NHS
Barnsley
Clinical Commissioning Group

Public Primary Care Commissioning Committee
Thursday, 29 July 2021 at 09.30am to 10.45am
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 21/07/04** Chair	9.35am
5	Minutes of the meeting held on 27 May 2021	Approve	**PCCC 21/07/05** Chair	9.35am 5mins
6	Matters Arising Report	Note	**PCCC 21/07/06** Chair	9.40am
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7	Primary Care Estate	Information	**Verbal** Julie Frampton	9.40am 5mins
8	GP Patient Survey 2020/21	Assurance	**PCCC 21/07/08** Julie Frampton	9.45am 5mins
Quality and Finance				
9	Finance Update	Information	**PCCC 21/07/09** Ruth Simms	9.50am 10mins
10	CQC Updates	Assurance/ Information	**PCCC 21/07/10** Julie Frampton	10.00am 5mins
Contract Management				
11	Contractual Issues Report • BHF Contracts Review Update	Approval/ Assurance	**PCCC 21/07/11** Julie Frampton	10.05am 15mins
12	PDA 2021/22 Primary Care Schemes	Approval	**PCCC 21/07/12** Julie Frampton	10.20am 5mins
13	COVID Expansion Fund	Approval	**PCCC 21/07/13** Julie Frampton	10.25am 5mins
Governance, Risk, Assurance				
14	Risk and Governance Report • Assurance Framework • Risk Register	/ Assurance	**PCCC 21/07/14** Paige Dawson	10.30am 10mins

Reflection on conduct of the meeting				
15	• Conduct of meetings • Any areas for additional assurance • Any training needs identified	Note	**Verbal** Chair	
Other				
16	Questions from the public relevant to the agenda	Note	**Verbal** Chair	
17	Items for escalating to the Governing Body	Note	**Verbal** Chair	10.40am 5mins
18	**Date and time of the next scheduled meeting:** Thursday, 30 September 2021 at 2.30pm to 10.30am 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

29 July 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	
4.1 Mental Health		9.1 Digital and Technology	
5.1 Integrated Care @ System		10.1 Compliance with statutory duties	✓
5.2 Integrated Care @ Place			

The report also provides assurance against the following red or amber risks on the Corporate Risk Register:	*N/A*

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act

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

3. Governance Considerations Checklist *(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)
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.
Julie Frampton	Head of Primary Care	• NIL

Name	Current position (s) held in the CCG	Declared Interest
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, 27 May 2021 at 9.30pm 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	Secondary Care Clinician (joined the meeting at agenda item 11)
Richard Walker	Head of Governance & Assurance
Chris Edwards	Chief Officer

CLINICAL MEMBERS (NON-VOTING)

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

IN ATTENDANCE:

Julie Frampton	Head of Primary Care
Angela Musgrave	Executive Personal Assistant
Nick Germain	Primary Care Manager, NHSEI
Rebecca Clarke	Senior Public Health Principal, BMBC
Ruth Simms	Assistant Finance Manager
Chris Lawson	Head of Medicines Optimisation (for agenda item 12 only)

APOLOGIES:

Julia Burrows	Director of Public Health, BMBC
Roxanna Naylor	Chief Finance Officer

MEMBERS OF THE PUBLIC:

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

Agenda Item	Note	Action	Deadline
PCCC 20/05/01	**HOUSEKEEPING**		
PCCC 20/05/02	**WELCOME AND APOLOGIES**		
	The Chair welcomed members to the meeting and apologies were noted as above.		
PCCC 20/05/03	**QUORACY**		
	The meeting was declared quorate.		

PCCC 20/03/04	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	Dr Guntamukkala declared a direct financial interest in the following agenda items as her Practice would be receiving funding as set out in the papers:- • Agenda item 11, Contractual Issues Report 'In Year Contract Variation for Dodworth Medical Centre (Apollo Court) • Agenda item 12, Medicines Optimisation PDA Scheme • Agenda item 13, Covid Expansion Funding In addition the Chair noted that Dr Balac and Dr Smith also had a direct financial interest in items 12 and 13. The Chair agreed to allow the GP members to remain present for these items in order to provide their clinical view should the Committee require it, but they would not participate in the decision making.		
PCCC 20/05/05	**MINUTES OF THE LAST MEETING**		
	The minutes of the meeting held on 25 March 2021 were verified as a true and correct record of proceedings.		
PCCC 20/05/06	**MATTERS ARISING REPORT**		
	PCCC 20/07/07 – GP Patient Survey 2020 The Head of Primary Care informed the Committee that the CCG would ensure appropriate support was provided to Practices if there were any issues highlighted in the GP Patient Survey 2020. Members noted the update provided.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 20/05/07	ICS Primary Care Collaborative The Chair of Barnsley CCG provided members with a presentation and verbal update on the proposal to establish a South Yorkshire and Bassetlaw ICS Primary Care Collaborative. The presentation included information on the following themes:- • Why now • Aim of the proposal • Proposed role of a SYB ICS PC Collaborative • Proposed areas of responsibility • Formation of the SYB ICS PC Collaborative • Governance arrangements • Membership • Next Steps		

