NHS
Barnsley
Clinical Commissioning Group

Public Primary Care Commissioning Committee
Thursday, 25 November 2021 at 09.30am
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 21/11/04** Chair	9.35am
5	Minutes of the meeting held on 30 September 2021	Approve	**PCCC 21/11/05** Chair	9.35am 5mins
6	Matters Arising Report	Note	**PCCC 21/11/06** Chair	9.40am
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7	GP IT	Assurance/ Information	**PCCC 21/11/07** Julie Frampton	9.40am 10mins
8	Improving Access Plan	Information	**Verbal** Julie Frampton	9.50am 5mins
Quality and Finance				
9	Finance Update	Information	**PCCC 21/11/09** Ruth Simms	9.55am 10mins
10	Telephony	Assurance/ Information	**PCCC 21/11/10** Julie Frampton	10.05am 10mins
11	CQC Update	Assurance/ Information	**PCCC 21/11/11** Julie Frampton	10.15am 5mins
Contract Management				
12	Contractual Issues Report • Brierley Medical Centre – ratification of procurement to BHF • Single Tender Waivers • GP Patient Survey Analysis 2021	Approval/ Assurance	**PCCC 21/11/12** Julie Frampton	10.20am 10mins

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Clinical Commissioning Group

Item	Session	Committee Requested to	Enclosure Lead	Time
Governance, Risk, Assurance				
13	Risk and Governance Report • Assurance Framework • Risk Register	Assurance	**PCCC 21/11/13** Richard Walker	10.30am 5mins
Reflection on conduct of the meeting				
14	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chair	10.35am
Other				
15	Questions from the public relevant to the agenda	Note	**Verbal** Chair	10.35am 5mins
16	Items for escalating to the Governing Body	Note	**Verbal** Chair	10.40am 5mins
17	**Date and time of the next scheduled meeting:** Thursday, 13 January 2022 at 2.30pm via MS Teams	Note	**Verbal** Chris Millington	**10.45am** **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**

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	
2.	**PURPOSE**						
	To foresee any potential conflicts of interests relevant to the agenda.						
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

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.

The table below details what interests must be declared:

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.

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.

Members should also declare if they have received any Gifts, Hospitality or Sponsorship.

6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	• 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**
	• 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	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	✓
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

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 *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

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

3.2 Management of Conflicts of Interest (s14O)

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

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	• 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	• 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	• Partner Governor Barnsley Hospital NHS Foundation Trust (ceased July 18) • Partner Governor role with Barnsley Hospital NHS Foundation Trust (from 6 February 19) • Appointed Cancer Alliance Advisory Board
Mike Simms	Secondary Care Clinician	• Provider of Corporate and Private healthcare and delivering some NHS Contracts.
Chris Edwards	Governing Body Member	• 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	• 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	• 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	• Daughter working for Health Education England.

Name	Current position (s) held in the CCG	Declared Interest
Julie Frampton	Head of Primary Care	• NIL
Victoria Lindon	Assistant Head of Primary Care Commissioning (NHSE and NHSEI)	• NIL
Nick Germain	NHS England & Improvement, Primary Care Manager	• NIL

NHS Barnsley Clinical Commissioning Group

Minutes of the PUBLIC Primary Care Commissioning Committee meeting held on Thursday, 30 September 2021 at 2.30pm via MS Teams

PRESENT: (VOTING MEMBERS)

Chris Millington (Chair)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Nigel Bell	Lay Member for Governance
Mike Simms (Chair)	Secondary Care Clinician
Chris Edwards	Chief Officer
Richard Walker	Head of Governance & Assurance

CLINICAL MEMBERS (NON-VOTING)

Dr Nick Balac	Chairman, Barnsley CCG
Dr Madhavi Guntamukkala	Governing Body Member
Dr Mark Smith	Governing Body Member

IN ATTENDANCE:

Terry Hague	Primary Care Transformation Manager
Angela Musgrave	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Margaret Lindquist	Board Member, Healthwatch Barnsley
Carrie Abbott	Service Director, Public Health, BMBC
Ruth Simms	Finance Manager

APOLOGIES:

Roxanna Naylor	Chief Finance Officer
Julie Frampton	Head of Primary Care

MEMBERS OF THE PUBLIC:

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

Agenda Item	Note	Action	Deadline
PCCC 21/09/01	**HOUSEKEEPING**		
PCCC 21/09/02	**WELCOME AND APOLOGIES**		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 21/09/03	**QUORACY**		
	The meeting was declared quorate.		
PCCC 21/09/04	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	There were no declarations of interest declared.		

PCCC 21/10/05	MINUTES OF THE LAST MEETING		
	The minutes of the meeting held on 5 August 2021 were verified as a true and correct record of proceedings with the following amendments. Mike Simms Chaired the meeting held on 5 August and was present for the whole meeting; not from agenda item 11 as indicated in the minutes. <u>Minute Item 21/08/11 – GP Practice Premises Sale and Return</u> The Primary Care Manager, NHSEI raised a concern regarding the wording of the second paragraph relating to the GP practice Premises Sale and Return. The Chairman of the CCG commented that the rules, regulations and implications regarding VAT registration for a GP practice can be very complex. An ambiguity regarding the inclusion of VAT had been identified following PCCC approval of the Sale and Leaseback of premises utilised by Dr Mellor & Partners practice in the March 2021 meeting of the committee. The initial approval had been based on the understanding that there would not be any financial implications. It had then been identified that as the practice were not VAT registered the additional VAT would be a cost to the CCG. NG advised the committee that if information had been known regarding the VAT prior to the initial approval this would not have changed the decision outcome. If the CCG is operating within budget then VAT cost alone would not be a valid reason to reject the sale and return – if the sale and return is deemed necessary for sustainability of services, and CCG expects that services would continue to be required for the population in the area and there are assurances on the state of the building etc, then PCCC would need a strong rationale (other than financial grounds) for rejecting the application. NG also confirmed that the VAT implications of a sale and leaseback would be incorporated into future due diligence. POST MEETING NOTE – *A Sale and lease back application had also been received from Huddersfield Road Surgery and approved by the committee on 28 January 2021. Following further guidance in respect of VAT, it has been requested and agreed that a clause be included within the contract for the sale and leaseback agreement to*		

	state that the landlord will not exercise an option to tax the property for such time it is occupied for the permitted use as a GP practice.		
PCCC 21/09/06	**MATTERS ARISING REPORT**		
	Members noted the updates provided in the Matters Arising report. <u>Minute Item 21/08/10 – CQC Updates</u> Item now complete. <u>PCCC 21/08/11 – GP Practice Premises Sale and Return</u> The Primary Care Manager, NHSEI confirmed that to ensure accurate information was provided to CCG colleagues, a prompt would be included in the sale and return of GP premises procedure, highlighting that a GP Practice must be VAT registered.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 21/09/07	**Primary Care Network Update** <u>Primary Care Network Workforce Plan</u> The Primary Care Transformation Manager provided members with an update on the Primary Care Network (PCN) workforce submission and PCN Plans for 2021/22 and 2022/23. Following a thorough review by the CCG and PCN Managers, the PCN Workforce Plan and what roles the Additional Roles Reimbursement Scheme (ARRs) would be planned and recruited to for 2021/22 had been submitted to the Workforce Team at NHS England within the deadline. Feedback was currently awaited, and the Committee would be updated when this became available. It was noted that the PCN was also required to update it's ARRs workforce plans for 2022/23 and 2023/24 by the end of October 2021 for CCG review prior to submission to NHS England. PCN Clinical Directors and PCN Managers were currently working on these plans. <u>Primary Care Networks – Plans for 2021/22 and 2022/23</u> The CCG had shared with GPs and the PCN the notification received from NHSE regarding the key objectives, service requirements and Impact and Investment fund (IFF) for PCNs. The five areas of focus for PCNs over the coming 18 months were:-		

	• Improving prevention and tackling health inequalities in the delivery of primary care • Supporting better patient outcomes in the community through proactive primary care • Supporting improved patient access to primary care services • Delivering better outcomes for patients on medication • Helping create a more sustainable NHS. The PCN Clinical Directors had been asked to support the delivery of these plans. The Primary Care Team had offered support to the PCN Managers and bi-weekly meetings had been arranged. The Primary Care Manager NHSE/I informed that when the plans were initially published, they included funding of £43m nationally for PCN leadership and management. Details of what funding would be received locally and how it was to be distributed was awaited. **The Committee: -** • Noted the submission of the PCN Workforce Plan • Noted the PCN plan requirements for 2021/22 and 2022/23		
QUALITY AND FINANCE			
PCCC 21/08/08	**FINANCE UPDATE**		
	The Assistant Finance Manager presented the Finance Report that provided an update of the report. There were two sections to the report: . **<u>Forecast Position 2021/22 – H1 April – September 2021</u>** The forecast position as at Month 4 reflected a £127k underspend, the majority of which related to underutilisation on 2020/21 accruals. It was reported that in August the CCG was forecasting an underspend of the PCN Additional Roles Reimbursement (ARRS) funding, however following discussions with PCN Managers to discuss their workforce plans it was anticipated that this funding would be fully utilised going forward. An update would be provided on this funding at the next Committee meeting.		

	<u>Additional Funding for 2021/22</u> Additional allocations received to date, as at month 5, were as follows: - • £38k for Online Consultations • £20k Practice Resilience Programme • £69k Primary Care Networks – development and support • £426k Long COVID management of Adults • £131k Primary Care Long COVID Enhanced Service • £30k GP IT Infrastructure and Resilience • The CCG was awaiting allocation confirmation for additional funding in relation to the new Enhanced Service, Weight Management. An update would be provided at the next committee. The Chairman of the CCG assured the Committee that regular meetings were taking place between himself, the Head of Primary Care the Medical Director and the PCN to ensure funding was fully utilised. **The Committee: -** • Noted the contents of the report		
PCCC 21/09/09	**CQC UPDATES** There were no CQC updates to report.		
CONTRACT MANAGEMENT			
PCCC 21/09/10	**CONTRACTUAL ISSUES REPORT**		
	The Primary Care Transformation Manager presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts. **<u>Monk Bretton Health Centre</u>** Barnsley CCG had received an application to vary Monk Bretton Health Centre's PMS contract to add Dr Munir as a new partner from 1 July 2021. As the application required a Contract Variation amendment to the PMS contract, PCCC members were required to approve the amendment. The Primary Care Team and NHSE had carried out all the necessary due diligence checks and it was recommended that the contract variation be approved.		

	Woodland Drive Medical Centre Branch Site The Primary Care Team had been made aware that appointments were not being delivered by Woodland Drive Medical Centre at their branch site based at The Roundhouse Medical Centre. Further investigation had confirmed that the last regular branch site booking had been made in 2018 and the IT team had confirmed that the rooms had not been indicating any use of IT equipment. Following discussions with the Practice, the Primary Care Team had been informed that the Practice were considering applying to close the branch site. If an application was received, further background work would be carried out and a report brought back to the Committee to consider whether it was appropriate for this to happen. The Lay Member for Governance raised a query regarding the financial status of bookable space not being utilised and whether the space was then categorised as chargeable 'void' space. **Action:** The Assistant Finance Manager and Primary Care Transformation Manager were asked to investigate this query further and to present a brief assurance report at the next PCCC meeting to ensure funding was being utilised appropriately. **eDEC Analysis 2020/21** It was reported that all Barnsley Practices had submitted their mandatory electronic Annual Practice Declaration (eDEC) for 2020/21 in line with the requirements contained in NHSE's Policy and Guidance Manual book of Primary Medical Services. The analysis provided in the report included information on Practice Staff Details, Premises and Equipment, Practice Services, Practice Procedures, Information and Clinical Governance, CQC, General Practice IT and Catchment area. The report provided the Committee with assurance that most practices were meeting requirements with no quality concerns identified. The Primary Care Team would be contacting a small number of Practices to verify the answers provided and to provide support if necessary or ensure an action plan was in place to remedy any issues.	**RS/TH**	

	The Committee: - • Approved the contract variation for the additional of Dr Munir to the Monk Bretton Health Centre contract. • Noted the issue and work ongoing regarding Woodland Drive Medical Centre branch site. • Noted the analysis of the eDEC submissions and assurance provided.		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 21/09/11	**Risk and Governance Report** The Head of Governance & Assurance presented the risk and Governance report that provided the Committee with: • Assurance regarding the delivery of the CCG's annual strategic objectives, and • Assurance that the current risks to the organisation were being effectively managed and monitored appropriately Assurance Framework 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 two risks for which the Committee were the assurance provider. Both risks 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 and; • Risk Ref 9.1 – the key deliverables of Digital Technology if identified threats(s) were not appropriately managed and mitigated. Risk Register There were 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 was one red (extreme) rated risk, one amber risk (high), one yellow risk (moderate) and two green (low) risks. Members were asked to review the risks detailed on Appendix 1 to ensure that the risks were being appropriately managed and scored.		

	The Chairman of the CCG commented regarding risk reference 14/10 Workforce Planning, that following recent discussions around the plan to recruit to additional roles the Head of Primary Care may wish to consider if the score needed to be amended. The Head of Governance & Assurance agreed to liaise with the Head of Primary Care regarding the score for risk reference 14/10 Workforce Planning. **The Committee: -** • Reviewed and agreed that the risks were being appropriately managed and scored.	**RW/JF**	
OTHER			
PCCC 21/09/12	**REFLECTION OF CONDUCT OF THE MEETING** The Committee agreed that the meeting had been conducted appropriately.		
PCCC 21/09/13	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**		
	There were no questions received from the members of the public.		
PCCC 21/09/14	**ITEMS FOR ESCALATING TO THE GOVERNING BODY** There were no items for escalating to the Governing Body.		
PCCC 20/09/15	**DATE & TIME OF NEXT MEETING** Thursday, 25 November 2021 at 9.30am via MS Teams.		

PCCC 21/11/06

NHS Barnsley Clinical Commissioning Group

MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

THURSDAY, 25 NOVEMBER 2021

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **30 September 2021**

Minute ref	Issue	Action	Action/Outcome
PCCC 21/09/10	**Contractual Issues Report** Woodland Drive Medical Centre Branch Site A brief assurance report detailing the financial status of bookable space not being utilised to be provided for the November meeting.	**RS/TH**	The reimbursement for practice rent to Woodland Drive Medical Centre, for their branch site, ceased at the end of August 2017. From this date these costs were picked up under bookable and void space through CCG core allocations.
PCCC 21/09/11	**Risk and Governance Report** Following recent discussions around the plan to recruit to additional roles, consideration to be given to the score for risk reference 14/10 Workforce Planning.	**JF**	

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 21/08/11	Request to be considered by NHSI that any new lease agreements as part of the commission of sale and return include a condition for the GP Practice to be VAT registered.	**NG**	Update 30.09.21 - NG confirmed that to ensure accurate information was provided to CCG colleagues, a prompt would be included in the sale and return of GP premises procedure, highlighting that a GP Practice must be VAT registered. **Complete**
	Barnsley Healthcare Federation (BHF) Contracts Review Update on the BHF Contracts review to be brought to the September meeting.	**JF**	Update 30.09.21 **In Progress -** The PC team have worked up a minimum data set that supports the contractual requirements. We have not yet had the opportunity to discuss with BHF.

PCCC 21/07/07	GP Patient Survey 2020 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**	30.09.21 Update - A more detailed analysis to be received at November meeting. 05.08.21 Update Initial findings report received at meeting on 05.08.21**.** 26.11.20 Update 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.

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PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

GP IT UPDATE REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**
	Decision [ ] *Approval* [ ] *Assurance* [X] *Information* [X]
2.	**PURPOSE**
	To provide Primary Care Commissioning Committee (PCCC) with an update on the IT/Digital projects and schemes currently being delivered as part of the GP IT workstreams.
3.	**REPORT OF**

	Name	Designation
Executive Lead	Chris Edwards	Chief Officer
Author	Julie Frampton	Head of Primary Care

4.	**SUMMARY OF PREVIOUS GOVERNANCE**
	The matters raised in this paper have been subject to prior consideration in the following forums:

Group / Committee	Date	Outcome
Various ICS and Local GP IT meetings	Various	Assurance

5.	**EXECUTIVE SUMMARY**
	GP IT has moved rapidly to adopt several devices, services, and platforms to support total triage, online and virtual consultations to ensure care could be accessed safely without the need for face-to-face appointments, where clinically appropriate, during the C-19 pandemic and now this is being used as needed to support access to Primary Medical Services. Revision of data sharing and IG requirements as a direct response to support people to deliver care in this way has enabled a rapid transition to alternative methods of access and this change to the regulations remain in place until March 2022.

