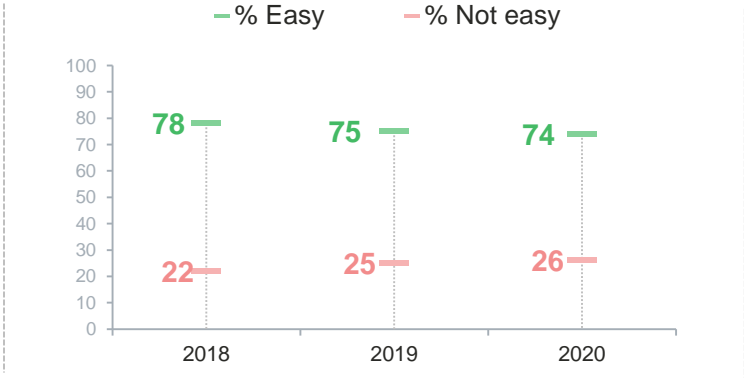
# Ease of use of online services

Q6. How easy is it to use your GP practice's website to look for information or access services?\*

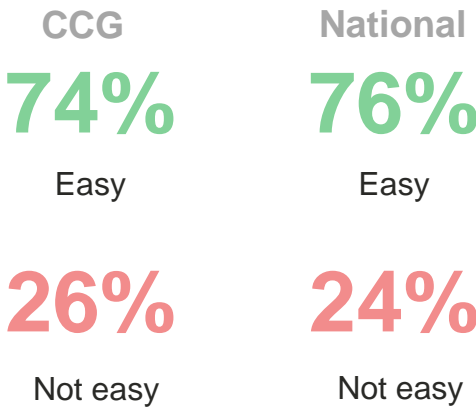
CCG's results



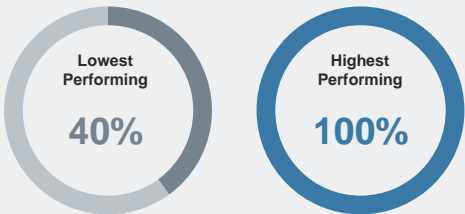
CCG's results over time



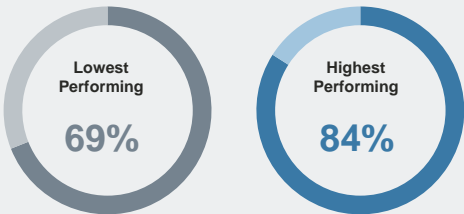
Comparison of results



Practice range within CCG – % Easy



CCG range within region – % Easy



\*Those who say 'Haven't tried' (63%) have been excluded from these results.

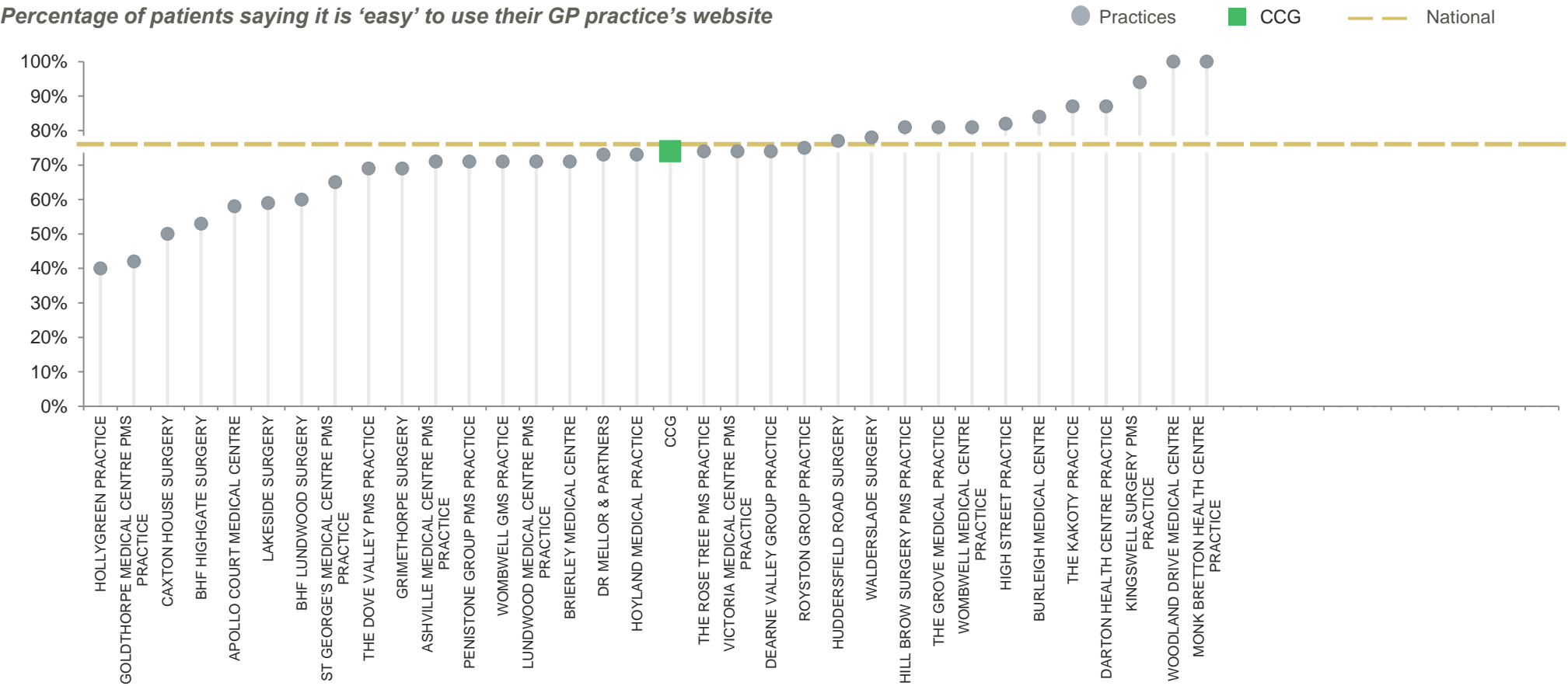
Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (1,158); CCG 2019 (1,042); CCG 2018 (811); Practice bases range from 11 to 62; CCG bases range from 389 to 3,786

%Easy = %Very easy + %Fairly easy  
%Not easy = %Not very easy + %Not at all easy



# Ease of use of online services: how the CCG's practices compare

## Q6. How easy is it to use your GP practice's website to look for information or access services?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (273,048); CCG 2020 (1,158); Practice bases range from 11 to 62

%Easy = %Very easy + %Fairly easy



# Making an appointment

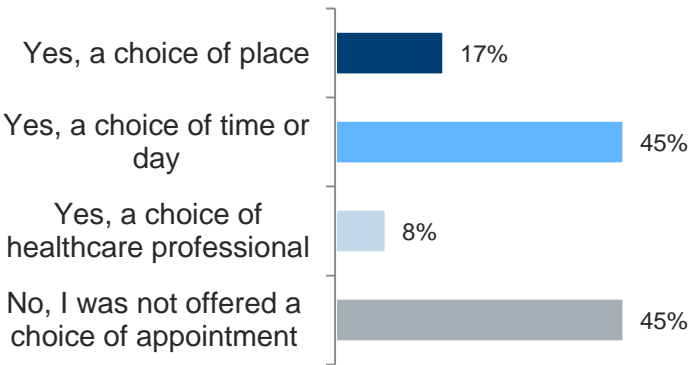
---



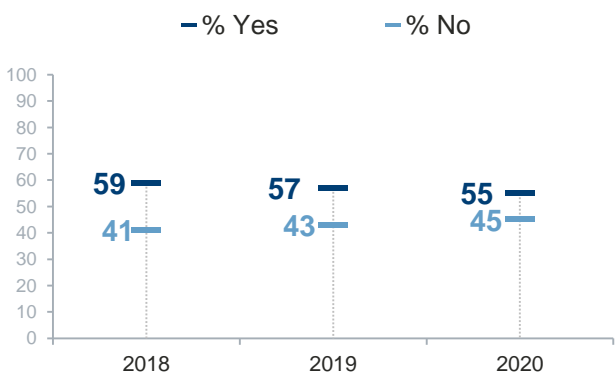
# Choice of appointment

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

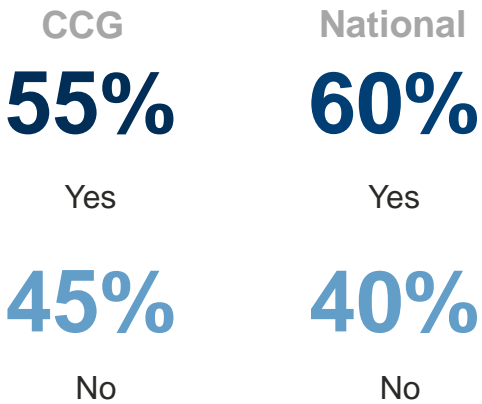
CCG's results



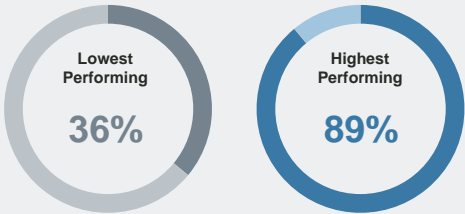
CCG's results over time



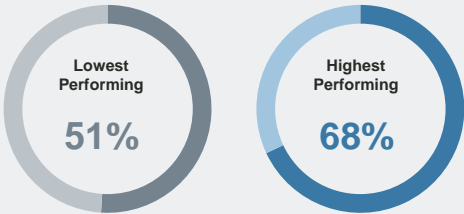
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