	The Committee thanked the Chair of Barnsley CCG for the information and update provided.		
PCCC 20/05/08	<u>Primary Care Strategy</u> The Head of Primary Care presented the Primary Care Strategy report that provided the Committee with an update on the work to date regarding the development of the Primary Care Strategy and transformational plans for work to deliver an integrated Primary Care Delivery Model. The Committee was informed that in order for primary care to resume normal working following the Covid pandemic the CCG had reviewed the primary care working groups and had established a Primary Care Strategy Group as a sub group of the PCCC and the Primary Care Delivery Group, to support operational delivery. The Primary Care Strategy Group Terms of Reference described the objectives and responsibilities of what and how the group would work together to deliver a model of primary care to ensure resilience and reflected the transformational changes taking place as the CCG and partner organisations move towards working together as part of an Integrated Care System. Membership of the group would include colleagues from the CCG, Primary Care Network, Barnsley Healthcare Federation and Community services. The Strategy Group had developed the Terms of Reference for the Group and for the Primary Care Operational Delivery Group. The Strategy Group had also reviewed and established the high-level Project Brief that set out the work plan and was reflected in the start of the Primary Care Strategy – Barnsley Primary Care Delivery Model. The Committee was informed that the documents would be reviewed and updated as work progressed and reported back to the PCCC. A lengthy discussion took place regarding the governance arrangements, primary care quality assurance reporting and remit of the Primary Care Strategy and Primary Care Operational Delivery Groups and how these groups would link in with other groups to avoid duplication. As part of the discussion it was confirmed that in terms of decision making around the primary care delegated functions, the Primary Care Commissioning Committee would remain the decision-making body.		

	Action: The Head of Governance & Assurance and the Head of Primary Care would work together to strengthen the wording around the governance arrangements in the Primary Care Strategy Group Terms of Reference. **Subject to clarification of the discussions regarding governance, quality assurance and decision making, the Committee:-** • **Approved the Terms of Reference for the Primary Care Strategy Group** • **Approved the Terms of Reference for the Primary Care Delivery Group** • **Approved the Project Brief** • **Noted the contents of the Primary Care Delivery Model**	**RW/JF**	
QUALITY AND FINANCE			
PCCC 20/05/09	**FINANCE UPDATE**		
	The Assistant Finance Manager presented the Finance Report that provided an update of the financial framework and highlighted the budget requirements for delegated Primary Care Co-Commissioning budgets for 2021/22 which was split April to September 2021 (H1) and October 2021 to March 2022 (H2). The Primary Care Co-Commissioning allocation for H1 was £20,672k with budget requirements being at £21,713k, a shortfall of £1,041k that would be funded from CCG programme costs. The shortfall was the result of national GP contract negotiations, planning requirements, the Primary Care Contract DES, and historical increases in premises. Additional core Primary Care Network funding totalling £396,225 (full year budget) had been allocated to the PCN DES which would also be funded from CCG programme costs. The second half of the financial year H2 - October 2021 to March 2022 was subject to further guidance. The paper also highlighted the six key financial areas of the new Primary Care Network Contract DES and expenditure expectations for the full financial year 2021/22. **The Committee:** • **Noted the update on the financial framework for 2021/22 and budgets set for the period April 2021 to September 2021.**		