The Long-Term Plan requirements have moved forward at pace. The rapid expansion has highlighted the need to look to support those in digital poverty, literacy and inclusion and projects are underway to support those people both professionally and, with the public, to use these tools.

Locally the BBS IT team are working to support the roll out of the GP IT refresh programme, support the transition to O365, support the vaccination clinics, wider IT needs, and work to further embed digital change. We have secured additional HSCN resilience for one of our practices, who have been experiencing difficulties, which will be implemented soon and will improve their connectivity and resilience.

Digital First Primary Care (DFPC) finding has been in place for a year and Barnsley CCG secured funds to support the telephony upgrade and AccuRX services until March 2022. This year the fund has enabled Ardens to be procured for all Barnsley practices which will help with day-to-day practice delivery providing additional templates and searches to support patient follow up amongst other offers via this software. A programme roll out is in planning with support for practices to learn how to use this system.

TytoCare Pro devices were also part of the DFPC bid for the funds which we were hoping to get to support more remote working and assessment of patients in their homes. We were able to secure 5 kits via NHSX and the Academic Health Science Network (AHSN) to pilot the kits use and had been working through the required Due Diligence work and completing the Clinical Safety DCB 0160 Compliance Data Capture form and other compliance work such as: Equality Impact Assessment, Quality Impact Assessment and Data Protection Impact Assessment. Unfortunately, GP practices are not able to progress with this pilot due to the unprecedented pressure within Primary Care and therefore we have had to withdraw from the pilot and defer the project and requisition of TytoCare kits until next year.

General GP IT Workstreams

Key deliverable	**Assurance provided**
Comply with mandatory core standards re: interoperability and cyber security	Interoperability issues has improved with GP connect and the changes in data sharing as a direct result of the C-19 pandemic. Cyber security core standards will be addressed through meeting the requirements of the DSP Toolkit for 2021/22. All work to ensure Cyber security is delivered to all machines via the BBS IT team.
Delivery of O365 across Barnsley	Work is ongoing to delivery this work and to then use the functions within the suite to support workstreams
Support the delivery of the Digital Primary Care First projects	Ardens and TytoCare
Support the implementation and roll out of the GP IT Refresh programme, eConsultaion, Corporate Wi-Fi,	GP IT refresh in progress for 2021-22. AccuRx Patient Triage has replaced the Doctorlink provision and is being rolled out in practices. This links with several “tools” already procured from AccuRx i.e., “floreys”,

		Bulk SMS messaging. Corporate Wi-Fi solution to compliment the public access Wi-Fi in practices,
	Support the wider use of digital technology as described within the Long-Term Plan	Continues. Work to look at Digital inclusion and literacy and Digital Citizen commenced to support the rapid move to digital access. The ICS and BBS IT teams are working closely to review the digital roadmap and look to secure new digital and IT opportunities to support primary and community teams.
	Support the resilience work at Hillder House with the servers and CCG corporate IT needs	BBS IT team are working to complete the upgrades following the interruption from C-19.
	Working closely with the SY&B ICS digital and IT workstream. BBS IT monthly meetings monitor and map workstreams locally	The Head of Primary Care attends the workstream meetings and ensures matters are taken forward in Barnsley place as appropriate.
	Lloyd George notes digitisation programme	This is still in planning with NHS Digital and it has been suggested that NHS England look at a National long term storage solution with digitise on demand rather than trying to get every record in GP practices fully digitised.
	Support the upgrade to utilise digital technology for telephony resilience across GP practices and Hillder House	The technical work to support this for GP practices within LIFT/CHP buildings is nearing completion. Hillder House will also have an upgrade as it is on the same circuitry.
6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**	
	1) Note the content of the report regarding GP IT and general digital projects work	
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**	
	None	

Agenda time allocation for report:	*10 minutes*

PCCC 21/11/07

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
3.2 Maximising Elective Activity		9.1 Digital and Technology	✓
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

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

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.2**	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 (place ✓ beside all that are relevant):

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

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

3.1	**Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.2	**Management of Conflicts of Interest (s14O)**

Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	***Y***
If relevant provide brief details here OR cross refer to detailed report if used	

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

Have any financial implications been considered & discussed with the Finance Team?	***Y***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.4	**Improving quality (s14R, s14S)**

Has a Quality Impact Assessment (QIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.5	**Reducing inequalities (s14T)**

Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.6	**Public Involvement & Consultation (s14Z2)**

Has a s14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.7	**Data Protection and Data Security**

Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.8	**Procurement considerations**

Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	***NA***
Has a Single Tender Waiver form been completed if appropriate?	***NA***
Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

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

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

FINANCE UPDATE

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**

Decision		*Approval*		*Assurance*		*Information*	X

2.	**PURPOSE**
	This report provides an update of the financial position and details of funding allocations for delegated Primary Care Co Commissioning budgets as at 30th September 2021 (Month 6).
3.	**REPORT OF**

	Name	**Designation**
Executive / Clinical Lead	Roxanna Naylor	Chief Finance Officer
Author	Ruth Simms	Finance Manager

4.	**SUMMARY OF PREVIOUS GOVERNANCE**
	The matters raised in this paper have been subject to prior consideration in the following forums:

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

5.	**EXECUTIVE SUMMARY**
5.1	**<u>Forecast Position 2021/22 – H1 April – September 2021</u>** The forecast position as at Month 6 reflects a (£240k) underspend, the majority of which relates to underutilisation on 2020/21 accruals, a further breakdown is included in Appendix A. Further updates on the 2021/22 Financial position will be presented to Committee in January 2021.

5.2 **2021/22 Budgets**

The financial framework for 2021/22 is split April – September 2021 H1 and October 2021 – March 2022 H2.

The total allocations for 2021/22 for Primary Care Co-commissioning is £42,231k, £41,344k recurrent and £887k non-recurrent, with budget requirements being at £43,215k. This is an overall shortfall for 2021/22 of £984k which will be funded from CCG programme costs. The pressure is a result of national GP contract negotiations, planning requirements, the Primary Care Network Contract DES and historical increases from decisions on premises. The expenditure budget for 2021/22 only includes the CCG element of the Additional Roles Reimbursement at 56.4%, and assumes that 44.4% will be funded from nationally held resource.

The 2021/22 Primary Care Co Commissioning budgets, approved at Governing Body on the 11th November 2021, are set out below with the uplifts applied in each area:

Category	2021/22 Budget £'s Total	% Uplift Applied
Enhanced Services	569,227	0.75% Demographic Growth & 1% Provider Inflation
GENERAL PRACTICE - APMS	1,287,770	0.75% Demographic Growth & increase in core funding per patient of £2.87
GENERAL PRACTICE - GMS	12,829,258	0.75% Demographic Growth & increase in core funding per patient of £3.32
GENERAL PRACTICE - PMS	13,415,160	0.75% Demographic Growth & increase in core funding per patient of £3.32
Other GP Services	298,035	1% Provider Inflation on Locums
Other Premises	32,750	
Premises Cost Reimbursement	5,497,159	Inflation of 3% on Community Health Partnership Rent & 2% Inflation on Other Rents. 1% Inflation on Water and Non Domestic Rates.
Prescribing & Dispensing Doctors	546,087	1% Provider Inflation
QOF	3,689,137	3% increase as per guidance and 0.75% Demographic Growth
Telephone & Transport	451,196	1% Inflation on Transport SLA
Primary Care Network Contract DES	2,121,880	Assumptions as per national guidance
Additional Roles Reimbursement Scheme	1,912,000	Based on letter date 9th July 2021

	COVID Capacity Expansion Funding	565,000		
	Total Budget	**43,214,659**		

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.

6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	• Note the contents of the report
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix A – Finance Monitoring Statement for 2021/22 H1 April – September 2021.

Agenda time allocation for report:	10 minutes

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

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 (place ✓ beside all that are relevant):

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 (place ✓ beside all that are relevant):

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

	Manage the delegated allocation for commissioning of primary medical care services in Barnsley	✓		

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

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

3.2	**Management of Conflicts of Interest (s14O)**

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

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

Have any financial implications been considered & discussed with the Finance Team?	***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?	***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***

APPENDIX A

NHS Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 6

FOR THE PERIOD ENDING 30th September 2021

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£) (APRIL - SEPT - H1)			FORECAST OUTTURN (£) (APRIL - SEPT - H1)			
(CO-COMMISSIONING - DELEGATED BUDGETS)	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	FORECAST OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	Forecast Outturn Variance Explanation
ENHANCED SERVICES	288,885		288,885	328,044	39,159	13.56%	Overspend over a number of areas - **Specialist Allocation Scheme** - overspend relating to 20/21 of £1k due to actuals higher than expected and FOT (£7k) under for 21/22 actuals lower than expected. **Minor Surgery** - overspend relating to 20/21 of £15k and FOT (£15k) under for 21/22 actual activity lower than expected. **Learning Disability** - overspend relating to 20/21 £15k due to actuals higher than expected and FOT £30k overspend for 21/22 actuals higher than expected.
GENERAL PRACTICE - APMS	643,885		643,885	626,104	(17,781)	-2.76%	Primary Care Co Commissioning outturn for GMS, APMS and PMS contracts are based on up to date list sizes (July 2021). List sizes are adjusted quarterly and payments are updated in line with this. Underspend on APMS contracts (£18k), overspend of £29k on PMS Contracts and an underspend of (£13k) on GMS contracts. Both FOT and actuals for 21/22 includes the impact of the national increase in the GP Contract.
GENERAL PRACTICE - GMS	6,414,629		6,414,629	6,401,705	(12,924)	-0.20%	
GENERAL PRACTICE - PMS	6,707,580		6,707,580	6,736,792	29,212	0.44%	
OTHER GP SERVICES	758,085		758,085	533,787	(224,298)	-29.59%	Underspend over a number of areas - **Prescribing & Dispensing** - overspend of £8k relating to 20/21 due to actuals higher than expected and FOT underspend of (£26k) actuals lower than expected. **Interpreting Services** - FOT overspend of £9k actuals lower than expected. **Telephone Costs** - FOT underspend for 21/22 of (£67k) actuals lower than expected. **Locums** - FOT underspend of (£71k) realting to underutilised accruals from 20/21. Other underutlised accruals from 20/21 of (£77k).
OTHER PREMISES	16,375		16,375	11,547	(4,828)	-29.48%	Underspend due to underutilised accruals from 20/21
PREMISES COST REIMBURSEMENT	2,877,724		2,877,724	2,758,253	(119,471)	-4.15%	Underspend of (£50k) due to underutilised accruals from 20/21 and a FOT underspend for 21/22 of (£69k) relating to actuals lower than expected for Healthcentre Rents, NDR Rates, Water Rates and Clinical Waste
QOF	1,977,373		1,977,373	2,082,839	105,466	5.33%	FOT overspend due to increase in the value of QOF points for 21/22
Primary Care Network DES	1,015,123		1,015,123	980,410	(34,713)	-3.42%	Underspend of (£19k) due to underutilised accruals from 20/21 in relation to Investment and Impact achievement and (£9k) for 20/21 extended hours not delivered. 21/22 FOT underspend of (£7k) on Care Homes Premium.
Additional Roles Reimbursement Scheme	956,000		956,000	956,000	-	0.00%	FOT does not include £762k relating to NHS England contribution to the Additional Roles Reimbursement Scheme as this is outside of the envelope
TOTAL PRIMARY MEDICAL SERVICES	**21,655,659**	**-**	**21,655,659**	**21,415,480**	**(240,179)**	-50.28%	

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

GP TELEPHONY REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	X
2.	**PURPOSE**						
	To provide Primary Care Commissioning Committee (PCCC) with an update on the GP Telephony work.						
3.	**REPORT OF**						

	Name	**Designation**
Executive Lead	Chris Edwards	Chief Officer
Author	Julie Frampton	Head of Primary Care

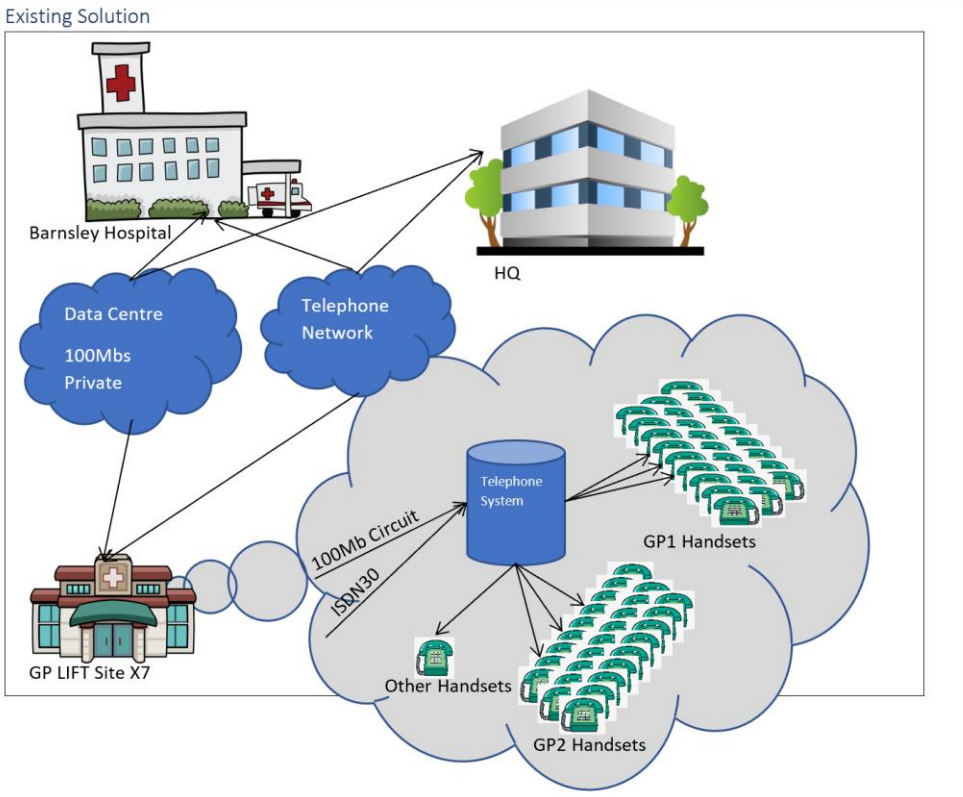
4.	**SUMMARY OF PREVIOUS GOVERNANCE**						
	The matters raised in this paper have been subject to prior consideration in the following forums:						

Group / Committee	**Date**	**Outcome**
SMT	Various	Approval & Assurance

5.	**EXECUTIVE SUMMARY**						
	Since the establishment of the PCT Telephony was provided to the LIFT buildings using an onsite Telephone system typically providing 150 extensions utilising a 100Mbs data connection and an ISDN30 connection. The Data Connection was used to allow calls to be passed between all connected sites and remote management of the system. The ISDN30 connection allowed calls to be made and received. The ISDN30 connection allowed up to 30 simultaneous calls to be made. That could be 25 incoming and 5 outbound or any other combination. There was anecdotal evidence that there are busy times when Patients were unable to get through to the practice with the assumption that there were not enough ISDN30 Channels.						

