

Public Primary Care Commissioning Committee
Thursday, 25 March 2021 at 09.30am to 11.00am
Via MS Teams

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1	Housekeeping		Chair	9.30am 5mins
2	Apologies	Note	Chair	
3	Quoracy	Note	Chair	
4	Declarations of Interest relevant to the agenda	Assurance	PCCC 21/03/04	
5	Minutes of the meeting held on 28 January 2021	Approve	PCCC 21/03/05 Chair	9.35am 5mins
6	Matters Arising Report	Note	PCCC 21/03/06 Chair	9.40am 5mins
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7	None			
Quality and Finance				
8	Finance Update	Information	PCCC 21/03/08 Ruth Simms	9.45am 10mins
9	CQC Update Report	Assurance	PCCC 21/03/09 Julie Frampton	9.55am 10mins
Contract Management				
10	Contractual Issues Report	Approval/ Assurance	PCCC 21/03/10 Julie Frampton	10.05am 15mins
11	Clinical System Bridging Agreement	Approve	PCCC 21/03/11 Julie Frampton	10.20am 10mins
12	360 Assurance Report	Approval/ Assurance	PCCC 21/ 03/12 Julie Frampton	10.30am 15mins
13	Risk and Governance Report <ul style="list-style-type: none"> Assurance Framework Risk Register Annual Assurance Report 	Approval/ Assurance	PCCC 21/03/13 Richard Walker	10.45am 10mins
Reflection on conduct of the meeting				

Item	Session	Committee Requested to	Enclosure Lead	Time
14	<ul style="list-style-type: none"> Conduct of meetings Any areas for additional assurance Any training needs identified 	Note	Verbal Chair	10.55am
Other				
15	Questions from the public relevant to the agenda	Note	Verbal Chair	10.55am
16	Items for escalating to the Governing Body	Note	Verbal Chair	10.55am 5mins
17	Date and time of the next scheduled meeting: Thursday, 27 May 2021 at 09.30am to 10.30am via MS Teams	Note	Verbal Chris Millington	11.05am Close

Exclusion of the Public:

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

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

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

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

	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> <p>Update:</p> <ul style="list-style-type: none"> Chris Edwards updated his DOI to <i>include works as Accountable Officer for Rotherham CCG and works one day a week at the ICS as Capital and Estates and Maternity lead.</i> 	
6.	THE GOVERNING BODY / COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none"> Note the contents of this report and declare if Members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship. 	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none"> Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report 	

Agenda time allocation for report:

5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	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
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	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)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
3.2	Management of Conflicts of Interest (s14O)			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			Y
3.3	Discharging functions effectively, efficiently, & economically (s14Q)			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA
3.4	Improving quality (s14R, s14S)			
	Has a Quality Impact Assessment (QIA) been completed if relevant?			NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?			NA

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

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

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

Name	Current position (s) held in the CCG	Declared Interest
Chris Millington	Lay Member	<ul style="list-style-type: none"> Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18) Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19)
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Chris Edwards	Governing Body Member	<ul style="list-style-type: none"> Family member employed by Chesterfield Royal. Family member employed by Attain. Works as Accountable Officer for Rotherham CCG. Works one day a week at the ICS as Capital and Estates and Maternity lead.
Mark Smith	GP Governing Body Member	<ul style="list-style-type: none"> Senior Partner at Victoria Medical Centre also undertaking training and minor surgery roles. Director of Janark Medical Ltd The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Madhavi Guntamukkala	Medical Director	<ul style="list-style-type: none"> Senior GP in a Barnsley Practice (Apollo Court Medical Practice & The grove Medical Practice) Practices provide services under contract to the CCG Spouse – Dr M Vemula is also partner GP at both practices The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG

Name	Current position (s) held in the CCG	Declared Interest
Richard Walker	Head of Governance & Assurance	<ul style="list-style-type: none"> Daughter working for Health Education England.
Julie Frampton	Head of Primary Care	<ul style="list-style-type: none"> NIL

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

**Minutes of the PUBLIC Primary Care Commissioning Committee meeting
held on Thursday, 28 January 2021 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
Richard Walker	Head of Governance & Assurance
Chris Edwards	Chief Officer

GP CLINICAL ADVISORS: (NON-VOTING)

Dr Madhavi Guntamukkala	Governing Body Member
Dr Mark Smith	Governing Body Member

IN ATTENDANCE:

Julie Frampton	Head of Primary Care
Angela Musgrave	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Alicia Marcoft	Public Health, BMBC
Roxanna Naylor	Chief Finance Officer
Ruth Simms	Assistant Finance Manager

APOLOGIES:

Dr Nick Balac	CCG Chairman
Julia Burrows	Director of Public Health, BMBC

MEMBERS OF THE PUBLIC:

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

Agenda Item	Note	Action	Deadline
PCCC 20/01/01	WELCOME AND APOLOGIES		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 20/01/02	QUORACY		
	The meeting was declared quorate.		
PCCC 20/01/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	Dr Guntamukkala declared a direct financial interest in agenda item 9 'GP retainer Scheme Application', as her Practice would be receiving funding as set out in the paper.		

	The Chair agreed to allow Dr Guntamukkala to remain present for these items in order to provide her clinical view should the Committee require it, and as this item was for Committee to note rather than approve.		
PCCC 20/01/04	MINUTES OF THE LAST MEETING		
	The minutes of the meeting held on 26 November 2020 were verified as a true and correct record of proceedings.		
PCCC 20/01/05	MATTERS ARISING REPORT		
	20/11/08 - <u>Contractual issues Report</u> Request for the Contractual Issues update report presented at March PCCC to include an update on all contractual issues still being worked on.	JF	On Agenda
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 20/01/06	PRIMARY CARE ESTATE <u>South Yorkshire & Bassetlaw Integrated Care System – Primary Care Capital Programme – Programme Business Case</u> The Head of Primary Care presented the SYB ICS Primary Care Capital Programme Business case update report. The Committee was reminded that the initial SYB ICS Programme Business Case had been presented and approved at the Private PCCC meeting held in January 2021. The Chief Officer informed the Committee that the schemes currently included in the programme were currently being assessed by the ICS Estates Board to ensure their deliverability by the end of April/beginning of May. Although none of the existing schemes included in the business case were focussed within the Barnsley area, the CCG was developing robust schemes to include on the programme's reserved list that would provide a strong opportunity to join the programme should any of the existing more complex schemes fail to meet sustainability and deliverability requirements The Committee:- <ul style="list-style-type: none"> • Noted and approved the contents of the report. 		

QUALITY AND FINANCE			
PCCC 20/01/07	FINANCE UPDATE		
	<p>The Assistant Finance Manager presented an update of the financial position and details of funding allocations for delegated Primary Care Co-Commissioning budgets as at 30 November 2020 (month 8).</p> <p><u>Forecast Position 2020/21</u> There was a forecast position of £62k underspend as at 30 November 2020 (month 8).</p> <p><u>General Practice Forward View (GPFV) Funding</u> The CCG had received £361k funding from South Yorkshire & Bassetlaw ICS to support the delivery of the GPFV and development of Primary Care Networks.</p> <p>The Chief Finance Officer informed the Committee that the Finance and Primary Care teams were working through investments for a number of identified schemes for primary care going forward. This would ensure there was no underspend or overspend in future and that all available primary care resource was fully committed.</p> <p><u>Supporting General Practice – Additional £150m of funding from NHS England</u> NHSE had established a new national General Practice Covid Capacity Expansion Fund of £150m to be allocated to CCGs to support the expansion of general practice capacity up until the end of March 2021.</p> <p>The allocation to Barnsley CCG had been £716k of which £591k had been distributed to GP practices. The remaining £125k had been retained to cover COVID Oximetry and Long COVID.</p> <p>In addition to the £716k the CCG had also received £10,000 for Clinical Lead Oximetry at Home and £2k for Enhanced Health in Care Homes Multi-Disciplinary Team training and development, the plans of which were currently being developed.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Noted the information provided in the Finance Update report. 		

PCCC 20/01/08	CQC UPDATES <p>The Head of Primary Care presented the CQC report that provided members with an update on the current CQC position in relation to Barnsley GP Practices and Barnsley Healthcare Federation i-Heart contracts.</p> <p>It was reported that the Care Quality Commission (CQC) had adopted a Transitional Regulatory Approach that provided a strengthened approach to monitoring, with clear areas of focus based on existing Key Lines of Enquiry that would enable the CQC to continually monitor risk in a service.</p> <p>An app had also been developed that provided information on what services practices were providing so they were able to ascertain any risks. The app would enable the CQC to step down inspections and provide more supportive telephone conversations with practices. The calls would be routine to check there no changes or issues to report from a practice perspective.</p> <p>An inspection or further evidence would only be requested should there be any concern from the discussion.</p> <p>Discussions with the CQC Inspector had been positive in terms of Barnsley GP practices' quality. It was noted that all practices in Barnsley were rated as good or outstanding.</p> <p>The Medical Director commented that CQC telephone calls had only been held with Dodworth Medical Practice and not The Grove Medical Practice as indicated in the report.</p> <p>The Committee noted:</p> <ul style="list-style-type: none"> • The CQC's implementation of the Transitional Regulatory Approach and the assessments completed. 		
CONTRACT MANAGEMENT			
PCCC 20/01/09	CONTRACTUAL ISSUES REPORT		
	<p>The Head of Primary Care presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts.</p> <p><u>In Year Contract Variation</u> The CCG had received an application to vary the contract of Huddersfield Road Surgery to include two new partners, Drs Leary and Wawrosz, from 1 November 2020.</p>		

	<p>It was noted that as this was a GMS contract it did not require an amendment and therefore the item was for information only.</p> <p><u>Rent Reimbursement for GP Practices</u> Following a rent review, in line with the NHS (GMS – Premises Costs Directions) 2013, the CCG had approved and actioned rent reimbursements at the following practices:-</p> <ul style="list-style-type: none"> • Dove Valley Practice, 1A Gold Street, Barnsley • Hoyland Medical Practice, 1 Jeffcock Road, High Green • Huddersfield Road Practice, 44 Cawthorne Road, Barugh Green <p><u>GP Practice Premises Sale and Return</u> The CCG had received an application for Sale and Leaseback of Huddersfield Road Surgery, 6 Huddersfield Road, Barnsley.</p> <p>The Primary Care Team had worked with NHSE, PCC and the District Valuer to review the information contained in the lease to confirm the documentation was in line with regulations and to ensure the CCG had complied with the guidance and rules.</p> <p>The following points had been pertinent in consideration of approval of the application:-</p> <ul style="list-style-type: none"> • The amount of the lease is the same as the current notional rent at £83,500 per annum. The rent payable will be no more than the amount which is reimbursed to the practice. • The lease period is 15 years and contains a break clause allowing the tenant to terminate the lease in the event it ceases to be entitled to NHS funding, securing the property for at least 15 years to support the continuation of the premises for General Medical purposes to provide assurance of continuity of service and contractual requirements. • The premises meet minimum standards (for example as outlined in schedule 1 of the attached Premises cost directions). <p>It was therefore recommended that the Committee approve the application given the assurance provided and the inclusion of the break clause in the lease if this were to be necessary to comply with future estates strategies.</p>		
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	<p><u>GP Retainer Scheme Application</u></p> <p>The CCG had received a National GP Retention Scheme application in respect of Dr Mann who would be supported by The Grove Medical Practice, working 2 sessions per week.</p> <p>Members were reminded that although an application for this scheme had been approved by the Committee in September 2019 the applicant at that time had not taken up the post and therefore the CCG still had one post on this scheme which no-one was aligned to.</p> <p>The practice employing a RGP was able to claim an allowance relating to the number of sessions for which their retained doctor was engaged. This allowance should be used by the practice as an incentive to provide flexibility for the RGP, their salary, HR admin costs and funding to cover any educational support required including course fees where relevant.</p> <p>Following due diligence checks regarding their good standing, it was confirmed that Dr Mann met the required criteria of the scheme as he had left general practice for personal reasons.</p> <p>The Medical Director informed the Committee that Dr Mann was an experienced GP who had taken a break from practice work and had applied to return as part of the GP Retention Scheme which was a route to help experienced GPs return into practice.</p> <p>The Committee noted that this item was for information only following Committee approval to support one GP on this scheme previously in September 2019.</p> <p>The Committee: -</p> <ul style="list-style-type: none"> • Noted the addition of Drs Leary and Wawrosz as new partners at Huddersfield Road Surgery from 1 November 2020. • Noted the Rent Reimbursement for: <ul style="list-style-type: none"> i) Dove Valley Practice, 1A Gold Street, Barnsley ii) Hoyland Medical Practice, 1 Jeffcock Road, High Green iii) Huddersfield Road Practice, 44 Cawthorne Road, Barugh Green • Considered for approval the Sale and Lease back application for Huddersfield Road Surgery. 		
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	<ul style="list-style-type: none"> • Noted the application from Dr Mann for support through the National GP Retention Scheme 		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 20/01/10	<p>The Head of Governance & Assurance presented the risk and Governance report that provided the Committee with the:-</p> <ul style="list-style-type: none"> • Assurance regarding the delivery of the CCG's annual strategic objectives • Assurance that the current risks to the organisation were being effectively managed and monitored appropriately • Recommendation of a small number of changes to the Committee Terms of Reference. <p><u>Assurance Framework</u> The Assurance Framework continued to be reviewed and updated. Appendix 1 of the report provided the Committee with an extract from the GBAF of the one risk for which the Committee were the assurance provider.</p> <p>The risk had been scored as 'Amber' High Risk and related to Risk Ref 2.1 - the delivery of Primary Care priorities if identified threat(s) were not successfully managed and mitigated.</p> <p><u>Risk Register</u> There were currently five risks on the Corporate Risk Register for which the Committee were responsible for managing. Of the five risks, there was one red risk (extreme), one amber risk (high), one yellow risk (moderate) and two green (low) risks.</p> <p>Following a lengthy discussion and review of the risks included on the risk register members agreed the risks were being appropriately managed and scored.</p> <p><u>Terms of Reference (ToR)</u> Following a recent review and a small number of changes to the PCCC Terms of Reference, it was reported at the meeting, that additional changes to the sub group arrangements that sat beneath the PCCC had been made which needed to be reflected within the governance reporting structure and the ToR.</p> <p>The ToR would need to include specific reference to the Strategic Primary Care Group; Primary Care Operational Group and Primary Care Forum and how each of the groups would report into the PCCC.</p>		

	<p>Following further discussion and due to a timing issue, the Committee was asked if it was happy to delegate authority to the Head of Governance & Assurance and the Head of Primary Care to make the necessary amendments to the PCCC ToR and for the Head of Governance & Assurance to present the draft ToR to the Governing Body meeting on 11 March for final sign off.</p> <p>The Committee:</p> <ul style="list-style-type: none"> • Reviewed and agreed that the risks were being appropriately managed and scored on the risk register. • Delegated their authority to the Head of Governance & Assurance and Head of Primary Care to update the ToR to reflect the additional sub group arrangements for final sign off at the Governing Body meeting on 11 March. <p><u>Workforce Risk Review</u></p> <p>The Head of Primary Care presented the Workforce Risk Review report that provided an update on the risk held on the Risk Register regarding the primary care clinical workforce.</p> <p>Risk Reference CCG 14/10 on the CCGs Risk Register referred to:-</p> <ul style="list-style-type: none"> • If the Barnsley area was not able to attract & retain a suitable & sufficient Primary Care clinical workforce there was 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 would receive poorer quality healthcare services (d) Patients' services could be further away from their home. <p>The Committee were reminded of the previous workforce recruitment plan update provided by James Barker, Barnsley Healthcare Federation (BHF) on recruitment via the Additional Roles Recruitment Scheme (ARRS). This scheme was part of the Network Contract DES, managed by BHF on behalf of the Barnsley Practices within the Primary Care Network (PCN).</p>	RW/JF	
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	<p>The recruitment plan for 2020/21 had been to recruit 77 whole time equivalent (WTE) new members of staff to support primary care by the end of March 2021.</p> <p>BHF had subsequently submitted further recruitment plans for 2021/22 and a projection of recruitment for a further two years until March 2024, potentially adding a further 86 WTE to the primary care workforce.</p> <p>Following a query from the Chair, the Head of Primary Care informed the Committee that to date BHF had recruited approximately three quarters of staff identified on the 2020/21 recruitment plan, although due to the pressures of C-19 and the vaccination programme there had been a delay in fulfilling the recruitment programme forecast. The CCG were however, encouraging BHF to recruit to all roles and it was hoped to get the majority of staff recruited by the end of March 2021.</p> <p>The Chief Finance Officer informed the Committee that due to the likelihood of not being able to fully recruit to the 2020/21 recruitment plan there was a risk of underspending against the funding allocated to Barnsley from NHSE for this period.</p> <p>It was reported that although a substantial amount of staff had been recruited into practices, these staff had been engulfed into the additional work created due to the C-19 pandemic and therefore the risk around recruitment to support existing work remained.</p> <p>The Lay Member for Governance requested that BHF provide the Committee with an initial update on the actual number of staff recruited into posts via the ARRS as detailed in the recruitment plan for 2020/21, followed by a regular workforce recruitment update report going forward.</p> <p>A lengthy discussion took place regarding the difficulties surrounding recruitment and retention of staff and the impact C-19 was having on primary care workforce. It was also recognised there was a need to work more closely with organisational partners around the recruitment of roles such as paramedics and mental health practitioners to ensure delivery of the right workforce model going forward.</p>	JB/JF	
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	<p>The Committee agreed that the Primary Care clinical workforce risk should remain on the CCGs Risk Register, with the score unchanged, until further information and assurance could be provided to the Committee.</p> <p>The Committee:-</p> <ul style="list-style-type: none"> Reviewed the recruitment information and projected recruitment plans for the increase of roles into primary care via the ARRS in the PCN. Agreed the risk relating to the Primary Care clinical workforce should remain on the Risk Register. 		
OTHER			
PCCC 20/01/11	<p>REFLECTION OF CONDUCT OF THE MEETING</p> <p>The Committee agreed that the meeting had been conducted appropriately.</p>		
PCCC 20/01/12	<p>QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA</p>		
	There were no questions received from the members of the public.		
PCCC 20/01/13	<p>ITEMS FOR ESCALATING TO THE GOVERNING BODY</p> <p>It was agreed to escalate the following items to the Governing Body for information:-</p> <ul style="list-style-type: none"> That the Committee had discussed and considered the risk relating to delays in recruitment of Primary Care workforce and the anticipated underspend of funding allocated to Barnsley CCG from NHSE for 2020/21. 		
PCCC 20/01/14	<p>DATE & TIME OF NEXT MEETING</p> <p>Thursday, 25 March 2021 at 2:30 – 3:30pm via MS Teams.</p>		

PCCC 21/03/06

MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

25 MARCH 2021

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **28 January 2021**

Minute ref	Issue	Action	Action/Outcome
PCCC 20/01/10	<u>PCCC Terms of Reference</u> The Committee delegated authority to the Head of Governance & Assurance and the Head of Primary Care to make the necessary amendments to the PCCC ToR and for the Head of Governance & Assurance to present the draft ToR to the Governing Body meeting on 11 March for final sign off.	RW/JF	Complete
PCCC 20/01/10	<u>Workforce Risk Review</u> The Lay Member for Governance requested that BHF provide the Committee with an initial update on the actual number of staff recruited into posts via the ARRS as detailed in the recruitment plan for 2020/21, followed by a regular workforce recruitment update report going forward.	JF/JB	<u>March Update - JF</u> There are 53 additional staff recruited and in post via the ARRs scheme in the PCN. FEB 2021 – 7 Social Prescribing Link Workers, 6 Physician Associates, 4 Clinical Pharmacists, 11 Health and Wellbeing Coaches, 23 Care Coordinators, 2 Pharmacy Technicians. The plan submitted to NHSE was for 79 staff this year.

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.

Minute ref	Issue	Action	Action/Outcome
PCCC 20/07/07	<u>GP Patient Survey 2020</u> A thorough analysis of all the results would be carried out and a full report including an action plan would be presented at a future meeting of the Committee.	JF	<u>26.11.20 Update</u> Analysis reported at November meeting. A full analysis to be presented at a future meeting once the Primary Care Team had an opportunity to engage with practices in more detail post Covid.