PCCC 20/05/10	**CQC REPORT** The Head of Primary Care presented the CQC report that provided members with an update on the current CQC position in relation to Barnsley GP Practices and Barnsley Healthcare Federation i-Heart contracts. The Committee was reminded that following the Care Quality Commission (CQC) implementation of a Transitional Regulatory Approach that focussed on existing Key Lines of Enquiry, inspection activity had been limited to where there may be a serious risk of harm or where it supported the system's response to the pandemic. The report outlined the CQC inspection process for 2021/22 which had altered this year due to the move out of Covid and provided details of the CQC's approach to inspection activity from April 2021. The report also provided information on the following recent and upcoming inspections: <u>Rose Tree Practice</u> Following an inadequate rating in February 2019 and an improved rating of 'requires improvement' in October 2019 the practice had been inspected on 18 May 2021 as part of an ongoing review. The CCG were currently awaiting the latest report to be published. <u>Lakeside Surgery</u> Lakeside Surgery was due to be inspected in June 2021 as the practice does not have a current rating following the change in contract holder/registered manager. <u>The Kakoty Practice and High Street Practice</u> The Kakoty Practice and High Street Practice were due to be re-inspected later in 2021. Both practices were rated as 'Good' overall however they each had one indicator rated as 'requires improvement' which would be reviewed at the inspection. <u>Hoyland Medical Practice</u> A remote inspection had been carried out on 6 May 2021 in response to information received by the CQC that reached a threshold where contact with the practice was required. The Head of Primary Care informed the Committee that the CQC was a regulatory body for NHS contracted providers and concerns from members of the public, organisations or professionals could be raised with the CQC via a number of routes. Individual concerns would be directed back to		

	the provider however, if a number of different concerns was received, this would trigger a remote or face to face inspection. The outcome of all inspections would be shared with the Committee at a future meeting when formal feedback had been received from the CQC. **The Committee noted:** • The CQC's inspection planning and approach for 2021-22 • The inspection of Rose Tree Practice • The upcoming inspections for Lakeside Surgery, The Kakoty Practice and High Street Practice • The remote inspection undertaken at Hoyland Medical Practice.		
CONTRACT MANAGEMENT			
PCCC 20/05/11	**CONTRACTUAL ISSUES REPORT**		
	The Head of Primary Care presented the Contractual Issues Report that provided members with an update on the current contractual issues in relation to primary care contracts. **In Year Contract Variation** <u>Dodworth Medical Centre (Apollo Court)</u> The CCG had received an application to vary Dodworth Medical Centre (Apollo Court) PMS contract to remove Barnsley Healthcare Federation from 1 June 2021. The application required a contract variation amendment to the PMS contract which required approval from the Primary Care Commissioning Committee. The report recommended that the contract variation be approved It was noted that the CCG had also been approached regarding plans to merge this practice with The Grove Medical Practice. Further information would be brought to a future Committee meeting for consideration following receipt of a formal application. <u>Penistone Group Practice</u> The CCG had received an application to vary the Penistone Group Practice PMS contract in relation to a 24 hour retirement for Dr Morris on 1 April 2021. The 24 hour retirement did not require an amendment to the PMS contract and the item was for the Committee's information only.		

	GMS PMS Equalisation In 2013 NHS England commenced a review of GMS and PMS practice contract funding due to the significant variation in approach to these contracts. Members were reminded that the Committee had previously approved a recommended approach for the CCG to continue to work towards the GMS/PMS equalisation and, after a considerable amount of work, the CCG had managed to achieve equalisation between the two contracts. For 2021/22 the CCG had reviewed the variance between the GMS/PMS contracts and would not be applying any additional uplifts to PMS practices as equalisation still applied. From June 2021 the CCG would therefore be applying the national contract uplifts as set out in the April 2021 Guidance and would take the payment to £96.78 per patient. **Home Visiting contract Extension – Barnsley Healthcare Federation (BHF) – Extraordinary Meeting held on 29 April 2021** Following Committee approval of a Single Tender Waiver on 29 April 2021 for BHF to continue to provide Home Visiting services to Barnsley patients, it was noted the Home Visiting contract had been extended until 31 March 2022. **Online Consultation – Doctorlink** To ensure compliance with NHSE contractual arrangements all GP practices were required to offer online consultations by April 2020 and video consultations by April 2021. Following a joint procurement by Barnsley, Doncaster, Sheffield and Bassetlaw CCGs, Doctorlink, an online consultation platform had been selected due to its ability to provide a digital triage and advice tool for patients that could easily be integrated into practice systems. The contract had been awarded on 1 September 2019 for a 2 year period. Although all 32 Barnsley GP practices had installed and implemented the Doctorlink facility, only one practice was utilising all the functions of the platform as intended. Five practices were actually connected to the system although only four utilised the function.		