The aim of the telephony project was to transfer the telephony over to the GP practices with the additional benefits of:

- Reducing call costs
- replace the ISDN30 connection which is now at end of life
- improve system support
- Introduce additional features such as call recording
- Allow additional calls to be made at busy times

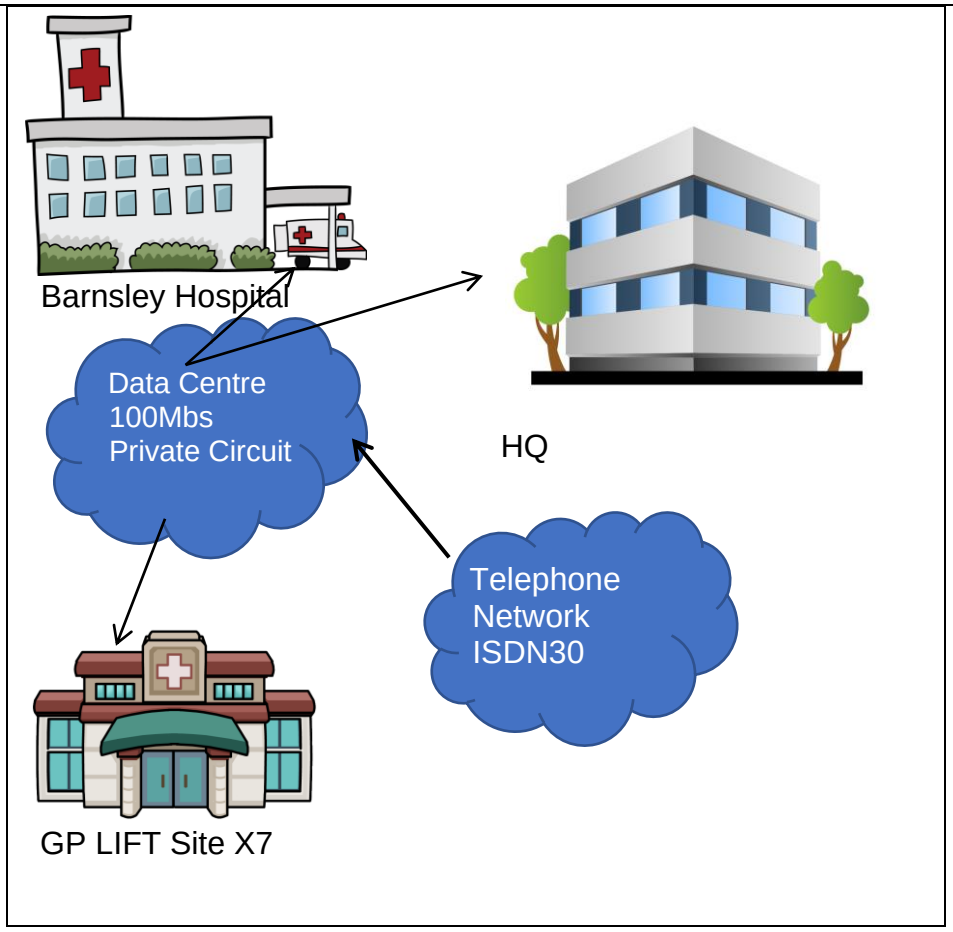


The current cost to the CCG of providing Telephony per LIFT site is as shown on the table below which is a significant cost per month per site:

Existing Monthly Costs Per Site ex VAT	**£**
Equipment Maintenance	
Data Connection	
ISDN30 Connection	
Call Charges (6000 minutes at 3p/min)	
Approx. total	**1,095.00 /month**
Cost per handset	**20.00 - 50.00**

Future Situation

The project is going to upgrade the existing hardware and re-provide the telephone lines using a modern cloud-based solution utilising the existing data connections to the site. This reduces the line rental and removes all call charges. The connectivity is as shown below:



Discussions with GP Practices in the LIFT Buildings

The cost of telephony is covered within the practice global sum and all practices outside the LIFT buildings source and pay for their telephony. The Premises Cost Directions also state that telephony is not eligible under the Premises Cost Directions so there is disparity across Barnsley practices. Recently there has been notice of additional funds to support all practices to move to Cloud Based telephony so this will help support a planned second phase of the telephony project to those practices outside LIFT buildings.

When the phone system was installed it was sized to provide 150 extensions within the building. We have discovered that the GP practices only have 13 extensions on average. This makes the average cost per extension very high and is based on a hospital department size rather than GP practice.

During discussions all GP practices felt that absorbing the costs were going to be too expensive and had started to look elsewhere for telephony with other companies that do not have a good record of delivery and on-going support and indeed would charge for every call out to resolve problems and that would be through a remote third party. The additional costs of installing new caballing for every practice would also be costly and, on top, CHP would also levy additional costs for additional data and electrical circuitry. The telephony system would also not properly integrate with existing IT hardware due to the firewalls/encryption and other cyber security protection in place.

Future Costs

The future solution has been adapted to further to reduce the costs. This would involve reducing the size of the data connections and decrease the number telephony channels however it will give some flex to expand should there be a requirement. It would also include the removal of the data connection to the hospital which would be a cost pressure for practices.

This reduces the cost to the GPs to around £15 per core handset. It also pays for:

- the provision of non-core handsets throughout the building benefitting everyone and offering the GPs flexibility
- the current high level of support provided by Active Voice and Data – a local Barnsley Telephony company
- "blue light" availability on all telephony products

GP Monthly Costs Per Site ex VAT	**£**
Equipment Maintenance and Software Assurance	
Data Connection 10/100	
SIP Telephony Data Centre Connection 15 channels at £9.00 per channel	
Call Charges (6000 minutes at 3p/min)	
Total	**385.00/month**
Cost per handset	**14.81**

The only additional cost would be for those practices wanting to have Call Recording which is very expensive and not many of the practices expressed an interest in pursuing this due to the high costs involved.

Given that the reduced costs are a large recurrent cost saving to the CCG, from circa £7000 per month to circa £2700, a request was made to SMT agreed to continue to fund the practices to ensure a resilient package for telephony was in place for all practices. This was supported by SMT and has enable work to progress with these practices in LIFT buildings.

The work with practices outside of LIFT buildings will start to be planned to ensure we can move all practice to modern, resilient telephony systems.

6. THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:

1) Note the content of the report regarding the transition of the telephony to Cloud Based infrastructure and note the cost reduction for the CCG

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

Agenda time allocation for report:	*10 minutes*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
3.2 Maximising Elective Activity		9.1 Digital and Technology	✓
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

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

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.2**	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 (place ✓ beside all that are relevant):

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

3. Governance Considerations Checklist *(these will be especially relevant*

	where a proposal or policy is brought for decision or approval)
3.1	**Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.2	**Management of Conflicts of Interest (s14O)**

Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	***Y***
If relevant provide brief details here OR cross refer to detailed report if used	

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

Have any financial implications been considered & discussed with the Finance Team?	***Y***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.4	**Improving quality (s14R, s14S)**

Has a Quality Impact Assessment (QIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.5	**Reducing inequalities (s14T)**

Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.6	**Public Involvement & Consultation (s14Z2)**

Has a s14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.7	**Data Protection and Data Security**

Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.8	**Procurement considerations**

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

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

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

CQC REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		Approval		Assurance	X	Information	*X*

2. PURPOSE

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.

3. REPORT OF

	Name	Designation
Executive Lead	Chris Edwards	Chief Officer
Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager 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
Quality and Patient Safety Committee	21/10/2021	Noted

5. EXECUTIVE SUMMARY

CQC Inspections

The Primary Care Commissioning Committee were advised in July 2021 of the intention of the CQC to develop their approach to inspection activity, moving on from their transitional monitoring approach adopted during the COVID-19 pandemic. Further information is given regarding this below in addition to an update in respect of Barnsley CCG GP practices.

The CQC will continue to:

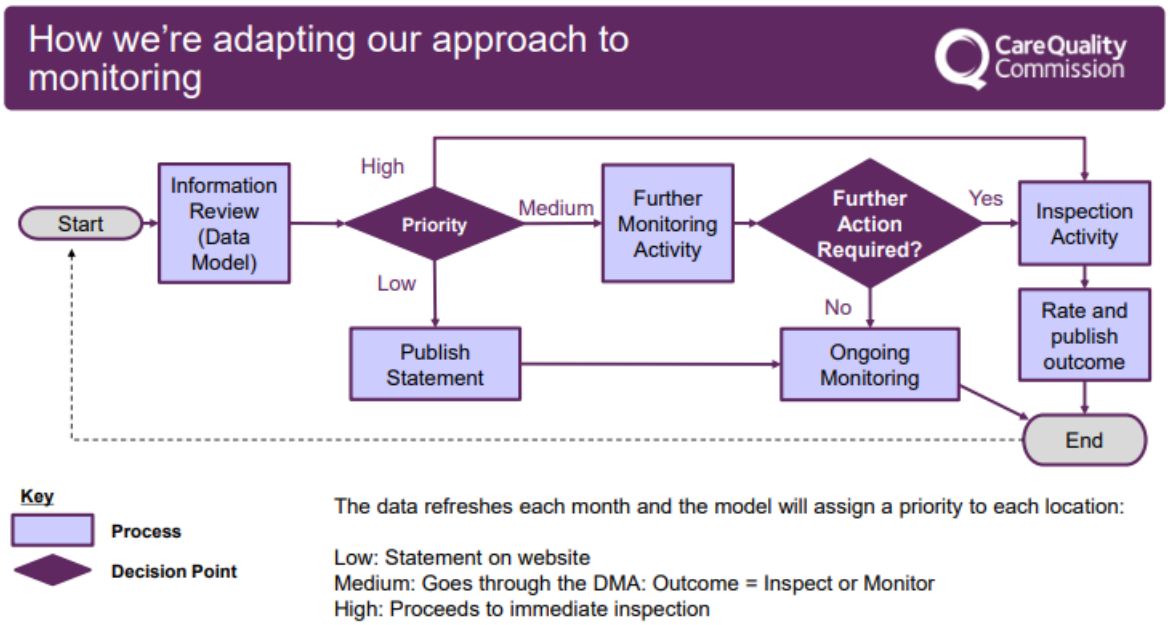
- focus on safety and how effectively a service is led
- have structured conversations with providers, with a focus on safety and leadership
- use our specific existing key lines of enquiry (KLOEs) to monitor a service

- use digital methods and our local relationships to have better direct contact with people who are using services, their families and staff in services
- target inspection activity where we have concerns.

A monthly review has been introduced of the information held on services regulated. This approach will:

- help the CQC to prioritise activity
- involve publishing a statement on our website for lower risk services. This will let providers and the public know that no evidence has been found to inform or advise the CQC as to a need to re-assess the rating or quality of care at that service at that time.

Please see below diagram outlining the process.



Further detail regarding the approach can be found by clicking on the link below:
The CQC's new monitoring approach (govdelivery.com)

Most of the Barnsley CCG Practices currently fall within the low monitoring stream with a monthly statement being added to the CQC website for these practices to advise that there is no evidence to review further.

The following practices are currently being monitored through the medium-risk stream:

- Lakeside Surgery were inspected on 11 November 2021 due to a new provider registrations.

  An update will be provided to the committee as soon as available.

- Hoyland Medical Practice

  The committee were previously advised about an unrated remote focussed inspection of Hoyland Medical Practice which took place on 21 June 2021 in response to information received by the CQC.

	The CQC and the CCG had received an action plan to advise of steps being taken to meet requirements, as the inspection led to identification of a breach in regulations. Hoyland Medical Practice had been issued with a requirement notice for breach of Reg 17 (Good governance) – the provider did not regularly capture, feedback and log issues relating to the telephone system and report to the third-party telephone provider; some staff reported they felt they were not always listened to when reporting concerns relating to the practice telephone system. Low patient satisfaction re getting through to the practice by phone with several complaints about access • Woodland Drive Medical Centre The committee were previously advised about an unrated remote focussed inspection of Woodland Drive which took place on 26 May 2021 in response to information received by the CQC. The CQC and the CCG had received an action plan to advise of steps being taken to meet requirements, as the inspection led to identification of a breach in regulations. Woodland Drive had been issued with a requirement notice for breach of Reg 17 (Good governance) – lack of a clear and effective process for managing risks and issues; lack of clinical oversight and governance systems: lack of an established system in place to learn and make improvements when things went wrong. The CQC and CCG continue to monitor the practice, particularly due to concerns regarding the long-term illness of the one registered GP at the practice. The GP returned to practice on 5 October 2021. The CQC have shared with the CCG that there are currently no concerns being identified from their routine quality monitoring. • High Street Practice – Although rated good overall, the practice was rated as Requires Improvement in the effective domain at their inspection in October 2019 • The Kakoty Practice - Although rated good overall, the practice was rated as Requires Improvement in the effective domain at their inspection in December 2019 • Dodworth Medical Practice – the practice currently has an overall rating of 'Insufficient Evidence to rate' and in the effective, caring, and responsive domains, due to a change in the contractor. The safe and well-led domains are rated as good. Each of these practices will be reinspected later this year, particularly as it is not possible for the CQC to amend a rating without visiting the practice. The outcome of these inspections will be shared at a later committee meeting when formal feedback from the CQC is available.
6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	• Note the CQC's inspection planning and approach

	• Note the monitoring and inspections of the following practices: ○ Lakeside Surgery ○ Hoyland Medical Practice ○ Woodland Drive Medical Centre ○ High Street Practice ○ Kakoty Practice ○ Dodworth Medical Practice
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	N/A

Agenda time allocation for report:	*5* 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 (*place ✓ beside all that apply*):

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

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

2. Links to statutory duties

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

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

2A. Links to delegated primary care commissioning functions

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

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

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

3.1 **Clinical Leadership**

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

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

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**
	Decision [ ] *Approval* [X] *Assurance* [X] *Information* [ ]
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**

	Name	Designation
Executive Lead	Chris Edwards	Chief Officer
Authors	Terry Hague Julie Frampton	Primary Care Transformation Manager 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**
	<u>Brierley Medical Centre Procurement</u> The APMS contract for BHF Brierley Medical Centre which commenced on 1/12/2015 was due to terminate on the 30 November 2020. The contract included a clause to provide for an extension to the contract for a maximum of one year. It was proposed that this clause be utilised to extend the contract to 30 November 2021, particularly given the impact and the difficulties due to COVID-19 would have on a potential procurement at the time. The committee approved the extension to the contract.

The Primary Care team commenced a procurement process for this practice to ensure we have continuity of provision ahead of the contract expiry on 30 November 2021. Notification by email was provided to the committee members of the intention to progress the procurement due to the time constraints. Initial suggestions were to extend the contract to the end of March 2022 which would have provided additional time for patient engagement and mobilisation. However, we have now been advised that this is not possible as this may be subject to legal challenge.

The CCG has undertaken, with support from the South Yorkshire Procurement Service, a competitive tender process in line with current requirements.

Patient and public engagement
The CCG involved patients and the public in the procurement of GP services at Brierley Medical Centre through a tailored programme of supporting communications and engagement activity in the following ways:

- A written letter to all adult registered patients of the practice to advise of the procurement process, to reassure them that nothing will change for them as registered patients and to invited feedback regarding if there was anything they would like to share with us about their personal experiences of the GP services that they currently receive at Brierley Medical Centre with the view to using this feedback to help develop some of the questions bidders will be asked as part of the procurement process.

- Two drop-in sessions were held to provide an opportunity to feedback to the CCG in person at Brierley Methodist Church on Wednesday 18 August.

- The CCG also communicated with local stakeholders to inform them of the re-procurement process and the supporting engagement process to communicate with and invite feedback from registered patients.

- The re-procurement process was also publicised and the opportunity for registered patients of the practice and local stakeholders to feedback regarding their experiences via the CCG website and via a paid for advertisement on social media channels and linked with local partners to support and amplify these messages throughout the duration of the communications and engagement period. A press release that was published in the Barnsley Chronicle.

- A patient/carer representative was involved in the procurement process, reviewing invitation to tender (ITT) questions, scoring bidder responses and moderating scores.

A cost envelope was included in the procurement of the contract value of £441,675 per annum and therefore £2,208,375 over the five-year term.

Two organisations submitted written tenders. Each bid was independently evaluated by members of the panel. Following evaluation of the written bids, a moderation panel met to agree consensus scores on 6 and 7 October 2021.

The recommended provider, Barnsley Healthcare Federation, demonstrated that the service requirements would be met presenting a proposal that would deliver the service specification within the cost envelope to commence by 1 December 2021. The CCG will seek clarification regarding some policy elements resulting from the procurement process as part of mobilisation.

Service mobilisation
The timeline for awarding and mobilising the service is shown in Table 2.

Table 2 – Key mobilisation milestones

Date	Key action / milestone
15/10/21	Notify successful and unsuccessful providers by letter
18/10/21	10-day standstill period commences
29/10/21	10-day standstill period ends
30/10/21 – 30/11/21	Mobilisation and implementation period
01/12/21	Contract service commences

Due to the timeline, the committee was asked to approve by virtual agreement the award of the Brierley Medical Centre contract to Barnsley Healthcare Federation.

The outcome is brought to this meeting for ratification and noting the approval of the contract to be awarded.

Extended Access, OOH and Home Visiting contracts
The Extended Access, Out of Hours and Home Visiting contracts were due to be reviewed and are all due to end 31/3/2022 as outlined below.

Extended Access
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).