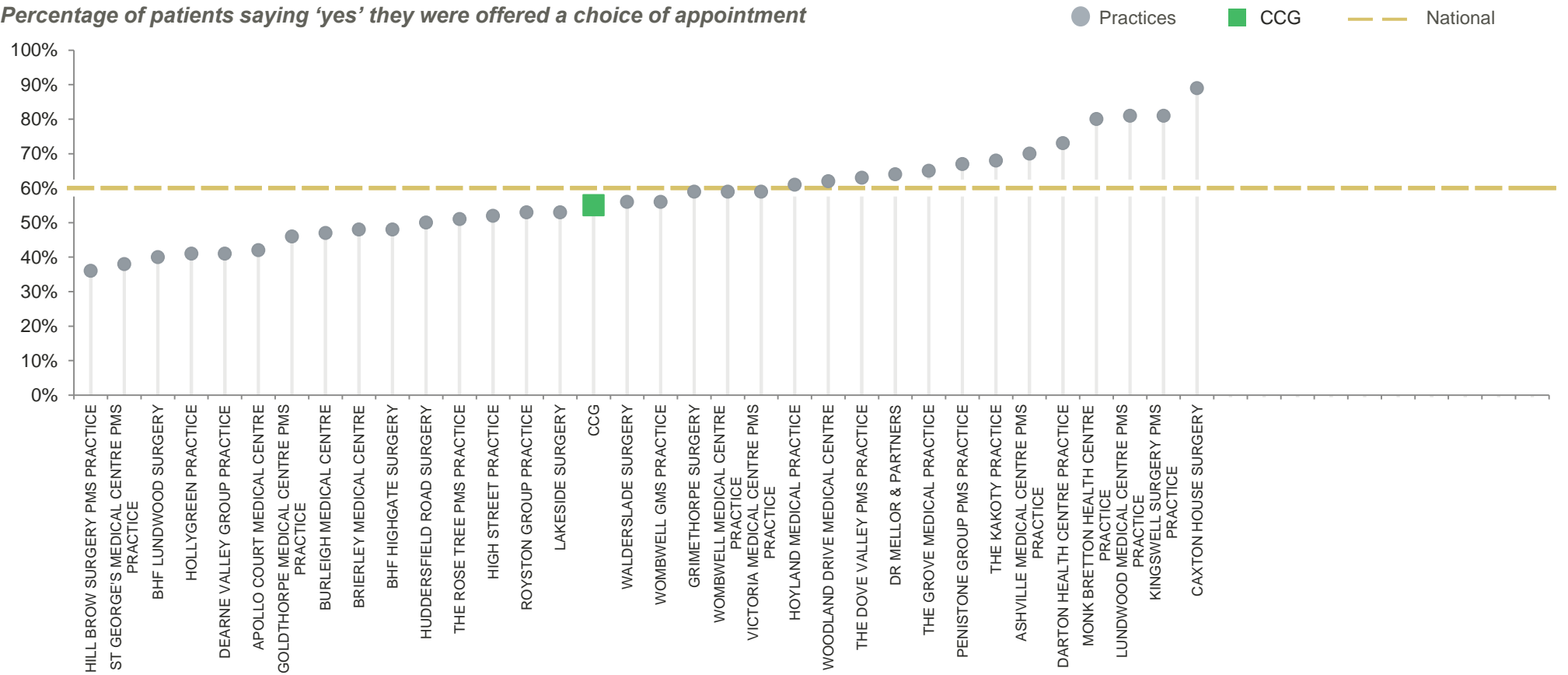
Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,762); CCG 2019 (2,903); CCG 2018 (2,711); Practice bases range from 34 to 106; CCG bases range from 748 to 7,818

%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'



# Choice of appointment: how the CCG's practices compare

Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'Can't remember' and 'Doesn't apply': National (564,341); CCG 2020 (2,762); Practice bases range from 34 to 106

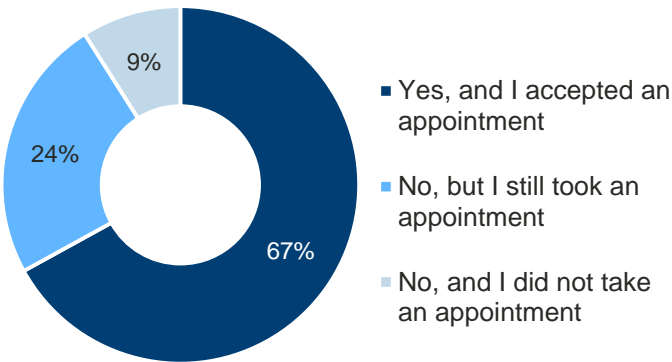
%Yes = 'a choice of place' and/or 'a choice of time or day' and/or 'a choice of healthcare professional'



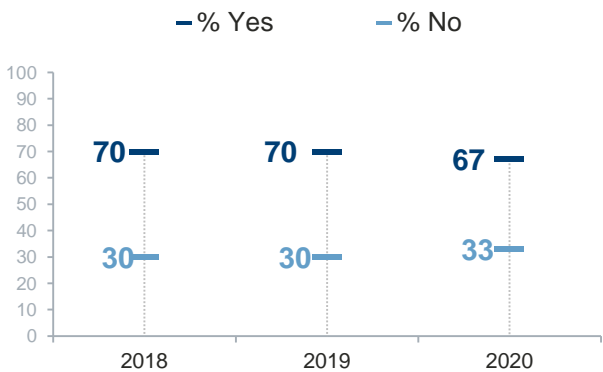
# Satisfaction with appointment offered

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

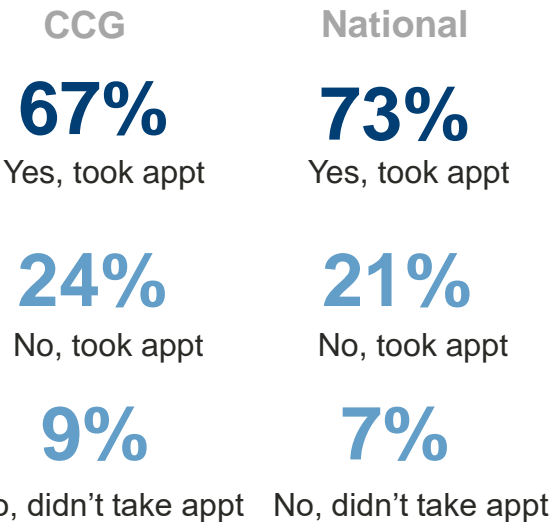
CCG's results



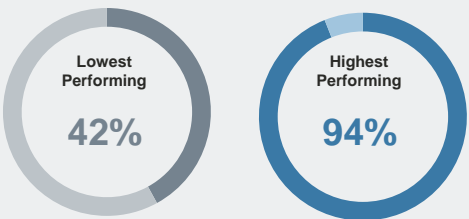
CCG's results over time



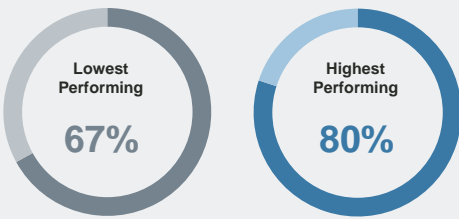
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (3,311); CCG 2019 (3,455); CCG 2018 (3,258); Practice bases range from 68 to 121; CCG bases range from 908 to 9,390

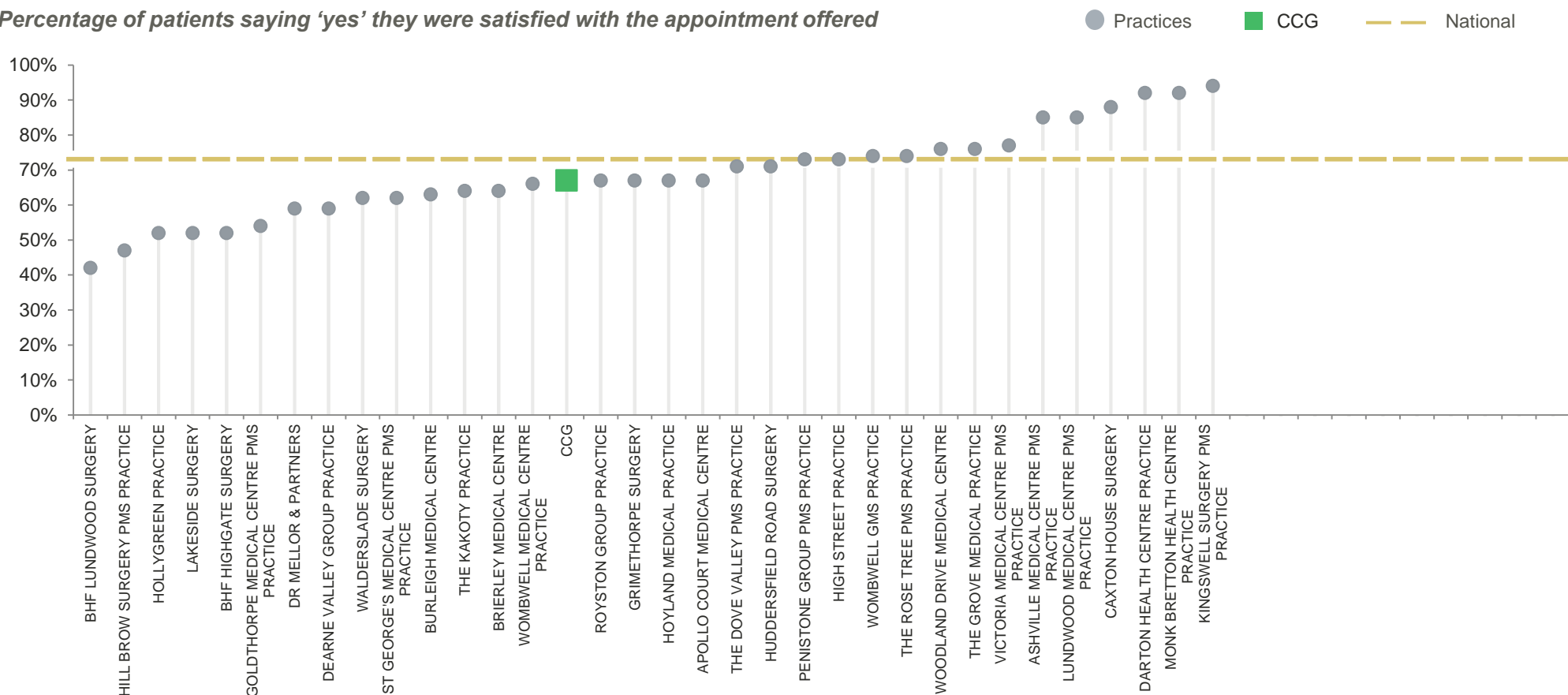
%No = %No, but I still took an appointment + %No, and I did not take an appointment