	It was reported that since contracting with Doctorlink other platforms had been developed and the CCG would be liaising with practices to agree a system that would be acceptable to all practices. The Doctorlink contract would therefore not be extended at the contract end date of 31 August 2021 as it was felt it did not provide value for money nor support practices in the way it was envisaged. **Barnsley Healthcare Federation (BHF) Contracts Review** It was reported that discussions had recently taken place with BHF concerning a number of outstanding issues regarding the timeliness and accuracy of data relating to contract reporting for 2020-21. The CCG had been supporting BHF to help resolve the outstanding issues to ensure a full reconciliation of all concerns in time for the 2021-22 contract negotiations to commence in June 2021. Following a brief discussion, the Committee raised its concerns regarding the amount of reporting issues outstanding and asked how confident the CCG was in BHF's ability to resolve these issues in a timely manner. The Head of Primary Care informed the Committee that following discussions a number of actions had been agreed with BHF to support confidence and trust in the performance data to be received in time for the June contract meeting that would allow the 2021-22 contract negotiations to commence, however it was acknowledged that a considerable amount time and effort would be required to achieve this. The Committee felt this issue was of concern and asked that an update on the BHF contracts review be brought to the July PCCC meeting. **The Committee:-** • Approved the removal of Barnsley Healthcare Federation from the Dodworth Medical Practice (Apollo Court) contract • Noted the 24 hour retirement request for Dr Morris at Penistone Group Practice • Noted the contractual uplifts and equalisation of GMS/PMS contractual payments	**JF**	**29.07.21**

	• Noted the approval of the Single Tender Waiver for the Home Visiting service contract to 31 March 2022 • Noted the cessation of the Doctorlink contract from 31 August 2021 • Noted the contract review discussions with Barnsley Healthcare Federation for assurance <u>Dodworth Medical Centre (Apollo Court)</u> Following the report the Chairman of the CCG reminded the Committee of the huge dissatisfaction and amount of complaints the CCG had previously received from patients about the level of medical services provided by former contract holders of Apollo Court. The Committee acknowledged, thanked and congratulated Dr Guntamukkala and BHF for their hard work and diligence on how quickly they had turned around Apollo Court. The practice was now rated "Good" by the CQC and continued to offer a first rate service to the people of Dodworth. It was noted that Barnsley had a strong Federation who had been delivering an outstanding Covid Vaccination service for Barnsley patients. <u>GMS/PMS Equalisation</u> The Chairman of the CCG also thanked the Head of Primary Care and the Primary Care Team for all their hard work and commitment in attaining equalisation between the GMS and PMS contracts which was quite an achievement.		
PCCC 20/05/12	**2021/22 PDA MEDICINES OPTIMISATION SCHEME** The Head of Medicines Optimisation presented the Practice Delivery Agreement for 2021/22 Medicines Optimisation Scheme for the Committee's approval. The Committee noted that the CCG had developed the draft Medicines Optimisation PDA section based on priorities and challenges facing the health of the population and the health service in general and included 4 core schemes that planned to deliver QIPP efficiencies within the 2021/22 financial year. A summary of each scheme had been included within the report.		

	The Committee: • **Approved the 2021/22 Medicines Optimisation section of the Practice Delivery Agreement and budget.**		
PCCC 20/05/13	**COVID EXPANSION FUNDING** Following the national General Practice Covid Capacity Expansion Fund allocated to CCGs to support the expansion of general practice capacity up until the end of March 2021, NHSE had recently informed all CCGs and GPs of a second General Practice Covid Capacity Expansion fund. £120m would be allocated through ICS to CCGs for general practice to support expanding general practice capacity from April 2021 to 30 September 2021, based on the same requirements as the first allocation. Once the CCG receives the funding, the proposal would be that payment was made to practices on a monthly allocation basis. The funding is non-recurrent and would not be used to fund commitments running beyond this period. **The Committee:** • **Approved the proposals and recommendations made within the report.**		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 21/05/14	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 <u>Assurance Framework</u> The Assurance Framework continued to be reviewed and updated. Appendix 1 of the report provided the Committee with an extract from the GBAF of the 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 which the Committee was responsible for managing. Of the five risks, there was one red risk (extreme), one amber risk (high), one yellow risk (moderate) and two green (low) risks. The Committee noted that the wording of risk reference 14/10 relating to primary care workforce had been reviewed and updated to more accurately reflect the current risks to the CCG. All risks continued to be reviewed and updated regularly. **The Committee:-** • **Reviewed and agreed that the risks were being appropriately managed and scored.**		
OTHER			
PCCC 21/05/15	**REFLECTION OF CONDUCT OF THE MEETING** The Committee agreed that the meeting had been conducted appropriately.		
PCCC 21/05/16	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**		
	There were no questions received from the members of the public.		
PCCC 21/05/17	**ITEMS FOR ESCALATING TO THE GOVERNING BODY** It was agreed to escalate the following items to the Governing Body for information:- • Development of the Primary Care Strategy • Approval of the 2021/22 PDA Medicines Optimisation scheme		
PCCC 20/01/14	**DATE & TIME OF NEXT MEETING** Thursday, 29 July 2021 at 9.30am via MS Teams.		