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>									
		<input type="checkbox"/>	<i>Assurance</i>									
		<input type="checkbox"/>	<i>Information</i>									
	<input checked="" type="checkbox"/>											
2.	PURPOSE											
	<p>This report provides an update of the financial position and details of funding allocations for delegated Primary Care Co Commissioning budgets as at 31st January 2021 (Month 10).</p>											
3.	REPORT OF											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 35%;"></th> <th style="width: 35%;">Name</th> <th style="width: 30%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive / Clinical Lead</td> <td>Roxanna Naylor</td> <td>Chief Finance Officer</td> </tr> <tr> <td>Author</td> <td>Ruth Simms</td> <td>Finance Manager</td> </tr> </tbody> </table>				Name	Designation	Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer	Author	Ruth Simms	Finance Manager
	Name	Designation										
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer										
Author	Ruth Simms	Finance Manager										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 15%;">Date</th> <th style="width: 40%;">Outcome</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Group / Committee	Date	Outcome						
Group / Committee	Date	Outcome										
5.	EXECUTIVE SUMMARY											
5.1	<p><u>Forecast Position 2020/21</u></p> <p>The forecast position as at Month 10 is (£873k) underspend, Appendix A sets out the movements from budget, with the largest variance of (£439k) relating to an underspend against the Additional Roles Reimbursement funding. This position is expected to underspend further with the likelihood that none of the funding held nationally for additional roles will be accessed (£797k in total). Meetings have been arranged with the PCN to ensure funding is maximised during 2021/22.</p>											

	<p>No other allocations have been received relating to Primary Care Co-commissioning budgets.</p> <p>Updates on the financial position are reported on a monthly basis through the Integrated Performance Report which is a standing agenda item at the Finance and Performance Committee and Governing Body.</p>
6.	THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none">• Note the contents of the report
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ul style="list-style-type: none">• Appendix A – Finance Monitoring Statement for 2020/21

Agenda time allocation for report:	10 minutes.
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PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<i>place ✓ beside all that apply</i>):			
	1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
	2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
	3.1 Cancer		8.1 Maternity	
	4.1 Mental Health		9.1 Digital and Technology	
	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:			N/A
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.2	Duties as to reducing inequalities (s14T)	See 3.5
	Duty to promote the NHS Constitution (s14P)	✓	Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.3	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.4	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.4	Public involvement and consultation (s14Z2)	See 3.6
2A.	Links to delegated primary care commissioning functions			
	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	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			N/A

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

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NHS BARNSELY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 10

FOR THE PERIOD ENDING 31st January 2021

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			Forecast Outturn Variance Explanation
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	
ENHANCED SERVICES	486,270		486,270	444,780	(41,490)	-8.53%	Underspend over a number of areas - Specialist Allocation Scheme - FOT (£24k) under for 20/21 actuals lower than expected. Minor Surgery - FOT (£19k) under for 20/21 actuals lower than expected. Learning Disability - FOT £2k over for 20/21 actuals higher than expected.
GENERAL PRACTICE - APMS	1,271,527		1,271,527	1,238,330	(33,197)	-2.61%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (January 2021). List sizes are adjusted quarterly and payments are updated in line with this, there is a percentage increase in list sizes included in the position to take into consideration any movements. Underspend on APMS contracts (£33k), underspend of (£92k) on PMS Contracts and an underspend of (£104k) on GMS contracts. Both Budgets and Forecast for 2020/21 includes the impact of the GMS/PMS review.
GENERAL PRACTICE - GMS	12,429,191		12,429,191	12,325,217	(103,974)	-0.84%	
GENERAL PRACTICE - PMS	12,884,516		12,884,516	12,792,388	(92,128)	-0.72%	
OTHER GP SERVICES	1,502,597		1,502,597	1,357,974	(144,623)	-9.62%	Underspend over a number of areas - Prescribing & Dispensing - underspend of (£38k) due to actuals lower than expected. Interpreting Services - underspend of (£23k) due to actuals lower than expected. Telephone Costs - underspend of (£103k) due to actuals lower than expected. Other minor movements of £19k.
OTHER PREMISES	29,960		29,960	8,438	(21,522)	-71.84%	Actuals lower than expected
PREMISES COST REIMBURSEMENT	5,591,263		5,591,263	5,776,950	185,687	3.32%	Overspend on LIFT building rent of £205k due to CHP management fee. Underspend on both water rates and non domestic rates of (£13k) due to actuals lower than expected. Underspend on Clinical Waste of (£6k) due to actuals lower than expected.
QOF	3,786,726		3,786,726	3,612,694	(174,032)	-4.60%	Underspend of (£160k) on QOF aspiration as actuals lower than expected and underspend on QOF achievement of (£14k) forecast based on prior year achievement.
Primary Care Network DES	1,424,078		1,424,078	1,415,602	(8,476)	-0.60%	Minor movement
Additional Roles Reimbursement Scheme	1,979,954		1,979,954	1,540,954	(439,000)	-22.17%	Underspend due to a delay in recruitment
TOTAL PRIMARY MEDICAL SERVICES	41,386,082	-	41,386,082	40,513,327	(872,755)	-118.20%	

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

CQC REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>								
2.	PURPOSE											
	<p>The purpose of the 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.</p>											
3.	REPORT OF											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th></th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Designation</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td style="text-align: left;">Authors</td> <td>Terry Hague Julie Frampton</td> <td>Primary Care Transformation Manager Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care
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Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care										
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Group / Committee	Date	Outcome										
Quality and Patient Safety Committee	18/01/2021	Noted										
5.	EXECUTIVE SUMMARY											
	<p><u>CQC Inspections and Emergency Support Framework</u></p> <p>The CQC's Chief Inspector of Primary Medical Services and Integrated Care has written to the Accountable Officer and Primary Care Leads within the CCG to set out their continuing approach to regulation of primary medical services and provide assurance that their core purpose of providing the public with assurance that health and care services are safe integral to their regulatory role has not changed.</p> <p>Current inspection activity is being limited to where there may be a serious risk of harm or where it supports the system's response to the pandemic.</p>											

	<p>The CQC continue to monitor and review information from all available sources. This message has also been shared with Practices through sharing the attached link to further information: Update on CQC's regulatory approach Care Quality Commission</p> <p>The CQC have contacted the following practices in line with their Transitional Regulatory Approach:</p> <ul style="list-style-type: none"> • Hollygreen Practice and Lakeside Surgery • Dearne Valley Group Practice • Monk Bretton Health Centre <p>The discussions were positive and led to no further monitoring activity being required at this stage.</p> <p>There was no further activity planned. However, the remainder of Barnsley practices who have not been contacted since the instigation of the Transitional Regulatory Approach are currently deemed to be low priority due to their score within the CQC monitoring dashboard.</p>
6.	THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Note the CQC's implementation of the Transitional Regulatory Approach and the assessments completed.
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	N/A

Agenda time allocation for report:	10 mins
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PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<i>place ✓ beside all that apply</i>):			
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	5.1 Integrated Care @ System		10.1 Compliance with statutory duties	
	5.2 Integrated Care @ Place			
	The report also provides assurance against the following red or amber risks on the Corporate Risk Register:		Provide ref(s) or state N/A	
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
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	Planning the Commissioning of Primary Medical Services in Barnsley		Co-ordinating a common approach to the commissioning of primary care services	
	Manage the delegated allocation for commissioning of primary medical care services in Barnsley			
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

3.2	Management of Conflicts of Interest (s14O)	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	Y
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.3	Discharging functions effectively, efficiently, & economically (s14Q)	
	Have any financial implications been considered & discussed with the Finance Team?	Y
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.4	Improving quality (s14R, s14S)	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.5	Reducing inequalities (s14T)	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.6	Public Involvement & Consultation (s14Z2)	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.7	Data Protection and Data Security	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	NA
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3.8	Procurement considerations	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	NA
	Has a Single Tender Waiver form been completed if appropriate?	NA
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
3.9	Human Resources	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	NA
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3.10	Environmental Sustainability <table> <tr> <td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td>NA</td></tr> <tr> <td colspan="2"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
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<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">Decision</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Approval</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Assurance</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;">Information</td> <td style="border: 1px solid black; width: 20px; text-align: center;"><input type="checkbox"/></td> </tr> </table>	Decision	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>	
Decision	<input type="checkbox"/>	Approval	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>			
2.	PURPOSE									
	The purpose of the report is to provide members with an update on the current contractual issues in relation to our primary care contracts.									
3.	REPORT OF									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Authors</td> <td>Terry Hague Julie Frampton</td> <td>Primary Care Transformation Manager Head of Primary Care</td> </tr> </table>		Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager Head of Primary Care
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Group / Committee	Date	Outcome								
N/A										
5.	EXECUTIVE SUMMARY									
	<p>1. <u>In Year Contract Variation</u></p> <p><u>Hoyland Medical Practice</u></p> <p>Barnsley CCG has received an application to remove Drs Baruah and Mahmood from the Hoyland Medical Practice contract due to resignation on 31 July 2020 and 17 October 2019 respectively. Unfortunately, the Practice did not inform the CCG or NHS England at the time of the resignations to enable a timelier update to the Primary Care Commissioning Committee.</p> <p>The practice is a GMS practice with 12,281 patients and currently has 5 contract holders. The practice advises that they are recruiting salaried GP to replace lost sessions.</p>									

	<p>NHSE have conducted all necessary due diligence checks.</p> <p>This addition does not require an amendment to the contract due to it being a GMS contract, so this item is note for information only.</p>
	<p>2. <u>Extended Access and Out of Hours Contract Extensions – Barnsley Healthcare Federation</u></p> <p>Barnsley Healthcare Federation have been contracted to provide Extended Access services to Barnsley patients since 01/03/2017, providing access to pre-bookable and same day appointments for general medical services in the evenings (between 6:30pm and 10:30pm) and on Saturdays and Sundays (between 10:00am and 14:00pm). Barnsley Healthcare Federation (BHF) have also been contracted to provide primary care Out of Hours (OOH) services to Barnsley patients since 22/07/2017, providing comprehensive, urgent, primary care service for BCCG's relevant population during out-of-hours. Both contracts are due to end 31/03/2021.</p> <p>NHS England planned changes for extended access services to introduce a new standardised service specification which will be an integral part of the Network Contract DES. In January 2021 they advised a delay to this work. It is not anticipated that the introduction will take place before April 2022. This also impacts the out of hours service due to the need for a review to ensure there is no overlap in provision.</p> <p>As ceasing the contracts would greatly impact patient access and put a considerable burden back into GP practices, it is recommended that the current Extended Access and Out of Hours contracts be extended for 12 months from 1/4/21 to 31/3/22 to prevent loss of access to medical services.</p> <p>Single Tender waivers have been completed for the contracts and approved by virtual agreement by the committee. The committee is asked to ratify approval of the extension to contracts.</p>
	<p>3. <u>GP Practice Premises Sale and Return</u></p> <p>Dr Mellor & Partners, Garland House Surgery - Garland House/ Woodgrove Surgery</p> <p>Barnsley CCG has received an application from Dr Mellor & partners for the Sale and Leaseback of</p> <ol style="list-style-type: none"> Garland House Surgery, 1 Church Street, Darfield, Barnsley, S73 9JX Woodgrove Surgery, 2 Doncaster Road, Wath-on-Deerne, Rotherham, S63 7AL <p>The practice have provided a copy of the drafted lease agreement and their application confirmed the following points pertinent in consideration of approval of the application:</p> <ul style="list-style-type: none"> The lease rent payable is comparable to current notional rent and reflects 95% of the Current Market rent. The practice will continue to be responsible for internal and external maintenance. There is no additional rent or payments as part of this application. The proposed landlord is Assura, a specialist investor and partner to GP practices.

	<ul style="list-style-type: none"> • The tenant is to remain a Qualifying Practice (general medical practice) and is designed to support the continuation of the premises for GMS services over the long term, with the Partners committed to providing continuity of service as per the terms of our GMS contract. • A 25 year lease term is proposed for both premises with consideration of a rationale and the importance of approving this lease term in order to protect value and the longevity of the practice, enhance recruitment prospects and benefit from greater opportunity and support with building improvements over the medium to long term. • The lease contains a rent reimbursement cessation clause which provides for the lease to cease within 12 months following written notice by the tenant to the landlord to advise that NHS funding has ceased; the tenant is unable to find alternative funding and the tenant has made best endeavours to locate an assignee for the lease. • The practice advises that they have undertaken numerous improvements and upgrades over the years, having extended and improved the main site at Garland House in particular. Minimum standards as outlined in Schedule 1 of the Premises Cost Directions are met. The practice have confirmed that further improvements are unnecessary at the present time with both sites are not only fit for purpose, but vital for the provision of GMS services in the locality and therefore commensurate with the length of lease proposed. <p>The process for a contractor applying for a sale and leaseback of their GP premises requires PCCC approval. The Primary Care Team have worked with NHSE and PCC to ensure the CCG had complied with the guidance and rules. It is recommended that the committee approve the application given the assurance provided and the inclusion of the break clause in the lease if this were to be necessary to comply with future estates strategies.</p>
	<p>4. <u>GP Survey Feedback Analysis</u></p> <p>The results of the GP patient survey published in August 2020 has been analysed. The report, attached at appendix A, includes the outcome, and aims to:</p> <ul style="list-style-type: none"> • Provide assurance that the Barnsley CCG practices are on a par with both national and South Yorkshire and Bassetlaw practices in the feedback received regarding delivery of services. • Provide assurance that the Primary Care Team review intelligence regarding GP practices and action appropriately. • Identify any trends and themes in the GP Patient Survey. • Provide assurance that there are effective systems and mechanisms to ensure that lessons are learned and shared within the CCG. <p>The results show that of the 13 questions identified for analysis:</p> <ul style="list-style-type: none"> ○ In 9 of the questions, the Barnsley CCG average feedback result was within 5% when compared with the national result.

- When compared to the South Yorkshire and Bassetlaw (SYB) CCG average, there are only 2 questions where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average

It is difficult to ascertain from the data if, for the 25% of patients who noted that they were dissatisfied with appointment times and the 9% who were not satisfied with an appointment offered; if this was due to the fact that they were unable to book ahead and wanted an appointment a week or more later, or with the GP or healthcare professional of their choice; or did not take any action when they did not take the appointment offered possibly because they were not very concerned about their health at the time of calling.

It is possible that the 25% of patients, whose overall experience of making an appointment was noted to be poor, are the same group who also responded to advise that it was not at all easy to get through to someone on the phone. Notably, 39% of patients were not aware of what services GP practices offer online, 74% had not used any online services and 63% hadn't tried to use the practice website.

Improvement in access through initiatives to support practices, including development of online services, and within contractual requirements aim to assist with this.

Analysis of the GP survey at an individual practice level is completed annually and reported within the Quality dashboard. The approach adopted is to measure each of the results of the focus questions against the 'national' result, then determine by how many questions the GP practice is above this benchmark. The result is included in the Quality Dashboard.

This revealed that, of the 13 focus questions:

- 15 Barnsley CCG practices have a result which is more than the national average for more than 6 questions
- 18 practices have scored less than the national average for more than 6 questions

Further analysis has also been undertaken in respect of the individual percentage result for each practice. However, due to covid restrictions, investigation of GP practices at an individual practice level to discuss results, achievement and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance.

The GP Survey results provide additional holistic data to complement the Quality dashboard completed on a quarterly basis which includes key performance indicators in respect of patient safety, quality and clinical effectiveness, governance and patient experience, workforce, and transformation activities. The outcome is reviewed at the Quality Improvement Group and escalated to the Quality and Patient Safety Committee as appropriate.

The Primary Care Commissioning Committee are asked to note the work completed.

5. E-Declaration Update

General Practices are required to complete an electronic Annual Practice Declaration (eDEC) which forms an integral part of the NHS England Policy and Guidance Manual book of Primary Medical Services. Submissions are made in December each year.

This year there was an extended period for submitting the eDEC which was also lengthened on two separate occasions. A number of contacts with practices from the Primary Care Team and NHS Digital still resulted in 5 practices not submitting their declaration. Liaison with NHS digital has resulted in the portal re-opening for 1 week to enable submission.

As at 17 March, 29 practices within Barnsley have submitted their responses as required which includes information regarding practice staff, premises, and equipment, opening hours, practice services, practice procedures, governance, catchment area, CQC and general practice IT.

NHS Digital and the Primary Care team are liaising with the 3 practices who have not yet submitted their declaration. The portal for submissions is due to close on Wednesday 24th March 2021.

Analysis of responses will be undertaken following release of the results.

6. Primary Medical Care Policy and Guidance Manual Update

The Policy and Guidance Manual (PGM) was first published as 'the Policy Book' in January 2016 to support local commissioners to effectively commission and contract manage primary medical care providers, recognising the advance of co-commissioning policy and full CCG delegation.

A commitment was made to review and refresh the PGM periodically to ensure it remained fit for purpose and reflected the latest legislation and national direction. A third refresh was ready for publication in April 2020 but held back due to the pandemic. In February 2021 a refresh published carries forward the planned changes from April and is aligned with the latest GP contractual changes (1 October 2020), current NHS England and NHS Improvement policies, and feedback from local commissioners on the PGM on areas identified as requiring further guidance. It also includes advice to assist commissioners in their contractual management responsibilities for general practice during the pandemic.

The main changes within this refresh are summarised below:

- a) Acknowledgement of the pandemic context and provision of high level principles of how commissioners will apply contractual management responsibilities to support recovery and maintenance of GP services during the pandemic.

As the update is being made in a pandemic, there is recognition of the challenges this presents, and that flexibility may be required in how commissioners exercise their commissioning and contractual management responsibilities.

Statutory duties remain and commissioners have a critical role to play in supporting both the recovery and maintenance of primary medical services and may also be faced with further outbreaks. Commissioners' responsibilities for quality and safety also remain.

In this context commissioners should ensure that their contractual management responsibilities are aligned with the following principles:

- Recovery progress in response to the resumption of contractual responsibilities will be clinically led. Commissioners will support through a range of local mechanisms, including partnership working with Local Medical Committees and Primary Care Network Leaders.
- The scope and/or pace of recovery will not be uniform across GP practices. Commissioners will recognise the context in each practice will be different including the starting point prior to the pandemic, the impact of how the pandemic presented; and practice decisions on workload prioritisation in response.
- There is no single test or set of rules that can be applied in coming to a judgement about whether a practices' capacity to address contractual actions identified before the pandemic and/or its recovery progress will or have resulted in contractual compliance. Again, commissioners will need to consider the individual practice context and will recognise getting the best from relationships is achieved through a focus on problem solving.
- Support for GP practices should always come before the use of contractual sanctions, unless there are serious breaches or safety concerns, including pre Covid action plans
- Commissioners will continue to work collaboratively with CQC as required concerning any services identified as high risk (see Part A, Chapter 5 (Working Together – Commissioning and Regulating
- Local systems for identifying variation in quality and safety will be maintained/in place and will continue to be guided by Assurance Framework Contract Review (see Part B, Chapter 2).

Part A: Excellent commissioning and partnership working

- b) A link to a suite of e-learning modules we have developed with Health Education England to complement the PGM in key areas identified with commissioners as requiring further support. Modules include approval of practice boundary changes; GP contractor changes for incorporation and novation; unplanned and unavoidable practice closedown (handling threats to the continuity of GP services); and developing a primary medical care service procurement strategy.
- c) An update on the outcome of the CCGs mergers programme, reflecting the current status of CCGs, including CCGs with delegated authority to note that since 1 April 2020, as a result of the CCG mergers programme, the number of CCGs has reduced to 135 with 98% of those with delegated authority.

Part B: General Contract Management

The *Contracts Described* chapter has been updated to:

- d) Highlight the role of the commissioner in maintaining PCN membership in facilitating discussion between the incoming contractor and the PCN, and

expectation of membership to ensure patients continue to receive uninterrupted network services; or facilitating discussions with the LMC where either the provider is not willing to join the PCN or the PCN is not prepared to accept the provider as a member, to take all reasonable steps to reach agreement for inclusion or allocate the practice to a PCN if the LMC agrees this is the correct course of action.

- e) Highlight the role of the commissioner to ensure that following any contract award or contract merger, GP performers are informed of their obligation to notify the Primary Care Support Services (PCSS) provider (currently Primary Care Support England (PCSE)) using the relevant online portal or forms issued by 'the Board' within 28 days.

Additionally, and more generally, GP performers and indeed performers in all contractor groups are required to notify the PCSS provider of any changes relevant to their entry on the national performers list.

- f) The *Managing Patients List* chapter has been updated to reflect safeguarding concerns where a child or a vulnerable adult is at risk of being removed from the patients' list

GP practices have the clinical expedient prerogative to retain children (under 18 years old) under the paramountcy of the child within The Children's Act 2014, until such time that they understand how the children might be cared for by another NHS or private GP, especially if vaccines or screening are still indicated.

It should also be noted that: Children and Young People on a protection order or protection plan, adults with LD or those with formal carer should not be de-registered on the grounds of behaviour including non-attendance to ensure that children of parents or carers, who have been removed from the list for any reason, must not be left without access to primary care service.

Additionally, where parents or carers have been removed from the list due to aggressive and or violent behaviour a risk assessment should be completed to identify any risk to their children and the appropriate safeguarding referrals made.

- g) The *Temporary Suspension to Patient Registration* chapter has been updated to explain circumstances in which an 'informal' or 'temporary' list closure is not appropriate. Examples given include:

- *When the practice considers its list is full (a formal application should be made)*
- *For long term sickness absence (a formal application should be made)*
- *For issues expected to be longer term (e.g. over 3 months)*
- *Because a formal closure application has been declined*

- h) The *Special Allocation Scheme* chapter has been updated to clarify the role of the CCG in ensuring that violent patients on the scheme continue to receive healthcare including that SAS patients should not ordinarily be removed from a SAS for non-attendance.

	<p>i) Additional sub chapter has been added to the <i>Contract Variation</i> chapter to strengthen the process for managing Incorporation requests that can establish existing GP partnerships as limited companies. Due to the potential to establish strategically important at scale providers a toolkit is signposted to provide more rigorous assurance of proposals</p> <p>j) The <i>Practice Closedown (Planned/Scheduled)</i> chapter has been strengthened to set out the commissioner responsibilities when allocating a practice to a PCN to ensure continuous services to registered patients in a case where new services are procured.</p> <p>k) The chapter on NHS England Procurement Support Contract has been amended to signpost to the APMS Purchasing System, which supports a more streamlined approach to procuring GP services, including caretaker services</p> <p>l) The <i>Premises Running Costs and Service Charges</i> chapter has been updated to ensure that the eligibility criteria and the Finance Model Template are still relevant. Sub chapters on NHS Resolution guidance note on premises costs disputes and PCN Workforce and Estates Guidance have also been added.</p> <p>m) A new chapter on sub-contracting of clinical services has been added setting out an assurance framework for potentially novel or contentious sub-contracting proposals by GP contractors. While this is a new addition to the PGM, it is a guidance that has previously been circulated to commissioners. Advice on sub-contracting services to Trusts is also included.</p> <p>Part C: When things go wrong</p> <p>n) The chapter on <i>Death of a Contractor</i> (excluding single handers – see adverse events) has been separated into two chapters, now chapters 3 and 5. It was a drafting error in the current version of the PGM which has now been rectified.</p> <p>o) The <i>Adverse Event</i> chapter was previously part of chapter 3.</p> <p>NHS England recognises the scale and pace of change in Primary Medical Care commissioning, service delivery and redesign and notes their commitment to reviewing the policy and guidance regularly, to ensure it supports the commitments set out in the General Practice Forward View, next steps on the Five Year Forward View and with changes in legislation and regulation.</p> <p>The Committee is asked to note the update to the Primary Medical Care Policy and Guidance Manual.</p>
6.	THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:
	<ol style="list-style-type: none"> 1. Note the resignation of Drs Baruah and Mahmood from Hoyland Medical Centre from 31 July 2020 and 17 October 2019 respectively. 2. Ratify the 12 month extensions to the Barnsley Healthcare Federation Extended Access and Out of Hours contracts from 1/4/21 to 31/3/2022.

	<p>3. Consider for approval the Sale and Lease back application from Dr Mellor & Partners, Garland House Surgery for the leases for Garland House Surgery and Woodgrove Surgery.</p> <p>4. Note the GP survey analysis completed.</p> <p>5. Note the update regarding practice completion of their eDec submission.</p> <p>6. Note the summary provided of the update of the Primary Medical Care Policy and Guidance Manual.</p>
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	Appendix 1 - GP Practice Survey – Analysis Report 2020

Agenda time allocation for report:	15 mins
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PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<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:		Provide ref(s) or state N/A	
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
2A.	Links to delegated primary care commissioning functions			
	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	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA

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

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

GP Practice Survey

Analysis Report 2020

Introduction

The GP patient survey is an independent annual survey run by Ipsos MORI on behalf of NHS England.

The CCG believes that patient experience feedback plays a vital role in ensuring that the quality of services that it provides and commissions for the people of Barnsley continues to improve.

The Primary Medical Care Policy and Guidance Manual requires that a routine annual review of every primary medical care contract is conducted. This encompasses the annual GP Practice Self Declaration (eDec) and also consideration of other intelligence, such as the GP Patient Survey. The locally developed Quality Concerns Trigger Tool incorporates data regarding key performance indicators covering areas such as patient safety, quality and clinical effectiveness, governance and patient experience, workforce and transformation. The results are collated into a Quality dashboard. Therefore the GP patient survey is one element of a suite of quality indicators reviewed regularly to consider patient experience and also general practice performance both on a CCG and individual practice level.

Reports containing the quality dashboard and indicators are discussed at the CCG's Quality and Patient Safety Committee, a sub-committee of the Governing Body, and the Quality Improvement Group, a sub-committee of the Quality and Patient Safety Committee. The Quality Dashboard for each practice is also shared on an individual basis with each practice.

Analysis of the GP Patient Survey Results

The annual GP Survey is separated into sections covering Your Local GP Services, Making an Appointment, Your Last Appointment, Overall Experience, Your Health, When Your GP Practice is Closed, NHS Dentistry and Some Questions about You.

The questions included were reviewed by the Quality Improvement Group in 2019 to determine the methodology for analysing the results and how these should be depicted within the quality dashboard to ensure an appropriate measure of the patient experience of each practice.

It was agreed to focus on a suite of 13 questions which should provide a meaningful impression of patient experience. There were other questions included in the survey which were deemed to be subjective and would not be appropriate to use as a benchmark on the quality of services delivered within the practice, for example asking if there is a particular GP they usually prefer to see/speak to; or asking when the last time the patient tried to make a GP appointment was. Although responses to all questions have been reviewed and, where appropriate, taken into account within this analysis to understand the fuller picture in consideration of potential issues. Of note, the 13 questions identified by Barnsley CCG's Quality Improvement Group mirror the focus questions selected nationally to be included in the PowerPoint presentation produced to provide information regarding each CCG's survey results (available to view [here](#)).