# Satisfaction with appointment offered: how the CCG's practices compare

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Percentage of patients saying 'yes' they were satisfied with the appointment offered



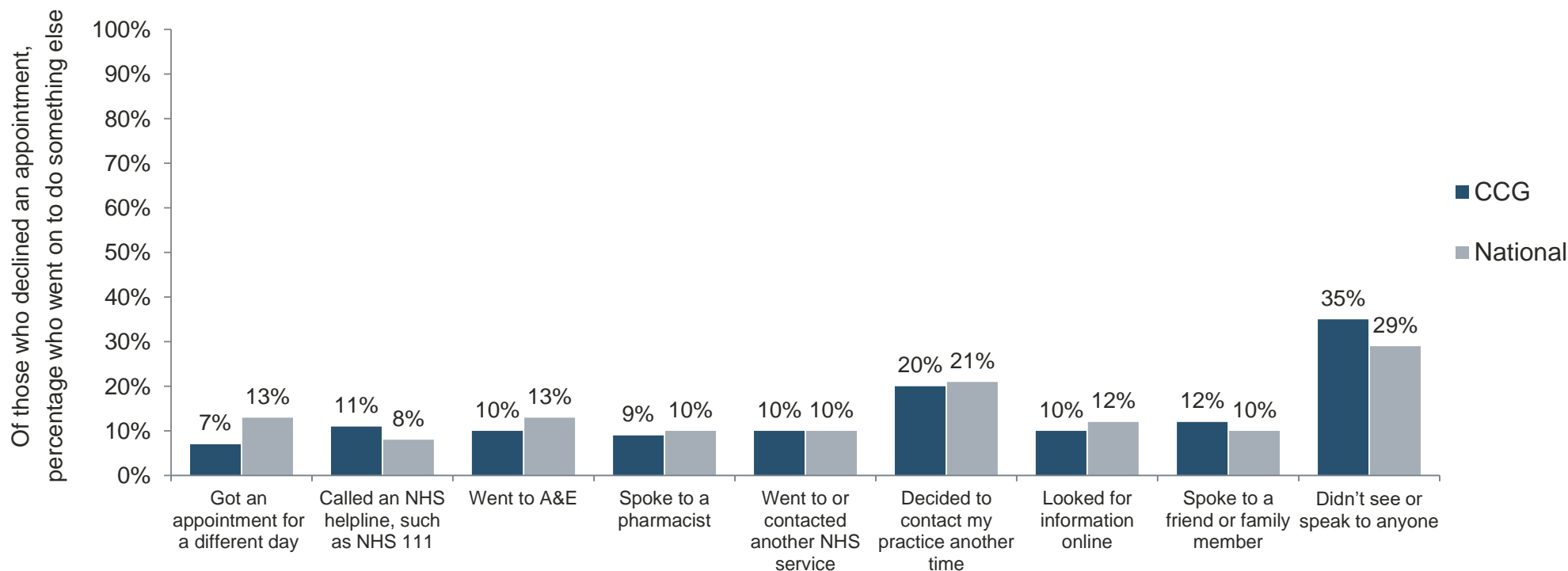
Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (678,039); CCG 2020 (3,311); Practice bases range from 68 to 121



# What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?



Comparisons are indicative only: differences may not be statistically significant

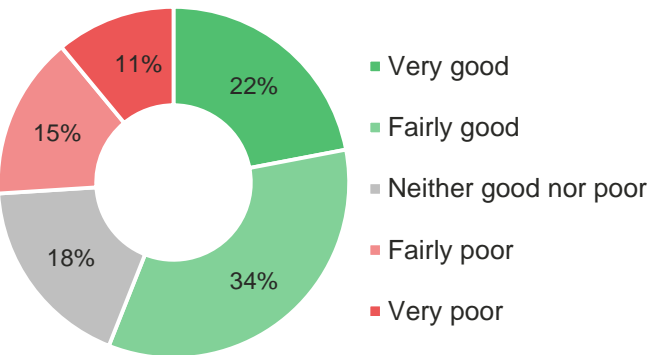
Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (34,909); CCG 2020 (241)



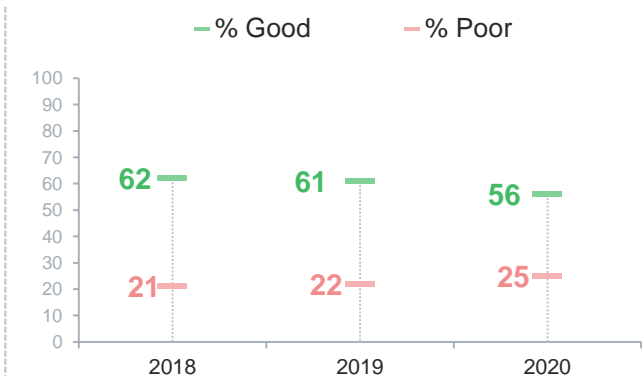
# Overall experience of making an appointment

Q22. Overall, how would you describe your experience of making an appointment?

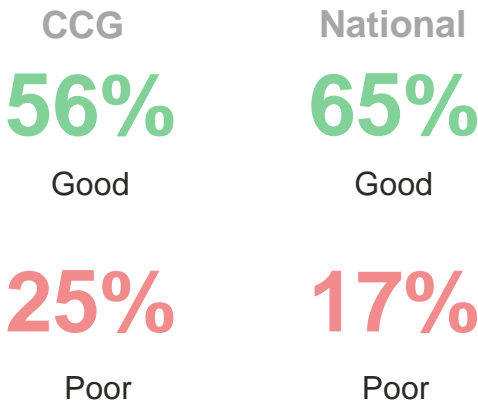
CCG's results



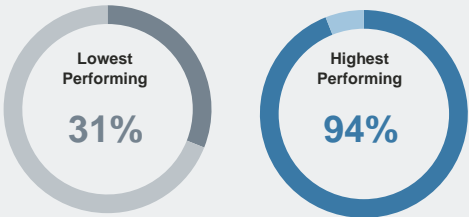
CCG's results over time



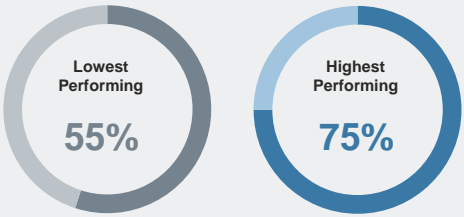
Comparison of results



Practice range within CCG – % Good



CCG range within region – % Good



Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (3,270); CCG 2019 (3,433); CCG 2018 (3,217); Practice bases range from 65 to 119; CCG bases range from 893 to 9,276

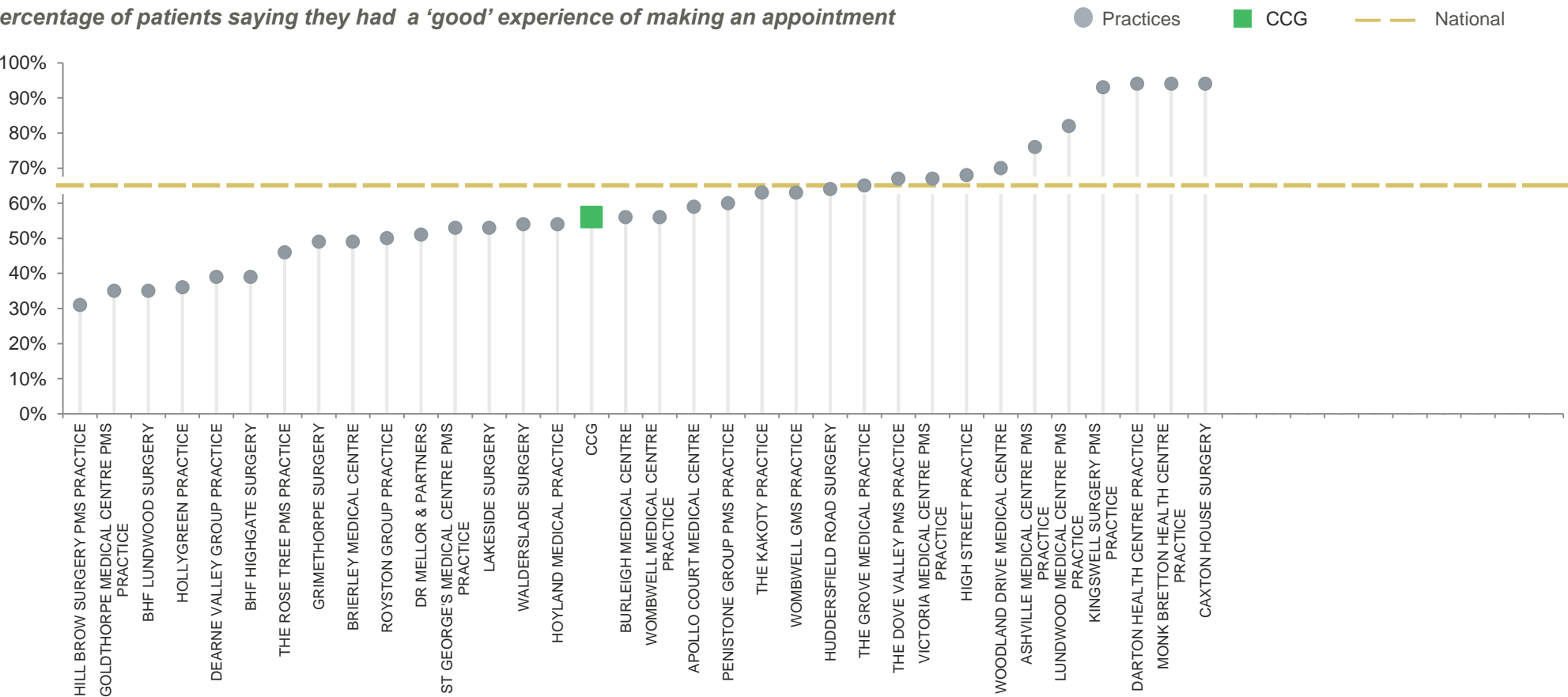
%Good = %Very good + %Fairly good  
%Poor = %Very poor + %Fairly poor