The initial Extended Access contract period of 1/3/2017 to 31/3/2019 was extended for a further year in line with the option to do so within the contract, to 31/3/2020. A single tender waiver was then awarded extending the contract for 12 months to 31/03/21 due to the anticipated NHS England access review in 2020/21. A further single tender waiver was awarded due to a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES. Therefore, this contract is due to end 31/03/2022

Out of Hours
Barnsley Healthcare Federation (BHF) have 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. Services are provided through a model of integration so patient flow between services is smooth and defined. OOH is a

	critical component of emergency and urgent care, enabling people to receive the right level of care in the right location, to reduce hospital attendances and admissions. The initial OOH contract period of 22/7/2017 to 30/06/2020 was extended for a further 9 months. The contract provided an option to extend the contract for 12 months. A 9-month extension was utilised to align this contract with the Extended Access contract ceasing to enable review of services. A further single tender waiver was awarded due to a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES, therefore this contract is due to end 31/03/2022. <u>Home Visiting</u> The Barnsley Healthcare Federation (BHF) has delivered the Home Visiting service since their successful bid, via the OJEU procurement process in January 2019, and commenced delivery from May 2019 with a 1year plus 1year contract option. The aim of the service was to provide the best options of care for patients at home by ensuring that patients are seen by the most appropriate healthcare professional, provided with a timely and accessible service to avoid unnecessary admissions to secondary care. The Covid Home Visiting service commenced in May 2020 to continue to support GPs and as mandated by the Covid Pandemic Response. The CCG discussed with and supported BHF to continue to deliver a Covid Home Visiting service under the Level 4 (Gold Command) conditions to ensure that there was support for people in Barnsley both with and without a positive Covid test who needed to be seen at home. BHF were able to support this service delivery for the initial two-month period (to end July 2020) and then to continue this service delivery until end of September 2020. Both decisions were supported by the Gold Command approval arrangements. Further agreement was reached by Barnsley CCG's Governing Body to continue delivery of this service given that Barnsley was still impacted by Covid and starting to see a general rise in Covid cases both locally and nationally. A single tender waiver was completed to continue the service to the end of March 2022 to ensure service delivery continues and provides support to general practice while core medical services are reinstated, and the Covid vaccination programme completes. <u>Service review</u> Improving access to general medical services was a key aspect of the General Practice Forward View including sufficient routine appointments at evenings and weekends to meet locally determined demand. The OOH, Extended Access and Home Visiting services complement existing core and out of hours services ensuring appointments are available with GPs and nurses across Barnsley 7 days a week in line with the service aims and objectives.

	The “Long Term Plan” continued the priority of improving patient access and reducing variation in experience and long waits. As outlined in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan, the funding for CCG commissioned Extended Access services will become a single combined access offer with the existing Enhanced Hours Access DES which is an integral part of the Network Contract DES. This review was due to report during 2020-2021. Both OOH and Extended Access services have been used to support general practice COVID-19 pandemic response, including the delivery of the COVID “Blue” clinic and Oximetry services. NHS England and NHS Improvement advised in January 2021 in correspondence instructing CCGs regarding prioritisation of work and ‘Freeing up practices to support COVID Vaccination’ that given the uncertainty around the timing of the COVID vaccination programme, there will be a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES, and the associated national arrangements for the transfer of CCG extended access funding. It was not anticipated that the national introduction of the new enhanced access service would take place before April 2022. The plan being for a nationally consistent enhanced access service specification to be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022. However, the NHS Plan for Improving Access for Patients and Supporting Practices published 14 October 2021 announced a re-phasing of the extended access transfer. To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022. This will defer the preparatory work PCNs will need to do before the transfer and therefore prevent diversion of resource away from clinical capacity over the upcoming winter period. The transfer of funding and associated nationally consistent service requirements will now take place in October 2022. This also allows more time for PCNs to explore how best to unlock synergies with in-hours services at practice level, as well as consider the option of collaborative working at larger scale than individual PCN footprints. Commissioners have been instructed in the NHS Plan for Improving Access for Patients and Supporting Practices to ensure that necessary arrangements are made to extend existing services. A thorough review of the Out of Hours contract and services required was planned to ensure that the service specification accurately reflects service need and any service commissioned does not overlap with other provision which would potentially result in public funds being used ineffectively. The current OOH service is delivered in tandem with the Extended Access service also contracted to BHF. As outlined below, Extended Access services have been subject to national review. This therefore impacts on the completion of a review of the OOH service specification and tendering for services difficult. Therefore, due to the uncertainties within the current climate and the recurrence of the postponement, it would be prudent to extend the commissioning of the extended access, out of hours and home visiting services to March 2023 with

	the inclusion of a break clause at 6 months in September 2022 in line with the current date of the proposed transfer of the service. Single Tender waivers have been completed for the contracts and have been signed off in line with the current process and attached as Appendix 1 a, b, c. The committee is asked to consider approval of the extension to the contracts.
	2021 - GP survey analysis The results of the GP patient survey published in August 2021 has been analysed and compared to national and CCG averages, with additional consideration given to individual GP practice results. The report attached at Appendix 2 includes the outcome and aims to: • Provide assurance that the Primary Care Team review intelligence regarding GP practices and action appropriately. • Provide assurance that there are effective systems and mechanisms to ensure that lessons are learned and shared within the CCG. • 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. • Identify any trends and themes in the GP Patient Survey and, triangulating with other intelligence, take appropriate action. The results show that of the 13 questions identified for analysis: o In 11 of the questions, the Barnsley CCG average feedback result was within 5% when compared with the national result. o When compared to the South Yorkshire and Bassetlaw (SYB) CCG average, there was only 1 question where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average (which also featured in the 2 identified above within the national comparison. When compared to the results of the 2020 GP survey: o There are 3 questions where average achievement has increased by more than 5% o There are only 2 questions where the Barnsley average achievement is less than last year, and notably the result is marginal with only a 1% decrease. On an individual practice level: o 15 Barnsley CCG practices have a result which is more than the national average for more than 6 questions o 17 practices have scored less than the national average for more than 6 questions This is on a par with the results of the 2020 GP Survey.

	The questions where Barnsley GP practices are identified as potential outliers are in relation to ease of getting through to the GP practice on the phone, and overall experience of making an appointment. Unfortunately, due to the data set provided it has not been possible to analyse further if there is a correlation to being able to book ahead or see the health professional of their choice for example. However, the results also reveal a trend in low patient awareness of online services. Unfortunately, the data set provided from the national survey results does not enable a correlation for each patient response. It is not possible to drill down to investigate, for example, the 27% of patients who responded to state that they were not satisfied with GP appointment times, or the 4% 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 (a question included within the 2020 GP survey but omitted from the 2021 GP survey. It is possible that the 20% of patients, whose overall experience of making an appointment was noted to be either fairly poor or very 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, 62% had not used any online services and 58% hadn't tried to use the practice website. In 2020 39% of patients were not aware of what services GP practices offer online, this question was removed from the 2021 GP Survey, so we are unable to assess if this has improved. Improvement in access through initiatives to support practices, including development of online services, and within contractual requirements, aim to assist with this. The Primary Care Team continue to work collaboratively with practices across Barnsley CCG and on an individual basis to support improvements. 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.
6.	**THE GOVERNING BODY / COMMITTEE IS ASKED TO:**
	1) Ratify the virtual decision made to award the Brierley Medical Centre Contract to the Barnsley Healthcare Federation. 2) Approve to extend the following contracts: a. Approve to extend the Extended Access contract which incorporates the Special Allocation Scheme until 31 March 2022 via a Single Tender Waiver

	b. Approve to extend the Out of Hours contract until 31 March 2022 via a Single Tender Waiver c. Approve to extend the Covid Home Visiting contract until 31 March 2022 via a Single Tender Waiver 3) Note the analysis of the 2021 GP Survey and assurance provided.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	Appendix 1a – Single Tender Waiver – Extended Access Appendix 1b – Single Tender Waiver – Out of Hours Appendix 1c – Single Tender Waiver – Home Visiting Service Appendix 2 – GP Survey Analysis

Agenda time allocation for report:	*10 minutes*

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

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

1.1 Urgent & Emergency Care		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
3.2 Maximising Elective Activity		9.1 Digital and Technology	
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

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

2. Links to statutory duties

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

Management of conflicts of interest (s14O)	**See 3.2**	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 (place ✓ beside all that are relevant):

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

3. Governance Considerations Checklist *(these will be especially relevant*

	where a proposal or policy is brought for decision or approval)
3.1	**Clinical Leadership**

Have GB GPs and / or other appropriate clinicians provided input and leadership?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.2	**Management of Conflicts of Interest (s14O)**

Have any potential conflicts of interest been identified and managed appropriately, having taken advice from the Head of Governance & Assurance and / or the Conflicts of Interest Guardian if appropriate?	***Y***
If relevant provide brief details here OR cross refer to detailed report if used	

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

Have any financial implications been considered & discussed with the Finance Team?	***Y***
Where relevant has authority to commit expenditure been sought from Management Team (<£100k) or Governing Body (>£100k)?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.4	**Improving quality (s14R, s14S)**

Has a Quality Impact Assessment (QIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.5	**Reducing inequalities (s14T)**

Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.6	**Public Involvement & Consultation (s14Z2)**

Has a s14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.7	**Data Protection and Data Security**

Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***
If relevant provide brief details here OR cross refer to detailed report if used	

3.8	**Procurement considerations**

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

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

NHS
Barnsley
Clinical Commissioning Group

BARNSLEY CCG – DECISION NOT TO SEEK TENDERS FORM

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

Name of person making request	**Julie Frampton**
Job title	**Head of Primary Care**
Date	
Supplier name	**Barnsley Healthcare Federation**
Details of product or service	Provision of an Extended Access and Special Allocation Scheme services to all Barnsley patients for 12 months from 1/4/2022 to 31/3/2023 – with a break clause at 6 months (30/09/22).
Contract value £	Extended Access (I-Heart) - £1,549,525.00 (subject to inflationary uplift once planning guidance is received). Special Allocation Scheme – First block payment of £7,084 per annum which consist of Retainer Fee £6,000 Block of 5 patients £1,084 Total £7,084 The provider will then attract a payment of £1,084 per annum for each additional block of 5 patients on the Violent Patient register, pro rata for the year. For example, a provider with a list of 12 patients would attract an annual payment of: Retainer Fee £ 6,000 1-5 patients £ 1,084 6-10 patients £ 1,084 11-15 patients £ 1,084 Total payment £9,252
Contract duration	1/4/2022 to 31/3/2023 – with a break clause at 6 months (30/09/22).

Conflicts of Interest - *Please note here any COI identified any relevant to the decision to seek a single tender waiver and state how these have been managed*
No conflicts of interest have been identified

A <u>single tender waiver / decision not to apply competitive tendering*</u> is requested for the following reason(s) [See Annex para 13.10 to this form for acceptable grounds and quote relevant sub sections below along with supplementary explanation]
Barnsley Healthcare Federation have been contracted to provide Extended Access services to Barnsley patients since 01/03/2017, providing access to pre-bookable and same day appointments for general medical services in the evenings (between 6:30pm and 10:30pm) and on Saturdays and Sundays (between 10:00am and 14:00pm). 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. Services are provided through a model of integration so patient flow between services is smooth and defined. OOH is a critical component of emergency and urgent care, enabling people to receive the right level of care in the right location, to reduce hospital attendances and admissions. Improving access to general medical services was a key aspect of the General Practice Forward View including sufficient routine appointments at evenings and weekends to meet locally determined demand. The Extended Access service complements existing core and out of hours services ensuring appointments are available with GPs and nurses across Barnsley 7 days a week in line with the service aims and objectives. The Long Term Plan continues the priority of improving patient access and reducing variation in experience and long waits. As outlined in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan, the funding for CCG commissioned Extended Access services will become a single combined access offer with the existing Enhanced Hours Access DES which is an integral part of the Network Contract DES. This review was due to report during 2020-2021. Both OOH and Extended Access services have been used to support general practice C-19 pandemic response, including the delivery of the COVID "Blue" clinic and Oximetry services. NHS England and NHS Improvement advised in January 2021 in correspondence instructing CCGs regarding prioritisation of work and 'Freeing up practices to support COVID Vaccination' that given the uncertainty around the timing of the COVID vaccination programme, there will be a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES, and the associated national arrangements for the transfer of CCG extended access funding. It was not anticipated that the national introduction of the new enhanced access service would take place before April 2022. The plan being for a nationally consistent enhanced access service specification to be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022. However, the NHS Plan for Improving Access for Patients and Supporting Practices published 14 October 2021 announced a re-phasing of the extended access transfer. To support core general practice capacity and avoid disruption to existing service provision

over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022. This will defer the preparatory work PCNs will need to do before the transfer and therefore prevent diversion of resource away from clinical capacity over the upcoming winter period. The transfer of funding and associated nationally consistent service requirements will now take place in October 2022. This also allows more time for PCNs to explore how best to unlock synergies with in-hours services at practice level, as well as consider the option of collaborative working at larger scale than individual PCN footprints.

The initial Extended Access contract period of 1/3/2017 to 31/3/2019 was extended for a further year in line with the option to do so within the contract, to 31/3/2020. A single tender waiver was then awarded extending the contract for 12 months to 31/03/21 due to the anticipated NHS England access review in 2020/21. A further single tender waiver was awarded due to a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES. Therefore this contract is due to end 31/03/2022

Commissioners were instructed in the NHS Plan for Improving Access for Patients and Supporting Practices to ensure that necessary arrangements are made to extend existing services. Due to the uncertainties within the current climate and the recurrence of the postponement, it would be prudent to extend the commissioning of the extended access service to March 2023 with the inclusion of a break clause at 6 months in September 2022 in line with the current date of the proposed transfer of the service.

Ceasing the contract at the end of March 2022 would vastly impact patient access and would put a considerable burden back into GP practices. An average of 1332 patients per month accessed the service in 2019/20, 1225 in 2020/21, and 1684 patients per month between April to August 2021. These patients would instead need to access either normal GP practice services or the Out of Hours service. There would also be an additional risk of increasing unnecessary A & E attendance for routine general medical services.

Commencing a procurement process for the Extended Access contract without fully understanding the national aspiration for Extended Access could result in a service that is not fit for purpose and destabilise the service. Undertaking a procurement exercise for the Extended Access service is not practicable currently while the Covid-19 pandemic is still impacting as potential providers may not:

- have the time available to produce a comprehensive tender response
- have available staff capacity to do this
- reduce the respondents submitting a bid or result in no respondents.

Current patient feedback from users of the Extended Access service, recorded from April to August 2021, was that 64% of the 740 patients who provided feedback felt that the service was excellent and 21% rated the service as very good. 88% of patients would recommend the service. This is comparable to feedback for 2020/2021 where was that was that 61% of the 1024 patients who provided feedback was excellent and 26% rated the service as very good. 86% of patients would recommend the service. The cessation of this service would impact on the people of Barnsley and their ability to choose to access general medical services when most convenient for them.

Based on market intelligence it is anticipated that tender bids for a potential procurement would be low. Across the South Yorkshire and Bassetlaw region similar procurements resulted in a low response from providers other than the local Federation. Additionally, the number of Freedom of Interest (FOI) requests in relation to the Extended Access contract have been low with one received in the last 12 months. This reinforces that there would be a low risk to the challenge of waiving procurement of the contract.

The option that the waiver is requested to be approved under is:
13.10 Formal tendering procedures may be waived in the following circumstances:

a. In very exceptional circumstances where the Chief Officer or the Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record. Considering the NHS England planned change to extended access which is due by October 2022, with a nationally consistent enhanced access service specification to be developed, and the obligation to deliver Extended Access; it would be judicious to continue with the current Extended Access service and provider to prevent loss of access to general medical services. It would also ensure that the reputation of the CCG is not harmed with the withdrawal of this service.

Procurement Lead sign off	
Does the Procurement Lead support the rationale provided?	Yes ☑
Name: Dr Rory Browne Signature: *R.Browne*... Date:17/11/2021	No ☐

Chief Officer Authorisation	
Decision to waive or not apply competitive tendering authorised	Yes ☑
Name: Christopher Edwards Signature: Cedwards Date: 17.11.2021	No ☐
If 'no' please state reasons below	

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

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

ANNEX TO BARNSLEY CCG SINGLE TENDER WAIVER FORM

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

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

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

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

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

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

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

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

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

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

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

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

i. Incompatibility with the existing goods; or
ii. Disproportionate technical difficulty in the operation and maintenance of the existing goods

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

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

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

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

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

Monitoring and Audit of Decision not to seek Tenders

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

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

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

NHS
Barnsley
Clinical Commissioning Group

BARNSLEY CCG – DECISION NOT TO SEEK TENDERS FORM

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

Name of person making request	Julie Frampton
Job title	Head of Primary Care
Date	
Supplier name	Barnsley Healthcare Federation
Details of product or service	Provision of an Out of Hours service to all Barnsley patients for 12 months from 1/4/2022 to 31/3/2023 – with a break clause at 6 months (30/09/22).
Contract value £	£1,767,598.03 (subject to inflationary uplift once planning guidance is received).
Contract duration	1/4/2022 to 31/3/2023 – with a break clause at 6 months (30/09/22).

Conflicts of Interest - *Please note here any COI identified any relevant to the decision to seek a single tender waiver and state how these have been managed*
No conflicts of interest have been identified.

A <u>single tender waiver / decision not to apply competitive tendering*</u> is requested for the following reason(s) [See Annex para 13.10 to this form for acceptable grounds and quote relevant sub sections below along with supplementary explanation]
Barnsley Healthcare Federation (BHF) have 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. Services are provided through a model of integration so patient flow between services is smooth and defined. OOH is a critical component of emergency and urgent care, enabling people to receive the right level of care in the right location, to reduce hospital attendances and admissions.