This report analyses Barnsley CCG's calculated average feedback result, based on the results of all Barnsley practices open at the time of the survey, for the 13 focus questions in comparison to the national and South Yorkshire and Bassetlaw averages. A further deep dive was completed to incorporate other questions asked where these may give further understanding of the responses given, in addition to intelligence from other

sources for example regarding appointment availability and practice online systems. Individual practice feedback in relation to the 13 focus questions is also considered: and any necessary actions arising.

GP Patient Survey responses

11,032 Barnsley patients were invited to complete the GP patient survey. 3,619 responses were received. It is noted that not all questions were complete or applicable to each patient. Results are calculated as a % for each response option.

The table included at Appendix A provides the analysis for the 13 focus questions, the Barnsley CCG result compared both to national and the South Yorkshire and Bassetlaw averages.

Section	Question	National explanation re summary results	National Average	SYB average	Barnsley average
Your Local GP Services	Ease of getting through to someone at GP practice on the phone	Summary result - Easy (Combined 'very easy' and 'fairly easy' responses, to be used with base excluding 'haven't tried')	65%	60%	52%
	Helpfulness of receptionists at GP practice	Summary result - Helpful (Combined 'very helpful' and 'fairly helpful' responses, to be used with base excluding 'don't know')	89%	88%	87%
	Ease of using your GP practice's website to look for information or access services	Summary result - Easy (Combined 'very easy' and 'fairly easy', to be used with base excluding 'haven't tried')	76%	75%	74%
	Satisfaction with general practice appointment times	Summary result - Satisfied (Combined 'very satisfied' and 'fairly satisfied', to be used with base excluding 'I'm not sure when I can get an appointment')	63%	61%	56%
Making An Appointment	Satisfaction with type of appointment offered	Summary result - Accepted appointment (Combined 'yes, and I accepted an appointment' and 'no, but I still took an appointment' responses)	100%	93%	91%
	Overall experience of making an appointment	Summary result - Good (Combined 'very good' and 'fairly good' responses, to be used with base for summary result)	65%	62%	56%
Your Last Appointment	Last time you had a general practice appointment, how good was the	Summary result - Good (Combined 'very good' and 'good' responses, to be used with base excluding	86%	86%	84%

Your Last Appointment	healthcare professional at: Giving you enough time	'doesn't apply')			
	Last time you had a general practice appointment, how good was the healthcare professional at: Listening to you	Summary result - Good (Combined 'very good' and 'good' responses, to be used with base excluding 'doesn't apply')	88%	88%	86%
	Last time you had a general practice appointment, how good was the healthcare professional at: Treating you with care and concern	Summary result - Good (Combined 'very good' and 'good' responses, to be used with base excluding 'doesn't apply')	87%	87%	84%
	During last general practice appointment, involved as much as they wanted to be in decisions about care and treatment	Summary result - Yes (Combined 'yes, definitely' and 'yes, to some extent' responses, to be used with base excluding 'don't know / doesn't apply')	93%	92%	91%
	During last general practice appointment, had confidence and trust in healthcare professional	Summary result - Yes (Combined 'yes, definitely' and 'yes, to some extent' responses, to be used with base excluding 'don't know / can't say')	95%	95%	93%
	Needs met at last general practice appointment	Summary result - Yes (Combined 'yes, definitely' and 'yes, to some extent' responses, to be used with base excluding 'don't know / can't say')	94%	94%	92%
Overall Experience	Overall experience of GP practice	Summary result - Good (Combined 'very good' and 'fairly good' responses, to be used with base for summary result)	82%	80%	77%

Questions where there is more than 5% difference in result compared to national

Of the 13 questions identified for analysis:

- In 9 of the questions, the Barnsley CCG average feedback result was within 5% when compared with the national result.
- When compared to the South Yorkshire and Bassetlaw (SYB) CCG average, there are only 2 questions where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average (questions 1 and 4 as listed below).

This analysis now focuses on the 4 of the 13 questions where the responses gave a result in achievement which was over 5% lower than the national average.

Your Local GP Services

1. Ease of getting through to someone at GP practice on the phone

52% found it easy to get through to someone on the phone, 26% stated it was not very easy and 22% stated not at all easy (compared to 13% nationally, 21% in Bassetlaw, 20% in Doncaster, 13% in Rotherham and 14% in Sheffield). Of note, the SYB average difference for this result also 8%

2. Satisfaction with general practice appointment times

56% were satisfied, 20% neither satisfied or dissatisfied, 11% were fairly dissatisfied and 14% were very dissatisfied (compared to 8% nationally). All responses were on a par with national and SYB averages.

To note, the precursor to the question above was to ask if patients were aware what general practice appointment times are available to them. 30% of respondents did not know what appointments were available to them. 64% responded correctly that appointments were available weekdays between 8 am and 6.30 pm. All responses were on a par with national and SYB averages.

Making an Appointment

3. Satisfaction with type of appointment offered

67% were satisfied with the appointment offered and 91% accepted the appointment offered, 24% were not satisfied with the appointment offered but still took the appointment. 9% were not satisfied and did not take the appointment.

4. Overall experience of making an appointment

- 56% stated that the experience of making an appointment was very or fairly good (compared to 65% nationally and an average of 62% across SYB) of note, the SYB average was also 6% less than the national average.
- 18% stated neither good nor poor (compared to 18% nationally)
- 15% stated fairly poor (compared to 11% nationally)
- 11% stated very poor (compared to 6% nationally).

Responses to other survey questions

A further deep dive has been completed in respect of these questions to consider the responses given to other questions included in the survey where the information provided may have a bearing and impact on the reason for the responses to the 4 questions highlighted above.

Appointment Preference

The responses to the following questions provide further information regarding the patient's appointment preference, reasons for this, and other healthcare and access or self-care options considered.

- When asked when they would have liked the appointment to be:
 - 45% stated they would have liked the appointment to be on the same day (compared to 41% nationally)
 - 13% stated they would have liked the appointment to be on the next day
 - 20% stated they would have liked the appointment to be a few days later
 - 3% stated they would have liked the appointment to be a week or more later
 - 15% stated that they didn't have a specific day in mind
 - 3% couldn't remember what their preference was for the appointment

All responses were on a par with those given nationally and across SYB.
- When asked how long after trying to book did the appointment took place:
 - **34% stated on the same day (compared to 32% nationally)**
 - **8% stated on the next day (compared to 10% nationally)**
 - **22% states a few days later (compared to 25% nationally)**
 - **30% stated a week or more later (compared to 36% nationally)**
 - 6% stated that they couldn't remember
- When asked how concerned they were about their health at the time of making the appointment:
 - 22% were very concerned
 - 49% were fairly concerned
 - **20% were not very concerned**
 - **9% were not at all concerned**
- The respondents were asked if they had tried other options before trying to get an appointment with the GP practice:
 - **36% did not try to get information or advice (compared to 34% nationally)**
 - 32% looked for information on line
 - 15% spoke to a pharmacist
 - 30% tried to treat themselves
 - 7% called an NHS helpline, such as NHS 111
 - 4% contacted another NHS service
 - 23% asked for advice from a friend or family member
 - 7% tried to get information or advise elsewhere from a non NHS service
- 55% were offered a choice of appointments (compared to 58% across SYB). The choice included a choice of place (17%, a choice of time of day (43%) and a choice of healthcare professional (8%).
- When asked if they did not take an appointment, what that was:
 - 46% stated that there wasn't an appointment available for the time or day that I wanted
 - **32% stated that they were unable to book ahead**
 - 25% stated that the appointment wasn't soon enough (compared to 25% nationally and 19% in Bassetlaw, 15% in Doncaster, 25% in Rotherham and 21% in Sheffield)
 - 21% stated that there weren't any appointments at the place I wanted
 - 11% stated that the type of appointment they wanted was not available
 - 9% stated that there wasn't an appointment with the healthcare professional they wanted

- 8% stated that they couldn't see their preferred GP
- 5% stated that the appointment was too far away/ difficult to get to
- 15% states there was 'another reason' for not taking the appointment
- 1% stated that the appointment was at too short notice
- When asked what they did when they did not take the appointment offered:
 - **35% didn't take any action to see or speak to anyone (compared to 29% nationally)**
 - 20% decided to contact their practice at another time
 - 12% spoke to a friend or family member
 - 11% called an NHS helpline, such as NHS 111
 - 10% went to A&E
 - 10% looked for information online
 - 10% went to or contacted another NHS service
 - 9% spoke to a pharmacist
 - 7% got an appointment on another day

Online Services

- 39% of respondents are not aware of which services the GP practice offers online. Although 46% of the respondents to the survey have stated that they are aware that their GP practice offer online services to book appointments and 42% are aware that repeat prescriptions can be ordered online. All responses were on a par with national and SYB averages.
- 74% of respondents have not used any GP practice online services (compared to 71% nationally and an average of 73% across SYB). Only 16% have booked appointments online and 19% have used the repeat prescription on line service. 3% have accessed their medical record online. All responses were on a par with national and SYB averages.
- When asked the ways in which the respondents had booked an appointment the responses were:
 - 44% in person
 - 75% by telephone
 - 5% by automated telephone booking
 - 3 % by another route (such as NHS 111)
 - 10% stated none of these/ doesn't apply
 All responses were on a par with national and SYB averages.
- 63% of respondents advised that they hadn't tried to use their GP practices website to look for information or access services. Of those that had tried, 74% said it was very easy or fairly easy to use the website, 17% reported it was not very easy and 9% said it was not at all easy.

Unfortunately the data set provided from the national survey results does not enable a correlation for each patient response, so it is not possible to drill down to the 25% of patients who, for example, responded that they were not satisfied with GP appointment times or the 9% who were not satisfied with the appointment type offered. Therefore it is not possible to check if this group of patients also responded to advise that their dissatisfaction was because they were unable to book ahead and wanted an appointment a week or more later, or with the GP or healthcare professional of their

choice; or did not take any action when they did not take the appointment offered possibly because they were not very concerned about their health at the time of calling.

It is possible that the 25% of patients, whose overall experience of making an appointment was noted to be poor, are the same group who also responded to advise that it was not at all easy to get through to someone on the phone. Notably, 39% of patients were not aware of what services GP practices offer online, 74% had not used any online services and 63% hadn't tried to use the practice website.

Improving access for patients is a key priority nationally and for Barnsley CCG as outlined below.

Improving Access for Patients and Contractual Requirements

Improving access for patients and subsequent changes to the GP contract was included in the [NHS Long Term Plan and Investment and Evolution: a five-year framework for GP contract reform](#)). This included a plan for additional appointments through government investment in primary care capacity in primary care capacity to improve patient experience and cut down waiting times, mainly driven by increasing staff numbers, for example through the additional roles' schemes included within the Network Contract Direct Enhances Service specification

- Better data – improved appointment dataset from 2020
- Extended hours
- Joined up urgent care services
- Access improvement programme – established in 2020, work with PCN's to identify best operational management methods proven to improve booking experience, reducing waiting times, and moderating demand growth for A&E. Supported by investment and impact fund in 2021/22.
- Digital first services – practice offering a core digital service offer to patients from April 2021 through national supplier framework and other supported activity, more online services for patients and increase flexibility in how staff work and care for patients.

From April 2019, all practices must offer of a minimum of 25% of all appointments to patients to be able to book an appointment online. This figure of 25% can be made up of GP appointments, all nurse appointments or other practice staff, as well as appointments made available online to NHS 111. The October 2020 GP contract variation included a clause for ensuring that as a minimum one appointment is made available for direct booking per 3000 registered patients. A temporary increase was included during the covid pandemic for practices to make appointments available for direct booking by NHS 111 of a minimum of 500 per registered patients this remains in place to support the NHS response.

Ensuring that appointments are available to book online is just one step in a series to deliver the vision of digital first primary care as set out in the Long Term Plan. Patients can also book and cancel their appointments, order their repeat prescriptions, view their medical records as well as look up their symptoms and register their organ donation preferences using the NHS App or other apps that can connect with the NHS App.

Alternate methods to face to face appointments are equally as efficient and effective and are in line guidance and standard operating procedures outlining that clinicians should determine the most appropriate consultation modality.

- Website Information - The October 2020 contract variation notice includes the requirement to have and maintain an online presence including a practice website and online practice profile which includes all information as required to be included in the practice leaflet.

Patient Online Management

As outlined above, one of the initiatives for improving access is through the digital first programme. The graphs below show the percentage of Barnsley CCG practices set up to offer patients' ability to book/ cancel appointments on line and order repeat prescriptions compared to South Yorkshire and Bassetlaw and England.

Patient online management information (POMI)

Online services by CCG - appointment booking/cancellation

1) Select reporting period (required):

31 January 2021

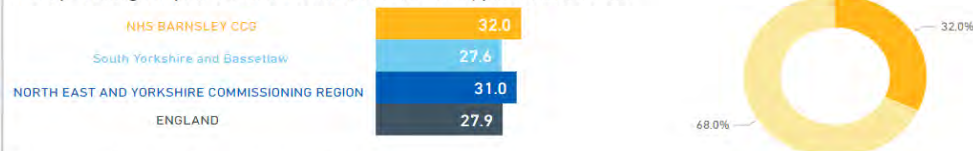
2) Select CCG (required):

NHS BARNSELEY CCG

What percentage of practices offer patients the ability to book/cancel appointments online?



What percentage of patients are enabled to book/cancel appointments online?



Patient online management information (POMI)

Online services by CCG - repeat prescription ordering

1) Select reporting period (required):

31 January 2021

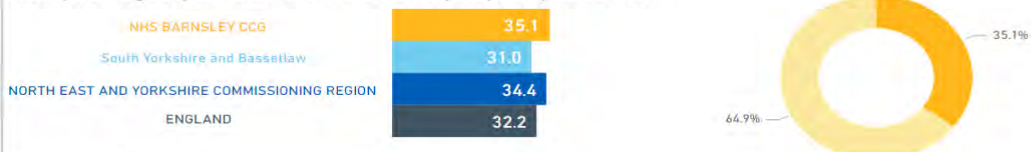
2) Select CCG (required):

NHS BARNSELEY CCG

What percentage of practices offer patients the ability to order repeat prescriptions online?



What percentage of patients are enabled to order repeat prescriptions online?



Barnsley CCG Projects

Barnsley CCG have provided further support to practices through provision of online consultation tools and websites to assist with self-management of care.

○ *Doctor Link*

DoctorLink is the Online Consultation tool procured by 4 CCGs in the South Yorkshire & Bassetlaw system (Barnsley, Bassetlaw, Doncaster and Sheffield) in 2019. The aim is to reduce pressure on GP appointments by asking patients to use an app to triage their symptoms prior to booking an appointment. The triage will direct patients to the appropriate care, which could be either self-care, Pharmacies, or in urgent cases 999, or a GP appointment if appropriate. Online Consultation is an additional access route to care and does not replace any already existing.

The product is a patient facing App, supported by software on the Practice Gateway PC that collects the data entered by each patient that registers to use it. The patient downloads the App and registers. The patient can then use the triage function to check their symptoms. This is available to patients 24/7. Once the triage has been completed, the app will generate an outcome (based on fully indemnified algorithms) directing the patient to the most appropriate care such as: self care, attending a Pharmacy, attending A&E, contacting an Ambulance in an Emergency, but also recommending a patient see a GP if that's the most suitable course of action.

The algorithms that support the triage process are fully indemnified and comply with clinical safety guidelines.

○ *Sound Doctor*

Barnsley CCG also have a contract in place with Sound Doctor which is a website that provides over 300 self-management videos with the aim of improving patients' engagement with their condition and experience of their healthcare. The videos are approximately 3-5 minutes long and cover a range of different health topics such as:

- Diabetes,
- Nationally accredited online diabetes course
- COPD
- Heart Failure
- Dementia
- Back pain
- Keeping well at work (including stress, anxiety, sleep, nutrition and exercise)
- Ageing well at home (including Falls prevention, isolation and loneliness, alcohol problems, nutrition and dehydration and end of life discussions)

The website is free for patients to use. Patients are given access to the website by primary care practice staff. During 2019/20 4,864 visitors viewed 17,849 videos.

Barnsley CCG continues to monitor and support practices with platforms for telephone, video, and online consultations.

GP Appointments delivered

Worthy of note are the number of GP appointments delivered by Barnsley CCG practices during 2019 and 2020 are shown in the table below, including mode of appointment and also DNA's.

GP Appointment Activity 2019/20

Month	TOTAL	DNA*	Appointment Mode				
			Face-to-Face	Home Visit	Telephone	Video/Online	Unknown **
Apr-19	114,326	6,147	102,826	492	9,827	241	940
May-19	114,663	5,687	103,545	353	9,688	219	858
Jun-19	111,936	5,394	98,724	376	9,570	431	2,835
Jul-19	128,107	6,452	112,049	432	11,057	1,298	3,271
Aug-19	110,285	5,191	96,486	337	9,404	1,272	2,786
Sep-19	125,649	5,943	110,132	480	10,358	1,156	3,523
Oct-19	144,656	6,762	126,751	611	11,429	1,311	4,554
Nov-19	126,806	6,458	110,027	535	10,823	1,227	4,194
Dec-19	113,018	5,839	97,630	575	10,305	1,077	3,431
Jan-20	128,995	5,405	111,898	673	11,683	1,494	3,247
Feb-20	114,961	5,443	100,433	513	9,626	1,374	3,015
Mar-20	114,720	4,835	91,451	379	18,883	992	3,015
TOTAL	<u>1,448,122</u>	<u>69,556</u>	<u>1,261,952</u>	<u>5,756</u>	<u>132,653</u>	<u>12,092</u>	<u>35,669</u>

GP Appointment Activity 2020/21

Month	TOTAL	DNA*	Appointment Mode				
			Face-to-Face	Home Visit	Telephone	Video/Online	Unknown **
Apr-20	76,933	1,993	48,994	289	25,297	21	2,332
May-20	76,872	1,889	45,920	363	28,385	10	2,194
Jun-20	97,563	2,601	56,854	337	37,526	5	2,841
Jul-20	106,909	3,070	64,582	255	38,871	7	3,194
Aug-20	96,247	2,869	60,089	167	32,957	12	3,022
Sep-20	121,388	4,426	78,309	168	38,257	19	4,635
Oct-20	128,883	4,770	86,208	201	37,591	23	4,860
Nov-20	113,308	4,168	71,650	196	37,484	36	3,942
Dec-20	108,148	4,229	68,923	204	35,496	10	3,515
TOTAL	<u>926,251</u>	<u>30,015</u>	<u>581,529</u>	<u>2,180</u>	<u>311,864</u>	<u>143</u>	<u>30,535</u>

*The number identified as DNA's have not been extracted from the appointment mode data. Included as this impacts on the practices ability to offer appointments

** The unknown may relate to the coding of appointments (practices currently use many different descriptions. This should lesson when the National Appointment coding is in place.

NOTE - NHS Digital advise that the data provided are experimental statistics , due to variations in practice coverage, and so are in the testing phase as not yet fully developed. Early releases only included data from participating practices using EMIS and TPP GP systems with later releases including data from practices using, for example Vision. Variations in the quality of data contained within a number of fields also contributes to the publication being classed as experimental statistics.

Review of Individual Practice GP Patient Survey results

Analysis of the GP survey at an individual practice level is completed annually and reported within the Quality dashboard. The approach adopted is to measure each of the results of the focus questions against the 'national' result, then determine by how many questions the GP practice is above this benchmark. The result is included in the Quality Dashboard.

This revealed that, of the 13 focus questions:

- **18 Barnsley practices** have scored less than the national average for more than 6 questions
- **15 Barnsley practices** have a result which is more than the national average for more than 6 questions

ODS Code	Above
C85001	0
Y04809	0
Y05364	0
C85008	1
C85010	1
C85014	1
C85023	1
Y00411	1
Y05363	1
C85005	2
C85009	2
C85017	2
C85022	3
C85026	3
C85007	4
C85013	4
C85028	5
C85619	5
C85006	6
C85016	6
C85628	6
Y05248	6
C85004	8
C85018	8
C85020	8
C85030	8
C85614	9
C85003	11
C85033	11
C85024	12
C85622	12
C85019	13
C85623	13

Further analysis was undertaken to consider the actual percentage scores of each the practices. The table below shows the 13 focus questions and number of practices whose result fell within a percentage range. The number of practices within the range of the national and South Yorkshire and Bassetlaw average result are colour coded green.

	National average	SYB average	BCCG average	1 - 20 %	20 - 40 %	41 - 60 %	61 - 70 %	71 - 80 %	81 - 90 %	91 - 100 %	TOTAL
Ease of getting through to someone at GP practice on the phone	65%	60%	52%	2	8	9	3	5	1	5	33
Helpfulness of receptionists at GP practice	89%	88%	87%	0	0	0	0	5	16	12	33
Ease of using your GP practice's website to look for information or access services	76%	75%	74%	0	1	6	3	13	7	3	33
Satisfaction with general practice appointment times	63%	61%	56%	0	5	16	5	3	3	1	33
Satisfaction with type of appointment offered	100%	93%	91%	0	0	0	0	0	13	20	33
Overall experience of making an appointment	65%	62%	56%	0	6	13	8	1	1	4	33
Last time you had a general practice appointment, how good was the healthcare professional at: Giving you enough time	86%	86%	84%	0	0	0	3	8	17	5	33
Last time you had a general practice appointment, how good was the healthcare professional at: Listening to you	88%	88%	86%	0	0	1	0	8	15	9	33
Last time you had a general practice appointment, how good was the healthcare professional at: Treating you with care and concern	87%	87%	84%	0	0	1	0	11	13	8	33
During last general practice appointment, involved as much as they wanted to be in decisions about care and treatment	93%	92%	91%	0	0	0	0	2	13	18	33
During last general practice appointment, had confidence and trust in healthcare professional	95%	95%	93%	0	0	0	0	1	9	23	33
Needs met at last general practice appointment	94%	94%	92%	0	0	0	0	0	16	17	33
Overall experience of GP practice	82%	80%	77%	0	0	3	7	9	10	4	33

However, due to covid restrictions investigation of GP practices at an individual practice level to discuss results, achievement and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance.

Conclusion/ Next steps

The results of the GP patient survey published in August 2020 has been analysed. This report includes the outcome and aims to:

- Provide assurance that the Barnsley CCG practices are on a par with both national and South Yorkshire and Bassetlaw practices in the feedback received regarding delivery of services.
- Provide assurance that the Primary Care Team review intelligence regarding GP practices and action appropriately.
- Identify any trends and themes in the GP Patient Survey.
- Provide assurance that there are effective systems and mechanisms to ensure that lessons are learned and shared within the CCG.

The outcome of the annual GP Survey results provides additional holistic data to complement the Quality dashboard completed on a quarterly basis which includes key performance indicators in respect of patient safety, quality and clinical effectiveness, governance and patient experience, workforce, and transformation activities.

The results show that of the 13 questions identified for analysis:

- In 9 of the questions, the Barnsley CCG average feedback result was within 5% when compared with the national result.
- When compared to the South Yorkshire and Bassetlaw (SYB) CCG average, there are only 2 questions where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average

It is difficult to ascertain from the data if, for the 25% of patients who noted that they were dissatisfied with appointment times and the 9% who were not satisfied with an appointment offered; if this was due to the fact that they were unable to book ahead and wanted an appointment a week or more later, or with the GP or healthcare professional of their choice; or did not take any action when they did not take the appointment offered possibly because they were not very concerned about their health at the time of calling.

It is possible that the 25% of patients, whose overall experience of making an appointment was noted to be poor, are the same group who also responded to advise that it was not at all easy to get through to someone on the phone. Notably, 39% of patients were not aware of what services GP practices offer online, 74% had not used any online services and 63% hadn't tried to use the practice website.

Improvement in access through initiatives to support practices, including development of online services, and within contractual requirements aim to assist with this.