PCCC 21/07/06

NHS Barnsley Clinical Commissioning Group

MATTERS ARISING REPORT TO THE PUBLIC PRIMARY CARE COMMISSIONING COMMITTEE

THURSDAY, 29 JULY 2021

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on **27 May 2021**

Minute ref	Issue	Action	Action/Outcome
PCCC 20/05/08	Primary Care Strategy Review and tweak wording in the Primary Care Strategy Group Terms of Reference.	**RW/JF**	
PCCC 20/05/11	Barnsley Healthcare Federation (BHF) Contracts Review Update on the BHF Contracts review to be brought to the July PCCC meeting.	**JF**	**On Agenda**

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Minute ref	Issue	Action	Action/Outcome
PCCC 20/07/07	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**	**On July Agenda** 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.

NHS
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PRIMARY CARE COMMISSIONING COMMITTEE

29 July 2021

GP PATIENT SURVEY FEEDBACK ANALYSIS REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		Approval		Assurance	X	Information
2.	**PURPOSE**						
	The purpose of the report is to provide members with information regarding the outcome of the GP patient survey published July 2021.						
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>GP Survey Feedback Analysis</u>

The outcome of the GP patient survey published July 2021 is currently being analysed. The results of the survey are based on fieldwork during the period January to March 2021. Responses were received from 4428 of the 11,446 invited patients.

The GP Patient Survey measures patients' experiences across a range of topics, including:

- Your local GP services
- Making an appointment
- Your last appointment
- Overall experience

- Your health
- When your GP practice is closed
- NHS Dentistry
- COVID-19
- Some questions about you (including relevant protected characteristics and demographics)

A slide pack of the NHS Barnsley CCG GP Patient Survey 2021 survey publication results is available at https://www.gp-patient.co.uk/Slidepacks2021 Key highlights from initial analysis are noted below:

- An average of 80% of Barnsley CCG patients would rate their overall experience of their GP practice as good, compared to 83% nationally (77% of Barnsley patients in the 2020 survey, and 82% nationally)
    - 19 Barnsley practices achieved a result of 80% or higher, with 2 practices attaining 98%.
    - 13 practices achieved a result of lower than 80%.
    - 6 practices achieved 70% or more.
    - 3 practice achieved between 65 – 69%.
    - 2 practices achieved between 60-64%.
    - 1 practice achieved 56% and the lowest scoring practice achieved 46%.
- 53% would describe their experience of getting through to the GP practice on the phone as 'easy' compared to 68% nationally (and 52% of Barnsley patients in the 2020 survey, and 65% nationally).
- 62% had not used any online services in the last 12 months, compared to 56% nationally. This compares to 74% of Barnsley patients and 71% nationally within the 2020 survey.
- 64% would describe their experience of making an appointment 'good' compared to 71% nationally (56% of Barnsley patients in the 2020 survey, and 65% nationally).

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.

Further analysis of the GP survey results will be completed and presented to a future committee meeting to include consideration of action plans with regard to practices whose results are at the lower end of the spectrum and acknowledgement for the practices with positive achievement.

However, it is noted that due to covid restrictions, analysis, and investigation of GP practices at an individual practice level to discuss results, achievement and action plans has been temporarily suspended. The Primary Care Team continue to monitor and support all GP practices delivery of services and performance which is also a key focus of the 2021/22 Practice Delivery Agreement.

6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	• Note the receipt of the GP Patient Survey, initial findings, and a more detailed analysis to be brought to a future PCCC
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	None

Agenda time allocation for report:	*5* mins

PCCC 21/07/08

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

29 July 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 31st May 2021 (Month 2).						
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 2 reflects a balanced budget position, at this early stage in the year there is limited data available to allow a robust forecast position to be developed, Appendix A sets out the H1 requirements April – September 2021.

The allocations for Primary Care Co-commissioning, in relation to H1, is £20,672k with a forecast requirements being at £21,713k, which is a shortfall of £1,041k 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.