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

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

The initial OOH contract period of 22/7/2017 to 30/06/2020 was extended for a further 9 months. The contract provided an option to extend the contract for 12 months. A 9 month extension was utilised to align this contract with the Extended Access contract ceasing to enable review of services
A further single tender waiver was awarded due to a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES, therefore this contract is due to end 31/03/2022

Ceasing the contract at the end of March 2022 would greatly impact patient access and would put a considerable burden back into GP practices at a time when resources are stretched to meet the priority mandates from NHS England. 30,096 patients were seen within the OOH service during 2018/19, 28,658 during 2019/20 (an average of 2388 patients per month), 25,265 during 2020/21 (an average of 2105 patients per month) (during the challenging COVID-19 pandemic period) and 11,442 have been seen between April 2021 and August 2021. These patients would instead need to access either normal GP practice services or there would also be an additional risk of increasing unnecessary A & E attendance for routine general medical services.

A thorough review of the Out of Hours contract and services required was planned to ensure that the service specification accurately reflects service need and any service commissioned does not overlap with other provision which would potentially result in public funds being used ineffectively. The current OOH service is delivered in tandem with the Extended Access service also contracted to BHF. As outlined below, Extended Access services have been subject to national review. This therefore impacts on the completion of a review of the OOH service specification and tendering for services difficult.

The Long Term Plan continues the priority of improving patient access and reducing variation in experience and long waits. As outlined in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan, the funding for CCG commissioned Extended Access services will become a single combined access offer with the existing Enhanced Hours Access DES which is an integral part of the Network Contract DES. This review was due to report during 2020-2021. Both OOH and Extended Access services have been used to support general practice C-19 pandemic response, including the delivery of the COVID “Blue” clinic and Oximetry services.

NHS England and NHS Improvement advised in January 2021 in correspondence instructing CCGs regarding prioritisation of work and ‘Freeing up practices to support COVID Vaccination’ that given the uncertainty around the timing of the COVID

vaccination programme, there will be a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES, and the associated national arrangements for the transfer of CCG extended access funding. It was not anticipated that the national introduction of the new enhanced access service would take place before April 2022. The plan being for a nationally consistent enhanced access service specification to be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022.

However, the NHS Plan for Improving Access for Patients and Supporting Practices published 14 October 2021 announced a re-phasing of the extended access transfer. To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022. This will defer the preparatory work PCNs will need to do before the transfer and therefore prevent diversion of resource away from clinical capacity over the upcoming winter period. The transfer of funding and associated nationally consistent service requirements will now take place in October 2022. This also allows more time for PCNs to explore how best to unlock synergies with in-hours services at practice level, as well as consider the option of collaborative working at larger scale than individual PCN footprints. Commissioners were instructed to ensure that necessary arrangements are made to extend existing services. Due to the uncertainties within the current climate and the recurrence of the postponement, it would be prudent to extend the commissioning of the extended access service to March 2023 with the inclusion of a break clause at 6 months in September 2022 in line with the current date of the proposed transfer of the service.

Therefore, commencing a procurement process for the OOH contract without fully understanding the national aspiration for Extended Access could result in a service that is not fit for purpose and destabilise the service. Undertaking a procurement exercise for the Extended Access service is not practicable currently while the Covid-19 pandemic is still impacting as potential providers may not:

- have the time available to produce a comprehensive tender response
- have available staff capacity to do this
- reduce the respondents submitting a bid or result in no respondents.

Current patient feedback from users of the OOH service, recorded from April to August 2021, was that 77% of the 560 patients who provided feedback felt that the service was excellent and 14% rated the service as very good. 93% of patients would recommend the service. This is comparable to feedback for 2020/2021 where was that was that 56% of the 378 patients who provided feedback was excellent and 30% rated the service as very good. 85% of patients would recommend the service. The cessation of this service would impact on the people of Barnsley and their ability to choose to access general medical services when most convenient for them.

Based on market intelligence it is anticipated that tender bids for a potential procurement would be low. Across the South Yorkshire and Bassetlaw region similar procurements resulted in a low response from providers other than the local Federation. Additionally, the number of Freedom of Interest (FOI) requests in relation to the OOH contract have been low with one received in the last 12 months. This reinforces that there would be a low risk to the challenge of waiving procurement of the contract.

The option that the waiver is requested to be approved under is:
13.10 Formal tendering procedures may be waived in the following circumstances:
a. In very exceptional circumstances where the Chief Officer or the Chief Finance Officer decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record.

Considering the NHS England planned change to extended access which is due by October 2022, with a nationally consistent enhanced access service specification to be developed, and the obligation to deliver Extended Access and OOH; it would be judicious to continue with the current Extended Access service and provider to prevent loss of access to general medical services. It would also ensure that the reputation of the CCG is not harmed with the withdrawal of this service.

Procurement Lead sign off	
Does the Procurement Lead support the rationale provided?	Yes ☑
Name: Dr Rory Browne Signature:…*R. Browne*..... Date:17/ 11/ 2021…	No ☐

Chief Officer Authorisation	
Decision to waive or not apply competitive tendering authorised	Yes ☑
Name: Christopher Edwards Signature: Ctdwards Date: 17.11.2021	No ☐
If 'no' please state reasons below	

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

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

ANNEX TO BARNSLEY CCG SINGLE TENDER WAIVER FORM

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

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

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

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

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

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

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

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

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

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

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

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

i. Incompatibility with the existing goods; or
ii. Disproportionate technical difficulty in the operation and maintenance of the existing goods

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

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

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

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

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

Monitoring and Audit of Decision not to seek Tenders

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

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

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

NHS
Barnsley
Clinical Commissioning Group

BARNSLEY CCG – DECISION NOT TO SEEK TENDERS FORM

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

Name of person making request	Julie Frampton
Job title	Head of Primary Care
Date	
Supplier name	Barnsley Healthcare Federation
Details of product or service	Provision of a COVID Home Visiting service to all Barnsley patients for 12 months from 1/4/2022 to 31/3/2023 – with a break clause at 6 months (30/09/22).
Contract value £	£650,000
Contract duration	1/4/2022 to 31/3/2023 – with a break clause at 6 months (30/09/22).

Conflicts of Interest - *Please note here any COI identified any relevant to the decision to seek a single tender waiver and state how these have been managed*
No conflicts of interest have been identified.

A <u>single tender waiver / decision not to apply competitive tendering*</u> is requested for the following reason(s) [See Annex para 13.10 to this form for acceptable grounds and quote relevant sub sections below along with supplementary explanation]
The Barnsley Healthcare Federation (BHF) has delivered the Home Visiting service since their successful bid, via the OJEU procurement process in January 2019, and commenced delivery from May 2019 with a 1year plus 1year contract option. The aim of the service was to provide the best options of care for patients at home by ensuring that patients are seen by the most appropriate healthcare professional, provided with a timely and accessible service to avoid unnecessary admissions to secondary care. The Covid Home Visiting service commenced in May 2020 to continue to support GPs and as

mandated by the Covid Pandemic Response. The CCG discussed with and supported BHF to continue to deliver a Covid Home Visiting service under the Level 4 (Gold Command) conditions to ensure that there was support for people in Barnsley both with and without a positive Covid test who needed to be seen at home.

BHF were able to support this service delivery for the initial two-month period (to end July 2020) and then to continue this service delivery until end of September 2020. Both decisions were supported by the Gold Command approval arrangements. Further agreement was reached by Barnsley CCG's Governing Body to continue delivery of this service given that Barnsley was still impacted by Covid and starting to see a general rise in Covid cases both locally and nationally. The contract value remained at £650k per year.

A single tender waiver was completed to continue the service to the end of March 2022 to ensure service delivery continues and provides support to general practice while core medical services are reinstated, and the Covid vaccination programme completes.

Due to the continuing pressures on general practice and continuation of the COVID vaccination programme, in addition to an ongoing review of primary care out of hours and extended access services as outlined below, the CCG has been exploring the opportunities and risks associated with the available options. The option which carries the lowest level of risk would be to complete a Single Tender Waiver to continue with the COVID Home Visiting Service until 31st March 2023, with the inclusion of a break clause at 6 months in September 2022.

BHF have also 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).

- 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. Services are provided through a model of integration so patient flow between services is smooth and defined. OOH is a critical component of emergency and urgent care, enabling people to receive the right level of care in the right location, to reduce hospital attendances and admissions.

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

A thorough review of the Home Visiting and Out of Hours contract and services required was planned to ensure that the service specification accurately reflects service need and any service commissioned does not overlap with other provision which would potentially result in public funds being used ineffectively. The current Home Visiting and OOH services are delivered in tandem with the Extended Access service also contracted to BHF. As outlined below, Extended Access services have been subject to national review. This therefore impacts on the completion of a review of the Home Visiting and OOH service specifications and tendering for services difficult.

The Long Term Plan continues the priority of improving patient access and reducing variation in experience and long waits. As outlined in Investment and Evolution: A five-year framework for GP contract reform to implement the NHS Long Term Plan, the funding for CCG commissioned Extended Access services will become a single combined access offer with the existing Enhanced Hours Access DES which is an integral part of the Network Contract DES. This review was due to report during 2020-2021. Both OOH and Extended Access services

have been used to support general practice C-19 pandemic response, including the delivery of the COVID “Blue” clinic and Oximetry services.

NHS England and NHS Improvement advised in January 2021 in correspondence instructing CCGs regarding prioritisation of work and ‘Freeing up practices to support COVID Vaccination’ that given the uncertainty around the timing of the COVID vaccination programme, there will be a delay to the planned introduction of the new standardised specification for extended access as part of the Network Contract DES, and the associated national arrangements for the transfer of CCG extended access funding. It was not anticipated that the national introduction of the new enhanced access service would take place before April 2022. The plan being for a nationally consistent enhanced access service specification to be developed by summer 2021, with the revised requirements and associated funding going live nationally from April 2022.

However, the NHS Plan for Improving Access for Patients and Supporting Practices published 14 October 2021 announced a re-phasing of the extended access transfer.
To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022. This will defer the preparatory work PCNs will need to do before the transfer and therefore prevent diversion of resource away from clinical capacity over the upcoming winter period. The transfer of funding and associated nationally consistent service requirements will now take place in October 2022. This also allows more time for PCNs to explore how best to unlock synergies with in-hours services at practice level, as well as consider the option of collaborative working at larger scale than individual PCN footprints. Commissioners were instructed to ensure that necessary arrangements are made to extend existing services.

Due to the uncertainties within the current climate and the recurrence of the postponement, it would be prudent to extend the commissioning of the Home Visiting service to March 2023 with the inclusion of a break clause at 6 months in October 2022 in line with the current date of the proposed transfer of the service.

Ceasing the contract at this point would greatly impact General Practice and would put a considerable burden back into GP practices at a time when resources are stretched to meet the current priority mandates from NHS England. 3811 patients were supported by the Home Visit Service during 2020/2021, and 1513 during the period April 2021 to August 2021. Instead these patients would need to access either normal GP practice services or there could be a risk of increasing unnecessary A & E attendance for routine general medical services.

Commencing a procurement process for the Home Visiting contract without fully understanding the national aspiration for Extended Access could result in a service that is not fit for purpose and destabilise the service. Undertaking a procurement exercise for the Extended Access service is not practicable currently while the Covid-19 pandemic is still impacting as potential providers may not:

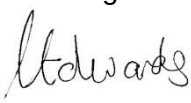
- have the time available to produce a comprehensive tender response
- have available staff capacity to do this
- reduce the respondents submitting a bid or result in no respondents.

Unfortunately it is not possible to provide patient feedback statistics due to the nature of the home visiting service. However, based on market intelligence it is anticipated that tender bids for a potential procurement would be low. Additionally, of note, there have been no Freedom of Interest (FOI) requests in relation to the Home Visiting contract and when tendered previously there was only one other bid. This reinforces that there would be a low risk to the challenge of waiving procurement of the contract.

The option that the waiver is requested to be approved under is:
13.10 Formal tendering procedures may be waived in the following circumstances:
a. In very exceptional circumstances where the Chief Officer or the Chief Finance Officer

decides that formal tendering procedures would not be practicable or the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate CCG record. Considering the NHS England planned change to extended access which is due by October 2022, with a nationally consistent enhanced access service specification to be developed, and the obligation to deliver Extended Access, OOH and COVID Home Visiting services; it would be judicious to continue with the current Home Visiting service and provider to prevent loss of access to general medical services. It would also ensure that the reputation of the CCG is not harmed with the withdrawal of this service.

Procurement Lead sign off	
Does the Procurement Lead support the rationale provided? Name: Dr Rory Browne. Signature: *R. Browne*... Date:17/11/2021	Yes ☑ No ☐

Chief Officer Authorisation	
Decision to waive or not apply competitive tendering authorised Name: Christopher Edwards Signature:  Date: 17.11.2021	Yes ☑ No ☐
If 'no' please state reasons below	

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

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

ANNEX TO BARNSLEY CCG SINGLE TENDER WAIVER FORM

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

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

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

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

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

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

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

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

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

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

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

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

i. Incompatibility with the existing goods; or
ii. Disproportionate technical difficulty in the operation and maintenance of the existing goods

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

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

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

g. Can be carried out or provided separately from the works or services under the original contract but are strictly necessary to the latest

stages of performance of the original contract; provided that the value of such additional works or services does not exceed 50% of the value of the original contract

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

Monitoring and Audit of Decision not to seek Tenders

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

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

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

NHS
Barnsley
Clinical Commissioning Group

GP Practice Survey

Analysis Report 2021

12 November 2021

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 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 patent survey is one element of a suite of quality indicators reviewed regularly to consider patient experience and 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 subcommittee 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 provides a snapshot at a given time and is segregated into sections to measure patients experience across a range of topics including:

- Your Local GP Services
- Making an Appointment
- Your Last Appointment
- Overall Experience
- Your Health
- When Your GP Practice is Closed
- NHS Dentistry
- Some Questions about You (including relevant protected characteristics and demographics).

It is nationally acknowledged that the survey has limitations due to sample sizes being relatively small and as it does not gather qualitative data offering multiple choice answers which limits the detail provided by the results. However, findings can be valuable and triangulated with other data and local knowledge as described above by inclusion with the Barnsley CCG quality dashboard and to trigger discussions with practices. Additionally, due to the general consistency in the questions included, the outcome of the GP survey results can be compared with previous year's results both on a CCG and practice level to identify areas of success or assist in targeting potential improvements. Results are always compared with national and local statistics to consider benchmarking and good practice.

The questions included within the annual survey were reviewed by the Quality Improvement Group in 2019 to determine the methodology to be used 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. Reasons for non-inclusion of some questions included consideration that they could be deemed to be subjective and would not provide an appropriate measure to use as a benchmark on the quality of services delivered within the practice, for example asking a patient their awareness and subsequently usage of online services offered by their GP practice within the last 12 months; 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. However, 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 as to each CCG's survey results (available to view here

The National GP Survey was reviewed in 2021 and some changes were made to the questions included. In particular the following were added:

- How did you try to book the appointment e.g., person, phone etc?
- Were you asked for any information about your reasons for making the appointment?
- What type of appointment was your last general practice appointment? Response options included remote appointment e.g., speaking to someone on the phone or online (for example on a video call).
- Were you given a time for the appointment?

These would help to capture a sense of patients experience of making appointments and in particular the move to online functionality and information regarding the responses has been included within this report. Consideration has been given to if these should be included in the focus questions included within the Quality Dashboard, however it was agreed that although they will provide a useful insight for the CCG, they would not currently add value as a measure for practices. Particularly as individual clinical assessment would determine the appropriateness of the appointment and process.

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 (SYB) 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.

GP Patient Survey responses

11446 Barnsley patients were invited to complete the GP patient survey. 4,428 responses were received, a response rate of 39%.

Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone. It is noted that not all questions were completed or applicable to each patient. Results are calculated as a % for each response option.

The table on pages 5 & 6 of this report provides the data for average achievement of the 13 focus questions including the Barnsley CCG result compared to both the National and South Yorkshire and Bassetlaw averages.

When compared to the results of the 2020 GP survey:

- There are 3 questions where average achievement has increased by more than 5%
- There are only 2 questions where the Barnsley average achievement is less than last year, and notably the result is marginal with only a 1% decrease.

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

Initial analysis of the results was to consider where there was more than a 5% difference in the Barnsley CCG result compared to nationally. Of the 13 questions identified for analysis:

- In 11 of the questions, the Barnsley CCG average feedback result was within 5% of the national result (an increase on last year where 9 questions were within 5% of the national average result in 2020).

  The 2 questions with a difference of more than 5% are analysed further below.

- When compared to the South Yorkshire and Bassetlaw (SYB) CCG average, there is only 1 question where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average (questions 1 listed below).