Analysis of the GP survey at an individual practice level is completed annually and reported within the Quality dashboard. The approach adopted is to measure each of the results of the focus questions against the 'national' result, then determine by how many questions the GP practice is above this benchmark. The result is included in the Quality Dashboard.

This revealed that, of the 13 focus questions:

- 15 Barnsley CCG practices have a result which is more than the national average for more than 6 questions

- 18 practices have scored less than the national average for more than 6 questions

Further analysis has also been undertaken in respect of the individual percentage result for each practice. However, due to covid restrictions, investigation of GP practices at an individual level to discuss results, achievement and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance.

DRAFT

PRIMARY CARE COMMISSIONING COMMITTEE
25 March 2021
CLINICAL SYSTEMS BRIDGING AGREEMENT
PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	Decision	<input type="checkbox"/>	Approval									
		<input checked="" type="checkbox"/>	Assurance									
		<input type="checkbox"/>	Information									
2.	PURPOSE											
	<ul style="list-style-type: none"> The purpose of the report is to inform PCCC of the requirement to approve the Call-Off Order Forms for the Bridging Agreements for the CCG and our GP Practices post expiry of the Continuity Call Off Agreements (CCOA) in March 2021 via submission to PCCC. 											
3.	REPORT OF											
	<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Authors</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Julie Frampton	Head of Primary Care
	Name	Designation										
Executive Lead	Chris Edwards	Chief Officer										
Authors	Julie Frampton	Head of Primary Care										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1"> <thead> <tr> <th>Group / Committee</th> <th>Date</th> <th>Outcome</th> </tr> </thead> <tbody> <tr> <td>SMT</td> <td>12/03/2021</td> <td>Agreement with the proposal and for final approval at PCCC</td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	SMT	12/03/2021	Agreement with the proposal and for final approval at PCCC			
Group / Committee	Date	Outcome										
SMT	12/03/2021	Agreement with the proposal and for final approval at PCCC										
5.	EXECUTIVE SUMMARY											
	<p>All Continuity Call Off Agreements (CCOA) put in place during 2020 are set to expire at the end of March 2021. CCOAs were put in place in January 2020 as a transition from GPSoC to GPIT Futures, with the intention that the entire GP IT estate would be re-competed under the new GP IT Futures framework. CCOAs were agreed nationally and put into place in behalf of the CCG. Due to the impact of Covid-19 there has been insufficient time to enable the CCG to re-compete our requirements prior to the expiry of the CCOAs. There is, therefore, a need to put in place alternate agreements to bridge the period of time between the expiry of the CCOAs and when the CCG will be able to re-compete our requirements fully to ensure that suitable contractual arrangements are in place with suppliers for supply and support of solutions and also to remain compliant from a data processing perspective.</p>											

Background:

The GP IT Futures Lot 1 Framework Agreement replaced the GPSoC Framework from 1st January 2020. Several suppliers were assessed as compliant from the beginning and were awarded Continuity Call Off Agreements (CCOA) for each CCG that had GP Practices using those solutions. In total over 565 CCOA's have been awarded nationally to those suppliers which include EMIS, TPP, DXS, Advanced, Informatica and Prescribing Services. These CCOAs are timebound in the contract and all expire at the end of March 2021. There is no legally compliant route to extend these CCOAs without a risk of challenge.

Due in large part to Covid-19 and the resultant re-focus of activities both at NHS Digital and at CCG and GP Practice levels there was insufficient time available to the CCG to complete a full re-procurement Off Catalogue as envisaged within the Framework and in the GP IT Futures Business Case. Further, and again, because of Covid-19 there are fewer suppliers currently who have completed compliance checks and therefore available to procure via the Buying Catalogue due to NHS Digital resource being used to support the Covid-19 response.

Bridging Agreements

To support the CCG, NHS Digital created a fourth procurement vehicle under the GP IT Futures Lot 1 framework, which mimics the Further Competition - On Catalogue procurement methodology but expands on the concept to allow Call Off Agreements to be awarded for values of up to £1.5M, covering both Foundation and none Foundation solutions.

Importantly, Bridging Agreements are timebound to a maximum of eighteen months; the CCG must complete our full re-procurement within this timeframe. Working together, NHS Digital and the National Commercial and Procurement Hub (the Hub) have contacted the CCG to explain the requirements and to work through the process.

NHS Digital and the Hub have verified the estate data with the CCG, to ensure that it is up to date and, importantly, that all products in the estate are in use. The Bridging Agreement process was then executed, with a mini competition run by NHS Digital / the Hub on behalf of the CCG.

The mini competitions focused on the timescales for change and cost of change associated with switching products in the short term. Following the mini competition, NHS Digital / the Hub have provided the CCG with Order Summaries, which outline the ongoing contractual position for the solutions in use by the CCG. These Order Summaries are accompanied by Schedule 2.3's (Call-Off Order Form), which require appropriate governance and approval from signatories within the CCG. Upon signature the Call-Off Order Form will form the contract between the supplier and the CCG.

Outcome

The Bridging Agreement process has been completed for NHS Barnsley CCG and the outcome of this is a retention of all solutions within the existing GP IT estate.

Attached are the Schedule 2.3's (Call-Off Order Form) with an accompanying Order Summaries for each supplier used within our estate, detailing the solutions provided via the GP IT Futures Framework.

	The Bridging Agreements will become effective from 1 st April 2021 and will run for a maximum of 18 months. NHS Digital will work with NHS Barnsley CCG to re-compete the entire GP IT estate under the GP IT Futures framework ahead of the end of this period.
6.	PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Approve the Call Off Order Forms for GP IT solutions.
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	<ol style="list-style-type: none"> 1. TPP Bridging Agreement 2. EMIS Bridging Agreement 3. Advice and Guidance (Eclipse Live) Bridging Agreement 4. Docman for Vision Bridging Agreement

Agenda time allocation for report:	10 mins
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PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<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:		Provide ref(s) or state N/A	
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
2A.	Links to delegated primary care commissioning functions			
	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	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and			NA

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

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

OFFICIAL - SENSITIVE - COMMERCIAL

GP IT Futures Framework Agreement

Schedule 2.3 (Call Off Order Form)

PCCC 21/03/11.1

GP IT Futures Framework Agreement

Schedule 2.3

Call Off Order Form

Date	Version	Comments	Status
23 May 2019	V1.0	ITT Version	Retired
26 August 2020	V1.1	Proposed changes	Retired
23 September 2020	V1.2	Proposed changes	Effective

Call Off Order Form

This Call Off Order Form is used to order services under Lot 1 of the GP IT Futures Framework 1.

It must be completed on the following basis:

- When executing a Direct Award procedure or an On-Catalogue Further Competition Procedure, it must be completed before entering into a Call Off Agreement;
- When executing an Off-Catalogue Further Competition, it must be completed as part of the Further Competition Invitation, noting that only a subset of the Call Off Ordering Party sections can be completed as part of the Further Competition Invitation and with the Supplier sections and Call Off Ordering Party sections that include Supplier specific details being completed with the winning bidder details from their tender.

Call Off Ordering Parties should refer to the Catalogue Buyers Guide (which will be made available via the Catalogue) before executing any procurement procedure as this sets out your options and how to execute them in detail.

The Call Off Order Form consists of the following sections:

Section A – General information

Section B – Details of the requirement

Section C – Milestones, Milestone Achievement Criteria and Implementation Plan requirements

Section D – Supplier response

Section E - Call Off Agreement award

Sections in blue should be completed by the Call Off Ordering Party and sections in light grey should be completed by the Supplier.

Section A

General information

This Call Off Order Form is issued in accordance with the provisions of the Framework Agreement.

The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and the Service Recipients on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the “Call Off Agreement”) for the duration of the Call Off Term.

The Call Off Terms that will apply to the Call Off Agreement are as specified in the Template Call Off Terms Framework Schedule 2.2 (*Call Off Terms*). The Call Off Ordering Party and Supplier details are as set out in the appended order summary sheet (the “**Order Summary**”). An example of an Order Summary is attached at Annex 1.

Call Off Ordering Party details	
Call Off Ordering Party The Call Off Ordering Party details are as set out in the appended order summary sheet (the “ Order Summary ”).	
Call Off Ordering Party Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	
Address:	
Email address:	
Telephone number:	

Supplier details	
Supplier The Supplier details are as set out in the Order Summary.	
Supplier Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Rosa Murray
Address:	TPP House, 129 Low Lane, Horsforth, Leeds, West Yorkshire, LS18 5PX
Email address:	Deployments@tpp-uk.com
Telephone number:	0113 20 500 82

Section B

Section B.1 Call Off Agreement details

Call Off Commencement Date The Call Off Commencement Date is the date of signature by the later of the two parties, unless agreed otherwise in writing by the parties and recorded on the relevant section of the Order Summary.
--

Call Off Agreement maximum period

This will be 48 months, unless the procurement procedure requires it to be less (for example, a Continuity Call Off will have a maximum period of no longer than 12 months).

Please complete the following information:

Call Off Agreement Initial Period*:	
<p>*Note: The Call Off Agreement will extend automatically up to the maximum of 48 months, unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Call Off Agreement Initial Period. Following the Call Off Agreement Initial Period the Call Off Agreement can be terminated for convenience by the Call Off Ordering Party with no termination costs.</p>	

Section B.2 Service Recipients and Order Summary

Details of the Service Recipients and of the order will be as set out in the Order Summary.

Section B.3 Details of the Service Instances required

Details of the Service Instances will be as set out in the Order Summary.

Note: The Service Instance Commencement Date will be on Achievement of Milestone M1 (go live) and the Service Instance Period will commence on such Service Instance Commencement Date and continue for a minimum duration of 6 Months and will not exceed 36 Months (but in any event, will not extend beyond the Call Off Term). The Service Instance will extend automatically beyond the Service Instance Initial Period up to a cumulative maximum of 36 Months (inclusive of the Service Instance Initial Period), unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Service Instance Initial Period. Following the Service Instance Initial Period the Service Instance can be terminated for convenience by the Call Off Ordering Party with no termination costs.

Section B.4 Optional requirements

Please answer the questions set out below:

Additional Clause Are "Security measures" required? See Call Off schedule 5.7 (<i>Additional Clauses</i>), paragraph 2.2.1	Yes / No (delete as appropriate)			
Is the Call Off Ordering Party a Non-Crown Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.1	Yes / No (delete as appropriate)			
Is the Call Off Ordering Party a Non-FOIA Public Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.2	Yes / No (delete as appropriate)			
Is the processing of Personal Data outside the UK permitted (i.e. in Restricted Countries)? The default is expected to be "No". See Deed of Undertaking for Data Processing. If "Yes" is stated, for each Service Instance listed in section B.3 above please set out the additional jurisdictions the Processing of Personal Data is permitted in below:	Yes / No (delete as appropriate)			
<table border="1"> <tr> <td>Catalogue and Service Instance</td> <td>Solution</td> <td>Additional jurisdictions where the Processing of Personal Data is permitted in.</td> </tr> </table>	Catalogue and Service Instance	Solution	Additional jurisdictions where the Processing of Personal Data is permitted in.	
Catalogue and Service Instance	Solution	Additional jurisdictions where the Processing of Personal Data is permitted in.		

<i>ID</i>	

Section B.5 Associated Services

Details of the Associated Services will be as set out in the Order Summary.

For each Associated Service, the acceptance criteria and trigger for the charges to become payable must be set out in the table below. For example, if advice and/or guidance is required on integration of the Catalogue Solution with a new finance system of the Call Off Ordering Party, then the acceptance criteria may be as bulleted below and the trigger for the charges to become payable may be on approval by the Call Off Ordering Party that all acceptance criteria have been satisfied.

- The Service Recipient confirms that it is now able to extract the relevant data from the Catalogue Solution.
- The Service Recipient confirms that it now understands how to transform the extract from the Catalogue Solution into the form required for import into the finance system.

Please complete the below:

Associated Service ID	Applicable to Service Instance ID(s) (Optional)	Number of units ordered	Payment Trigger and Conditions	Specific requirements (including the deliverables / outcomes required)	Do you require the Supplier to describe the solution to the requirements in Section D.2?

Section C

Section C.1 Milestones and Milestone Achievement Criteria

Milestones:

The Milestones set out below will apply to all Service Instances.

Milestone ID and title	Milestone Payments scope
M1 (Go Live Milestone)	No payment.
M2 (Service Stable Milestone)	The Periodic Service Charges commence on Achievement of Milestone M1, but are withheld from payment until Milestone M2 is Achieved.

Milestone Achievement Criteria:

Note: Call Off Ordering Parties may amend the table below for a particular Service Instance where appropriate and reasonable to do so. Where more than one set of Milestone Achievement Criteria are

specified then the mapping of each set of Milestone Achievement Criteria to the Service Instances listed in the Order Summary must be clearly stated.

Milestone M1: Go Live	
Unique Ref	Acceptance Criteria
M1-1	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Detailed Implementation Plan includes all Deliverables and all Supplier, Call Off Ordering Party and Service Recipient responsibilities with appropriate time allocated to the execution of each.
M1-2	The Supplier evidences to the Service Recipient's satisfaction that the Catalogue Solution has been configured, as necessary, to meet the Service Recipient's operational requirements.
M1-3	The Supplier evidences to the Service Recipient's satisfaction that the Supplier's obligations under the Training Standard have been met.
M1-4	Where the Supplier is responsible for training, the Supplier evidences to the Service Recipient's satisfaction that its End Users are trained to the extent that they can use the Catalogue Solution to fulfil their relevant business functions.
M1-5	The Supplier evidences to the Service Recipient's satisfaction that the national and other interfaces applicable to the Catalogue Solution can be connected to and accessed.
M1-6	The Supplier evidences to the Service Recipient's satisfaction that any Associated Services ordered with the Service Instance that are applicable to implementation have been effectively provided.
M1-7	The Supplier evidences to the Service Recipient's satisfaction that the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier for go live have been met and that the relevant data has migrated to the extent necessary for the Service Recipient to conduct their relevant business functions effectively.
M1-8	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier will meet their Call Off Ordering Party related obligations set out within the Service Management Standard.
M1-9	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Supplier has appropriate invoicing arrangements in place.
M1-10	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M1-11	Approval by the Call Off Ordering Party that all Milestone M1 activities have been successfully completed.
Milestone M2: Service Stability	
Unique Ref	Acceptance Criteria
M2-1	The Service Recipient confirms that the Catalogue Solution is functioning in accordance with the Supplier's specification and that its End Users can use the Catalogue Solution effectively.
M2-2	The Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that all of the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier have been met and that all of the relevant data has migrated to the Catalogue Solution.

M2-3	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier is meeting its Call Off Ordering Party service management obligations set out on the "Call Off Ordering Party" tab of appendix 2 of the Service Management Standard, to the extent that the same can be reasonably demonstrated within 10 Working Days of Achievement of Milestone M1.
M2-4	In relation to Type 2 Catalogue Solutions only, the Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that the Catalogue Solution is meeting the applicable Service Levels.
M2-5	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M2-6	Approval by the Call Off Ordering Party that all Milestone M1 and M2 activities have been successfully completed.

Section C.2 Implementation Plan requirements

Overview Implementation Plan

Where a number of Service Instances will be undergoing implementation planning and/or actual implementation the Call Off Ordering Party may require an Overview Implementation Plan which will set out, as a minimum, the following for each of the Service Instances which have yet to Achieve Milestone M2:

- the Milestone Dates for Milestones M1 and M2;
- the start and end dates for any activity associated with the migration of data from the solutions which the Catalogue Solution is replacing to the Catalogue Solution;
- the start and end dates for the training activity.

Where an Overview Implementation Plan is required, enter the Service Instances you wish it to encompass below, otherwise enter "N/A". Please complete the below as appropriate:

Service Instance

Implementation Plans

The table below must list the Implementation Plans required and any go live constraints that are applicable. Each Service Instance will have its own Outline Implementation Plan, which may then be developed (if indicated as required in the table below) into a Detailed Implementation Plan. The Service Instance unique IDs to be used in this section are those set out in the Order Summary.

The Outline Implementation Plan(s) should cover:

- each Milestone;
- each Milestone Achievement Criteria;
- each Deliverable that contributes to each Milestone Achievement Criteria; and
- each Call Off Ordering Party and/or Service Recipient responsibility

Please complete the below if required:

Implementation Plan ID and title	Applicable Milestone / Milestone Achievement Criteria	Service Instance unique ID	Go Live date constraints	Is a Detailed Implementation Plan required (Y/N)?
	As set out in section C.1			
	As set out in section C.1			
	As set out in section C.1			

Section D

If the Services are procured via a Direct Award or On-Catalogue Further Competition Procedure, the details below should be completed prior to entering into the Call Off Agreement. If the services are procured via an Off-Catalogue Further Competition Procedure, the details below should be provided as part of the Tender.

Section D.1 Supplier service provision response

Commercially Sensitive Information		
Commercially Sensitive Information relating to the Supplier, its IPR or its business, or which the Supplier is indicating to the Call Off Ordering Party that, if disclosed by the Call Off Ordering Party, would cause the Supplier significant commercial disadvantage or material financial loss. Please complete:		
No.	Item(s)	Duration of Confidentiality
1.	All breakdowns of prices provided by the Supplier as disclosed by the Supplier to the Authority in connection with this Call Off Agreement. Any rates or other information relating to the methodology used to calculate prices and rates.	The term of the agreement plus 10 years.
2.	All information relating to the Supplier's prices, rates and charges, as disclosed by the Supplier in connection with the Call Off Agreement and/or as agreed with Call Off Ordering Parties. For the avoidance of doubt, the List Prices for Catalogue Solutions, Additional Services and Associated Services as displayed on the Buying Catalogue are not deemed to be commercially sensitive.	The term of the agreement plus 10 years.
3.	Any information in relation to the Supplier's technical solution, including any technical and design information disclosed by the Supplier that would be reasonably considered as Commercially Sensitive.	The term of the agreement plus 10 years.
4.	The Supplier's Intellectual Property Rights used in connection with this Call Off Agreement including but not limited to the Supplier Background IPRs, Supplier Software	The term of the agreement plus 10 years.

	and all other information in relation to the Intellectual Property Rights.	
5.	Any information in relation to the Supplier's (or Subcontractor's) proprietary business policies and processes, methodologies and tools.	The term of the agreement plus 10 years.
6.	Any information in connection with Supplier locations relating to any data centres.	The term of the agreement plus 10 years.
7.	The Supplier's security management plans, including the Supplier's Information Security Management System Plan and Security Policy.	The term of the agreement plus 10 years.
8.	The Supplier's Business Continuity and Disaster Recovery Plan.	The term of the agreement plus 10 years.
9.	Any information provided or created under the Exit terms and provisions including but not limited to the information set out in Schedule 5.5 (Exit Management).	The term of the agreement plus 10 years.
10.	Items submitted to the Authority during the performance of this Call Off Agreement, which, by prior agreement with the Authority, are specifically marked as Commercially Sensitive Information.	The term of the agreement plus 10 years.
11.	Personnel information regarding employees of the Supplier and its Subcontractors except as required to meet the Parties' statutory obligations.	The term of the agreement plus 10 years.
12.	Any information relating to the Supplier's Insurance provisions.	The term of the agreement plus 10 years.

Exclusive Assets	
Please list any Exclusive Assets applicable to each Service Instance:	
Service Instance ID	Exclusive Assets
N/A	N/A

Section D.2 Specific Associated Services requirement responses

Please provide a brief description of how you will satisfy the specific Associated Services requirements set out in section B.5 above for each entry in section B.5 where the Call Off Ordering Party has indicated that a solution description is required in that section. Please complete:

Associated Services ID	Solution summary
N/A	N/A

--	--

Section D.3 Charges information

The charges will be as set out in the Order Summary.

Section D.4 Performance Regime

For each Catalogue Solution, the relevant service levels will be as set out in the Catalogue Solution Listing.

Section D.5 Description of Personal Data

The description of the Personal Data Processing applicable to the Call Off Agreement will be as set out in the table at D.5.1 below (with any variations set out in the table at D.5.2 below) for each of the Catalogue Solutions and Additional Services encompassed by this Call Off Agreement (as set out in section B of this Call Off Order Form).

D.5.1 Default Personal Data Processing information

For each Catalogue Solution and Additional Service, the default position in relation to data processing and the list of the Supplier's Sub-processors shall be as set out on the associated Catalogue Solution Listing.

The Supplier must complete the Supplier's Data Protection Officer details below:

Supplier's Data Protection Officer Name and Contact Details:	Dr John Parry dpo@tpp-uk.com
---	---------------------------------

D.5.2 Variation to default Personal Data Processing information

This section is used to record any variation to the data processing set out on the Catalogue Solution Listing that is specific to this Call Off Agreement. Where a variation is required, the parties shall record such variation in the table below, making it clear to which Service Instances, Catalogue Solutions and/or Additional Services each variation applies. If no variations apply delete the tables and enter "No variations apply".

Please note variations are expected to be uncommon and will typically only apply where Associated Services are being provided that vary the Catalogue Solution and/or where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on the Catalogue Solution Listing. It should be noted that where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on a Catalogue Solution Listing, this may result in the inability of the Supplier to provide the relevant Catalogue Solution / Additional Service.

Where variations are applicable, a copy of the table below should be included for each different grouping of variation – it is up to the Parties to agree what variations (if any) apply to the default position for each Service Instance, Catalogue Solution and/or Additional Service.

Applicable to List the Service Instance IDs, Catalogue Solutions and/or Additional Services to which this set of variations apply	No variations apply
---	---------------------

Section E

Call Off Agreement Award

Call Off Ordering Party organisation: see Order Summary
Supplier name: see Order Summary
Unique Call Off Agreement ID: see Order Summary

This Call Off Agreement is awarded in accordance with the provisions of the Framework Agreement.

The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and Service Recipients (which may also include the Call-Off Ordering Party) on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the "Call Off Agreement") for the duration of the Call Off Term.

The Call Off Ordering Party confirms that no amendments other than those identified in sections B of this form have been made to the Template Call Off Terms.

For the Call Off Order Form to take effect, both parties must complete and sign this Call Off Order Form.

SIGNATURES

For and on behalf of the Supplier

Name:	
Job role/title:	
Signature:	
Date:	

For and on behalf of the Call Off Ordering Party (at Call Off Agreement award)

Name:	
Job role/title:	
Signature:	
Date of dispatch:	

Annex 1: Order Summary



NHS BARNSELY CCG
Bridging - TPP (C0052

PCCC 21/03/11.2

GP IT Futures Framework Agreement

Schedule 2.3

Call Off Order Form

Date	Version	Comments	Status
23 May 2019	V1.0	ITT Version	Retired
26 August 2020	V1.1	Proposed changes	Retired
23 September 2020	V1.2	Proposed changes	Effective

Call Off Order Form

This Call Off Order Form is used to order services under Lot 1 of the GP IT Futures Framework 1.

It must be completed on the following basis:

- When executing a Direct Award procedure or an On-Catalogue Further Competition Procedure, it must be completed before entering into a Call Off Agreement;
- When executing an Off-Catalogue Further Competition, it must be completed as part of the Further Competition Invitation, noting that only a subset of the Call Off Ordering Party sections can be completed as part of the Further Competition Invitation and with the Supplier sections and Call Off Ordering Party sections that include Supplier specific details being completed with the winning bidder details from their tender.

Call Off Ordering Parties should refer to the Catalogue Buyers Guide (which will be made available via the Catalogue) before executing any procurement procedure as this sets out your options and how to execute them in detail.