# Overall experience of making an appointment: how the CCG's practices compare

Q22. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a 'good' experience of making an appointment



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (670,827); CCG 2020 (3,270); Practice bases range from 65 to 119

%Good = %Very good + %Fairly good



# Perceptions of care at patients' last appointment

---



# Perceptions of care at patients' last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following

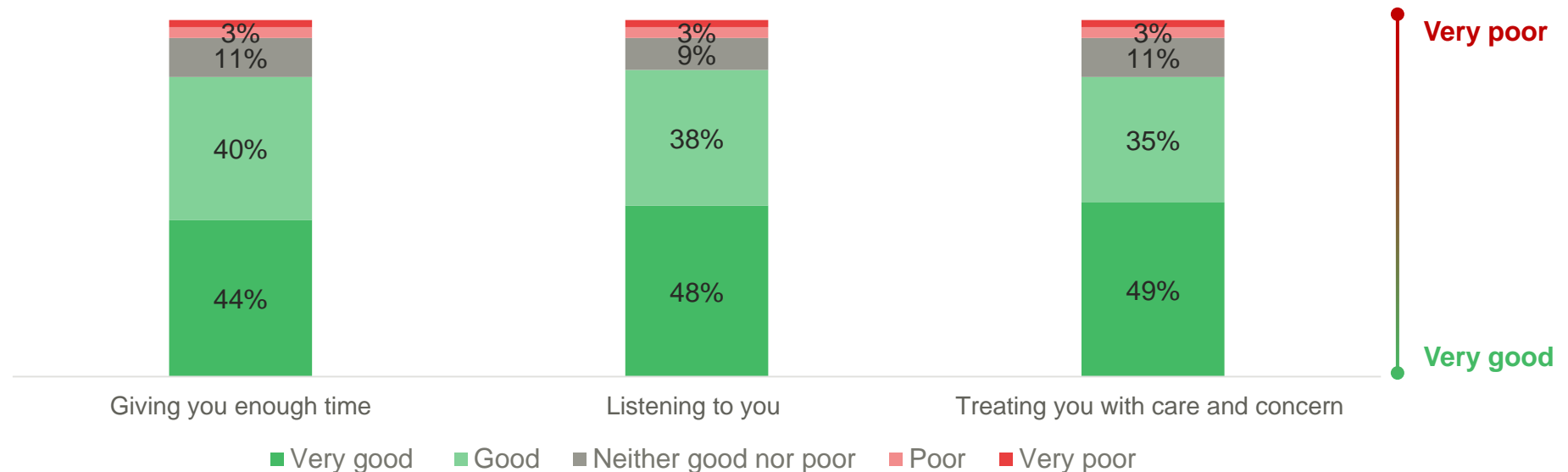
## CCG's results

National results			
% 'Poor' (total)	4%	4%	4%
CCG results			
% 'Poor' (total)	5%	5%	5%

Giving you enough time

Listening to you

Treating you with care and concern



Base: All who had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (678,664; 676,845; 676,130); CCG 2020 (3,311; 3,303; 3,292)

%Poor (total) = %Very poor + %Poor



# Perceptions of care at patients' last appointment with a healthcare professional

Q28-30. During your last general practice appointment...

## CCG's results

National results			
% 'No, not at all'	7%	5%	6%
CCG results			
% 'No, not at all'	9%	7%	8%



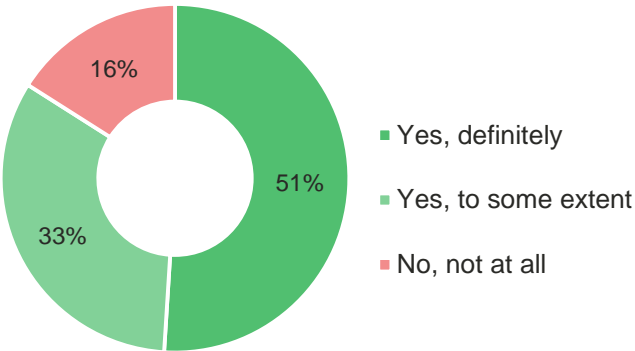
Base: All who had an appointment since being registered with current GP practice excluding 'Don't know / doesn't apply' or 'Don't know / can't say':  
 National (603,943; 667,229; 663,675); CCG 2020 (2,946; 3,246; 3,246)



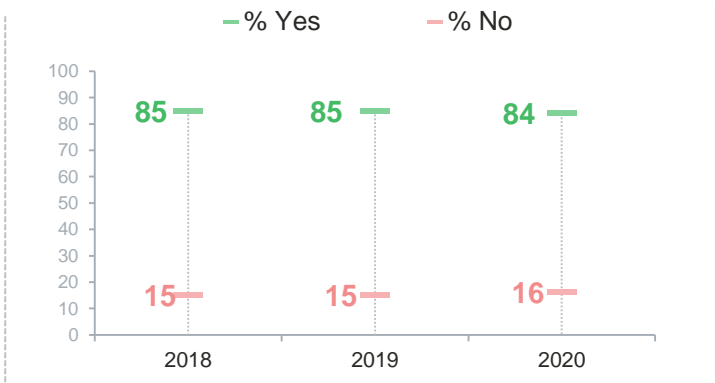
# Mental health needs recognised and understood

Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?

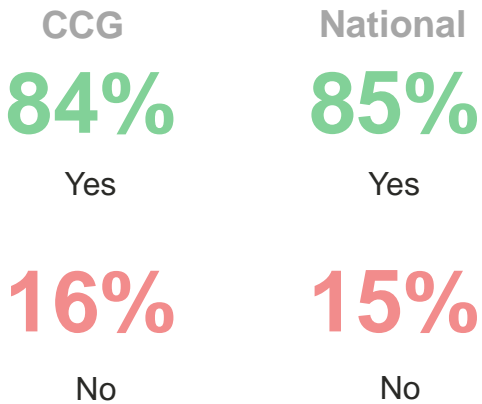
CCG's results



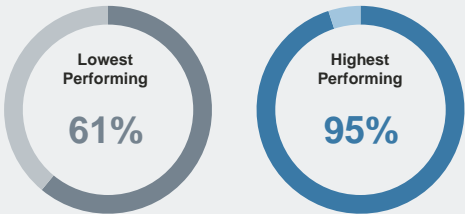
CCG's results over time



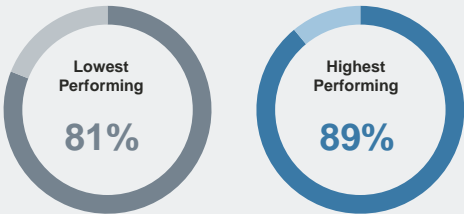
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All who had an appointment since being registered with current GP practice excluding 'I did not have any mental health needs' and 'Did not apply to my last appointment': National (277,005); CCG 2020 (1,420); CCG 2019 (1,511); CCG 2018 (1,417); Practice bases range from 33 to 63; CCG bases range from 351 to 3,868

%Yes = %Yes, definitely + %Yes, to some extent



# Managing health conditions

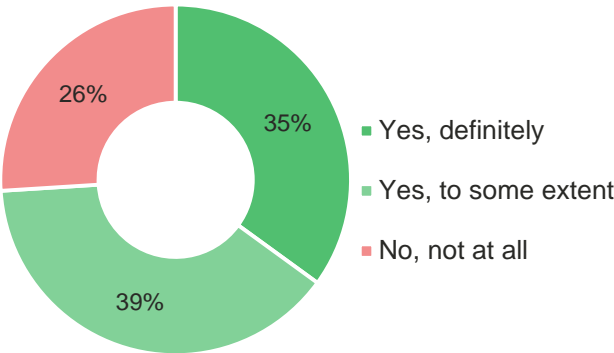
---



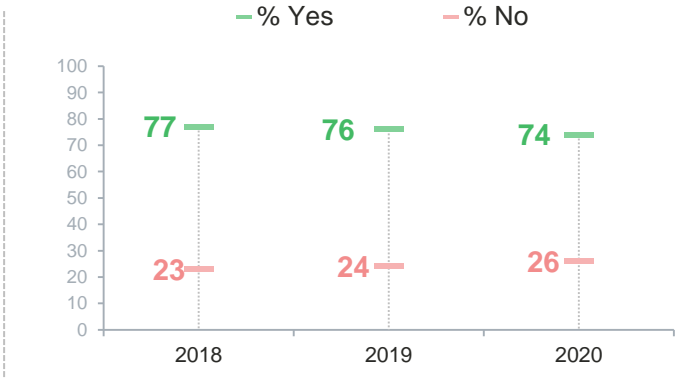
# Support with managing long-term conditions, disabilities, or illnesses