5.2	The expenditure budget for H1 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. A full forecast position will be reported to the Committee in September 2021. **<u>Additional Funding for 2021/22</u>** In Month 4 NHS Barnsley CCG are due to receive additional allocations in relation to both the General Practice COVID capacity Expansion Fund and Post COVID Assessment Clinic. • The National fund in relation to the General Practice COVID Capacity Expansion consists of £120m of revenue to be allocated through ICSs to CCGs for General Practice. Across South Yorkshire and Bassetlaw (SYB) this equates to £3,165m of which NHS Barnsley CCG are due to receive £565k. Approval for spend will be presented to committee during the COVID Expansion Funding paper. • The Post COVID Assessment Clinic Funding equates to £630k across SYB of which NHS Barnsley CCG is due to receive £112k, for which plans are currently been developed. • The CCG are awaiting allocation confirmation for additional funding in relation to the new Enhanced Services, Weight Management and Long COVID. An update will be provided at the next committee. 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.
	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.

PCCC 21/07/09

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:	*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?	***N/A***

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

APPENDIX A

Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP
Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 2
FOR THE PERIOD ENDING 31st May 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	288,885	-	0.00%	
GENERAL PRACTICE - APMS	643,885		643,885	643,885	-	0.00%	
GENERAL PRACTICE - GMS	6,414,629		6,414,629	6,414,629	-	0.00%	
GENERAL PRACTICE - PMS	6,707,580		6,707,580	6,707,580	-	0.00%	
OTHER GP SERVICES	758,085		758,085	758,085	-	0.00%	
OTHER PREMISES	16,375		16,375	16,375	-	0.00%	
PREMISES COST REIMBURSEMENT	2,877,724		2,877,724	2,877,724	-	0.00%	
QOF	1,977,373		1,977,373	1,977,373	-	0.00%	
Primary Care Network DES	1,015,123		1,015,123	1,015,123	-	0.00%	
Additional Roles Reimbursement Scheme	1,014,020		1,014,020	1,014,020	-	0.00%	
TOTAL PRIMARY MEDICAL SERVICES	**21,713,679**	**-**	**21,713,679**	**21,713,679**	**-**	0.00%	

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 July 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	17/06/2021	Noted

5. EXECUTIVE SUMMARY

CQC Inspections

The CQC have informed the CCG that they are continuing to develop their approach to inspection activity, moving on from their transitional monitoring approach adopted during the COVID-19 pandemic, as outlined below:

From July 2021 a monthly review will be introduced of the information held on most of the 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.

For all the services regulated, 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.

CQC Inspections

The Rose Tree Practice

The Rose Tree Practice was inspected on the 18 and 19 May 2021 due to their current rating of Requires Improvement from their last inspection which took place on the 2 October 2019, following a rating of Inadequate in February 2019.

The CQC rated the practice as good overall and in all domains.

Their findings included:

- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The CQC recommendations advise that the practice should:

- Update the safeguarding policy to include reference to the updated intercollegiate training guidance 2019.
- Check emergency medicines weekly, rather than monthly, as recommended by the Resuscitation Council UK.
- Revisit medicine alerts regularly to check adherence to them.
- Continue to review the uptake of cervical cancer screening with a view to continue to improve achievement.
- Implement a system so that medication changes made as a result of a patient safety alerts are not revoked.

Hoyland Medical Practice

A remote inspection of Hoyland Medical Practice took place on 6 May in response to information received by the CQC.

The CQC findings included:

- The practice adjusted how it delivered services to meet the needs of patients during the COVID-19 pandemic. Staff described how they had worked as a team to provide good care and treatment to patients.
- The practice culture required review to effectively support high quality sustainable care. Specifically, the practices speaking up policies were not in line with national guidance as they did not contain contact details for an independent and impartial source of advice to staff.

- Staff told us they did not always feel listened to when raising concerns relating to the practice telephone system as the issues had existed for a number of years.

The CQC report published on the 8 June found one breach of regulations. The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care and improve telephone access to the practice.

Additionally, the report outlined that the practice should:

- Ensure all staff complete equality and diversity training.
- Review the practices speak up policies.

The CCG have received an action plan from the practice to advise of steps being taken to meet these requirements.

As the inspection was not a full inspection it is noted on the report to be an inspection but not rated and does not affect the practices overall rating as 'Good'.

<u>Woodland Drive</u>

A remote inspection of Woodland Drive took place on 26 May in response to information received by the CQC.

The CQC findings included:

- Staff had the information they needed to deliver safe care and treatment.
- The practice had a culture which drove high quality sustainable care.