The Call Off Order Form consists of the following sections:

Section A – General information

Section B – Details of the requirement

Section C – Milestones, Milestone Achievement Criteria and Implementation Plan requirements

Section D – Supplier response

Section E - Call Off Agreement award

Sections in blue should be completed by the Call Off Ordering Party and sections in light grey should be completed by the Supplier.

Section A

General information

This Call Off Order Form is issued in accordance with the provisions of the Framework Agreement.

The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and the Service Recipients on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the “Call Off Agreement”) for the duration of the Call Off Term.

The Call Off Terms that will apply to the Call Off Agreement are as specified in the Template Call Off Terms Framework Schedule 2.2 (*Call Off Terms*). The Call Off Ordering Party and Supplier details are as set out in the appended order summary sheet (the “**Order Summary**”). An example of an Order Summary is attached at Annex 1.

Call Off Ordering Party details	
Call Off Ordering Party The Call Off Ordering Party details are as set out in the appended order summary sheet (the “ Order Summary ”).	
Call Off Ordering Party Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Julie Frampton
Address:	Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY
Email address:	Julie.frampton@nhs.net
Telephone number:	07770 346 322

Supplier details	
Supplier The Supplier details are as set out in the Order Summary.	
Supplier Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Edward Bellamy
Address:	Fulford Grange, Micklefield Land, Rawdon, Leeds, LS19 6BA
Email address:	Edward.bellamy@emisgroupplc.com
Telephone number:	01132591122

Section B

Section B.1 Call Off Agreement details

Call Off Commencement Date The Call Off Commencement Date is the date of signature by the later of the two parties, unless agreed otherwise in writing by the parties and recorded on the relevant section of the Order Summary.
--

Call Off Agreement maximum period

This will be 48 months, unless the procurement procedure requires it to be less (for example, a Continuity Call Off will have a maximum period of no longer than 12 months).

Please complete the following information:

Call Off Agreement Initial Period*:	
<p>*Note: The Call Off Agreement will extend automatically up to the maximum of 48 months, unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Call Off Agreement Initial Period. Following the Call Off Agreement Initial Period the Call Off Agreement can be terminated for convenience by the Call Off Ordering Party with no termination costs.</p>	

Section B.2 Service Recipients and Order Summary

Details of the Service Recipients and of the order will be as set out in the Order Summary.

Section B.3 Details of the Service Instances required

Details of the Service Instances will be as set out in the Order Summary.

Note: The Service Instance Commencement Date will be on Achievement of Milestone M1 (go live) and the Service Instance Period will commence on such Service Instance Commencement Date and continue for a minimum duration of 6 Months and will not exceed 36 Months (but in any event, will not extend beyond the Call Off Term). The Service Instance will extend automatically beyond the Service Instance Initial Period up to a cumulative maximum of 36 Months (inclusive of the Service Instance Initial Period), unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Service Instance Initial Period. Following the Service Instance Initial Period the Service Instance can be terminated for convenience by the Call Off Ordering Party with no termination costs.

Section B.4 Optional requirements

Please answer the questions set out below:

Additional Clause Are "Security measures" required? See Call Off schedule 5.7 (<i>Additional Clauses</i>), paragraph 2.2.1	Yes / No (delete as appropriate)			
Is the Call Off Ordering Party a Non-Crown Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.1	Yes / No (delete as appropriate)			
Is the Call Off Ordering Party a Non-FOIA Public Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.2	Yes / No (delete as appropriate)			
Is the processing of Personal Data outside the UK permitted (i.e. in Restricted Countries)? The default is expected to be "No". See Deed of Undertaking for Data Processing. If "Yes" is stated, for each Service Instance listed in section B.3 above please set out the additional jurisdictions the Processing of Personal Data is permitted in below:	Yes / No (delete as appropriate)			
<table border="1"> <tr> <td>Catalogue and Service Instance</td> <td>Solution</td> <td>Additional jurisdictions where the Processing of Personal Data is permitted in.</td> </tr> </table>	Catalogue and Service Instance	Solution	Additional jurisdictions where the Processing of Personal Data is permitted in.	
Catalogue and Service Instance	Solution	Additional jurisdictions where the Processing of Personal Data is permitted in.		

<i>ID</i>	

Section B.5 Associated Services

Details of the Associated Services will be as set out in the Order Summary.

For each Associated Service, the acceptance criteria and trigger for the charges to become payable must be set out in the table below. For example, if advice and/or guidance is required on integration of the Catalogue Solution with a new finance system of the Call Off Ordering Party, then the acceptance criteria may be as bulleted below and the trigger for the charges to become payable may be on approval by the Call Off Ordering Party that all acceptance criteria have been satisfied.

- The Service Recipient confirms that it is now able to extract the relevant data from the Catalogue Solution.
- The Service Recipient confirms that it now understands how to transform the extract from the Catalogue Solution into the form required for import into the finance system.

Please complete the below:

Associated Service ID	Applicable to Service Instance ID(s) (Optional)	Number of units ordered	Payment Trigger and Conditions	Specific requirements (including the deliverables / outcomes required)	Do you require the Supplier to describe the solution to the requirements in Section D.2?

Section C

Section C.1 Milestones and Milestone Achievement Criteria

Milestones:

The Milestones set out below will apply to all Service Instances.

Milestone ID and title	Milestone Payments scope
M1 (Go Live Milestone)	No payment.
M2 (Service Stable Milestone)	The Periodic Service Charges commence on Achievement of Milestone M1, but are withheld from payment until Milestone M2 is Achieved.

Milestone Achievement Criteria:

Note: Call Off Ordering Parties may amend the table below for a particular Service Instance where appropriate and reasonable to do so. Where more than one set of Milestone Achievement Criteria are

specified then the mapping of each set of Milestone Achievement Criteria to the Service Instances listed in the Order Summary must be clearly stated.

Milestone M1: Go Live	
Unique Ref	Acceptance Criteria
M1-1	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Detailed Implementation Plan includes all Deliverables and all Supplier, Call Off Ordering Party and Service Recipient responsibilities with appropriate time allocated to the execution of each.
M1-2	The Supplier evidences to the Service Recipient's satisfaction that the Catalogue Solution has been configured, as necessary, to meet the Service Recipient's operational requirements.
M1-3	The Supplier evidences to the Service Recipient's satisfaction that the Supplier's obligations under the Training Standard have been met.
M1-4	Where the Supplier is responsible for training, the Supplier evidences to the Service Recipient's satisfaction that its End Users are trained to the extent that they can use the Catalogue Solution to fulfil their relevant business functions.
M1-5	The Supplier evidences to the Service Recipient's satisfaction that the national and other interfaces applicable to the Catalogue Solution can be connected to and accessed.
M1-6	The Supplier evidences to the Service Recipient's satisfaction that any Associated Services ordered with the Service Instance that are applicable to implementation have been effectively provided.
M1-7	The Supplier evidences to the Service Recipient's satisfaction that the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier for go live have been met and that the relevant data has migrated to the extent necessary for the Service Recipient to conduct their relevant business functions effectively.
M1-8	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier will meet their Call Off Ordering Party related obligations set out within the Service Management Standard.
M1-9	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Supplier has appropriate invoicing arrangements in place.
M1-10	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M1-11	Approval by the Call Off Ordering Party that all Milestone M1 activities have been successfully completed.
Milestone M2: Service Stability	
Unique Ref	Acceptance Criteria
M2-1	The Service Recipient confirms that the Catalogue Solution is functioning in accordance with the Supplier's specification and that its End Users can use the Catalogue Solution effectively.
M2-2	The Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that all of the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier have been met and that all of the relevant data has migrated to the Catalogue Solution.

M2-3	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier is meeting its Call Off Ordering Party service management obligations set out on the "Call Off Ordering Party" tab of appendix 2 of the Service Management Standard, to the extent that the same can be reasonably demonstrated within 10 Working Days of Achievement of Milestone M1.
M2-4	In relation to Type 2 Catalogue Solutions only, the Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that the Catalogue Solution is meeting the applicable Service Levels.
M2-5	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M2-6	Approval by the Call Off Ordering Party that all Milestone M1 and M2 activities have been successfully completed.

Section C.2 Implementation Plan requirements

Overview Implementation Plan

Where a number of Service Instances will be undergoing implementation planning and/or actual implementation the Call Off Ordering Party may require an Overview Implementation Plan which will set out, as a minimum, the following for each of the Service Instances which have yet to Achieve Milestone M2:

- the Milestone Dates for Milestones M1 and M2;
- the start and end dates for any activity associated with the migration of data from the solutions which the Catalogue Solution is replacing to the Catalogue Solution;
- the start and end dates for the training activity.

Where an Overview Implementation Plan is required, enter the Service Instances you wish it to encompass below, otherwise enter "N/A". Please complete the below as appropriate:

Service Instance

Implementation Plans

The table below must list the Implementation Plans required and any go live constraints that are applicable. Each Service Instance will have its own Outline Implementation Plan, which may then be developed (if indicated as required in the table below) into a Detailed Implementation Plan. The Service Instance unique IDs to be used in this section are those set out in the Order Summary.

The Outline Implementation Plan(s) should cover:

- each Milestone;
- each Milestone Achievement Criteria;
- each Deliverable that contributes to each Milestone Achievement Criteria; and
- each Call Off Ordering Party and/or Service Recipient responsibility

Please complete the below if required:

Implementation Plan ID and title	Applicable Milestone / Milestone Achievement Criteria	Service Instance unique ID	Go Live date constraints	Is a Detailed Implementation Plan required (Y/N)?
	As set out in section C.1			
	As set out in section C.1			
	As set out in section C.1			

Section D

If the Services are procured via a Direct Award or On-Catalogue Further Competition Procedure, the details below should be completed prior to entering into the Call Off Agreement. If the services are procured via an Off-Catalogue Further Competition Procedure, the details below should be provided as part of the Tender.

Section D.1 Supplier service provision response

Commercially Sensitive Information

Commercially Sensitive Information relating to the Supplier, its IPR or its business, or which the Supplier is indicating to the Call Off Ordering Party that, if disclosed by the Call Off Ordering Party, would cause the Supplier significant commercial disadvantage or material financial loss. Please complete:

See Framework Agreement Schedule 3.1 (Commercially Sensitive Information)

Exclusive Assets

Please list any Exclusive Assets applicable to each Service Instance:

Service Instance ID	Exclusive Assets
N/A	N/A

Section D.2 Specific Associated Services requirement responses

Please provide a brief description of how you will satisfy the specific Associated Services requirements set out in section B.5 above for each entry in section B.5 where the Call Off Ordering Party has indicated that a solution description is required in that section. Please complete:

Associated Services ID	Solution summary
N/A	N/A

Section D.3 Charges information

The charges will be as set out in the Order Summary.

Section D.4 Performance Regime

For each Catalogue Solution, the relevant service levels will be as set out in the Catalogue Solution Listing.

Section D.5 Description of Personal Data

The description of the Personal Data Processing applicable to the Call Off Agreement will be as set out in the table at D.5.1 below (with any variations set out in the table at D.5.2 below) for each of the Catalogue Solutions and Additional Services encompassed by this Call Off Agreement (as set out in section B of this Call Off Order Form).

D.5.1 Default Personal Data Processing information

For each Catalogue Solution and Additional Service, the default position in relation to data processing and the list of the Supplier's Sub-processors shall be as set out on the associated Catalogue Solution Listing.

The Supplier must complete the Supplier's Data Protection Officer details below:

Supplier's Data Protection Officer Name and Contact Details:	lan.mckie@emisgroupplc.com
---	----------------------------

D.5.2 Variation to default Personal Data Processing information

This section is used to record any variation to the data processing set out on the Catalogue Solution Listing that is specific to this Call Off Agreement. Where a variation is required, the parties shall record such variation in the table below, making it clear to which Service Instances, Catalogue Solutions and/or Additional Services each variation applies. If no variations apply delete the tables and enter "No variations apply".

Please note variations are expected to be uncommon and will typically only apply where Associated Services are being provided that vary the Catalogue Solution and/or where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on the Catalogue Solution Listing. It should be noted that where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on a Catalogue Solution Listing, this may result in the inability of the Supplier to provide the relevant Catalogue Solution / Additional Service.

Where variations are applicable, a copy of the table below should be included for each different grouping of variation – it is up to the Parties to agree what variations (if any) apply to the default position for each Service Instance, Catalogue Solution and/or Additional Service.

No Variations apply

Section E

Call Off Agreement Award

Call Off Ordering Party organisation: see Order Summary
Supplier name: see Order Summary
Unique Call Off Agreement ID: see Order Summary

This Call Off Agreement is awarded in accordance with the provisions of the Framework Agreement.

The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and Service Recipients (which may also include the Call-Off Ordering Party) on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the "Call Off Agreement") for the duration of the Call Off Term.

The Call Off Ordering Party confirms that no amendments other than those identified in sections B of this form have been made to the Template Call Off Terms.

For the Call Off Order Form to take effect, both parties must complete and sign this Call Off Order Form.

SIGNATURES

For and on behalf of the Supplier

Name:	Edward Bellamy
Job role/title:	Chief Commercial Officer
Signature:	
Date:	

For and on behalf of the Call Off Ordering Party (at Call Off Agreement award)

Name:	Roxanna Naylor
Job role/title:	Chief Finance Officer
Signature:	
Date of dispatch:	

Annex 1: Order Summary



NHS BARNSLEY CCG
Bridging - EMIS (C005

OFFICIAL - SENSITIVE - COMMERCIAL

GP IT Futures Framework Agreement

Schedule 2.3 (Call Off Order Form)

PCCC 21/03/11.3

GP IT Futures Framework Agreement

Schedule 2.3

Call Off Order Form

Date	Version	Comments	Status
23 May 2019	V1.0	ITT Version	Retired
26 August 2020	V1.1	Proposed changes	Retired
23 September 2020	V1.2	Proposed changes	Effective

Call Off Order Form

This Call Off Order Form is used to order services under Lot 1 of the GP IT Futures Framework 1.

It must be completed on the following basis:

- When executing a Direct Award procedure or an On-Catalogue Further Competition Procedure, it must be completed before entering into a Call Off Agreement;
- When executing an Off-Catalogue Further Competition, it must be completed as part of the Further Competition Invitation, noting that only a subset of the Call Off Ordering Party sections can be completed as part of the Further Competition Invitation and with the Supplier sections and Call Off Ordering Party sections that include Supplier specific details being completed with the winning bidder details from their tender.

Call Off Ordering Parties should refer to the Catalogue Buyers Guide (which will be made available via the Catalogue) before executing any procurement procedure as this sets out your options and how to execute them in detail.

The Call Off Order Form consists of the following sections:

Section A – General information

Section B – Details of the requirement

Section C – Milestones, Milestone Achievement Criteria and Implementation Plan requirements

Section D – Supplier response

Section E - Call Off Agreement award

Sections in blue should be completed by the Call Off Ordering Party and sections in light grey should be completed by the Supplier.

Section A

General information

This Call Off Order Form is issued in accordance with the provisions of the Framework Agreement.

The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and the Service Recipients on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the “Call Off Agreement”) for the duration of the Call Off Term.

The Call Off Terms that will apply to the Call Off Agreement are as specified in the Template Call Off Terms Framework Schedule 2.2 (*Call Off Terms*). The Call Off Ordering Party and Supplier details are as set out in the appended order summary sheet (the “**Order Summary**”). An example of an Order Summary is attached at Annex 1.

Call Off Ordering Party details	
Call Off Ordering Party The Call Off Ordering Party details are as set out in the appended order summary sheet (the “ Order Summary ”).	
Call Off Ordering Party Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Julie Frampton
Address:	Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY
Email address:	Julie.frampton@nhs.net
Telephone number:	07770 346 322

Supplier details – Prescribing Services Ltd	
Supplier The Supplier details are as set out in the Order Summary.	
Supplier Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Julian Young. Prescribing Services Operations Lead
Address:	The Norfolk Clinical Park. Rowen House, Buxton, Norfolk. NR10 5RH
Email address:	Julian.young@prescribing.org
Telephone number:	07770 347470

Section B

Section B.1 Call Off Agreement details

Call Off Commencement Date The Call Off Commencement Date is the date of signature by the later of the two parties, unless agreed otherwise in writing by the parties and recorded on the relevant section of the Order Summary.
--

Call Off Agreement maximum period

This will be 48 months, unless the procurement procedure requires it to be less (for example, a Continuity Call Off will have a maximum period of no longer than 12 months).

Please complete the following information:

Call Off Agreement Initial Period*:	
<p>*Note: The Call Off Agreement will extend automatically up to the maximum of 48 months, unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Call Off Agreement Initial Period. Following the Call Off Agreement Initial Period the Call Off Agreement can be terminated for convenience by the Call Off Ordering Party with no termination costs.</p>	

Section B.2 Service Recipients and Order Summary

Details of the Service Recipients and of the order will be as set out in the Order Summary.

Section B.3 Details of the Service Instances required

Details of the Service Instances will be as set out in the Order Summary.

Note: The Service Instance Commencement Date will be on Achievement of Milestone M1 (go live) and the Service Instance Period will commence on such Service Instance Commencement Date and continue for a minimum duration of 6 Months and will not exceed 36 Months (but in any event, will not extend beyond the Call Off Term). The Service Instance will extend automatically beyond the Service Instance Initial Period up to a cumulative maximum of 36 Months (inclusive of the Service Instance Initial Period), unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Service Instance Initial Period. Following the Service Instance Initial Period the Service Instance can be terminated for convenience by the Call Off Ordering Party with no termination costs.

Section B.4 Optional requirements

Please answer the questions set out below:

Additional Clause Are "Security measures" required? See Call Off schedule 5.7 (<i>Additional Clauses</i>), paragraph 2.2.1	Yes / No (delete as appropriate)			
Is the Call Off Ordering Party a Non-Crown Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.1	Yes / No (delete as appropriate)			
Is the Call Off Ordering Party a Non-FOIA Public Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.2	Yes / No (delete as appropriate)			
Is the processing of Personal Data outside the UK permitted (i.e. in Restricted Countries)? The default is expected to be "No". See Deed of Undertaking for Data Processing. If "Yes" is stated, for each Service Instance listed in section B.3 above please set out the additional jurisdictions the Processing of Personal Data is permitted in below:	Yes / No (delete as appropriate)			
<table border="1"> <tr> <td>Catalogue and Service Instance</td> <td>Solution</td> <td>Additional jurisdictions where the Processing of Personal Data is permitted in.</td> </tr> </table>	Catalogue and Service Instance	Solution	Additional jurisdictions where the Processing of Personal Data is permitted in.	
Catalogue and Service Instance	Solution	Additional jurisdictions where the Processing of Personal Data is permitted in.		

<i>ID</i>	

Section B.5 Associated Services

Details of the Associated Services will be as set out in the Order Summary.

For each Associated Service, the acceptance criteria and trigger for the charges to become payable must be set out in the table below. For example, if advice and/or guidance is required on integration of the Catalogue Solution with a new finance system of the Call Off Ordering Party, then the acceptance criteria may be as bulleted below and the trigger for the charges to become payable may be on approval by the Call Off Ordering Party that all acceptance criteria have been satisfied.

- The Service Recipient confirms that it is now able to extract the relevant data from the Catalogue Solution.
- The Service Recipient confirms that it now understands how to transform the extract from the Catalogue Solution into the form required for import into the finance system.

Please complete the below:

Associated Service ID	Applicable to Service Instance ID(s) (Optional)	Number of units ordered	Payment Trigger and Conditions	Specific requirements (including the deliverables / outcomes required)	Do you require the Supplier to describe the solution to the requirements in Section D.2?

Section C

Section C.1 Milestones and Milestone Achievement Criteria

Milestones:

The Milestones set out below will apply to all Service Instances.

Milestone ID and title	Milestone Payments scope
M1 (Go Live Milestone)	No payment.
M2 (Service Stable Milestone)	The Periodic Service Charges commence on Achievement of Milestone M1, but are withheld from payment until Milestone M2 is Achieved.

Milestone Achievement Criteria:

Note: Call Off Ordering Parties may amend the table below for a particular Service Instance where appropriate and reasonable to do so. Where more than one set of Milestone Achievement Criteria are

specified then the mapping of each set of Milestone Achievement Criteria to the Service Instances listed in the Order Summary must be clearly stated.

Milestone M1: Go Live	
Unique Ref	Acceptance Criteria
M1-1	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Detailed Implementation Plan includes all Deliverables and all Supplier, Call Off Ordering Party and Service Recipient responsibilities with appropriate time allocated to the execution of each.
M1-2	The Supplier evidences to the Service Recipient's satisfaction that the Catalogue Solution has been configured, as necessary, to meet the Service Recipient's operational requirements.
M1-3	The Supplier evidences to the Service Recipient's satisfaction that the Supplier's obligations under the Training Standard have been met.
M1-4	Where the Supplier is responsible for training, the Supplier evidences to the Service Recipient's satisfaction that its End Users are trained to the extent that they can use the Catalogue Solution to fulfil their relevant business functions.
M1-5	The Supplier evidences to the Service Recipient's satisfaction that the national and other interfaces applicable to the Catalogue Solution can be connected to and accessed.
M1-6	The Supplier evidences to the Service Recipient's satisfaction that any Associated Services ordered with the Service Instance that are applicable to implementation have been effectively provided.
M1-7	The Supplier evidences to the Service Recipient's satisfaction that the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier for go live have been met and that the relevant data has migrated to the extent necessary for the Service Recipient to conduct their relevant business functions effectively.
M1-8	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier will meet their Call Off Ordering Party related obligations set out within the Service Management Standard.
M1-9	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Supplier has appropriate invoicing arrangements in place.
M1-10	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M1-11	Approval by the Call Off Ordering Party that all Milestone M1 activities have been successfully completed.
Milestone M2: Service Stability	
Unique Ref	Acceptance Criteria
M2-1	The Service Recipient confirms that the Catalogue Solution is functioning in accordance with the Supplier's specification and that its End Users can use the Catalogue Solution effectively.
M2-2	The Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that all of the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier have been met and that all of the relevant data has migrated to the Catalogue Solution.

M2-3	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier is meeting its Call Off Ordering Party service management obligations set out on the "Call Off Ordering Party" tab of appendix 2 of the Service Management Standard, to the extent that the same can be reasonably demonstrated within 10 Working Days of Achievement of Milestone M1.
M2-4	In relation to Type 2 Catalogue Solutions only, the Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that the Catalogue Solution is meeting the applicable Service Levels.
M2-5	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M2-6	Approval by the Call Off Ordering Party that all Milestone M1 and M2 activities have been successfully completed.

Section C.2 Implementation Plan requirements

Overview Implementation Plan

Where a number of Service Instances will be undergoing implementation planning and/or actual implementation the Call Off Ordering Party may require an Overview Implementation Plan which will set out, as a minimum, the following for each of the Service Instances which have yet to Achieve Milestone M2:

- the Milestone Dates for Milestones M1 and M2;
- the start and end dates for any activity associated with the migration of data from the solutions which the Catalogue Solution is replacing to the Catalogue Solution;
- the start and end dates for the training activity.

Where an Overview Implementation Plan is required, enter the Service Instances you wish it to encompass below, otherwise enter "N/A". Please complete the below as appropriate:

Service Instance

Implementation Plans

The table below must list the Implementation Plans required and any go live constraints that are applicable. Each Service Instance will have its own Outline Implementation Plan, which may then be developed (if indicated as required in the table below) into a Detailed Implementation Plan. The Service Instance unique IDs to be used in this section are those set out in the Order Summary.