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

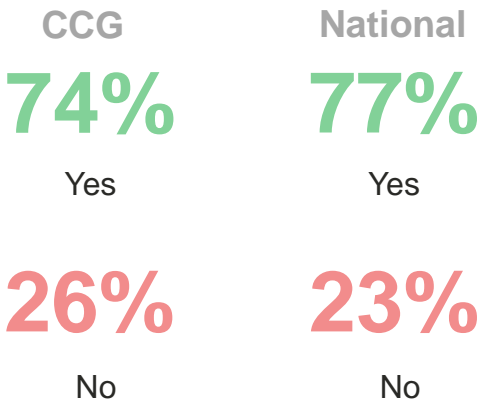
CCG's results



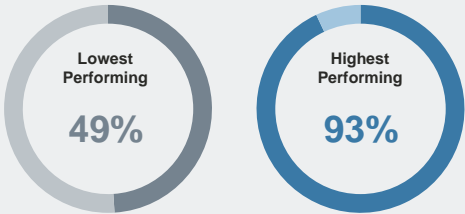
CCG's results over time



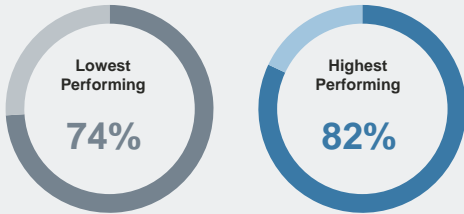
Comparison of results



Practice range within CCG – % Yes



CCG range within region – % Yes



Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,547); CCG 2019 (1,602); CCG 2018 (1,464); Practice bases range from 37 to 61; CCG bases range from 390 to 3,921

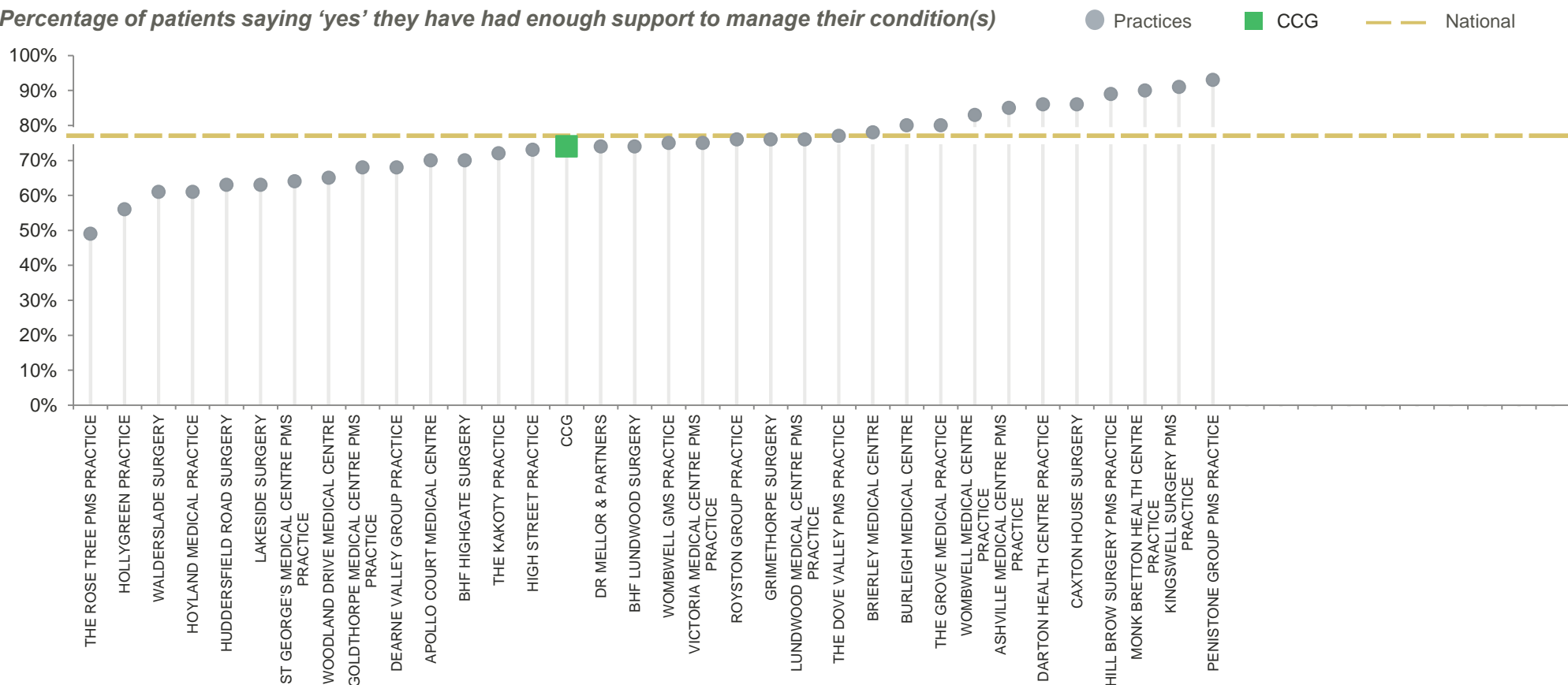
%Yes = %Yes, definitely + %Yes, to some extent



# Support with managing long-term conditions, disabilities, or illnesses: how the CCG's practices compare

Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

Percentage of patients saying 'yes' they have had enough support to manage their condition(s)



Comparisons are indicative only: differences may not be statistically significant

Base: All with a long-term condition excluding 'I haven't needed support' and 'Don't know / can't say': National (279,703); CCG 2020 (1,547); Practice bases range from 37 to 61

%Yes = %Yes, definitely + %Yes, to some extent



# Satisfaction with general practice appointment times

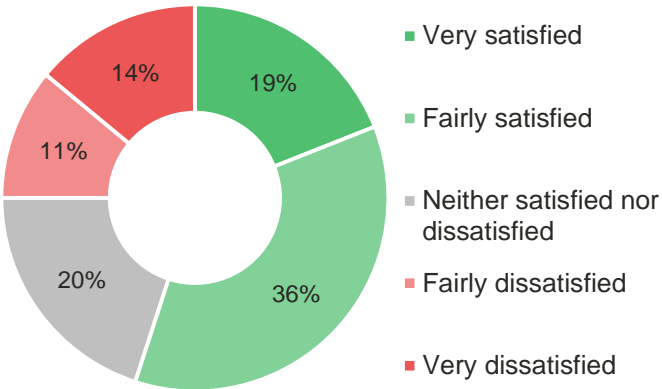
---



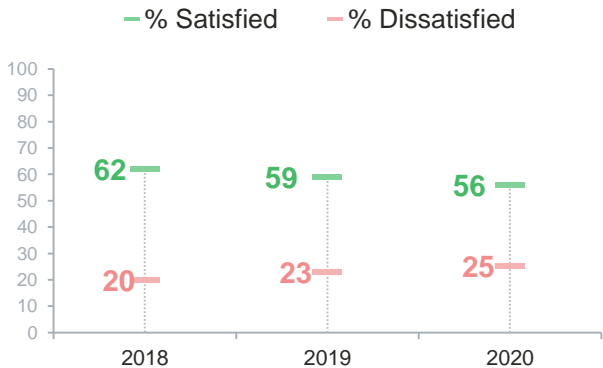
# Satisfaction with appointment times

Q8. How satisfied are you with the general practice appointment times that are available to you?\*

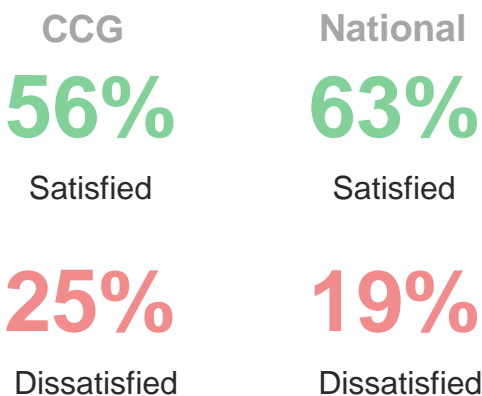
CCG's results



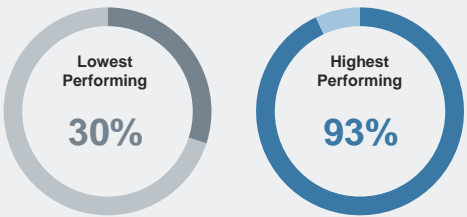
CCG's results over time



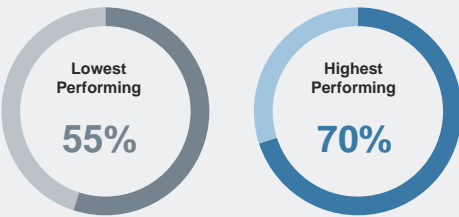
Comparison of results



Practice range within CCG – % Satisfied



CCG range within region – % Satisfied



\*Those who say 'I'm not sure when I can get an appointment' (3%) have been excluded from these results.