Section	Question	National explanation re summary results	National Average		SYB average		Barnsley average		
			2020	2021	2020	2021	2020	2021	Comparison to last year
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%	68%	60%	60%	52%	53%*	1%
	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%	89%	88%	88%	87%	86%	-1%
	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%	75%	76%	74%	73%	-1%
	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%	67%	61%	65%	56%	63%	7%
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)	86%	98%	81%	97%	76%	96%	5%
	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%	71%	62%	67%	56%	64%**	7%
Your Last Appointment	Last time you had a general practice appointment, how good was the healthcare professional at: Giving you enough time	Summary result - Good (Combined 'very good' and 'good' responses, to be used with base excluding 'doesn't apply')	86%	89%	86%	88%	84%	88%	4%

	Question	National explanation re summary results	National Average		SYB average		Barnsley average		
			2020	2021	2020	2021	2020	2021	Comparison to last year
Your Last Appointment	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%	89%	88%	89%	86%	89%	3%
	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%	89%	87%	89%	84%	89%	4%
	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%	93%	92%	92%	91%	91%	0%
	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%	96%	95%	95%	93%	95%	2%
	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%	94%	93%	92%	92%	1%
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%	83%	80%	81%	77%	80%	3%

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

This analysis now focuses on the 2 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 (*)

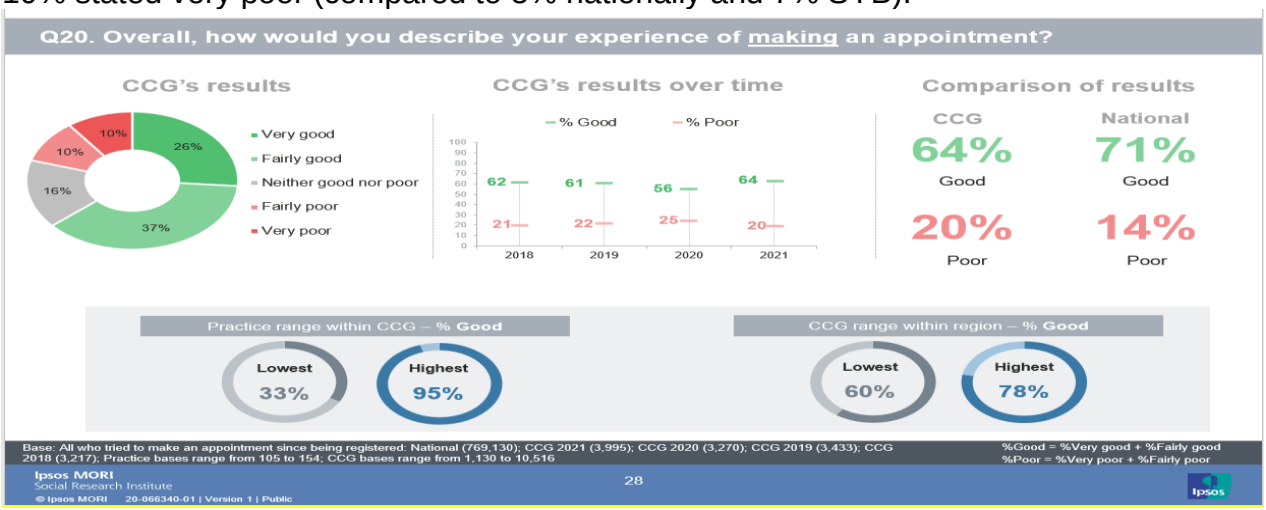
1. Ease of getting through to someone at GP practice on the phone

- 53% found it easy to get through to someone on the phone (compared to 68% nationally, 60% in Bassetlaw, 58% in Doncaster, 64% in Rotherham and 63% in Sheffield).
- 25% stated it was not very easy
- 22% stated not at all easy (compared to 12% nationally, 14% in Bassetlaw, 18% in Doncaster, 14% in Rotherham and 14% in Sheffield).

Making an Appointment (**)

2. Overall experience of making an appointment

- 64% stated that the experience of making an appointment was very or fairly good (compared to 71% nationally and an average of 67% across SYB).
- 16% stated neither good nor poor (compared to 16% nationally and 17% SYB)
- 10% stated fairly poor (compared to 8% nationally and 9% SYB)
- 10% stated very poor (compared to 5% nationally and 7% SYB).



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.

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 How did you try to book the appointment:
  - ***89% stated they tried to book by phone through the practice (compared to 86% nationally and 75% in the 2020 GP survey)***
  - 11% stated they tried to book in person (compared to 44% in the 2020 GP survey)
  - 8% stated that they tried to book online including a website or through an app (compared to 14% nationally and 13% in the 2020 GP survey)
  - 3% stated they tried to book by automated telephone booking
  - 2% tried to book in another way.

- When asked when they would have liked the appointment to be:
  - ***40% stated they would have liked the appointment to be on the same day (compared to 38% nationally)***
  - 14% stated they would have liked the appointment to be on the next day
  - 17% stated they would have liked the appointment to be a few days later
  - 2% stated they would have liked the appointment to be a week or more later
  - 21% stated that they didn't have a specific day in mind
  - 6% 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 take place:
  - *39% stated on the same day (compared to 35% nationally)*
  - *12% stated on the next day (compared to 14% nationally)*
  - *25% states a few days later (compared to 27% nationally)*
  - *16% stated a week or more later (compared to 16% nationally)*
  - 8% stated that they couldn't remember

- The respondents were asked if they had tried other options before trying to get an appointment with the GP practice:
  - ***45% did not try to get information or advice (compared to 42% nationally)***
  - 26% Tried to treat myself / the person I was making this appointment for (for example with medication)
  - 20% asked for advice from a friend or family member
  - 12% used an online NHS service including NHS 111
  - 11% Used an non-NHS online service or looked online for information
  - 13% spoke to a pharmacist
  - 7% called an NHS helpline, such as NHS 111
  - 7% tried to get information or advice elsewhere from a non-NHS service

- 4% contacted another NHS service

All responses were on a par with those given nationally and across SYB.

- When asked were you asked for any information about your reasons for making the appointment:
  - 74% responded yes – during a phone call with a receptionist (compared to 80% nationally)
  - 8% responded yes – during a phone call with a healthcare professional (compared to 9% nationally)
  - 2% responded yes – during a phone call with someone/ not sure who I spoke to (compared to 3% nationally)
  - 3% responded yes – in an online form (compared to 10% nationally, 4% across SYB and 11% in Bassetlaw)
  - 0% responded yes – by email (compared to 1% nationally)
  - 10% responded that they were not asked for that information (compared to 8% nationally)
  - 10% responded that they didn't know or could not remember if they were asked reasons for making the appointment

  NOTE – this was a new question included within the 2021 GP Survey

- 64% of respondents confirmed that they were offered a choice of appointments (compared to 69% across SYB). The choice included different types of appointment (phone call, online, video call, in person) (17%); a choice of place (13%); a choice of time of day (25%); and a choice of healthcare professional (4%).

  16% stated that they didn't need a choice. 36% stated they couldn't remember if they had been offered a choice.

- When asked were you given a time for the appointment:
  - 73% responded yes (compared to 73% nationally)
  - 14% Responded I was told I would be contacted between two times during a set period such as morning or afternoon (compared to 18% nationally)
  - 9% responded no I was not given a time (compared to 9% nationally)
  - 4% Could not remember if they had been given a time for the appointment.

  NOTE – this was a new question included within the 2021 GP Survey

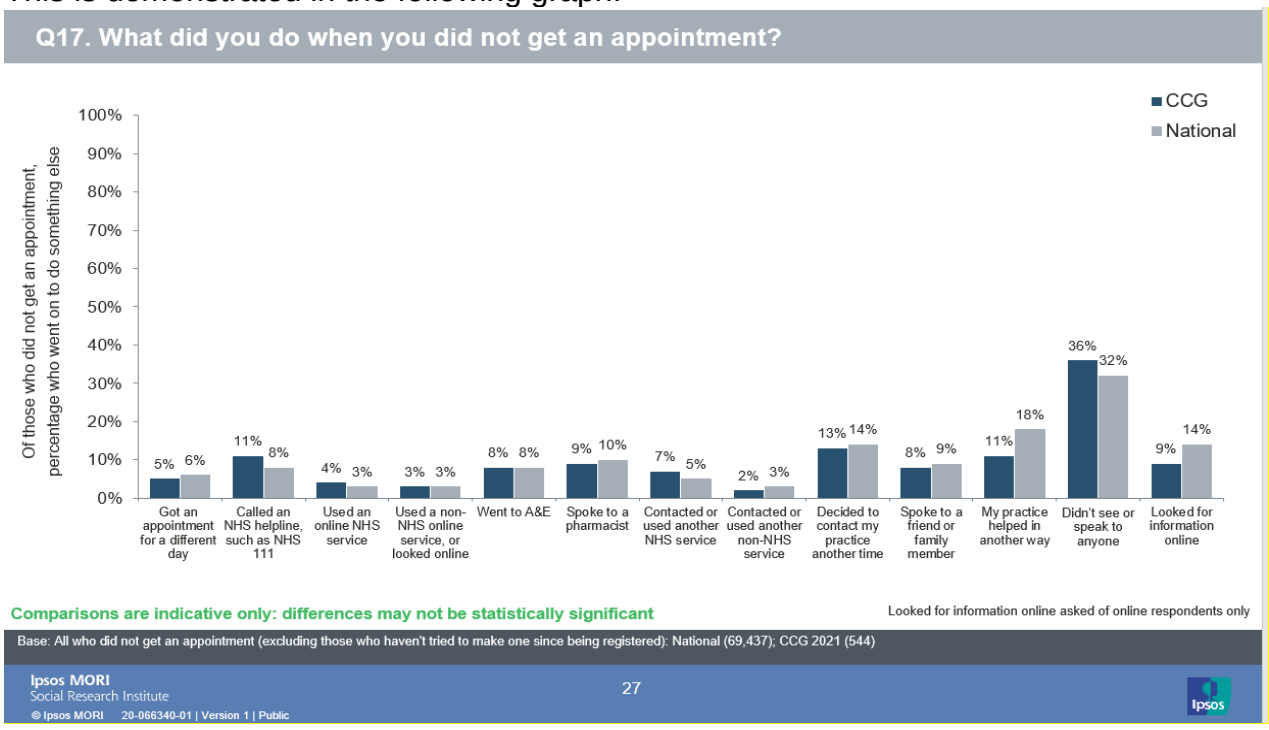
- When asked if they did not take an appointment, why was that:
  - 36% stated that they were not offered an appointment (compared to 35% nationally)
  - 10% stated that my practice helped in another way
  - 28% stated that there wasn't an appointment available for the time or day that I wanted (compared to 22% nationally)
  - ***23% stated that they were unable to book ahead (compared to 17% nationally)***
  - 10% stated that the appointment wasn't soon enough (compared to 25% nationally and 5% in Bassetlaw, 6% in Doncaster, 10% in Rotherham and 7% in Sheffield)
  - 9% stated that there weren't any appointments at the place I wanted
  - 7% stated that the type of appointment they wanted was not available

- 5% stated that there wasn't an appointment with the healthcare professional they wanted
- 4% stated that they couldn't see their preferred GP
- 3% stated that the appointment was too far away/ difficult to get to
- 20% stated there was 'another reason' for not taking the appointment
- 2% stated that the appointment was at too short notice

All responses were on a par with those given nationally and across SYB.

- When asked what they did when they did not take the appointment offered:
  - ***36% didn't take any action to see or speak to anyone (compared to 32% nationally)***
  - 13% decided to contact their practice at another time
  - 11% stated that their practice helped them in another way
  - 8% spoke to a friend or family member
  - 11% called an NHS helpline, such as NHS 111
  - 4% used an online NHS service (including NHS111 online)
  - 8% went to A&E (compared to 8% nationally)
  - 5% looked for information online
  - 7% went to or contacted another NHS service
  - 9% spoke to a pharmacist
  - 5% got an appointment for a different day
  - 3% used a non-NHS online service or looked online for information
  - 2% Contacted or used another non-NHS service

  This is demonstrated in the following graph.



- When asked if they were aware what general practice appointments are available to them
  - 60% were aware that the practice would be open on weekdays between 8am and 6.30pm (compared to 60% nationally)
  - 36% said that they did not know (compared to 35% nationally)

Online Services

- When the respondents were asked which GP online services they had used:
  - 62% or respondents have not used any GP practice online services (compared to 56% nationally and an average of 63% across SYB).
  - Only 14% have booked appointments online (compared to 19% nationally and 16% in the 2020 GP survey).
  - 11% have had an online consultation or appointment – *Of note – this is a new response option added to the 2021 survey*
  - 28% have used the repeat prescription online service (compared to 19% in the 2020 GP survey).
  - 4% have accessed their medical record online.

  All responses were on a par with national and SYB averages.

- When asked how easy it is to use their GP practice's website to look for information or access services:
  - 58% of respondents advised that they hadn't tried to use their GP practices website to look for information or access services (compared to 47% nationally). Of those that had tried:
    - 73% said it was very easy or fairly easy to use the website,
    - 16% reported it was not very easy
    - 11% said it was not at all easy.

- When asked what type of appointment did you get:
  - 48% said that their appointment was to see someone at the GP practice
  - 47% said that their appointment was to speak to someone on the phone
  - 1% said that their appointment was to speak to someone online, for example on video call
  - 3% said that their appointment was to see someone at another general practice location
  - 1% said that their appointment was a home visit

NOTE – this was a new question included within the 2021 GP Survey

Unfortunately, the data set provided from the national survey results does not enable a correlation for each patient response. It is not possible to drill down to investigate, for example, the 27% of patients who responded to state that they were not satisfied with GP appointment times, or the 4% 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 (a question included within the 2020 GP survey but omitted from the 2021 GP survey.

It is possible that the 20% of patients, whose overall experience of making an appointment was noted to be either fairly poor or very 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, 62% had not used any online services and 58% hadn't tried to use the practice website. In 2020 39% of patients were not aware of what services GP practices offer online, this question was removed from the 2021 GP Survey, so we are unable to assess if this has improved.

Improving Access for Patients and Contractual Requirements

The main theme from the GP patient survey analysis is concerned with ease of access and making appointments. Improving access for patients is a key priority nationally and for Barnsley CCG as outlined below.

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 with improvement in appointment datasets being developed nationally

  It was a requirement within the Network Contract DES that by 31 July 2021, all practices in the Primary Care Network will have mapped all active appointment slot types to the new set of national appointment categories The CCG have been liaising with practices to support this as anomalies in the mapping exercise were identified.

- Extended hours review to be incorporated into the Network Contract Des

  The Extended Access service complements existing core and out of hours services ensuring appointments are available with GPs and nurses across Barnsley 7 days a week in line with the service aims and objectives. the funding for CCG commissioned Extended Access services will become a single combined access offer with the existing Enhanced Hours Access DES which is an integral part of the Network Contract DES. The NHS Plan for Improving Access for Patients and Supporting Practices published 14 October 2021 announced a re-phasing of the extended access transfer. To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022.

- 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 patients an opportunity to book a minimum of 25% of all appointments, 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 by NHS111 per 3000 registered patients. A temporary increase was included during the covid pandemic for practices to make available for direct booking by 111 a minimum of 500 per patient (remain necessary to support phase 2 of the NHS response, 111 reducing face to face transmission risk for patient.

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.

Alternate methods to face to face 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 included 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.

<u>NHS Plan for Improving Access for Patients and Supporting Practices</u>

Additionally, the the NHS Plan for Improving Access for Patients and Supporting Practices published by NHS England and NHS Improvement on 14 October 2021 outlined the access challenges.

The wider context of ensuring good access to general practice was noted to be a complex and challenging ongoing issue for many years: for example, getting through to the practice on the phone, particularly first thing in the morning, and sometimes long waits for more routine care. In large part, the access challenge mirrors overall workforce capacity including the number of GPs, which has increased much more slowly than the number of hospital doctors. A series of measures are already being put in place to address this, including through the 2019 five-year GP contract deal, boosted by the Government's manifesto commitments to improve general practice capacity by increasing the size of the primary care workforce and delivering 50 million more appointments. In addition to the transformation of the general practice clinical workforce with different types of healthcare professionals in general practice, including pharmacists, paramedics, advanced nurse practitioners, health and wellbeing coaches and social prescribing link workers.

Widespread changes to the way that people accessed general practice services during the pandemic have been overlaid on these longstanding access challenges. The response to COVID-19 last spring saw an impressive almost overnight adoption of remote consultations and triage-first pathways to ensure care could continue during the first wave of the pandemic. Many of these changes offer long-term benefits for patients and practices. Even before the pandemic, thousands of patients were being assessed effectively and safely in general practice every day via remote consultations, whether

over the telephone or online. For many this was the best option for them, so they did not have to take time out of their day to attend the surgery, while others preferred a face-to-face consultation in person. Online triage models will continue to improve and become easier for patients to navigate.