The Outline Implementation Plan(s) should cover:

- each Milestone;
- each Milestone Achievement Criteria;
- each Deliverable that contributes to each Milestone Achievement Criteria; and
- each Call Off Ordering Party and/or Service Recipient responsibility

Please complete the below if required:

Implementation Plan ID and title	Applicable Milestone / Milestone Achievement Criteria	Service Instance unique ID	Go Live date constraints	Is a Detailed Implementation Plan required (Y/N)?
	As set out in section C.1			
	As set out in section C.1			
	As set out in section C.1			

Section D

If the Services are procured via a Direct Award or On-Catalogue Further Competition Procedure, the details below should be completed prior to entering into the Call Off Agreement. If the services are procured via an Off-Catalogue Further Competition Procedure, the details below should be provided as part of the Tender.

Section D.1 Supplier service provision response

<p>Commercially Sensitive Information</p> <p>Commercially Sensitive Information relating to the Supplier, its IPR or its business, or which the Supplier is indicating to the Call Off Ordering Party that, if disclosed by the Call Off Ordering Party, would cause the Supplier significant commercial disadvantage or material financial loss. Please complete:</p> <p>None</p>
--

<p>Exclusive Assets</p> <p>Please list any Exclusive Assets applicable to each Service Instance:</p>	
Service Instance ID	Exclusive Assets

--	--

Section D.2 Specific Associated Services requirement responses

Please provide a brief description of how you will satisfy the specific Associated Services requirements set out in section B.5 above for each entry in section B.5 where the Call Off Ordering Party has indicated that a solution description is required in that section. Please complete:

Associated Services ID	Solution summary

Section D.3 Charges information

The charges will be as set out in the Order Summary.

Section D.4 Performance Regime

For each Catalogue Solution, the relevant service levels will be as set out in the Catalogue Solution Listing.

Section D.5 Description of Personal Data

The description of the Personal Data Processing applicable to the Call Off Agreement will be as set out in the table at D.5.1 below (with any variations set out in the table at D.5.2 below) for each of the Catalogue Solutions and Additional Services encompassed by this Call Off Agreement (as set out in section B of this Call Off Order Form).

D.5.1 Default Personal Data Processing information

For each Catalogue Solution and Additional Service, the default position in relation to data processing and the list of the Supplier's Sub-processors shall be as set out on the associated Catalogue Solution Listing.

The Supplier must complete the Supplier's Data Protection Officer details below:

Supplier's Data Protection Officer Name and Contact Details:	Emma Cooper. Emma.cooper@kafico.co.uk
---	---

D.5.2 Variation to default Personal Data Processing information

This section is used to record any variation to the data processing set out on the Catalogue Solution Listing that is specific to this Call Off Agreement. Where a variation is required, the parties shall record such variation in the table below, making it clear to which Service Instances, Catalogue Solutions and/or Additional Services each variation applies. If no variations apply delete the tables and enter "No variations apply".

Please note variations are expected to be uncommon and will typically only apply where Associated Services are being provided that vary the Catalogue Solution and/or where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on the Catalogue Solution Listing. It should be noted that where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on a Catalogue Solution Listing, this may result in the inability of the Supplier to provide the relevant Catalogue Solution / Additional Service.

Where variations are applicable, a copy of the table below should be included for each different grouping of variation – it is up to the Parties to agree what variations (if any) apply to the default position for each Service Instance, Catalogue Solution and/or Additional Service.

Applicable to List the Service Instance IDs, Catalogue Solutions and/or Additional Services to which this set of variations apply	
Description	Details
Subject matter of the Processing	
Duration of the Processing	
Nature and purposes of Processing	
Type of Personal Data	
Categories of Data Subjects	

Section E

Call Off Agreement Award

Call Off Ordering Party organisation: see Order Summary
Supplier name: see Order Summary
Unique Call Off Agreement ID: see Order Summary

This Call Off Agreement is awarded in accordance with the provisions of the Framework Agreement.


The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and Service Recipients (which may also include the Call-Off Ordering Party) on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the "Call Off Agreement") for the duration of the Call Off Term.

The Call Off Ordering Party confirms that no amendments other than those identified in sections B of this form have been made to the Template Call Off Terms.

For the Call Off Order Form to take effect, both parties must complete and sign this Call Off Order Form.

SIGNATURES

For and on behalf of the Supplier

Name:	Julian Young
Job role/title:	Operations Lead
Signature:	
Date:	04.02.2021

For and on behalf of the Call Off Ordering Party (at Call Off Agreement award)

Name:	Roxanna Naylor
Job role/title:	Chief Finance Officer
Signature:	
Date of dispatch:	

Annex 1: Order Summary



NHS BARNSELY CCG
Bridging - Prescribing

PCCC 21/03/11.4

GP IT Futures Framework Agreement

Schedule 2.3

Call Off Order Form

Date	Version	Comments	Status
23 May 2019	V1.0	ITT Version	Retired
26 August 2020	V1.1	Proposed changes	Retired
23 September 2020	V1.2	Proposed changes	Effective

Call Off Order Form

This Call Off Order Form is used to order services under Lot 1 of the GP IT Futures Framework 1.

It must be completed on the following basis:

- When executing a Direct Award procedure or an On-Catalogue Further Competition Procedure, it must be completed before entering into a Call Off Agreement;
- When executing an Off-Catalogue Further Competition, it must be completed as part of the Further Competition Invitation, noting that only a subset of the Call Off Ordering Party sections can be completed as part of the Further Competition Invitation and with the Supplier sections and Call Off Ordering Party sections that include Supplier specific details being completed with the winning bidder details from their tender.

Call Off Ordering Parties should refer to the Catalogue Buyers Guide (which will be made available via the Catalogue) before executing any procurement procedure as this sets out your options and how to execute them in detail.

The Call Off Order Form consists of the following sections:

Section A – General information

Section B – Details of the requirement

Section C – Milestones, Milestone Achievement Criteria and Implementation Plan requirements

Section D – Supplier response

Section E - Call Off Agreement award

Sections in blue should be completed by the Call Off Ordering Party and sections in light grey should be completed by the Supplier.

Section A

General information

This Call Off Order Form is issued in accordance with the provisions of the Framework Agreement.

The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and the Service Recipients on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the “Call Off Agreement”) for the duration of the Call Off Term.

The Call Off Terms that will apply to the Call Off Agreement are as specified in the Template Call Off Terms Framework Schedule 2.2 (*Call Off Terms*). The Call Off Ordering Party and Supplier details are as set out in the appended order summary sheet (the “**Order Summary**”). An example of an Order Summary is attached at Annex 1.

Call Off Ordering Party details	
Call Off Ordering Party The Call Off Ordering Party details are as set out in the appended order summary sheet (the “ Order Summary ”).	
Call Off Ordering Party Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Julie Frampton
Address:	Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY
Email address:	Julie.frampton@nhs.net
Telephone number:	077770 346 322

Supplier details	
Supplier The Supplier details are as set out in the Order Summary.	
Supplier Representative and relevant details (including for the delivery of notices) Please provide the following details:	
Name of representative:	Nick Pilditch
Address:	Advanced, Ditton Park, Riding Court Road, Datchet, Berkshire, United Kingdom, SL3 9LL
Email address:	Nick.Pilditch@oneadvanced.com
Telephone number:	01212 730450

Section B

Section B.1 Call Off Agreement details

Call Off Commencement Date

The Call Off Commencement Date is the date of signature by the later of the two parties, unless agreed otherwise in writing by the parties and recorded on the relevant section of the Order Summary.

Call Off Agreement maximum period

This will be 48 months, unless the procurement procedure requires it to be less (for example, a Continuity Call Off will have a maximum period of no longer than 12 months).

Please complete the following information:

Call Off Agreement Initial Period*:	
<p>*Note: The Call Off Agreement will extend automatically up to the maximum of 48 months, unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Call Off Agreement Initial Period. Following the Call Off Agreement Initial Period the Call Off Agreement can be terminated for convenience by the Call Off Ordering Party with no termination costs.</p>	

Section B.2 Service Recipients and Order Summary

Details of the Service Recipients and of the order will be as set out in the Order Summary.

Section B.3 Details of the Service Instances required

Details of the Service Instances will be as set out in the Order Summary.

Note: The Service Instance Commencement Date will be on Achievement of Milestone M1 (go live) and the Service Instance Period will commence on such Service Instance Commencement Date and continue for a minimum duration of 6 Months and will not exceed 36 Months (but in any event, will not extend beyond the Call Off Term). The Service Instance will extend automatically beyond the Service Instance Initial Period up to a cumulative maximum of 36 Months (inclusive of the Service Instance Initial Period), unless the Call Off Ordering Party gives notice to terminate 30 Working Days prior to the end of the Service Instance Initial Period. Following the Service Instance Initial Period the Service Instance can be terminated for convenience by the Call Off Ordering Party with no termination costs.

Section B.4 Optional requirements

Please answer the questions set out below:

Additional Clause Are "Security measures" required? See Call Off schedule 5.7 (<i>Additional Clauses</i>), paragraph 2.2.1	Yes / No (delete as appropriate)
Is the Call Off Ordering Party a Non-Crown Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.1	Yes / No (delete as appropriate)
Is the Call Off Ordering Party a Non-FOIA Public Body? See Call Off schedule 5.7 (<i>Additional Clauses</i>), clause 2.1.2	Yes / No (delete as appropriate)
Is the processing of Personal Data outside the UK permitted (i.e. in Restricted Countries)? The default is expected to be "No". See Deed of Undertaking for Data Processing. If "Yes" is stated, for each Service Instance listed in section B.3 above please set out	Yes / No (delete as appropriate)

the additional jurisdictions the Processing of Personal Data is permitted in below:		
<i>Catalogue and Service ID</i>	<i>Solution Instance</i>	<i>Additional jurisdictions where the Processing of Personal Data is permitted in.</i>

Section B.5 Associated Services

Details of the Associated Services will be as set out in the Order Summary.

For each Associated Service, the acceptance criteria and trigger for the charges to become payable must be set out in the table below. For example, if advice and/or guidance is required on integration of the Catalogue Solution with a new finance system of the Call Off Ordering Party, then the acceptance criteria may be as bulleted below and the trigger for the charges to become payable may be on approval by the Call Off Ordering Party that all acceptance criteria have been satisfied.

- The Service Recipient confirms that it is now able to extract the relevant data from the Catalogue Solution.
- The Service Recipient confirms that it now understands how to transform the extract from the Catalogue Solution into the form required for import into the finance system.

Please complete the below:

Associated Service ID	Applicable to Service Instance ID(s) (Optional)	Number of units ordered	Payment Trigger and Conditions	Specific requirements (including the deliverables / outcomes required)	Do you require the Supplier to describe the solution to the requirements in Section D.2?

Section C

Section C.1 Milestones and Milestone Achievement Criteria

Milestones:

The Milestones set out below will apply to all Service Instances.

Milestone ID and title	Milestone Payments scope
M1 (Go Live Milestone)	No payment.

M2 (Service Stable Milestone)	The Periodic Service Charges commence on Achievement of Milestone M1, but are withheld from payment until Milestone M2 is Achieved.
-------------------------------	---

Milestone Achievement Criteria:

Note: Call Off Ordering Parties may amend the table below for a particular Service Instance where appropriate and reasonable to do so. Where more than one set of Milestone Achievement Criteria are specified then the mapping of each set of Milestone Achievement Criteria to the Service Instances listed in the Order Summary must be clearly stated.

Milestone M1: Go Live	
Unique Ref	Acceptance Criteria
M1-1	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Detailed Implementation Plan includes all Deliverables and all Supplier, Call Off Ordering Party and Service Recipient responsibilities with appropriate time allocated to the execution of each.
M1-2	The Supplier evidences to the Service Recipient's satisfaction that the Catalogue Solution has been configured, as necessary, to meet the Service Recipient's operational requirements.
M1-3	The Supplier evidences to the Service Recipient's satisfaction that the Supplier's obligations under the Training Standard have been met.
M1-4	Where the Supplier is responsible for training, the Supplier evidences to the Service Recipient's satisfaction that its End Users are trained to the extent that they can use the Catalogue Solution to fulfil their relevant business functions.
M1-5	The Supplier evidences to the Service Recipient's satisfaction that the national and other interfaces applicable to the Catalogue Solution can be connected to and accessed.
M1-6	The Supplier evidences to the Service Recipient's satisfaction that any Associated Services ordered with the Service Instance that are applicable to implementation have been effectively provided.
M1-7	The Supplier evidences to the Service Recipient's satisfaction that the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier for go live have been met and that the relevant data has migrated to the extent necessary for the Service Recipient to conduct their relevant business functions effectively.
M1-8	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier will meet their Call Off Ordering Party related obligations set out within the Service Management Standard.
M1-9	The Supplier evidences to the Call Off Ordering Party's satisfaction that the Supplier has appropriate invoicing arrangements in place.
M1-10	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M1-11	Approval by the Call Off Ordering Party that all Milestone M1 activities have been successfully completed.
Milestone M2: Service Stability	
Unique Ref	Acceptance Criteria

M2-1	The Service Recipient confirms that the Catalogue Solution is functioning in accordance with the Supplier's specification and that its End Users can use the Catalogue Solution effectively.
M2-2	The Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that all of the requirements of the Data Migration Standard and Catalogue Solution Migration Process applicable to the Supplier have been met and that all of the relevant data has migrated to the Catalogue Solution.
M2-3	The Supplier evidences to the Service Recipient and Call Off Ordering Party's satisfaction that the Supplier is meeting its Call Off Ordering Party service management obligations set out on the "Call Off Ordering Party" tab of appendix 2 of the Service Management Standard, to the extent that the same can be reasonably demonstrated within 10 Working Days of Achievement of Milestone M1.
M2-4	In relation to Type 2 Catalogue Solutions only, the Supplier evidences to the Service Recipient's and Call Off Ordering Party's satisfaction that the Catalogue Solution is meeting the applicable Service Levels.
M2-5	Any commercial issues identified to date are visible to both Parties and an agreement on how they are to be handled has been reached between the Parties.
M2-6	Approval by the Call Off Ordering Party that all Milestone M1 and M2 activities have been successfully completed.

Section C.2 Implementation Plan requirements

Overview Implementation Plan

Where a number of Service Instances will be undergoing implementation planning and/or actual implementation the Call Off Ordering Party may require an Overview Implementation Plan which will set out, as a minimum, the following for each of the Service Instances which have yet to Achieve Milestone M2:

- the Milestone Dates for Milestones M1 and M2;
- the start and end dates for any activity associated with the migration of data from the solutions which the Catalogue Solution is replacing to the Catalogue Solution;
- the start and end dates for the training activity.

Where an Overview Implementation Plan is required, enter the Service Instances you wish it to encompass below, otherwise enter "N/A". Please complete the below as appropriate:

Service Instance

Implementation Plans

The table below must list the Implementation Plans required and any go live constraints that are applicable. Each Service Instance will have its own Outline Implementation Plan, which may then be developed (if indicated as required in the table below) into a Detailed Implementation Plan. The Service Instance unique IDs to be used in this section are those set out in the Order Summary.

The Outline Implementation Plan(s) should cover:

- each Milestone;
- each Milestone Achievement Criteria;
- each Deliverable that contributes to each Milestone Achievement Criteria; and
- each Call Off Ordering Party and/or Service Recipient responsibility

Please complete the below if required:

Implementation Plan ID and title	Applicable Milestone / Milestone Achievement Criteria	Service Instance unique ID	Go Live date constraints	Is a Detailed Implementation Plan required (Y/N)?
	As set out in section C.1			
	As set out in section C.1			
	As set out in section C.1			

Section D

If the Services are procured via a Direct Award or On-Catalogue Further Competition Procedure, the details below should be completed prior to entering into the Call Off Agreement. If the services are procured via an Off-Catalogue Further Competition Procedure, the details below should be provided as part of the Tender.

Section D.1 Supplier service provision response

Commercially Sensitive Information			
Commercially Sensitive Information relating to the Supplier, its IPR or its business, or which the Supplier is indicating to the Call Off Ordering Party that, if disclosed by the Call Off Ordering Party, would cause the Supplier significant commercial disadvantage or material financial loss. Please complete:			
No.	Date	Item(s)	Duration of Confidentiality
1.	5/7/2019	Framework Agreement Schedule 2.4 detailed service descriptions and diagrams	Unlimited duration
2.	5/7/2019	Framework Agreement Schedule 2.5 Performance Levels Detailed service levels provided by the Supplier	Unlimited duration

3.	5/7/2019	Framework Agreement Schedule 2.6 Insurance Any proof of insurances or insurance policies provided by the Supplier	Unlimited duration
4.	5/7/2019	Framework Agreement Schedule 3.2 Approved Key Subcontractors: details of the Supplier's sub contractors	Unlimited duration
5.	5/7/2019	Framework Agreement Schedule 4.1 Charges and Invoicing Detailed pricing and calculations	Unlimited duration
6.	5/7/2019	Framework Agreement Schedule 4.2 Financial Distress Detailed unaudited financial information	Unlimited duration
7.	5/7/2019	Schedule 5.4 Reports and Records Provisions Annex 1	Unlimited duration
8.	5/7/2019	Schedule 5.5 Exit Management Exit Plan	Unlimited duration
9.	5/7/2019	Schedule 6.1 Key Roles	Unlimited duration
10.	05/07/19	Call Off Agreement Schedule 2.1 Performance Levels	Unlimited duration
11.	05/07/19	Call Off Agreement Schedule 2.1 Overview Implementation Plans and Detailed Implementation Plans	Unlimited duration
12.	05/07/19	Call off Agreement Schedule 4.1 detailed charges	Unlimited duration
13.	05/07/19	Call Off Agreement Schedule 5.5 Exit Management Exit Management Plan	Unlimited duration

Exclusive Assets	
Please list any Exclusive Assets applicable to each Service Instance:	
Service Instance ID	Exclusive Assets

Section D.2 Specific Associated Services requirement responses

Please provide a brief description of how you will satisfy the specific Associated Services requirements set out in section B.5 above for each entry in section B.5 where the Call Off Ordering Party has indicated that a solution description is required in that section. Please complete:

Associated Services ID	Solution summary

Section D.3 Charges information

The charges will be as set out in the Order Summary.

Section D.4 Performance Regime

For each Catalogue Solution, the relevant service levels will be as set out in the Catalogue Solution Listing.

Section D.5 Description of Personal Data

The description of the Personal Data Processing applicable to the Call Off Agreement will be as set out in the table at D.5.1 below (with any variations set out in the table at D.5.2 below) for each of the Catalogue Solutions and Additional Services encompassed by this Call Off Agreement (as set out in section B of this Call Off Order Form).

D.5.1 Default Personal Data Processing information

For each Catalogue Solution and Additional Service, the default position in relation to data processing and the list of the Supplier's Sub-processors shall be as set out on the associated Catalogue Solution Listing.

The Supplier must complete the Supplier's Data Protection Officer details below:

Supplier's Data Protection Officer Name and Contact Details:	Rashmit Kalra dataprotection@oneadvanced.com
---	---

D.5.2 Variation to default Personal Data Processing information

This section is used to record any variation to the data processing set out on the Catalogue Solution Listing that is specific to this Call Off Agreement. Where a variation is required, the parties shall record such variation

in the table below, making it clear to which Service Instances, Catalogue Solutions and/or Additional Services each variation applies. If no variations apply delete the tables and enter “No variations apply”.

Please note variations are expected to be uncommon and will typically only apply where Associated Services are being provided that vary the Catalogue Solution and/or where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on the Catalogue Solution Listing. It should be noted that where the relevant Data Controller(s) do not wish to accept elements of the default data processing set out on a Catalogue Solution Listing, this may result in the inability of the Supplier to provide the relevant Catalogue Solution / Additional Service.

Where variations are applicable, a copy of the table below should be included for each different grouping of variation – it is up to the Parties to agree what variations (if any) apply to the default position for each Service Instance, Catalogue Solution and/or Additional Service.

Applicable to List the Service Instance IDs, Catalogue Solutions and/or Additional Services to which this set of variations apply	
Description	Details
Subject matter of the Processing	
Duration of the Processing	
Nature and purposes of Processing	
Type of Personal Data	
Categories of Data Subjects	

Section E

Call Off Agreement Award

Call Off Ordering Party organisation: see Order Summary
Supplier name: see Order Summary
Unique Call Off Agreement ID: see Order Summary

This Call Off Agreement is awarded in accordance with the provisions of the Framework Agreement.


The Supplier will supply the Services specified in this Call Off Order Form to the Call Off Ordering Party and Service Recipients (which may also include the Call-Off Ordering Party) on and subject to the terms of this Call Off Order Form and the Call Off Terms (together referred to as the "Call Off Agreement") for the duration of the Call Off Term.

The Call Off Ordering Party confirms that no amendments other than those identified in sections B of this form have been made to the Template Call Off Terms.

For the Call Off Order Form to take effect, both parties must complete and sign this Call Off Order Form.

SIGNATURES

For and on behalf of the Supplier

Name:	Ric Thompson
Job role/title:	Managing Director – Advanced Health & Care Ltd
Signature:	
Date:	02/03/2021

For and on behalf of the Call Off Ordering Party (at Call Off Agreement award)

Name:	Roxanna Naylor
Job role/title:	Chief Finance Officer
Signature:	
Date of dispatch:	

Annex 1: Order Summary



NHS BARNSELY CCG
Bridging - Advanced (

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

360 ASSURANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	Decision <input type="checkbox"/>	Approval <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Information <input type="checkbox"/>								
2.	PURPOSE											
	The purpose of the report is to provide members with an update on the 360 Assurance Audit regarding Primary Care Governance and Contracting.											
3.	REPORT OF											
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 30%;"></th> <th style="width: 30%;">Name</th> <th style="width: 40%;">Designation</th> </tr> </thead> <tbody> <tr> <td>Executive Lead</td> <td>Chris Edwards</td> <td>Chief Officer</td> </tr> <tr> <td>Authors</td> <td>Julie Frampton</td> <td>Head of Primary Care</td> </tr> </tbody> </table>				Name	Designation	Executive Lead	Chris Edwards	Chief Officer	Authors	Julie Frampton	Head of Primary Care
	Name	Designation										
Executive Lead	Chris Edwards	Chief Officer										
Authors	Julie Frampton	Head of Primary Care										
4.	SUMMARY OF PREVIOUS GOVERNANCE											
	<p>The matters raised in this paper have been subject to prior consideration in the following forums:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #d9e1f2;"> <th style="width: 45%;">Group / Committee</th> <th style="width: 20%;">Date</th> <th style="width: 35%;">Outcome</th> </tr> </thead> <tbody> <tr> <td>N/A</td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			Group / Committee	Date	Outcome	N/A					
Group / Committee	Date	Outcome										
N/A												
5.	EXECUTIVE SUMMARY											
	<p>Since 2018/19, NHS England (NHSE) has required independent assurances to be provided that primary care delegated functions to CCGs have been appropriately discharged. NHSE's Internal Audit Framework sets out the requirement for independent assessments to be undertaken across four domains, on a cyclical basis, by March 2022, the four domains being as follows:</p> <ul style="list-style-type: none"> Commissioning and Procurement of Services Contract Oversight and Management Functions Primary Care Finance Governance (common to each of the above areas) <p>The committee may recall that the Terms of Reference were brought to PCCC advising of this year's audit. 360 Assurance has undertaken the audit and the final report is attached as Appendix 1.</p>											

	The report includes two areas of low risk that include actions to mitigate the risks that will be implemented by the Head of Primary Care and the Primary Care team. One risk is with regard to the re-instatement of the Primary Care Quality Improvement Group which will be the forum for reviewing quality relating to all GP Practices and monitoring of the Primary Care Quality Dashboard. The other risk relates to ensuring that the appropriate sections of the Policy Guidance Manual are evident in the Contractual Reports sent to the PCCC.
6.	THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the content of the 360 Assurance report
7.	APPENDICES / LINKS TO FURTHER INFORMATION
	Appendix 1 – 360 Assurance - Contract Oversight and Management Functions Report

Agenda time allocation for report:	15 mins
---	---------

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (<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:		Provide ref(s) or state N/A	
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act (<i>place ✓ beside all that are relevant</i>):			
	Management of conflicts of interest (s14O)	See 3.1	Duties as to reducing inequalities (s14T)	See 3.4
	Duty to promote the NHS Constitution (s14P)		Duty to promote the involvement of each patient (s14U)	
	Duty to exercise its functions effectively, efficiently and economically (s14Q)	See 3.2	Duty as to patient choice (s14V)	
	Duty as to improvement in quality of services (s14R)	See 3.3	Duty as to promoting integration (s14Z1)	
	Duty in relation to quality of primary medical services (s14S)	See 3.3	Public involvement and consultation (s14Z2)	See 3.5
2A.	Links to delegated primary care commissioning functions			
	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	✓		
3.	Governance Considerations Checklist (<i>these will be especially relevant where a proposal or policy is brought for decision or approval</i>)			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>			

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

3.10	Environmental Sustainability <table> <tr> <td>Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?</td><td>NA</td></tr> <tr> <td colspan="2"><i>If relevant provide brief details here OR cross refer to detailed report if used</i></td></tr> </table>	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA	<i>If relevant provide brief details here OR cross refer to detailed report if used</i>	
Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	NA				
<i>If relevant provide brief details here OR cross refer to detailed report if used</i>					

**Primary Medical Care Services
(PMCS) Contract Oversight
and Management Functions**

*NHS Barnsley Clinical
Commissioning Group*

February 2021

2021/BCCG/04

Final Report



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Appendix A – Risk matrix and opinion levels	11

Distribution

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

Key dates

Report stage	Date
Discussion draft issued:	15 February 2021
Exit meeting:	17 February 2021
Final draft issued:	18 February 2021
Client approval received:	25 February 2021
Final report issued:	25 February 2021

Contact information

Name/role	Contact details	
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Name/role	Contact details	
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Reports prepared by 360 Assurance and addressed to NHS Barnsley Clinical Commissioning Group (CCG) directors or officers are prepared for the sole use of the NHS Barnsley CCG, and no responsibility is taken by 360 Assurance or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit between NHS Barnsley CCG and 360 Assurance dated 1 April 2020 shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

The appointment of 360 Assurance does not replace or limit NHS Barnsley CCG's own responsibility for putting in place proper arrangements to ensure that its operations are conducted in accordance with the law, guidance, good governance and any applicable standards, and that public money is safeguarded and properly accounted for, and used economically, efficiently and effectively.