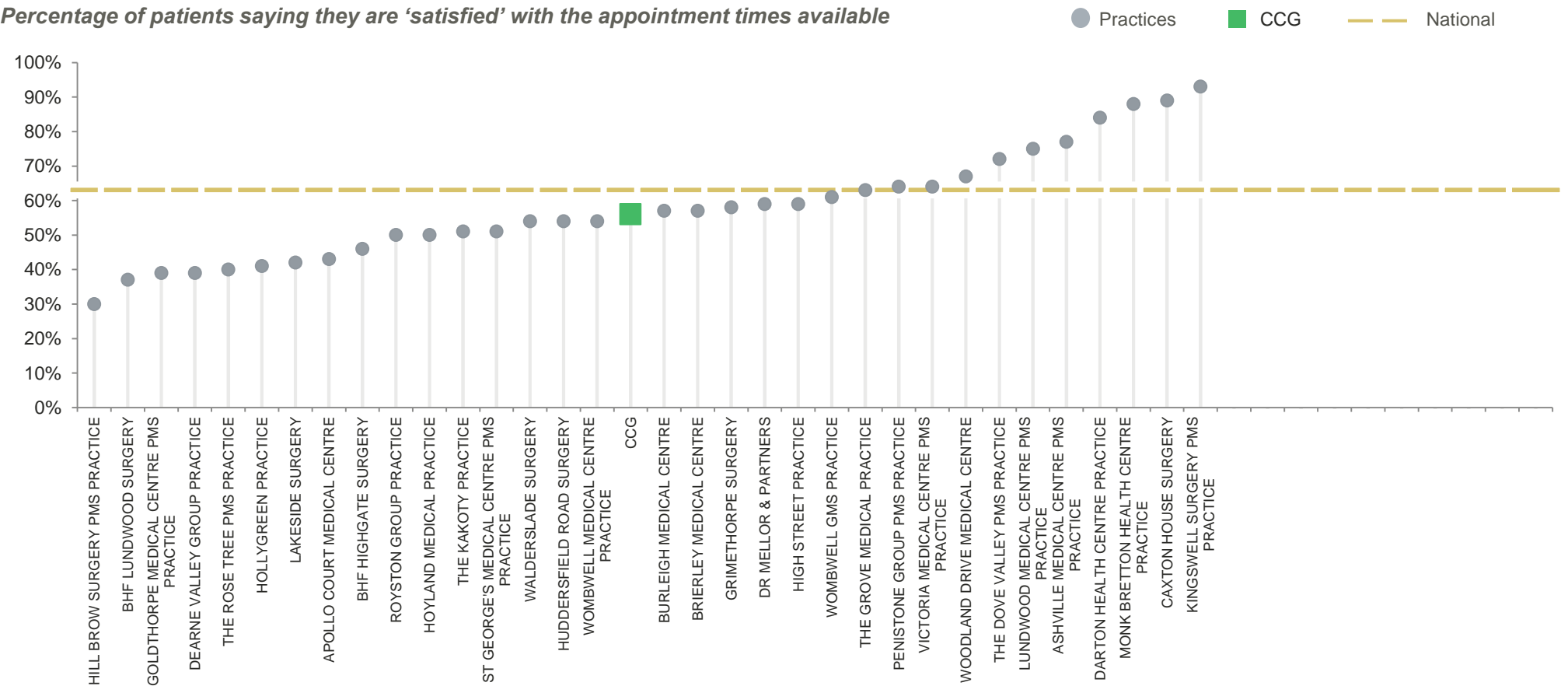
Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (3,164); CCG 2019 (3,324); CCG 2018 (3,127); Practice bases range from 70 to 117; CCG bases range from 882 to 9,127

%Satisfied = %Very satisfied + %Fairly satisfied  
%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied



# Satisfaction with appointment times: how the CCG's practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (663,563); CCG 2020 (3,164); Practice bases range from 70 to 117

%Satisfied = %Very satisfied + %Fairly satisfied



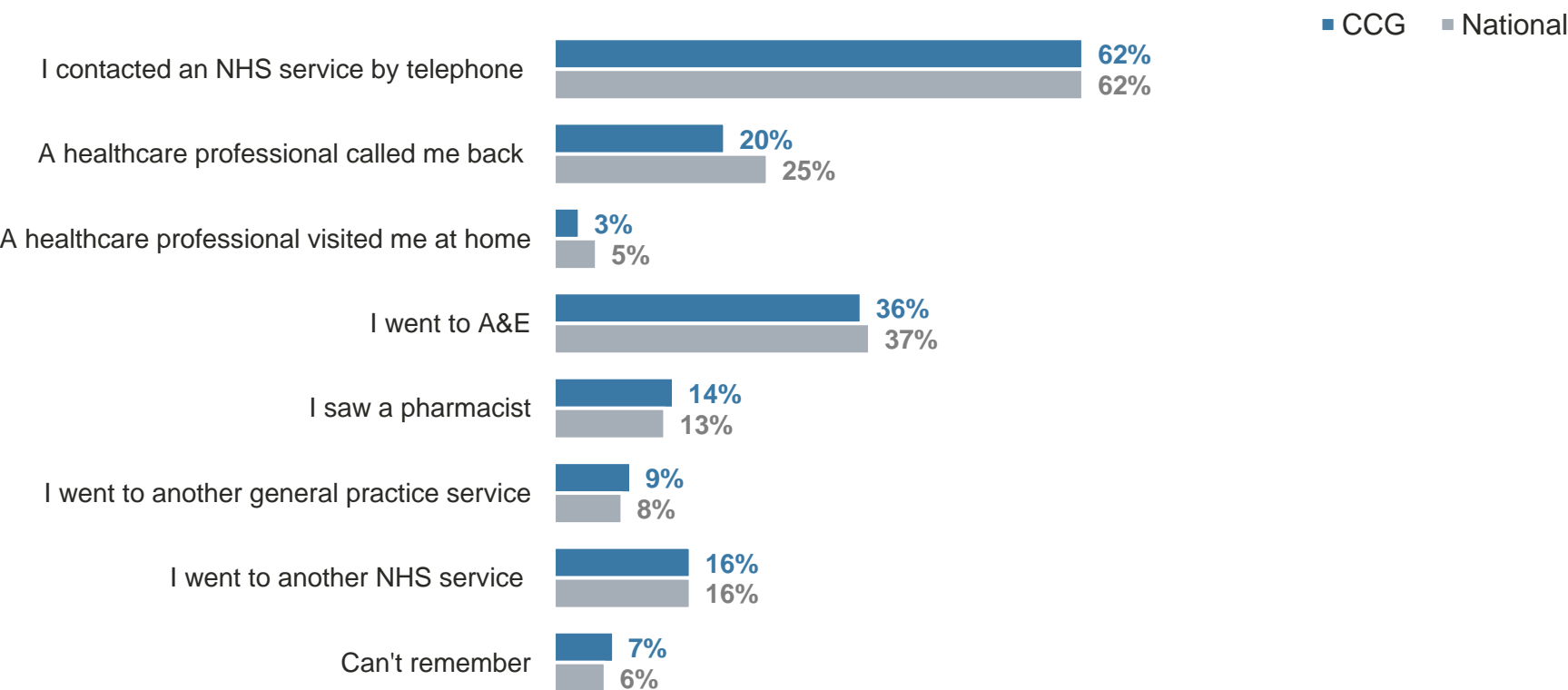
# Services when GP practice is closed

- *The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*
- *Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.*



# Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?



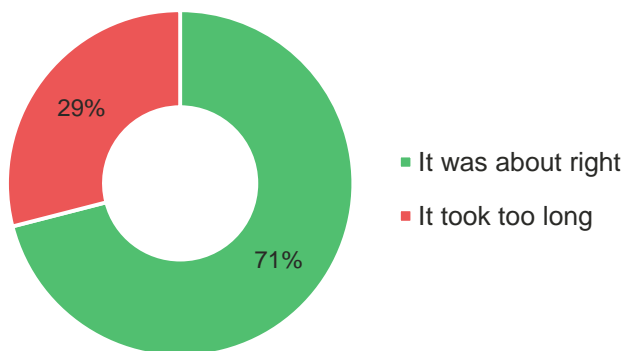
Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (133,689); CCG 2020 (731)



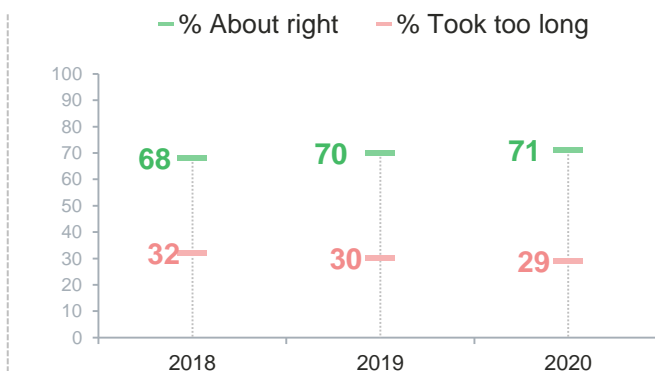
# Time taken to receive care or advice when GP practice is closed

Q46. How do you feel about how quickly you received care or advice on that occasion?

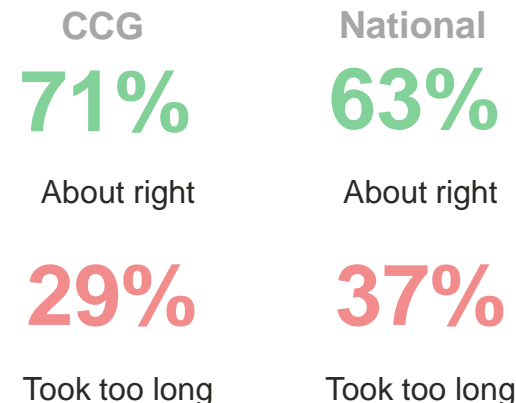
## CCG's results



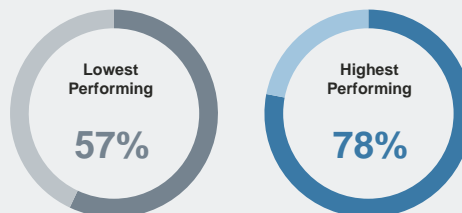
## CCG's results over time



## Comparison of results



## CCG range within region – % About right



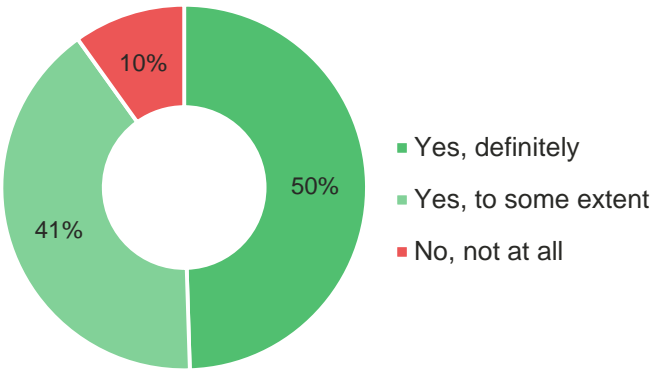
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / doesn't apply': National (124,765); CCG 2020 (682); CCG 2019 (659); CCG 2018 (623); CCG bases range from 155 to 1,655



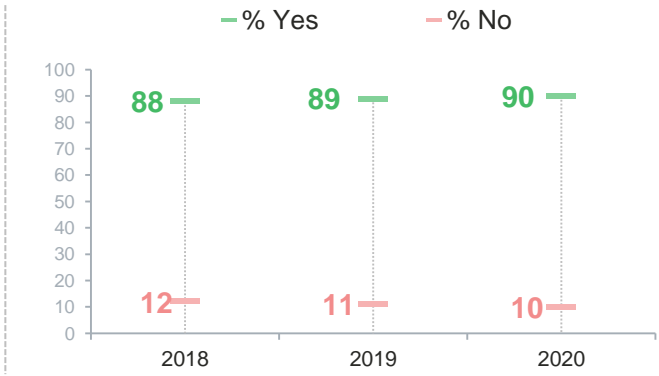
# Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?