However:

- There were gaps in systems to assess, monitor and manage risks to patient safety.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation required review.
- The practice's systems to learn and make improvements when things went wrong required review.
- The practice's clinical oversight and governance systems required review.
- The practice did not always have clear and effective processes for managing risks and issues.

The CQC report published on 23 June found one breach of regulations. The provider must establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

The CCG are liaising with the practice and requested an action plan to advise of steps being taken to meet requirements.

Upcoming inspections

- High Street Practice had a telephone monitoring call on the 16 July as although the practice is rated as Good overall, they were rated as Requires Improvement for being an effective practice at their inspection on 8 October 2019

	The outcome of this inspection 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 inspection of Rose Tree Practice, Hoyland Medical Practice and Woodland Drive • Note the remote inspection undertaken at High Street Practice.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	N/A

Agenda time allocation for report:	*5* mins

PCCC 21/07/10
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	***NA***

	leadership?	
	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

29 July 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

1. <u>In Year Contract Variation</u>

<u>Ashville Medical Practice</u>

Barnsley CCG has received an application to vary Ashville Medical Practice PMS contract to remove Dr Rainford from 1 October 2021.

The practice has 12,357 patients and currently has 9 contract holders. The practice advises that there will be no impact on service delivery due to plans to recruit for a GP with a plan for current GP partners to increase sessions in the interim if not successful.

The above requires a Contract Variation amendment to the PMS contract; this requires PCCC member's approval. Changes concerning the composition of the contractor/s of a PMS agreement require commissioner consent in writing for a

variation to the contract as defined by section 7.5 within the Contract Variations section of the Primary Medical Care Policy and Guidance Manual (PGM) (v3)

The PGM also requires that individuals meet the eligibility criteria for holding a PMS agreement. NHSE have conducted all necessary due diligence checks.

It is recommended that the contract variation be approved, and the Primary Care Team will ensure the contracts are amended accordingly.

2. GP Practice Premises Sale and Return

a) Dr Mellor & Partners, Garland House Surgery - Garland House/ Woodgrove Surgery

The committee will recall that approval was given in March 2021 to an application from Dr Mellor & partners for the Sale and Leaseback of

a. Garland House Surgery, 1 Church Street, Darfield, Barnsley, S73 9JX
b. Woodgrove Surgery, 2 Doncaster Road, Wath-on-Dearne, Rotherham, S63 7AL

The process for a contractor applying for a sale and leaseback of their GP premises requires PCCC approval. The Primary Care Team have worked with NHSE and PCC to ensure the CCG had complied with the guidance and rules. The approval was granted based on pertinent points in respect of the new lease agreement including that the rent payable would be comparable to the current notional rent and that no additional payment would be required as part of the application.

The practice has now informed the CCG that they are not VAT registered. Guidance has been provided by NHS England to advise that:

Once the practice enters into the lease, they will pay the lease cost plus VAT to the landlord and, because the practice is not VAT registered, will be entitled to be reimbursed the VAT as part of the rent reimbursement payment.

Based on the current rental values of £43,125 and £120,000 the VAT in addition to these values would be £32,625 in total. This figure may also be subject to change if there are increases in rent due to future rent reviews.

It was previously recommended that the committee approve the application given the assurance provided, as outlined below, and the inclusion of the break clause in the lease if this were to be necessary to comply with future estates strategies.

- The lease rent payable is comparable to current notional rent and reflects 95% of the Current Market rent. The practice will continue to be responsible for internal and external maintenance. There is no additional rent or payments as part of this application. The proposed landlord is Assura, a specialist investor and partner to GP practices.
- The tenant is to remain a Qualifying Practice (general medical practice) and is designed to support the continuation of the premises for GMS services over the long term, with the Partners committed to providing continuity of service as per the terms of our GMS contract.
- A 25 year lease term is proposed for both premises with consideration of a rationale and the importance of approving this lease term in order to

protect value and the longevity of the practice, enhance recruitment prospects and benefit from greater opportunity and support with building improvements over the medium to long term.

- The lease contains a rent reimbursement cessation clause which provides for the lease to cease within 12 months following written notice by the tenant to the landlord to advise that NHS funding has ceased; the tenant is unable to find alternative funding and the tenant has made best endeavours to locate an assignee for the lease.

- The practice advises that they have undertaken numerous improvements and upgrades over the years, having extended and improved the main site at Garland House in particular. Minimum standards as outlined in Schedule 1 of the Premises Cost Directions are met. The practice have confirmed that further improvements are unnecessary at the present time with both sites are not only fit for purpose, but vital for the provision of GMS services in the locality and therefore commensurate with the length of lease proposed.