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

This report has been prepared solely for your use in accordance with the terms of the aforementioned agreement (including the limitations of liability set out therein) and must not be quoted in whole or in part without the prior written consent of 360 Assurance.

Introduction and background

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

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

Auditors of CCGs are required to tailor their approach to take account of the findings from any previous or related audit work, and make use of local assessment of risk to determine appropriate focus within the scope of work detailed. Accordingly, outputs from the following audits have been taken into account in complying with the requirements of the Framework:

- Commissioning and Procurement of Primary Care Medical Services (1920/BCCG/06)
- Governance and Risk Management (1920/BCCG/03)

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

Audit objective

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

Within the Delegation Agreement, CCGs are responsible for monitoring the quality, safety and performance of each PMCS contract. This incorporates how the CCG manages underperforming practices and where necessary may invoke sanctions, breaches or even terminate a contract for PMCS. The audit included a review of all these areas.

Audit opinion

Substantial assurance	The controls in place do not adequately address one or more risks to the successful achievement of objectives; and/or one or more of the controls tested are not operating effectively, resulting in unnecessary exposure to risk.
<p>Our opinion is limited to the controls examined and samples tested as part of this review.</p> <p>The opinion level we are required to use is as specified by NHSE and these are shown at Appendix A of this report. The assurance levels defined by NHSE:</p> <ul style="list-style-type: none">• are not comparable with ISAE 3000¹• differ to the assurance levels used by 360 Assurance for other reviews completed as part of the	

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

agreed internal audit programme of work.

Summary findings

There are strong governance arrangements in place, with both the Primary Care Commissioning Committee (PCCC) and the Quality and Patient Safety Committee (QPSC) having appropriate membership and meeting frequently. The PCCC's Terms of Reference were approved by the Governing Body in January 2020 and the QPSC's Terms of Reference were approved by the Governing Body in September 2020. The Governing Body receives assurance regarding the work of the PCCC through the receipt of ratified minutes and highlights report from the Committee Chair. It receives assurance regarding the work of the QPSC through the receipt of ratified minutes from the Committee Chair.

Accountability for primary medical care services (PMCS) rests with the Accountable Officer, supported by the CCGs' Primary Care Team. Services are commissioned in accordance with NHSE's Policy Guidance Manual which the CCG has adopted and relevant staff are aware of. Our review identified further scope for the relevant extract from the PGM to be included in all papers of the PCCC.

We reviewed reporting to PCCC between January 2020 and January 2021. Effective arrangements are in place for contract oversight and management functions reviewed in accordance with the scope of this audit.

The CCG's approach to receiving assurance on primary care quality involves a review of the Primary Care Quality Dashboard, which was a standing item on the agenda of the Primary Care Quality Improvement Group (PCQIG) meetings. These meetings were stood down in January 2020 due to COVID-19 and the resignation of the Medical Director. Oversight of the quality of services in primary care has been maintained through review of information/intelligence by the QPSC, however, the Quality Dashboard has not been subject to regular review following suspension of the PCQIG.

In accordance with the PCCC work programme for 2020/21, a contractual issues report has been presented to each meeting of the PCCC throughout the year in order to provide members with an update on the current contractual issues in relation to the CCG's primary care contracts. A risk associated with contract performance management was recorded within the risk register that was presented to the public meeting of the PCCC in January 2021. This risk is being managed through the CCG's normal risk management process.

Summary of actions

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

Audit scope

Scope area	Audit testing
Governance arrangements	<p>We confirmed whether:</p> <ul style="list-style-type: none"> effective governance arrangements are in place through the Primary Care Commissioning Committee (PCCC) (or alternative committee with responsibility for delegated functions) that support the CCG in discharging delegated functions relating to contract oversight and management functions. the CCG has relevant policies, procedures and guidance which reflect the NHSE Primary Medical Care Policy and Guidance Manual and have been communicated to relevant personnel.
Arrangements for Contract Oversight and Management Functions	<p>We confirmed whether:</p> <ul style="list-style-type: none"> the CCG has an up to date contracts register which records all contracts for PCMS and arrangements are in place to check practice opening times and any sub-contracting arrangements. the CCG has processes in place to manage patient lists and registration issues. processes are in place for identification of practices selected for contract review to assure quality, safety and performance.
Reporting on Contract Oversight and Management Functions	<p>We confirmed whether:</p> <ul style="list-style-type: none"> the PCCC, or other delegated committee, receives regular updates on contract performance including records of decisions to be made to address any quality and performance concerns. processes are in place for the management of contract variations, practice mergers and closures.
<p>Limitations of scope: <i>The scope of our work was limited to the systems and controls identified in the Terms of Reference. Excluded from scope was the management of conflicts of interests which is subject to a separate mandated internal audit framework. We reviewed arrangements for contract oversight and management but our work does not provide assurance on performance of GP practices.</i></p>	

Key findings

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

1. Governance arrangements

Responsibility for contract oversight and management functions has been delegated

The PCCC's Terms of Reference were approved by the Governing Body in January 2020 and are consistent with the Delegation Agreement between the CCG and NHSE. According to its Terms of Reference, the PCCC meets on at least a quarterly basis both in public and in private with more frequent meetings if required. Throughout 2020, the PCCC met on a bi-monthly basis with the exception of the March 2020 meeting which was cancelled due to the COVID-19 pandemic. We confirmed that there are robust arrangements in place for reporting from the Committee to the Governing Body through the provision of ratified minutes and highlight reports from the Chair of the Committee.

In previous years, through the completion and digital submission of the Primary Care Commissioning Activity Report (PCAR) to NHSE, there was assurance that the CCG had fulfilled its delegated responsibilities. We understand that due to COVID-19, this has been stood down by NHSE for 2020/21. The PCCC supporting information sheets include a section titled 'Links to statutory duties' which demonstrate that the CCG is fulfilling its statutory duties. A representative from NHSE is invited to attend PCCC meetings.

The Quality and Patient Safety Committee (QPSC) is responsible for receiving relevant information regarding the management of primary care quality. The QPSC's Terms of Reference were approved by the Governing Body in September 2020. The Governing Body receives assurance regarding the work of the QPSC through the receipt of ratified minutes from the Committee Chair.

The CCG has established a sub-group reporting to the QPSC known as the Primary Care Quality Improvement Group (PCQIG). Whilst the PCQIG reports to the QPSC, it escalates any concerns relating to contracting or GP performance to the PCCC. Meetings of the PCQIG have not taken place since January 2020, initially due to COVID-19 and then due to the resignation of the CCG's Medical Director. However, oversight of the quality of services in primary care has been maintained by the QPSC. We understand that the CCG has now appointed a new Medical Director who will chair future meetings of the PCQIG and QPSC.

The Quality Dashboard, which incorporates practice data relating to a number of areas, was a standing item on the agenda of the PCQIG meetings. Since the suspension of the PCQIG meetings, the Quality Dashboard has not been subject to regular review by the QPSC – see finding 1. However, we do note that COVID-19 has impacted on the depth of reporting in the Quality Dashboard during 2020/21 compared to previous years. CQC inspections have not been taking place, instead a Transitional Regulatory approach is being trialled with calls made to practices by the CQC based on risk and NHSE have suspended information requests to practices.

We confirmed that the Accountable Officer is the executive lead for primary medical care services and is supported by the CCG's Primary Care Team. The Head of Primary Care provides the organisational leadership for primary care and reports to the Director of Commissioning. Up

to date job descriptions are in place for all posts.

Policy for contract oversight and management functions

We confirmed that the CCG has adopted the Policy and Guidance Manual (PGM) issued by NHSE. The PGM has been recently updated and a revised version was published on 4 February 2021. The changes highlighted in this version of the PGM have not yet been formally brought to the attention of the PCCC members via a report. We have reviewed the changes and confirmed that these do not impact on the areas we have audited.

There are specific sections within the PGM on contract oversight and management including what evidence could be considered by CCGs, guidance on conducting practice visits and a section on what to do when things go wrong including issuing sanctions and breaches. In terms of the processes in place to confirm compliance with the PGM, the PGM is referred to within the contractual issues report that is presented to the PCCC when Committee approval is being sought as a result of a contract variation requiring an amendment to a contract. Furthermore, an NHSE representative attends meetings of the PGM and is therefore on hand to clarify any areas of ambiguity within the PGM.

2. Arrangements for contract oversight and management functions

Contracts register

The CCG maintains a primary care contracts register as a record of all contracts held with practices. We noted from our review of the 2020/21 register that the CCG has 76 primary care contracts in place – a breakdown by contract type is provided below:

- 7 Alternative Provider Medical Services (APMS)
- 14 General Medical Services (GMS)
- 15 Personal Medical Services (PMS)
- 3 Any Qualified Provider (AQP)
- 33 Practice Delivery Agreement (PDA)
- 4 other

The contracts register is kept up to date by the Primary Care Team through liaison with the wider contracts team of the CCG.

Approach to contract oversight and management

The CCG's approach to contract oversight encompasses the following:

- Review of the annual GP Practice Self Declaration (eDec).
- Maintenance of a CQC rating overview spreadsheet to monitor the overall CQC rating for each practice as well as action plans for any of the CQC domains noted as 'Requires Improvement' or 'Inadequate' and also reporting of outcomes to the appropriate committee.
- Escalation process through the Quality Concerns Trigger Tool.
- Review of the Quality Dashboard which incorporates practice data relating to the following areas each of which is divided into a number of key performance indicators:
 - patient safety
 - quality and clinical effectiveness (including CQC ratings)
 - governance and patient experience
 - workforce

- transformation

Our comparison of the indicators used for the Quality Dashboard to the guidance within the PGM issued by NHSE at section 2.5.18 found it to be consistent with requirements. Practices where six indicators or more are not meeting the thresholds are discussed within the PCQIG and an action plan developed where the Group agrees it is appropriate to do so.

Section 2.3.1 of the PGM refers to a requirement for Commissioners to undertake a risk-based approach to reviewing contracts, along with a rolling programme of deep-dive contract reviews. We understand that the CCG was in the process of developing a contract review process requiring the completion of a supportive contract review with each practice once every three years with practices requiring more urgent review or support being dealt with more urgently. However, this was put on hold in light of structural discussions and COVID-19. We were advised that the Primary Care Team is aiming to have in place a formally documented schedule outlining when each practice's review will be conducted by June 2021 but that this timescale may be subject to change due to the COVID-19 pandemic. We have therefore not proposed any further action in relation this area within our report.

We could confirm from our discussions with the Head of Primary Care that the Primary Care Contract Team meet regularly with those responsible for Primary Care quality monitoring to share intelligence. This joined up approach is evident in the contractual issues reports to the PCCC.

Section 2.6.7 of the PGM refers to a requirement for Commissioners to undertake a rolling programme of review which should include a random sample of practices not identified through other intelligence led approaches. The CCG's approach to practice visits has been to conduct these in response to things such as a 'Requires Improvement' or 'Inadequate' inspection rating from the CQC, a high number of complaints or a holistic consideration as to the number of indicators where a practice is not meeting an anticipated threshold. The CCG regularly liaises with the local CQC inspector to share local knowledge in respect of practices and particularly in relation to practices having an inspection and subsequent follow up. Where appropriate a visit may take place, such as to deliver a breach notice to a practice with an 'Inadequate' rating from the CQC.

The CCG does not have a formally documented threshold for triggering such visits although it developed a Quality Concerns Trigger Tool in November 2016 which is followed with routine quality monitoring, enhanced surveillance being adopted and then an enhanced quality review/risk summit as appropriate. We understand that the three year practice review process described above will incorporate both a contractual and a quality review.

Arrangements for review of opening times

The CCG monitors GP practice reported opening times through the practices' annual GP Practice Self Declaration submission, which is in line with section 2.5.15 of the PGM. It was reported to the public meeting of the PCCC in November 2020 that all practices within Barnsley submitted their responses as required in December 2019 and that the information collected covered eight categories one of which was opening hours. We were advised that all practices have now submitted their 2020 declarations and that NHSE extended the deadline for practices to submit their 2020 declarations to mid-February 2021.

It was reported to the public meeting of the PCCC in May 2020 that as a result of the COVID-19 pandemic, ten practices had made changes to their branch surgery facilities by either reducing opening hours or closing the branch site and focussing their service from the main site. The CCG

carried out checks such as visiting those practices' social media pages and websites to ensure that the changes that they had been notified of were correct. The amendments to opening hours reported to PCCC in May 2020 were part of flex arrangements agreed with practices during COVID-19.

In October 2020, the CCG contacted all practices to review the current position and the ability to restart 'business as usual' services following NHSE/I guidance with positive results. We were advised that the CCG is still liaising with one practice and have outlined application requirements and steps that the practice needs to take if they wish to formally request an amendment to their extended hours including the requirement for PCCC discussion and approval.

Prior to PCQIG meetings being stood down, GP practice opening times were reported within the Quality Dashboard.

Arrangements for sub-contracting

Sub contracted arrangements are included within the GP Practice Self Declaration and reported in the Quality Dashboard. Approval has been given for some practices to utilise the local i-Heart Extended Access service, which is contracted by the CCG and delivered by Barnsley Healthcare Federation, to cover practice opening hours for example on occasion for half day training or closure at 6pm instead of the usual 6:30pm.

1. Review of the Quality Dashboard

Finding: Meetings of the PCQIG have not taken place since January 2020. Whilst oversight of the quality of services in primary care has been maintained during the period by the QPSC through receipt of primary care updates and the minutes of the Primary Care Quality and Cost Effective Prescribing Group meetings, the Quality Dashboard has not been formally considered at QPSC meetings with the exception of the meeting held in October 2020. Our review of the minutes of this meeting found a lack of evidence of challenge by the Committee with regards to the Quality Dashboard.

Risk: If the poor performance of practices goes undetected due to a lack of formal oversight and scrutiny of the Quality Dashboard by a committee of the CCG, there is a risk that patient care, safety and experience may be adversely impacted.

Low
(Impact x Likelihood)
3 x 2

Action: The PCQIG to be re-established and the Quality Dashboard to be reviewed and monitored at meetings of the PCQIG. Any exceptions to be escalated to the QPSC meetings.

Responsible officer: Julie Frampton, Head of Primary Care
Implementation date: 31 July 2021

Management response: The CCG has now appointed a new Medical Director who will chair future meetings of the PCQIG and QPSC.

Management of patient lists and registration

The process in relation to managing patient lists is as outlined in section 3 'Managing Patient Lists' of the PGM. We were advised that generally, it has not been necessary to assign patients to practices as usually the patient would approach the practice of their choice and if a registration issue occurred then this is managed by communication with the practice regarding contractual requirements including a reminder of their open list status.

The CCG maintains a spreadsheet to monitor list sizes and changes over time as part of targeted list maintenance. The spreadsheet shows for each practice, the movement in patient numbers as well as the percentage change over a period of time.

List closure

A request to close a list has not been received by the CCG but the process followed would include the practice providing a defined set of information to the CCG. The process for list closure or temporarily suspending registration has been shared with Practice Managers and is in line with section 5 'Temporary Suspension to Patient Registration' of the PGM.

The CCG would consider the information received and also seek support as appropriate, which may be from NHS England's Medical Directorate team. Any decision for closure of the list would require PCCC approval.

Out of area registration

The CCG's Primary Care Team checks if a patient lives in a practice area by checking the boundary, in line with section 4.6 of the PGM. This involves checking the patient's address on the "SHAPE" system to see if it is in the practice boundary. The Primary Care Team work closely with the CCG's Quality Team and the Medication Management Team in completing these checks. We were advised that all practices within Barnsley have agreed to register patients who live outside of the practice boundary area.

Special Allocation Scheme (SAS)

The SAS scheme forms part of the contract that the CCG holds with Barnsley Healthcare Federation. A Service Quality and Performance report is reviewed and discussed at the monthly contract meeting that is held with the service provider.

3. Reporting on contract oversight and management functions

Receipt of regular updates on contract performance by committees

Relevant to the scope of our review we confirmed that the PCCC received the following papers between January 2020 and January 2021:

Public PCCC	Private PCCC
<ul style="list-style-type: none">•Primary Care Estates•Finance Update•CQC Updates•Contractual Issues Report•Assurance Framework & Risk Register•Draft PCCC Annual Assurance Report•COVID-19•Primary Care Networks Presentation•Terms of Reference•Work Plan 2021/22•Workforce Risk Review	<ul style="list-style-type: none">•CQC Update•Contractual Issues Report•Caxton House Medical Practice - Ratify Virtual Decision•Home Visiting Contract and Covid Home Visiting Contract•SYB Primary Care Estates Business Case•Barnsley Primary Care Estates•Work Plan 2021/22

Management of contract variations and practice mergers

We confirmed that between January and December 2020 there were 15 contract variations (CV). Most of these reflected either the addition of a new partner or the resignation or

retirement of an existing partner. We could confirm from a review of a sample of seven of these CVs that:

- the relevant extracts from the PGM had been included within the papers that were presented to the PCCC requesting approval of the CVs.
- they had been approved by the PCCC albeit four of these had been approved virtually (via email) by members of the PCCC in March 2020 as a result of the PCCC meeting that was scheduled to take place that month being cancelled due to the COVID-19 pandemic.

We reviewed arrangements for practice mergers in detail as part of our review in 2019/20 on commissioning and procurement. No recommendations were made. We have been advised that there are currently no practices that have merged.

Management of practice closures

One GP practice closed in August 2020 due to the resignation of the sole signatory on the GMS contract. A detailed exit plan was produced which identified the main actions taken and explained how the actions followed the PGM. It also specified all the activities required to safely close the practice.

Our review of the contractual issues report that was presented to the public meeting of the PCCC in July 2020 confirmed that the report covered the closure in sufficient detail and the Committee was asked to note the closure of the practice and the actions being taken. Furthermore, our review of the contractual issues report that was presented to the private meeting of the PCCC in July 2020 confirmed that the report asked the Committee to ratify the decision made to close the practice and disperse the list. The minutes of the private meeting of the PCCC held in July 2020 confirmed that the Committee ratified the decision previously agreed to close the practice and disperse the registered list.

2. Papers for the Primary Care Commissioning Committee provide assurance to members that the Policy and Guidance Manual has been applied

Finding: Since the November 2019 meeting of the PCCC, the supporting information sheets have included a section titled 'Links to statutory duties'.

An action agreed as part of our 2019/20 report on commissioning and procurement was for the CCG to ensure that it refers to the PGM in all of its Primary Care Commissioning Committee papers. Our review of the 'In Year Contract Variations' section of the contractual issues report that is presented to each meeting of the PCCC found that the PGM is only referred to where a contract variation requires an amendment to a contract and therefore PCCC members' approval.

The PCCC was asked to approve a contract extension for an APMS contract at its public meeting in November 2020. However, the relevant extract from the PGM had not been included in the paper. There is a specific section within the PGM on Practice Closedown (Planned / Scheduled) which refers to the option to extend APMS contracts.

Risk: If a decision is made by PCCC and there is a lack of evidence that there has been compliance with the PGM, then the decision could be challenged and overturned. There could be an impact on the reputation of the CCG and patient experience and care.

Low
(Impact x Likelihood)
2 x 3

Action: The CCG to ensure that appropriate information from the PGM is applied for each item in the contractual issues report.

Responsible officer: Julie Frampton, Head of Primary Care

Implementation date: 31 August 2021

Management response: Agreed.

Follow-up

Actions raised during this review, will be followed up using the online tracker. This will include obtaining documentary evidence to demonstrate that actions agreed as part of this review have been implemented.

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

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

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

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

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

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

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

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

Assurance Framework

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

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

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
 - Engagement with primary care providers and workforce
 - Workforce and capacity shortage, recruitment and retention
 - Under development of opportunities of primary care at scale, including new models of care
 - Primary Care Networks do not embed and support delivery of Primary Care at place
 - Not having quality monitoring arrangements embedded in practice
 - Inadequate investment in primary care
 - Independent contractor status of General Practice
- Risk ref 9.1 Digital Technology - There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:
 - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust
 - Primary Care colleagues fatigued with the amount of IT work scheduled
 - Short timelines to deliver projects
 - Supplier and equipment delays
 - Constructive and timely engagement by system partners to deliver a SCR by 20/21
 - System wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work
 - Incomplete information available from NHS Futures regarding future work.

Risk Register

The Risk Register is an important governance document that facilitates the effective management of the CCG's strategic and operational risks. The Risk Register is a repository of current risks to the organisation, including risk ratings and the controls in place to mitigate the risk. The full risk register is submitted to the Committee on a six monthly basis, (March and September), the red and amber rated risks are considered at each meeting of the Committee. In line with reporting timescales, Members' attention is drawn to Appendix 1 of this report which provides the Committee with a full risk register report associated with the Primary Care Commissioning Committee.