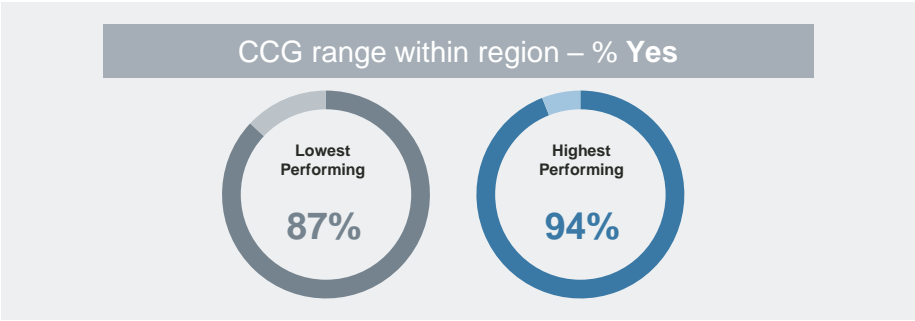
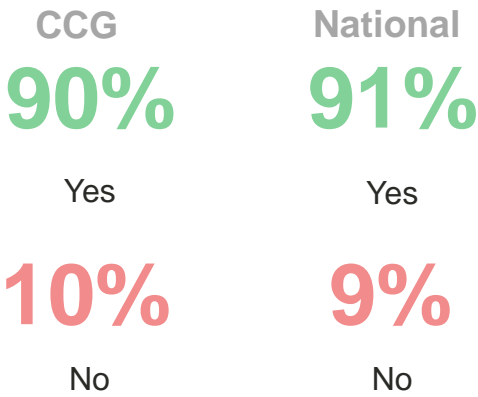
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (125,059); CCG 2020 (692); CCG 2019 (683); CCG 2018 (636); CCG bases range from 159 to 1,660

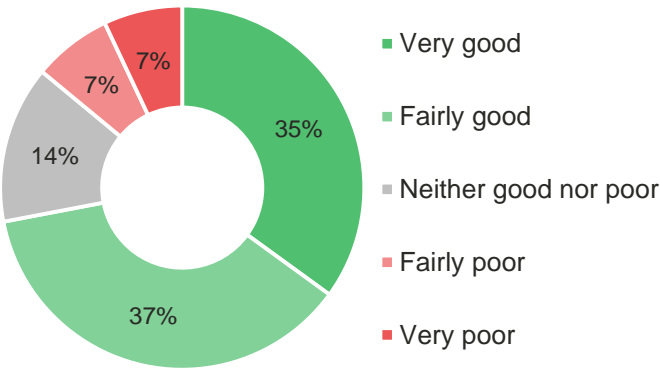
%Yes = %Yes, definitely + % Yes, to some extent



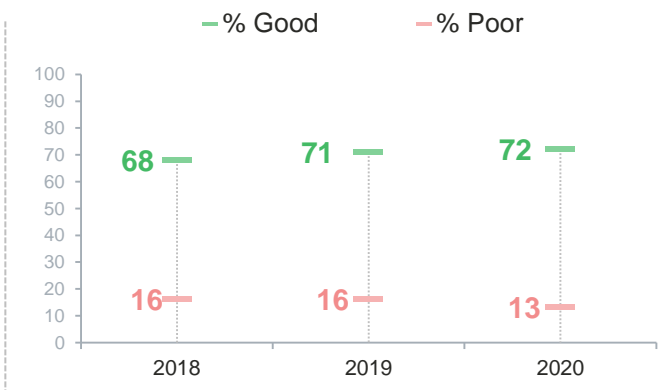
# Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?

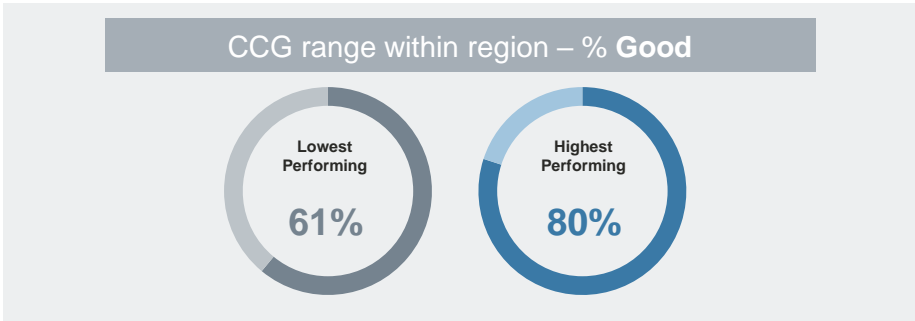
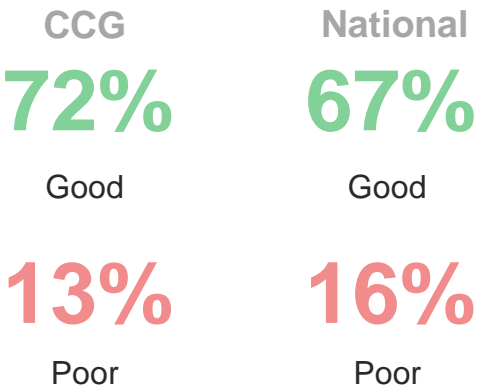
CCG's results



CCG's results over time



Comparison of results



Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months excluding 'Don't know / can't say': National (128,756); CCG 2020 (705); CCG 2019 (675); CCG 2018 (644); CCG bases range from 155 to 1,739

%Good = %Very good + %Fairly good  
%Poor = %Fairly poor + %Very poor



# Statistical reliability

---



# Statistical reliability

Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

*An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”*

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels (expressed in percentage points)		
		Level 1: 10% or 90%	Level 2: 30% or 70%	Level 3: 50%
		+/-	+/-	+/-
National	739,637	0.10	0.15	0.17
CCG	5,479	1.13	1.73	1.88
Practice	108	6.93	10.20	11.08

For example, taking a CCG where 5,479 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.73 percentage points from that question’s result (i.e. between 28.27% and 31.73%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when the results for a group are based on smaller numbers i.e. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.



# Want to know more?

---



# Further background information about the survey

- The survey was sent to **c.2.3 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- The survey has been running since 2007 and presents results for all practices in England (where surveys have been completed and returned). From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit <https://gp-patient.co.uk/>.
- The overall response rate to the survey is **31.7%**, based on **739,637** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: <https://gp-patient.co.uk/surveysandreports>.

**c.2.3m**

Surveys to adults  
registered with an  
English GP practice

**739,637**

Completed surveys in  
the 2020 publication

**31.7%**

National response  
rate



# Where to go to do further analysis ...

- For reports which show the National results broken down by CCG and Practice, go to <https://gp-patient.co.uk/surveysandreports> - you can also see previous years' results here.
- To look at this year's survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant 'subgroups', go to <https://gp-patient.co.uk/analysistool/2020>.
- To look at results over time, and filter on a specific participant group, go to <https://gp-patient.co.uk/analysistool/trends>.
- For general FAQs about the GP Patient Survey, go to <https://gp-patient.co.uk/faq>.



**For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at [GPPatientSurvey@ipsos.com](mailto:GPPatientSurvey@ipsos.com)**

**We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.**



**PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE**
**30 July 2020**
**CONTRACTUAL ISSUES REPORT**
**PART 1A – SUMMARY REPORT**

<b>1.</b>	<b>THIS PAPER IS FOR</b>												
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>				
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>						
<b>2.</b>	<b>PURPOSE</b>												
	The purpose of this report is to provide members with an update on the current contractual issues in relation to our primary care contracts.												
<b>3.</b>	<b>REPORT OF</b>												
	<table border="1"> <thead> <tr> <th></th> <th><b>Name</b></th> <th><b>Designation</b></th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Lesley Smith</td> <td>Chief Officer</td> </tr> <tr> <td>Management Lead</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> <tr> <td>Author</td> <td>Terry Hague</td> <td>Primary Care Transformation Manager</td> </tr> </tbody> </table>		<b>Name</b>	<b>Designation</b>	Executive Lead	Lesley Smith	Chief Officer	Management Lead	Julie Frampton	Head of Primary Care	Author	Terry Hague	Primary Care Transformation Manager
	<b>Name</b>	<b>Designation</b>											
Executive Lead	Lesley Smith	Chief Officer											
Management Lead	Julie Frampton	Head of Primary Care											
Author	Terry Hague	Primary Care Transformation Manager											
<b>4.</b>	<b>SUMMARY OF PREVIOUS GOVERNANCE</b>												
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th><b>Group / Committee</b></th> <th><b>Date</b></th> <th><b>Outcome</b></th> </tr> </thead> <tbody> <tr> <td>Not Applicable</td> <td></td> <td></td> </tr> </tbody> </table>	<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>	Not Applicable								
<b>Group / Committee</b>	<b>Date</b>	<b>Outcome</b>											
Not Applicable													
<b>5.</b>	<b>EXECUTIVE SUMMARY</b>												
	<p><b>In Year Contract Variation - St George's Medical Practice</b></p> <p>Barnsley CCG has received an application to vary St George's Medical Practice PMS contract in relation to a 24 hour retirement for Dr Balac on 5 October 2020.</p> <p>A 24-hour retirement is a process by which members of the NHS pension scheme seek to qualify their retirement benefits whilst continuing to work (albeit with a break). 24-hour retirement benefits usually involve resigning from all involvement in an NHS contract, not returning to the NHS in any capacity for at least 24 hours, and not working for more than 16 hours per week in the first</p>												