Practices are currently grappling with the emergent challenge of working out the optimal blend of face-to-face appointments alongside remote appointments, wherever these are clinically warranted, taking account of patient preferences. There are limited evidence-based professional standards or guidance to help show what constitutes good practice or what is likely to be an unacceptable standard of care. Practices are on a journey to that new optimal balance. NHS England and DHSC have asked RCGP to consider providing a further update to its guidance to practices by the end of November, including their advice on how practices can ensure they are providing the appropriate proportion of in-person GP appointments for their registered population, that is both clinically warranted and takes account of patient preferences

NHS England and NHS Improvement is working with systems to increase and optimise capacity, for example through additional capacity funding, for example the Winter Access Fund; and enabling adoption of cloud-based practice telephony and reducing administrative burdens (fit note signatory systems, DVLA certification and GP appraisals).

Additionally, improvements in patient experience will be incentivised through the Investment and Impact Fund (IIF) and also a new real-time measure of patient reported satisfaction with general practice access is to be rolled out nationally and incentivised as early as April 2022. Patients will automatically receive a message following their appointment and asked a series of questions about how they rate their access to care.

Local 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 was an Online Consultation tool procured by 4 CCGs in the South Yorkshire & Bassetlaw system (Barnsley, Bassetlaw, Doncaster and Sheffield) in 2019 until 31 August2021. The aim being 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 algorithms that support the triage process are fully indemnified and comply with clinical safety guidelines.

  Following the end of the contract in September 2021, one practice chose to commission this product directly as a tool to offer online consultations to patients.

- AccuRx (Patient Triage)
  Barnsley CCG commission AccuRx which already offers a number of functionalities to practices within Barnsley CCG, such as ability to text patents, appointment reminders and as a tool for video appointments.

  Additionally Barnsley CCG commissioned AccuRx (Patient Triage) 01 September 2021 as a tool to support practices in offering online consultations to patients.
  AccuRx Patient Triage allows patients to message their practice with a medical or admin query and the practice to respond directly. AccuRx Patient Triage is an additional access route to care and does not replace any already existing routes.

- *Sound Doctor*

  Barnsley CCG also have a contract in place with Sound Doctor which is a website that provides 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 Fall's 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 4864 visitors viewed 17849 videos, in 2020/21 8176 patients viewed 26,857 which is quite a dramatic increase compared to usage in 2019/20.

  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 2020/21 are shown in the table below, including mode of appointment and DNA's.

GP Appointment Activity 2020/21

Period	TOTAL	DNA*	Appointment Mode				
			Face-to-Face	Home Visit	Telephone	Video/ Online	Unknown**
2019/2020 Average Month	12,0677	5,796	10,5163	480	11,054	1,008	2,972
2019/2020 TOTAL	**1,448,122**	**69,556**	**1,261,952**	**5,756**	**132,653**	**12,092**	**35,669**
2020/2021 Average Month	10,7495	3,576	6,8307	255	35,434	15	3,484
2020/2021 TOTAL	**1,289,936**	**42,915**	**819,681**	**3,054**	**425,212**	**176**	**41,813**
Apr 2021	112,713	4,240	71,969	400	35,992	14	4,338
May 2021	105,968	3,887	68,317	189	33,369	15	4,078
Jun 2021	121,831	5,416	81,428	252	35,479	18	4,654
Jul 2021***	No data	No data	No data	No data	No data	No data	No data
Aug 2021	106,688	4,445	71,699	270	30,081	748	3,890
2021/22 TOTAL	**447,200**	**17,988**	**293,413**	**1,111**	**134,921**	**795**	**16,960**

*The number identified as DNA's have not been extracted from the appointment mode data. Included as this impact 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.

*** The Primary care team are liaising with NHS Digital to query the data report.

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:

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

**Shows how many of the 13 questions the practice were below the national average*

ODS Code	Practice Name	Above	Below*
C85001	BHF Goldthorpe Medical Centre	0	13
C85005	Royston Group Practice	0	13
C85016	Garland House - Dr Mellor	0	13
C85023	Hollygreen Practice	0	13
C85026	Apollo Court Medical Centre	0	13
Y00411	Dearne Valley Group	0	13
Y04809	Lakeside Surgery	0	13
Y05363	BHF Highgate Surgery	0	13
Y05364	BHF Lundwood Practice	0	13
C85020	Huddersfield Road Surgery	1	12
C85006	Woodland Drive Medical Centre	3	10
C85009	Kakoty Practice	4	9
C85014	Rose Tree Practice	4	9
C85008	Walderslade Surgery	5	8
C85018	Grimethorpe Surgery	5	8
C85028	Lundwood Medical Centre	5	8
C85030	Wombwell Medical Centre	5	8
C85019	The Grove Medical Practice	6	7
C85010	Hillbrow Surgery	7	6
C85022	Hoyland Medical Practice	7	6
C85024	Royston High Street	7	6
C85013	Wombwell PMS Chapelfield	8	5
C85017	Burleigh Medical Centre	9	4
C85033	Victoria Medical Centre	9	4
C85619	St George Medical Centre	9	4
Y05248	Brierley Medical Centre	9	4
C85007	Dove Valley Practice	10	3
C85614	Darton Health Centre	11	2
C85004	Penistone Group Practice	12	1
C85622	Monk Bretton Health Centre	12	1
C85003	Ashville Medical Centre	13	0
C85623	Kingswell Surgery	13	0

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. Appendix A shows additional graphical information.

	National Average	SYB average	Barnsley average	1 - 20%	20 - 40%	41 - 60%	61 - 80%	81 - 100%	
Ease of getting through to someone at GP practice on the phone	68%	60%	53%	1	6	13	6	6	32
Helpfulness of receptionists at GP practice	89%	88%	86%	0	0	0	7	25	32
Ease of using your GP practice's website to look for information or access services	75%	76%	73%	0	0	8	16	8	32
Satisfaction with general practice appointment times	67%	65%	63%	0	1	13	15	3	32
Satisfaction with type of appointment offered	82%	97%	96%	0	0	0	20	12	32
Overall experience of making an appointment	71%	67%	64%	0	6	13	9	4	32
Last time you had a general practice appointment, how good was the healthcare professional at: Giving you enough time	89%	88%	88%	0	0	0	11	21	32
Last time you had a general practice appointment, how good was the healthcare professional at: Listening to you	89%	89%	89%	0	0	1	8	23	32
Last time you had a general practice appointment, how good was the healthcare professional at: Treating you with care and concern	88%	89%	89%	0	0	1	11	20	32
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	2	30	32
During last general practice appointment, had confidence and trust in healthcare professional	96%	95%	95%	0	0	0	1	31	32
Needs met at last general practice appointment	94%	93%	92%	0	0	0	0	32	32
Overall experience of GP practice	83%	81%	80%	0	0	3	16	13	32

This analysis identified a number of practices potentially requiring additional support. These results are considered holistically with other intelligence. Data is triangulated, for example, with the Quality Dashboard. The consideration of investigation of GP practices at an individual practice level to discuss results will be discussed within the Primary Care Team and Quality Improvement Group with consideration being given to current workload pressures. The Primary Care Team will work collaboratively with these practices.

Conclusion/ Next steps

The results of the GP patient survey published in August 2021 has been analysed and compared to national and CCG averages, with additional consideration given to individual GP practice results. This report includes the outcome and aims to:

- Provide assurance that the Primary Care Team review intelligence regarding GP practices and action appropriately.
- Provide assurance that there are effective systems and mechanisms to ensure that lessons are learned and shared within the CCG.
- 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.
- Identify any trends and themes in the GP Patient Survey and, triangulating with other intelligence, take appropriate action.

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

  - In 11 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 was only 1 question where the responses for Barnsley CCG GP practices gave a result in achievement which was over 5% lower than the SYB average (which also featured in the 2 identified above within the national comparison.

  When compared to the results of the 2020 GP survey:

  - There are 3 questions where average achievement has increased by more than 5%
  - There are only 2 questions where the Barnsley average achievement is less than last year, and notably the result is marginal with only a 1% decrease.

  On an individual practice level:

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

  This is on a par with the results of the 2020 GP Survey.

  The questions where Barnsley GP practices are identified as potential outliers are in relation to ease of getting through to the GP practice on the phone, and overall experience of making an appointment. Unfortunately, due to the data set provided it has not been possible to analyse further if there is a correlation to being able to book ahead or see the health professional of their choice for example. However, the results also reveal a trend in low patient awareness of online services.

  Improvement in access through initiatives to support practices, including development of online services, and within contractual requirements, aim to assist with this. The Primary Care Team continue to work collaboratively with practices across Barnsley CCG and on an individual basis to support improvements.

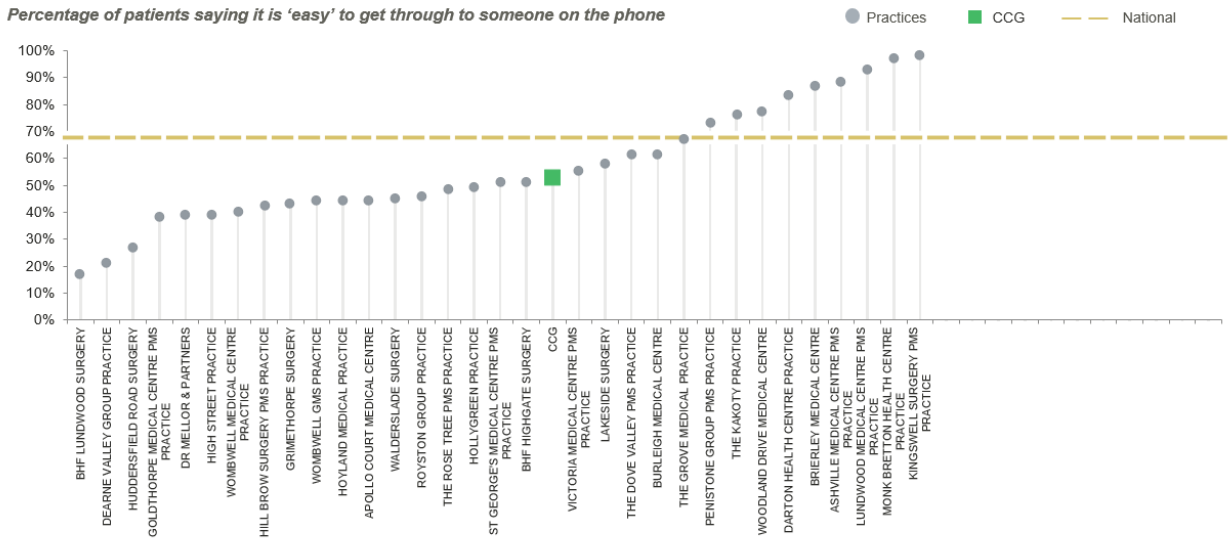
Appendix A

Barnsley CCG and Practices Results

The graphical information available within the nationally provided Barnsley CCG PowerPoint presentation slide pack is included below for information.

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

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



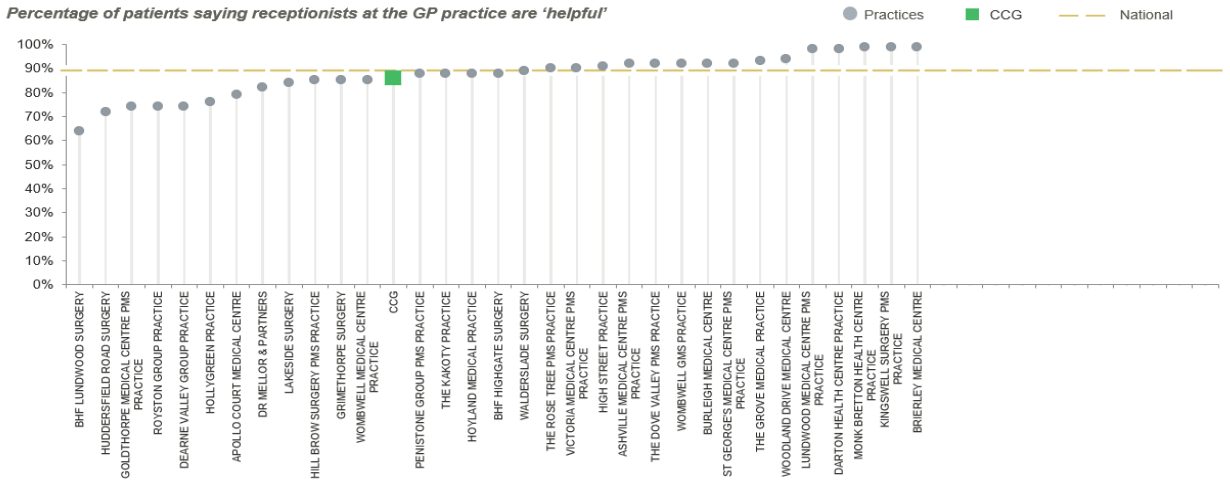
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (809,235); CCG 2021 (4,255); Practice bases range from 115 to 160

%Easy = %Very easy + %Fairly easy

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

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



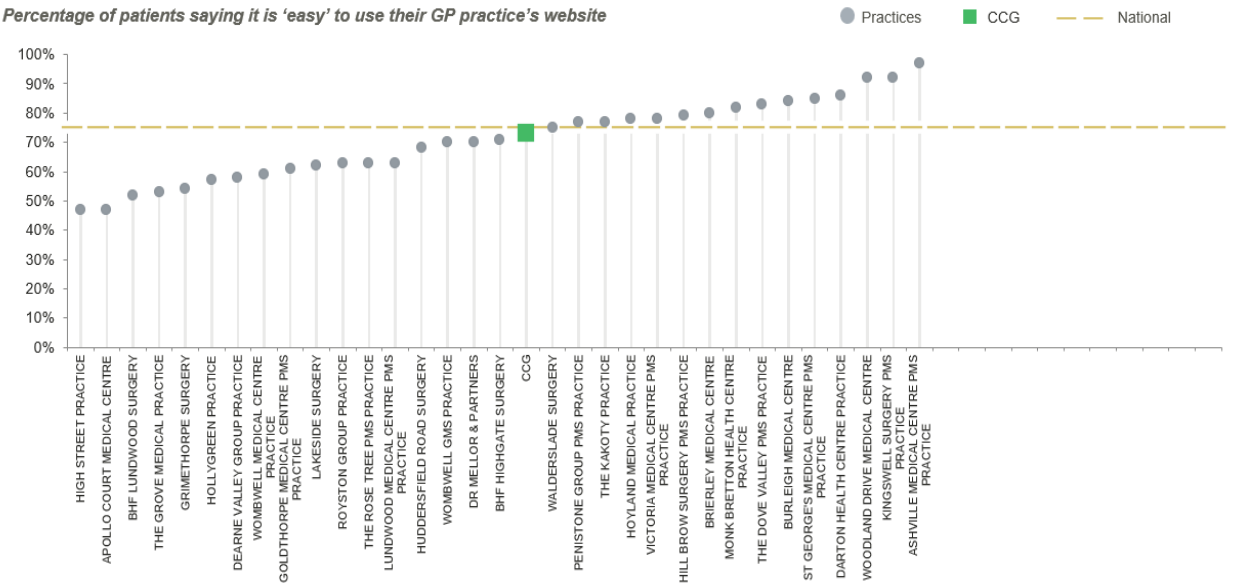
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Don't know': National (815,587); CCG 2021 (4,265); Practice bases range from 111 to 160

%Helpful = %Very helpful + %Fairly helpful

Q4. How easy is it to use your GP practice's website to look for information or access services?