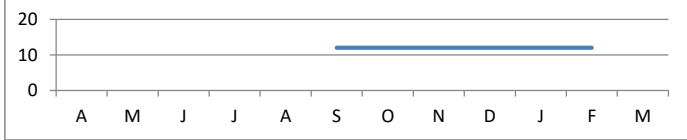
	<p>There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members are asked to review 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.	THE COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none">• Review and agree that the risks are being appropriately managed and scored	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none">• Appendix 1 - GBAF• Appendix 2 – Risk Register	
Agenda time allocation for report:		5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register	
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework	
	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	
2.	Links to statutory duties	
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act	
	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)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>	
3.1	Clinical Leadership	
	Have GB GPs and / or other appropriate clinicians provided input and leadership?	NA
3.2	Management of Conflicts of Interest (s14O)	
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	NA
3.3	Discharging functions effectively, efficiently, & economically (s14Q)	
	Have any financial implications been considered & discussed with the Finance Team?	NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	NA
3.4	Improving quality (s14R, s14S)	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	NA

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

NHS Barnsley CCG Governing Body Assurance Framework 2020-21

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY	
<div>1. Development of a system wide shared care record</div> <div>2. Ensure the delivery of the GP IT Operating Model to:</div> <div>- Comply with mandatory core standards re: interoperability and cyber security</div> <div>- Support the transition to HSCN from N3 (<i>transition now complete</i>)</div> <div>- Support the roll out of Windows10 to secure system security from cyber attack</div> <div>- Support the implementation and roll out of the NHS App, eConsultaion. APEX, GPIT refresh of IT equipment, Govroam (<i>noting that NHS App rolled out, APEX decommissioned, GPIT refresh in place, Govroam under review</i>)</div> <div>- Support the wider use of digital technology as described within the Long Term Plan</div> <div>- Comply with the transition from GPSoC to GP IT Futures (<i>transition now complete</i>)</div> <div>- Working closely with the SY&B digital and IT workstream to deliver the digital road map</div> <div>- Delivery of O365 across Barnsley</div> <div>- Support the catch up of Windows10 upgrades in primary care</div> <div>- Ensure full delivery of online consultation systems to general practices where these are not already in place</div> <div>- Lead the transition to the new GPIT Futures Digital Care Services Framework arrangements.</div>				Highest quality governance		<div>There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:</div> <div>- Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust</div> <div>- Primary Care colleagues fatigued with the amount of IT work scheduled</div> <div>- Short timelines to deliver projects</div> <div>- Supplier and equipment delays</div> <div>- constructive and timely engagement by system partners to deliver a SCR by 20/21</div> <div>- system wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work</div> <div>- Incomplete information available from NHS Futures regarding future work.</div>	
				High quality health care	✓		
				Care closer to home	✓		
				Safe & sustainable local services	✓		
				Strong partnerships, effective use of £	✓		
				Links to SYB STP MOU			
Committees providing assurance		PCCC & SMT	Executive Lead		JB	Clinical Lead	JH
Risk rating	Likelihood	Consequence	Total			Date reviewed	Feb-21
Initial	3	4	12			<div>Rationale: Likelihood has been scored at 3 as transition to new provider has been successfully completed but will be kept under review. Consequence has been scored at 4 given the major impact on the CCG and the system if digital and It technology is not safeguarded and fully exploited.</div>	
Current	3	4	12				
Appetite	3	4	12				
Approach	Tolerate						
Key controls to mitigate threat:				Sources of assurance		Rec'd?	
Barnsley IT Strategy Group				Monthly meetings to review SCR progress and refresh Digital Roadmap. Minutes to GB		Ongoing	
BBS IT Delivery Group and BBS Digital Strategy Group established				Monthly meetings to review progress of the delivery of key projects and programmes. Updates to SMT, GB and PCCC		Ongoing	
GP IT and Corporate IT service commissioned from BBS IT Services, the successor to eMBED. The new shared service is now establishing working protocols. Shared staffing allows for technical and network experience to be available to the CCG. Additional staffing to be secured if Digital First EOIs are successful as bids include resource.				CCG representatives attend the BBS IT Delivery Group and BBS Digital Strategy Group. KPIs and other performance monitoring data is provided and reviewed. Issues would be escalated to SMT in first instance.		Ongoing	
SYB has led a procurement leading to the identification of Doctorlink as the preferred local provider of online consultation services. Contact in place until Oct 2021 with another 2 year option.				Every Barnsley practice has Doctorlink installed for use within their practice.		Complete	
Redcentric become the commissioned service to maintain HSCN				Transition to new HSCN network now complete across the Barnsley CCG & primary care estate		Complete	
Gaps in assurance				Positive assurances received			
Governance process to be established for the IT groups eg link with the IT Strategy group and the CCG Operational Group							
Gaps in control				Actions being taken to address gaps in control / assurance			

RISK REGISTER – March 2021

Domains

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	8	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	20	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	6	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	03/21	March 2021 No further update. Feb 2021 The recruitment is not yet at the pace expected and there has not been the additional increase as expected. This remains at the same risk level. Jan 2021 PCN recruitment continues for the ARRS. The projected increase in staff	04/21

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		services could be further away from their home.				<p>has a workforce element and the Barnsley Workforce Plan is under development which will include Primary Care.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p> <p>The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The CCG has funded Clinical Pharmacists to provide support to all Practices in Barnsley. Approval was given to the recruitment of a second cohort of clinical pharmacists & 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>							has prompted a risk review at Jan 21 PCCC	

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
CCG 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	02/21	<p>Feb 2021 360 Assurance audit has been completed for 2020-21 and indications are of good assurance of quality and contract management</p> <p>Oct/Nov 2020 The PC action from the 360 audit has been completed. The CCG continues to manage its delegated responsibilities.</p> <p>July 2020 360 Audit of Primary Care Contracts and Procurement was completed, and 2</p>	05/21

													minor changes were recommended.	
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.	2	4	8	SY&B have completed the procurement of a number of providers under the Emergency Framework that could support the continuing provision of Primary Medical Services. The BHF is a provider on this framework. APMS Contracts allow increased diversity of provision.	Head of Primary Care (Primary Care Commissioning Committee)		1	4	4	01/21	Jan 2021 No further updates July 2020 The commencement of the Dynamic Purchasing System to support a more simplified approach to procurement has increased the options available to support service provision. The Emergency Framework remains in place. October 2019 The Primary Care Network DES offers further opportunities around the resilience of primary care. Primary Care Networks and the Emergency Procurement Framework gives further assurance to ensure that primary care provision in	06/21

													Barnsley is not at risk.	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could therefore be affected.	2	3	6	<p>The CCG has a well-established and effective patient and community engagement function, as well as robust governance supporting the function.</p> <p>The CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG is a member of the Consultation Institute and as such uses learning, best practice and advice service to support any consultation activity.</p>	Head of Communications & Engagement (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	02/20	<p>Risk continues to be monitored but action to address is on hold pending resolution of the covid-19 emergency.</p> <p>February 2020 NHS England has assessed the CCG as Green Star against the patient and community engagement indicator.</p> <p>February 2019 No changes to report.</p>	02/21
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	3	5	15	<p>CCG considered its strategic capacity & capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	1	3	3	07/20	<p>July 2020 This risk was reviewed earlier in the year and remains low risk</p> <p>Feb 2020 Risk reviewed at January PCCC meeting where it was agreed to reduce the likelihood score to 1 and therefore the overall score to 3 (low risk).</p>	07/21

														August 2019 The CCG is recruiting 3 posts to support the work towards integration via a revised community service specification and with the PCN.	
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PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021

DRAFT PCCC ANNUAL ASSURANCE REPORT 2020-21

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR							
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input checked="" type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input type="checkbox"/>
2.	PURPOSE							
	<ul style="list-style-type: none"> The Primary Care Commissioning Committee Annual Assurance Report 2020-21 is attached for the Committee's consideration and approval. 							
3.	REPORT OF							
			Name	Designation				
	Executive Leads & Authors		Richard Walker		Head of Governance & Assurance			
			Julie Frampton		Head of Primary Care			
4.	SUMMARY OF PREVIOUS GOVERNANCE							
	The matters raised in this paper have been subject to prior consideration in the following forums:							
	Group / Committee		Date	Outcome				
	N/A							
5.	EXECUTIVE SUMMARY							
	All of the CCG's Committees are required to produce an Annual Assurance Report for submission to the Audit Committee and subsequently the Governing Body. The purpose of the reports are to provide the Accountable Officer, and the Governing Body, with assurance that the Committees have discharged the responsibilities delegated to them in their Terms of Reference and have managed the key risks within their remit. In addition, an annual report from the committee is required as part of the Delegation Agreement and it is intended that this report will meet that requirement and will be provided to NHS England.							

6.	THE COMMITTEE IS ASKED TO:	
	<ul style="list-style-type: none"> Consider and approve the Draft PCCC Annual Assurance Report 2020-21 	
7.	APPENDICES / LINKS TO FURTHER INFORMATION	
	<ul style="list-style-type: none"> Appendix 1 – Draft PCCC Annual Assurance Report 2020-21 	
Agenda time allocation for report:		5 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1.	Links to Corporate Priorities, GBAF and Risk Register			
	This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework			
	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:			ALL
2.	Links to statutory duties			
	This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act			
	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)	
3.	Governance Considerations Checklist <i>(these will be especially relevant where a proposal or policy is brought for decision or approval)</i>			
3.1	Clinical Leadership			
	Have GB GPs and / or other appropriate clinicians provided input and leadership?			NA
3.2	Management of Conflicts of Interest (s14O)			
	Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?			NA
3.3	Discharging functions effectively, efficiently, & economically (s14Q)			
	Have any financial implications been considered & discussed with the Finance Team?			NA
	Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?			NA
3.4	Improving quality (s14R, s14S)			
	Has a Quality Impact Assessment (QIA) been completed if relevant?			NA
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?			NA

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

PRIMARY CARE COMMISSIONING COMMITTEE

ANNUAL ASSURANCE REPORT 2020/21

1. INTRODUCTION

1.1 On 1 April 2015, Barnsley CCG took on delegated responsibility for exercising certain specified primary care commissioning functions from NHS England. In accordance with the guidance issued by NHS England the CCG established the Primary Care Commissioning Committee (PCCC) to act as the corporate decision making body for the delegated functions.

1.2 The key functions delegated by NHSE are:

- Decisions in relation to the commissioning, procurement and management of Primary Medical Services Contracts;
- Approval of practice mergers;
- Planning primary medical care services, including carrying out needs assessments;
- Undertaking reviews of primary medical care services;
- Decisions in relation to the management of poorly performing GP practices; and
- Premises Costs Directions Functions.

In addition, PCCC has authority to take decisions where the Governing Body is unable to do so due to Conflicts of Interest.

1.3 The purpose of this report is to provide assurance to the Accountable Officer and the CCG Governing Body that the Committee has discharged its delegated functions set out in its Terms of Reference, and has managed effectively the risks within its remit.

2. CONDUCT OF THE COMMITTEE'S BUSINESS

2.1 In accordance with NHSE guidance the Committee is chaired by a Lay Member, has a Lay Vice Chair, and has a Lay and Executive majority. A representative from NHS England, a local HealthWatch representative and a local authority representative from the local Health and Wellbeing Board (the Director of Public Health) are invited to attend public meetings as non-voting attendees. Three elected GP members of the CCG's Governing Body attend meetings in a non-voting capacity as clinical advisors, to ensure the unique benefits of clinical commissioning are retained.

- 2.2** The Terms of Reference require the Committee to meet at least quarterly. In the interest of transparency and the mitigation of conflicts of interest, meetings are held in public except where the Committee resolves to take items in private session due to considerations of confidentiality. At present the Committee meets every other month, with provision for additional extraordinary meetings when, for example, procurement decisions have been delegated to the Committee and must be taken outside the normal Committee cycle. On these occasions any decisions made are reported back to the next available public session.
- 2.3** To date during 2020/21 the Committee has met six times. In addition, in January and March 2021 two additional Extra Ordinary PCCC meetings were held for the purpose of signing off and approving Service Procurements and Utilisation of Funding. Non-voting GP Clinical Advisors were not invited to these additional meetings. All meetings were quorate. The membership and attendance of the Primary Care Commissioning Committee to date during 2020/21 is set out in the table below.

Name	Role	Meetings attended
Voting Members		
Chris Millington (Chair)	Lay Member for PPE & Primary Care Commissioning	8/8 tbc
Nigel Bell	Lay Member for Governance	8/8 tbc
Mike Simms	Governing Body Secondary Care Clinician	8/8 tbc
Richard Walker	Head of Governance and Assurance	7/8 tbc
Lesley Smith*	Chief Officer	2/2
Chris Edwards*	Chief Officer from	5/6 tbc
GP Clinical Advisers (non-voting)		
Dr Nick Balac	Chair of the Governing Body	2/6 tbc
Dr Sudhagar Krishnasamy*	Medical Director	2/2
Dr Madhavi Guntamukkala*	Medical Director	4/4 tbc
Dr Mark Smith	Elected Governing Body Member	5/6 tbc

*Lesley Smith resigned effective from 31 August 2020 so was only eligible to attend 2 PCCC meetings

*Dr Sudhagar Krishnasamy resigned effective from 31 August 2020 so was only eligible to attend 2 PCCC meetings

*Chris Edwards commenced as Chief Officer effective September 2020 so was only eligible to attend 6 PCCC meetings

* Dr Madhavi Guntamukkala commenced as Medical Director effective September 2020 so was only eligible to attend 4 PCCC meetings

- 2.4** The Chair of the Committee presents a highlights report to the Governing Body summarising the key business and drawing attention to items requiring escalation. In addition the public minutes of the PCCC are available via the CCG's website. This Annual Assurance Report will also be taken to the Audit Committee and Governing Body.

- 2.5** The Committee's Terms of Reference were initially approved in April 2015 at the inaugural meeting of the PCCC. The Terms of Reference closely follow the template within NHS England's guidance for CCG's taking on delegated responsibilities and were approved by the Governing Body, Membership Council and NHS England.
- 2.7** In accordance with CCG policy, Committee Terms of Reference are reviewed on an annual basis. The Terms of Reference of the Primary Care Commissioning Committee were reviewed at its meeting in November 2020 with a further discussion in January 2021. The following changes were discussed and agreed by the Committee and were approved by Governing Body in March 2021 (*changes shown below in italics*):

Ref	Proposed change
Sub-groups of the Committee	The CCG has established a <i>Primary Care Strategic Group as a forum for partners in Barnsley to articulate the strategic direction for primary care in Barnsley in the context of national and system wide guidance and priorities. This Group will be supported by a Primary Care Forum to coordinate the operational delivery of this strategic direction. The Primary Care Strategic Group will make recommendations to the Primary Care Commissioning Committee where decisions are required to implement the strategy, and on operational contractual issues impacting on primary care delivery; however decision making remains the responsibility of the Primary Care Commissioning Committee. Where necessary the Committee would seek clarifications and make suggestions to the Primary Care Strategic Group about specific pieces of work which could then be refined and re submitted as appropriate. The Primary Care Strategic Group has formal Terms of Reference which are presented to Primary Care Commissioning Committee for approval.</i>

3. REVIEW OF THE COMMITTEE'S EFFECTIVENESS

- 3.1** The PCCC has the skills and competencies necessary to discharge its functions. For example:

- The Chair has attended training in the management of Conflicts of Interest in relation to the delegated functions provided by NHS England, and all Governing Body members receive regular Conflicts of Interest training
- The Committee's membership includes three elected GP Members from the Governing Body to provide local clinical insight and expertise in an advisory capacity

- Meetings are attended by a range of experts who provide advice and support to the members, including primary care commissioning leads from NHS England, and staff from the CCG's Finance and Primary Care teams.

3.2 All CCG Committees include an item at the end of their agenda for reflection on the conduct of the meeting and identification of any training needs etc. Generally these reflections indicate that members of the Primary Care Commissioning Committee are satisfied with the way the business of the meetings is conducted.

3.3 NHSE's internal audit framework for primary care mandates local auditors to undertake a cyclical programme of reviews to provide assurance to NHS England that the CCG is carrying out its functions in accordance with the delegation agreement. The internal audit focus for 2020/21 was on contract oversight and management, and the report received in February 2021 provided substantial assurance and made just two low risk recommendations.

4. ACHIEVEMENTS IN THE YEAR

4.1 Highlights of the PCCC's work during 2020/21 include:

- Despite not being able to meet in person due to the covid-19 pandemic the Committee has made arrangements for continued public involvement and accountability by inviting written questions and making recordings of meetings available on the CCG's website and social media
- Oversaw the closure of one GP Practice in Barnsley following the retirement of the contract holder and the successful dispersal of the patient list to neighbouring practices
- Maintained oversight of the response of Barnsley GP Practices and the Barnsley Healthcare Federation to the covid-19 pandemic
- Sought assurance re progress in recruiting into the additional roles in accordance with the PCN DES
- Supported practices with their staffing issues during the pandemic by agreeing to resilience measures to maintain delivery of primary medical services to people
- Completed the HSCN installation to all GP practices and through the GP IT provision ensured all practices had mobile working capability
- Supported the South Yorkshire and Bassetlaw estates capital bid process and supported the refurbishment plans of underutilised space in 2 of the LIFT buildings.

4.2 *Quality Improvement, CQC Inspections and Emergency Support Framework:*

During the C-19 pandemic the Care Quality Commission (CQC) have adopted a Transitional Regulatory Approach. A 'living' dashboard is maintained which will give an up to date snapshot of practices current achievement on a wide range of indicators.

From this information, practices may be flagged as a possible risk and will be timetabled for a short telephone call to explore a reduced set of Key Lines of Enquiry (KLOE). This is not a form of inspection, but a supportive call to understand the challenges the practice is facing and whether there are any risks to quality or safety. Evidence is not required, and the service is not rated. An inspection or further evidence would only be requested if there was then a concern from the discussion.

The CQC held calls with The Rose Tree Practice; Dodworth Medical Practice and The Grove Medical Practice as these practices were a concern prior to the pandemic and rated inadequate. These calls were specifically to assure the CQC that the practices were not adversely affected nor impacted significantly by the pandemic and were maintaining services to the patients effectively. The outcome was that there was no need for any regulatory action.

5. DELIVERY OF THE COMMITTEE'S TERMS OF REFERENCE

5.1 The Committee has a work plan which is kept under regular review and which ensures key areas of responsibility are addressed through the Committee's agendas. The table below summarises how the PCCC has discharged its key responsibilities as set out in its Terms of Reference:

Responsibility	How discharged
<i>Decisions in relation to Management of GMS, PMS and APMS contracts including:</i>	
The design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)	The Committee receives a contractual issues report at every meeting which includes decisions in relation to breach notices etc. where required
Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services")	No decisions in relation to enhanced services have been required in 2020-21
Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)	No such local incentive scheme as an alternative to QOF has been designed in 2020/21
Making decisions on 'discretionary' payment (e.g., returner/retainer schemes)	The Committee agreed to support a GP on the GP Retainer Scheme at one of our practices in Barnsley.
<i>Planning the primary medical services provider landscape in Barnsley, including considering and taking decisions in relation to:</i>	
The establishment of new GP practices in an area or the closure of GP Practices	No new GP Practices have been established in the area in 2020/21. During 2020-21 a single handed GP retired, and the list was dispersed following an options appraisal and approval at PCCC.
Approving practice mergers	There have been no proposals for practice mergers for approval in 2020/21

Managing GP Practices providing inadequate standards of patient care	A Primary Care Quality Dashboard has been developed and this is monitored by the Quality and Patient Safety Committee with information on quality issues being shared with this Committee
Procurement of new PMS contracts	There have been no such procurements in 2020/21
Dispersing lists of GP Practices	During 2020-21 a single handed GP retired, and the list was dispersed following an options appraisal and approval at PCCC.
Variations to the boundaries of GP Practices	Requests to vary boundaries would be raised through the contractual issues report – there have been no boundary changes approved in 2020/21
List cleansing in relation to GP Practices	No such requests have come to the Committee during 2020/21
<i>Other responsibilities</i>	
To plan, including needs assessment, primary medical care services in Barnsley; and to undertake reviews of primary medical care services in Barnsley	The SYB ISC Primary Care Steering Board has produced a Primary Care Strategy for “system” which will inform an update to the CCG’s Primary Care Strategy.
To co-ordinate a common approach to the commissioning of primary care services generally	PCCC has adopted clear guidelines for issues such as premises reimbursement and closed list applications, to ensure fair and consistent approach across Barnsley. The Committee follows the NHS England Policy and Guidance Manual in all decision making
To manage the delegated allocation for commissioning of primary medical care services in Barnsley	PCCC has a standing agenda item providing a report setting out the financial position of delegated primary care budgets
To obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley	Issues pertaining to quality in primary medical services are reported to Governing Body via the QPSC
Review relevant extracts from GBAF and corporate risk register	Standing agenda item at every meeting
Take procurement decisions delegated by Governing Body to facilitate the management of conflicts of interest	The PCCC has approved the SYB ICS Estates Capital Bid, BREATHE Service procurement, Intermediate Care GP Oversight procurement

6. ASSURANCE AND RISK MANAGEMENT

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

Governing Body Assurance Framework (GBAF)

- 6.2** Following a refresh of the GBAF in 2020/21 two GBAF risks have been allocated to the PCCC for oversight, as follows:

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
 - Engagement with primary care providers and workforce
 - Workforce and capacity shortage, recruitment and retention
 - Under development of opportunities of primary care at scale, including new models of care
 - Primary Care Networks do not embed and support delivery of Primary Care at place
 - Not having quality monitoring arrangements embedded in practice
 - Inadequate investment in primary care
 - Independent contractor status of General Practice
- Risk ref 9.1 Digital Technology - There is a risk that the key deliverables will not be achieved if the following threats to delivery are not appropriately managed and mitigated:
 - Lack of IT technical expertise locally for input into projects and programmes of work / lack of technical support to ensure deliverables are robust
 - Primary Care colleagues fatigued with the amount of IT work scheduled
 - Short timelines to deliver projects
 - Supplier and equipment delays
 - Constructive and timely engagement by system partners to deliver a SCR by 20/21
 - System wide strategic digital strategy and planning currently under-resourced with no dedicated Barnsley resource available to progress this work
 - Incomplete information available from NHS Futures regarding future work.

- 6.3** Both risks were rated as 12 (amber – high) at the start of the year and have been subject to discussion and review at every meeting. To date the Committee has not made a recommendation to the Governing Body to amend the scoring of these risks.

Corporate Risk Register

- 6.4** The PCCC began the year with five risks on its risk register, of which one was rated as red ('extreme').

There remain five risks on the register allocated to PCCC, of which one is judged to be red (extreme) and which has therefore been escalated as 'gaps in control or assurance' on the GBAF.

- 6.5** There is currently one remaining red ('extreme') risk on the PCCC risk register as follows:

Risk	Mitigation
<p>14/10: If the Barnsley area is not able to attract & retain a suitable & sufficient primary care clinical workforce there is a risk that:</p> <p>(a) Some practices may not be viable,</p> <p>(b) Take up of PDA or other initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>	<p>The Network Contract DES has provided a number of roles that the Primary Care Network can recruit to support service delivery. The recruitment has increased the number of staff and roles now available to support people with their health needs and will continue over the next year.</p> <p>The pandemic has had an impact on the PDA delivery this year and PDA supported practices to focus on Covid needs. Primary Care is returning to full delivery of GMS/PMS/APMS contracts and the health impacts of Covid will need to be reviewed on all as the pandemic and restrictions ease. The Network Contract DES will facilitate more neighbourhood and integrated working which will support individual practice resilience.</p>

7. CONCLUSION

- 7.1** This report has demonstrated how, during 2020/21, the PCCC has continued to function as an effective Committee capable of performing the CCG's responsibilities for commissioning primary medical services.
- 7.3** As such the Committee provides assurance to the Accountable Officer and the CCG's Governing Body for the purposes of the *Review of the Effectiveness of Governance, Risk Management & Internal Control* within the CCG's Governance Statement.

Report of: Chris Millington, Governing Body Lay Member for Patient and Public Involvement