	<p>month of retirement.</p> <p>This 24 hour retirement does not require an amendment to the contract, so this item is note for information only.</p>
	<p><b><u>Caxton House Surgery Closure</u></b></p> <p>Barnsley CCG has received the submission of the resignation of Dr Saxena, the sole signatory on the GMS contract for Caxton House Medical Practice.</p> <p>Caxton House Medical Practice delivers Primary Medical services to 988 (April 2020) registered patients from the main surgery situated at Grimethorpe and the branch surgery located at The Cudworth Centre.</p> <p>The CCG are supporting all the patients currently registered at this practice to register with a new practice; and are working with Caxton House Surgery and surrounding practices to ensure that all actions required for the closure of the practice are undertaken. Letters have been sent to all patients with the locations and contact details of all practices that are close to their homes for them to have a choice of where to register. None of our practices have “closed” lists so all patients should be able to register with a practice of their choice.</p> <p>The Primary Care team have had discussions with the Clinical Directors of all the Neighbourhood Networks and with the practices within the North East Neighbourhood where the majority of patients will seek to register. The team has also contacted NHS Wakefield CCG, NHS Rotherham CCG and NHS Doncaster CCG where there are small numbers of patients currently registered with Caxton House Medical Practice but whom live some distance outside the Barnsley GP practice boundaries.</p> <p>We have noted that a small number of practices will register a greater proportion of the patients and, due to concerns raised by the CDs, the team has done some background checks on the numbers of patients that have Substance Misuse issues, complex medication needs including long term use of specific “high risk” drugs, safeguarding issues and highly complex patients. These are very low in numbers across the patient list which was contrary to what we expected to find.</p> <p>In discussion with the Practice Managers within the North East Neighbourhood a few queries were raised regarding the numbers of people registering impacting on available space within practices, the number of people requiring New Patient Reviews and the number of GPs. Barnsley has been chosen by two GPs, returning to practice under the C-19 regime, to work in the area for six months and the CCG has asked Barnsley Healthcare Federation to support these GPs to work at practices in the North East Neighbourhood. The CCG has also agreed to support practices requiring more space to access some of the “void” space in the LIFT buildings in line with the National Health Services (General Medical Services – Premises Costs Directions) 2013 specifically Part 5 Recurring Premises Costs.</p> <p>In further support the Primary Care team have approached NHS Digital to enquire if support could be made available to the North East Neighbourhood practices with record management by accessing the Lloyd George Record Digitisation programme.</p>



	<p>We have developed a detailed Action Plan that specifies all the activities required to safely close the practice and are working closely with the CCG's Communication and Engagement team, IT Support Team and the practice staff to ensure we meet the target closure date for this practice.</p> <p>The committee is asked to note the closure of the practice and actions being taken.</p>
	<p><b><u>Rent Reimbursement for GP Practices</u></b></p> <p>The CCG has responsibility to approve rent reimbursements in line with the National Health Services (General Medical Services – Premises Costs Directions) 2013 specifically Part 5 Recurring Premises Costs. The following are the reviews that have been approved and actioned:</p> <ul style="list-style-type: none"> <li>• C85003 Ashville Medical Practice</li> <li>• C85005 Royston Group Practice, following a successful appeal. The rent reimbursement calculation will be backdated to 1 April 2019.</li> </ul> <p>The CCG continues to fund this increased expenditure through CCG programme budgets.</p>
	<p><b><u>Quality Outcomes Framework (QOF) 2019-20</u></b></p> <p>As you will recall there was a discussion regarding QOF payments for practices for 2019-20 which required some "top up" payments for practices to ensure there was no financial detriment due to the C-19 restrictions.</p> <p>Due to the very short timeframe in which to do the analysis a rapid review for the QOF achievement was undertaken and it became apparent that it would be almost impossible to evaluate what achievement could have been attained at year end based on the data available. To ensure there was no detriment those practices where the achievement was lower than would have been expected a "top up" payment was made, in line with the NHS England recommendations, to ensure that the financial impact was minimised.</p> <p>The details for the QOF for 2020-21 has not yet been released and therefore no work has been undertaken.</p>
<b>6.</b>	<b>THE GOVERNING BODY / COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>i) Note the 24 Hour Retirement of Dr Balac (St Georges Medical Practice) on 5 October 2020.</li> <li>ii) Note the closure of Caxton House Surgery and action taken.</li> <li>iii) Note the Rent Reimbursement for Ashville Medical Practice and Royston Group Practice</li> <li>iv) Note the QOF payments for 2019-20 and information for 2020-21</li> </ul>
<b>7.</b>	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	None



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

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



<b>3.</b>	<b>Governance Considerations Checklist</b> <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
<b>3.1</b>	<b>Clinical Leadership</b>	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	<b>NA</b>
<b>3.2</b>	<b>Management of Conflicts of Interest (s14O)</b>	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	<b>NA</b>
<b>3.3</b>	<b>Discharging functions effectively, efficiently, &amp; economically (s14Q)</b>	
	Have any financial implications been considered & discussed with the Finance Team?	<b>NA</b>
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	<b>NA</b>
<b>3.4</b>	<b>Improving quality (s14R, s14S)</b>	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	<b>NA</b>
<b>3.5</b>	<b>Reducing inequalities (s14T)</b>	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	<b>NA</b>
<b>3.6</b>	<b>Public Involvement &amp; Consultation (s14Z2)</b>	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	<b>NA</b>
<b>3.7</b>	<b>Data Protection and Data Security</b>	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	<b>NA</b>
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	<b>NA</b>
<b>3.8</b>	<b>Procurement considerations</b>	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	<b>NA</b>
	Has a Single Tender Waiver form been completed if appropriate?	<b>NA</b>
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	<b>NA</b>
<b>3.9</b>	<b>Human Resources</b>	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	<b>NA</b>
<b>3.10</b>	<b>Environmental Sustainability</b>	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	<b>NA</b>



## PRIMARY CARE COMMISSIONING COMMITTEE

30 July 2020

### RISK AND GOVERNANCE REPORT

#### PART 1A – SUMMARY REPORT

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



	<p><b>Assurance Framework</b></p> <p>The Governing Body Assurance Framework (GBAF) facilitates the Governing Body in assuring the delivery of the CCG's annual strategic objectives. There is no GBAF update for Governing Body at this stage as the GBAF is currently in abeyance. Updating the GBAF was suspended at the peak of covid and it is now proposed that a new GBAF is developed once 2020/21 planning guidance is received and priorities &amp; key deliverables are clearer.</p> <p><b>Risk Register</b></p> <p>The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk.</p> <p>The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 1 of this report which provides the Committee with an extract of the risk register of risks associated with the Primary Care Commissioning Committee.</p> <p>There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review the risks detailed on Appendix 1 to ensure that the risks are being appropriately managed and scored.</p> <p>Members are asked to review the risk detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.</p>
6.	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Review and agree that the risks are being appropriately managed and scored.</li> </ul>
7.	<b>APPENDICES / LINKS TO FURTHER INFORMATION</b>
	<ul style="list-style-type: none"> <li>Appendix 1 – Risk Register</li> </ul>
<b>Agenda time allocation for report:</b>	
	5 minutes



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

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



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



## RISK REGISTER – July 2020

### Domains

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	6	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	16	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	4	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients	3	3	9	The Long Term Plan includes a section on workforce planning and Network Contract DES includes provision for a number of Primary Care specific roles.  The Network Contract DES has a number of deliverables that will support staff and work to supporting sustainable services in Barnsley.  NHS England has published an Interim People Plan to support the workforce challenge.  The CCG's Primary Care Development Workstream	Head of Primary Care.  (Primary Care Commissioning Committee)	Governing Body	4	4	16	07/20	<b>July 2020</b> The PCN is required to develop a workforce plan by the end of August to reflect use of the Additional Roles and other requirements to support delivery of the Network Contract DES and NHS Long Term Plan. Work is underway in practices to support BAME staff groups as a result of the C-19 pandemic.	08/20



Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
		services could be further away from their home.				<p>has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists &amp; 2 technicians in March 2019.</p> <p>The PDA requires Practices to submit a workforce baseline assessment to the CCG on a quarterly basis. This will be monitored via the Primary Care Quality Improvement Tool to identify any capacity issues or pressure points.</p>							<p>The CCG has asked BHF to deploy 2 returning GPs under the C-19 scheme to support the NE Neighbourhood practices for a 6-month period.</p> <p><b>March 2020</b> PDA work is ongoing. PC team is working with the PCN to understand the workforce plans now there is a wider choice of staff roles.</p> <p><b>February 2020</b> PDA work nearing completion for 2020-21. 2 CPs have accepted job offers and SPLW recruitment is on hold.</p> <p><b>January 2020 -</b> 3 conditional offers to Clinical</p>	



Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
													Pharmacists by BHF as part of the Additional Roles via the Network Contract DES.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).</p>	<p>Head of Primary Care</p> <p>(Primary Care Commissioning Committee)</p>	Risk Assessment	2	4	8	07/20	<p><b>July 2020</b> 360 Audit of Primary Care Contracts and Procurement was completed, and 2 minor changes were recommended.</p> <p><b>March 2020</b> Risk score to be reviewed in 26 March 2020 PCCC meeting in respect of 15/04 reasoning to downgrade.</p> <p><b>November 2019</b> The CCG continues to effectively manage its delegated responsibility.</p>	10/20