Percentage of patients saying it is 'easy' to use their GP practice's website



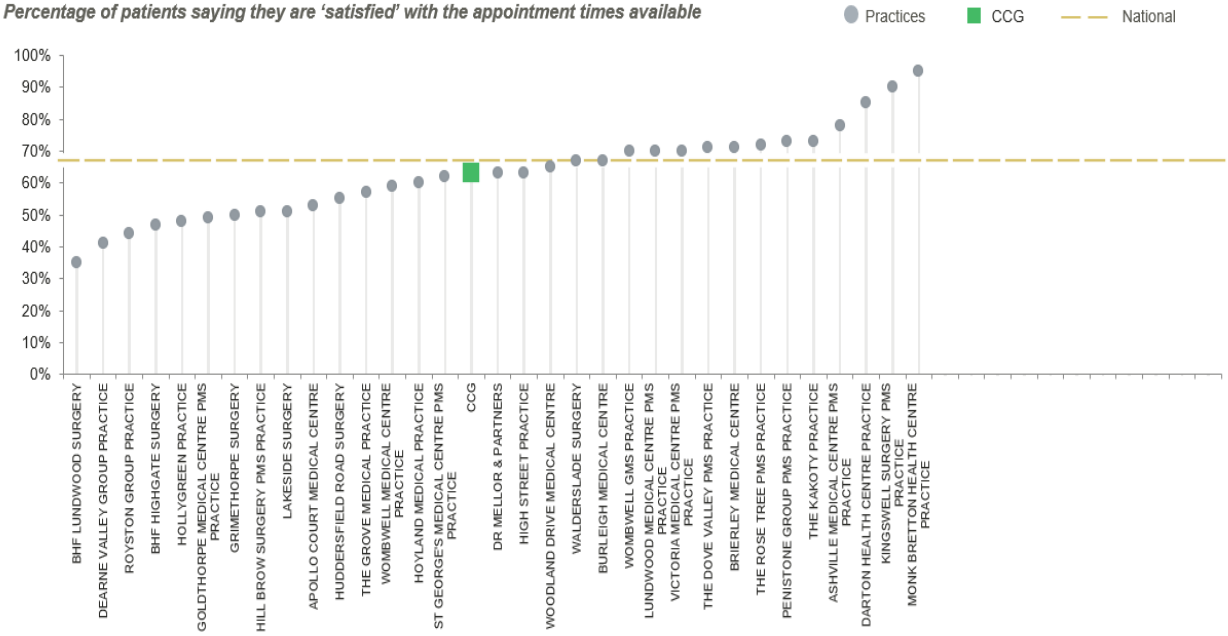
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'Haven't tried': National (398,398); CCG 2021 (1,665); Practice bases range from 21 to 93

%Easy = %Very easy + %Fairly easy

Q6. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are 'satisfied' with the appointment times available

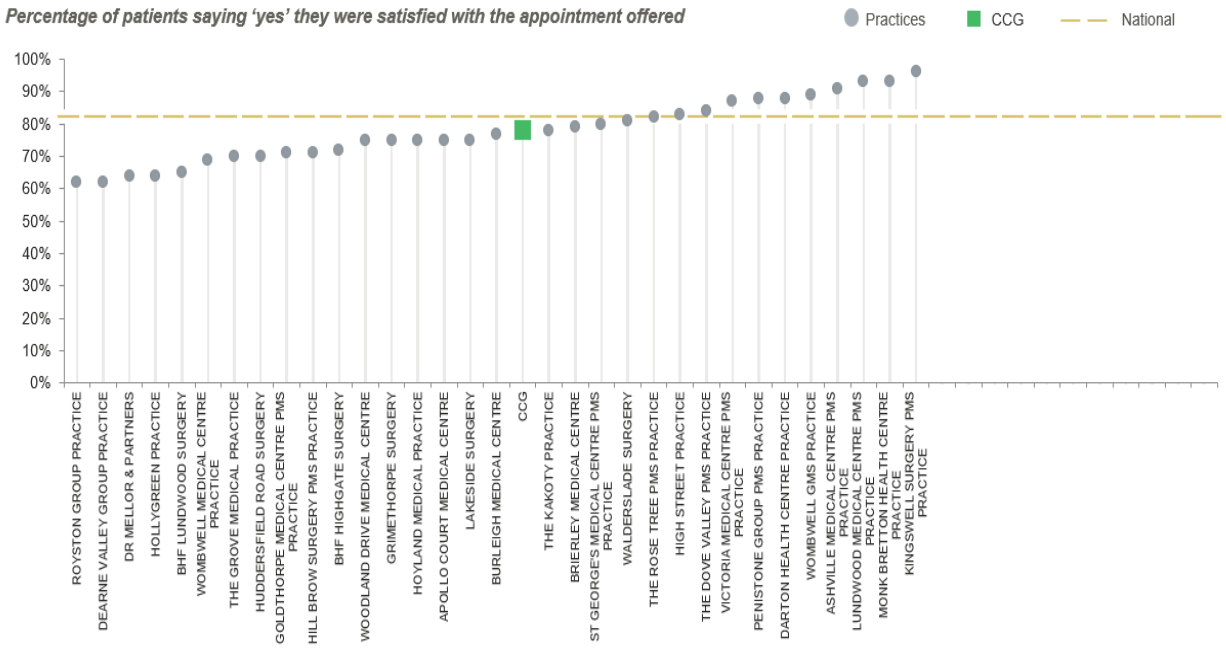


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (733,038); CCG 2021 (3,721); Practice bases range from 82 to 142

%Satisfied = %Very satisfied + %Fairly satisfied

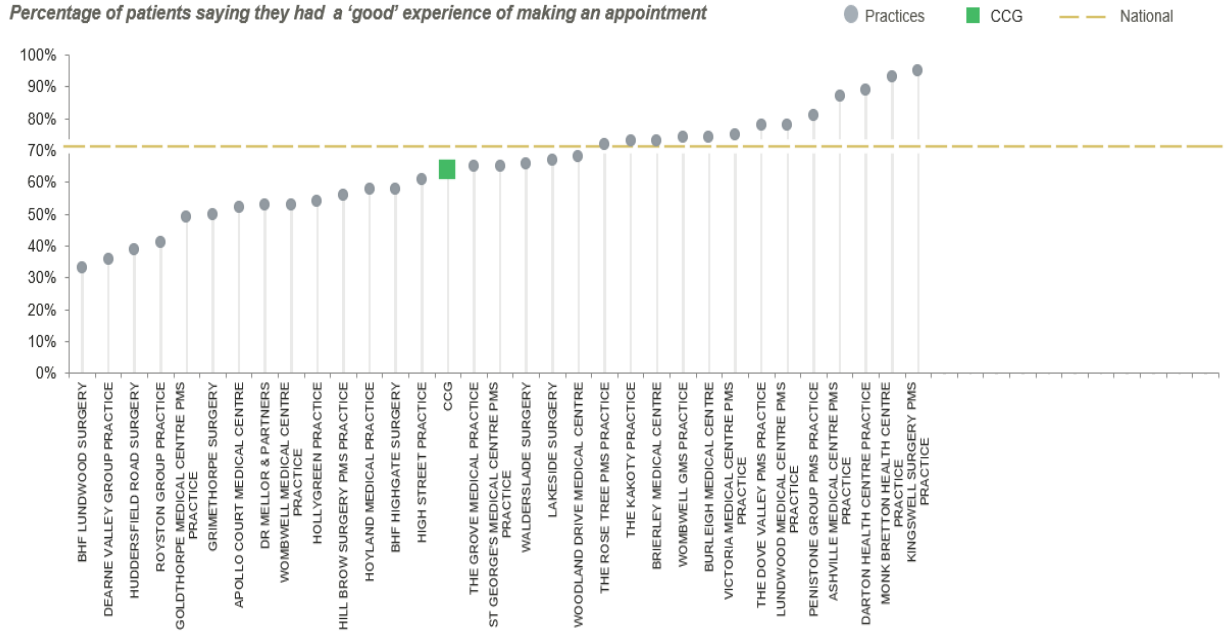
Q15. Were you satisfied with the appointment (or appointments) you were offered?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered excluding 'I was not offered an appointment': National (709,766); CCG 2021 (3,553); Practice bases range from 93 to 139

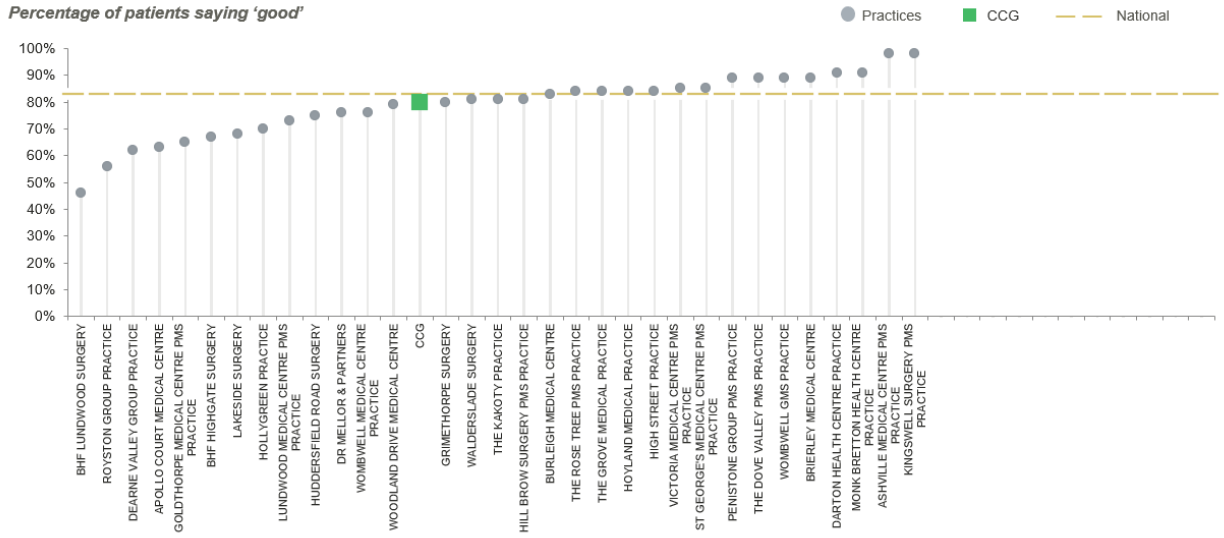
Q20. Overall, how would you describe your experience of making an appointment?



Comparisons are indicative only: differences may not be statistically significant

Base: All who tried to make an appointment since being registered: National (769,130); CCG 2021 (3,995); Practice bases range from 105 to 154 %Good = %Very good + %Fairly good

Q30. Overall, how would you describe your experience of your GP practice?



Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (836,008); CCG 2021 (4,369); Practice bases range from 116 to 163

%Good = %Very good + %Fairly good

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		*Approval*		*Assurance*	✓	*Information*	

2. PURPOSE

- 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 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. Two risks are 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 an exception risk register report associated with the Primary Care Commissioning Committee.

	There are currently five risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the five risks, there is one red (extreme) rated risk, one amber risk (high), 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. Members are asked to review the risk detailed on Appendix 1 to ensure that the risk is being appropriately managed and scored.
6.	**THE COMMITTEE IS ASKED TO:**
	• Review and agree that the risks are being appropriately managed and scored
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• 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		6.1 Efficiency Plans	
2.1 Primary Care	✓	7.1 Transforming Care for people with LD	
3.1 Cancer		8.1 Maternity	
3.2 Maximising Elective Activity		9.1 Digital and Technology	✓
4.1 Mental Health		10.1 Compliance with statutory duties	
5.1 Integrated Care @ System		11.1 Delivery of Enhanced Health in Care Homes	
5.2 Integrated Care @ Place		12.1 Delivering The Covid Vaccination Programme & Meeting The Needs of Patients with Covid-19	
5.3 Implementing Population Health Management And Personalised Care			

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 *(these will be especially relevant where a proposal or policy is brought for decision or approval)*

3.1 Clinical Leadership

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

3.2 Management of Conflicts of Interest (s14O)

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

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

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

3.4	**Improving quality (s14R, s14S)**	
	Has a Quality Impact Assessment (QIA) been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from the Chief Nurse (or Deputy) if appropriate?	***NA***
3.5	**Reducing inequalities (s14T)**	
	Has an Equality Impact Assessment (EIA) been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from Equality Diversity & Inclusion Lead if appropriate?	***NA***
3.6	**Public Involvement & Consultation (s14Z2)**	
	Has a s14Z2: Patient and Public Participation Form been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from the Head of Comms & Engagement if appropriate?	***NA***
3.7	**Data Protection and Data Security**	
	Has a Data Protection Impact Assessment (DPIA) been completed if relevant?	***NA***
	Have any issues or risks identified been appropriately addressed having taken advice from the SIRO, IG Lead and / or DPO if appropriate?	***NA***
3.8	**Procurement considerations**	
	Have any issues or risks identified been appropriately addressed having taken advice from the procurement Shared Service if appropriate?	***NA***
	Has a Single Tender Waiver form been completed if appropriate?	***NA***
	Has a Primary Care Procurement Checklist been completed where GPs, networks or Federations may be a bidder for a procurement opportunity?	***NA***
3.9	**Human Resources**	
	Have any significant HR implications been identified and managed appropriately, having taken advice from the HR Lead if appropriate?	***NA***
3.10	**Environmental Sustainability**	
	Have any significant (positive or negative) impacts on the environment or the CCG's carbon footprint been identified?	***NA***

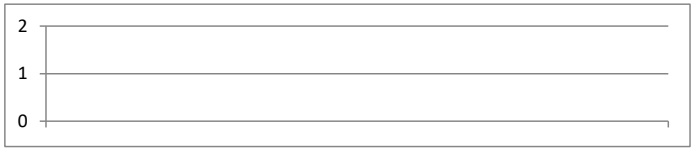
18/11/2021

NHS Barnsley CCG Governing Body Assurance Framework 2021-22

PRIORITY AREA 9: DIGITAL AND TECHNOLOGY	*Delivery supports these CCG objectives:*		PRINCIPAL THREATS TO DELIVERY
1. Development of a system wide shared care record 2. Ensure the delivery of the GP IT Futures Model to: - Comply with mandatory core standards re: interoperability and cyber security - Ensure HSCN supports effective and fast connectivity - Support the identification of equipment that poses a threat to cyber security e.g. pre Windows 10 software - Support the implementation and roll out of the GPIT refresh of IT equipment - Support the wider use of digital technology as described within the Long Term Plan - Working closely with the SY&B digital and IT workstream to deliver the digital road map - Delivery of O365 across Barnsley - Support the transition of video and online consultation software as the Doctorlink contract ends - Support the delivery of the Digital Primary Care First projects - Support the development of the Digital Citizen project in collaboration across "place" - Support the GP practices with digitisation of the Lloyd George records when confirmed by NHSEI - Support the roll out of the corporate Wi-Fi solution - Support the resilience work at Hillder House with the servers and CCG corporate IT needs - Support the upgrade to utilise digital technology for telephony resilience across GP practices and Hillder House 3. Development of a Barnsley "place" Digital Strategy that reflects the "system" digital strategy and aligns with the emerging Eststes strategy	Highest quality governance		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.
	High quality health care	✓	
	Care closer to home	✓	
	Safe & sustainable local services	✓	
	Strong partnerships, effective use of £	✓	
	Links to NHSE/I Planning Guidance		
	F3 - Develop the underpinning digital and data capability to support population-based approaches		

Committees providing assurance	**PCCC & SMT**	*Executive Lead*	**JB**	*Clinical Lead*	**JH**

Risk rating	Likelihood	Consequence	**Total**
Initial	3	4	12
Current	3	4	12
Appetite	3	4	12
Approach	**Tolerate**		



Date reviewed	**Oct-21**

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.

Key controls to mitigate threat:	**Sources of assurance**	**Rec'd?**
Barnsley IT Strategy Group	Monthly meetings to review SCR progress and refresh Digitial 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. Isses 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 – November 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)	11	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

			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 14/10	2, 5, 6	If the Barnsley area is not able to attract & retain a suitable & sufficient Primary Care clinical workforce e.g. due to delays in recruiting into the ARRS roles there is a risk that: (a)Primary Medical Services for patients are inconsistent (b)The people of Barnsley will receive a poorer quality of healthcare services (c)Patients services could be further away from their home.	**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 that will support the delivery of services. The Network Contract DES has several deliverables that will support existing service delivery, utilise roles under the Additional Roles Scheme, support reduction in healthcare inequalities, and that will work towards achieving sustainable service delivery in Barnsley. The Primary Care Strategy Group has a workforce	Head of Primary Care. (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	11/21	**Nov 2021** There was an October submission from PCN to CCG, this has not yet gone to NHSE (Deadline end of November for CCG to submit). This has many changes to recruitment since last submission and forward projections for 2022/23 & 2023/24 - the same risks of retention and unable to recruit	12/21

			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**
						element included within its transformation plans and will support the Barnsley “Place” Workforce Plan. The Primary Care Strategy Group will incorporate the SYB ICS Primary Care Strategy to support consistent service delivery across the ICS reflecting the needs of Barnsley as a “place”. NHS England has published an Interim People Plan to support the workforce challenge. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students.							are there, and ongoing. Discussions being held between CCG and PCN. **September 2021** PCN workforce plan submitted to NHSE/I.	

			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**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (e.g. equalisation).	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	08/21	**August 2021** TOR have been submitted for the 360 Audit. This year it is Primary Care Finances that are to be audited. **May 2021** No further update. **Feb 2021** 360 Assurance audit has been completed for 2020-21 and indications are of good assurance of quality and contract management	11/21