The committee is asked to approve the additional reimbursement in light of the change notified to the CCG and in the financial commitment now required.

b) <u>Monk Bretton Health Centre – Additional Room</u>

Barnsley CCG has received an application from Monk Bretton Health Centre to incorporate an additional room into their lease.

The room was previously utilised by South West Yorkshire Partnership Foundation Trust as a training room for lifting and handling and will be vacated from July 2021.

Monk Bretton Health Centre have advised the intention for the use of the room is to provide additional office and meeting room space, in addition to alleviating space currently used within reception.
For information:

- The room equates to 26.7 m^2. In addition to the current space occupied by the practice of 58.61m^2, this would be deemed to be appropriate for this practice with a list size of 2,249.
- The current rate per £/m^2 for the premises and leased rooms is £102.50 therefore the additional room would result in an additional rental cost of £2,736.75
- The current lease and rent commitment paid by the CCG is £8,180.76
- The practice lease in place was for a period of 7 years from October 2017, due to end in 2025.

Given the above considerations it is recommended that the committee approve the inclusion of the additional room within the ongoing lease and rent payment arrangements.

3. <u>Brierley Medical Centre APMS Contract 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. The committee approved the extension to the contract for one year giving a contract end date of 30 November 2021.

	The Primary Care team have commenced the procurement process for this practice to ensure we have continuity of provision ahead of the contract expiry at the end of November 2021. Notification by email was provided to the committee members notifying the intention to commence the procurement process due to the time constraints. We have been liaising with the SYB Procurement Team to ensure that this is done in accordance with the current requirements. 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 Primary Care team are working with the CCG's Communication and Engagement team and the Procurement Team to ensure that effective patient engagement and procurement is completed within the timeframe.
	4. <u>Barnsley Healthcare Federation Contracts Review</u> The data entry and quality, timeliness of reporting and accuracy of the Service Quality Performance (SQP) report for the Barnsley Healthcare Federation (BHF) contracts has been discussed by the CCG's Senior Management Team. It was agreed that the most appropriate step would be to move from a full SQP report to a minimum data set to increase confidence, data quality, and assurance of the BHF contracted services. This will ensure that the key contractual reporting requirements of each contract are provided which will support future commissioning/procurement intentions, be more consistent and accurate, and could be supported by more "automated" means supporting the data quality elements. A further update will be provided to this committee when the review of the data set has been completed to provide assurance of the successful implementation of new systems in place.
6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	1) Approve the contract variation for the removal of Dr Rainford from the Ashville Medical Practice contract 2) a) Approve the reimbursement of VAT payments as a result of the Sale and Lease back of Dr Mellor & Partners, Garland House Surgery - Garland House/ Woodgrove Surgery b) Approve the additional room for Monk Bretton Health Centre 3) Note the progress of Brierley Medical Centre APMS contract procurement. 4) Note the update of Barnsley Healthcare Federation Contract review for assurance.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	None

Agenda time allocation for report:	15 mins

PCCC 21/07/11

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

29 July 2021

PRACTICE DELIVERY AGREEMENT - PRIMARY CARE SCHEMES 2021/22

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		Approval	X	Assurance		Information	

2. PURPOSE

The purpose of this report is to provide the proposed Primary Care PDA Schemes for 2021/22 with the finances associated with the schemes for approval.

3. REPORT OF

	Name	Designation
Executive Lead	Chris Edwards	Chief Officer
Authors	Terry Hague	Primary Care Transformation Manager
	Sarah Pollard	Health Improvement Nurse - Vascular Disease
	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
PDA 2021/22 Development Group	28/05/2021	Scheme developments
PDA 2021/22 Development Group	11/06/2021	Scheme developments
Governing Body	8/07/2021	Approval

5. EXECUTIVE SUMMARY

Since 2014/15 Barnsley CCG has developed and implemented a Practice Agreement Scheme between itself and its 32 Member GP Practices called the Barnsley Practice Delivery Agreement (PDA). This is commissioned via an NHS Standard Contract.

The aim of the PDA is to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley and has been reviewed and refreshed with consideration to the challenges for Primary Care, particularly during the COVID 19 Pandemic. The focus of the PDA has always been to invest in the infrastructure to deliver and enhance quality of care which reduces health inequalities of patients living in Barnsley. As part of this contract GP practices will receive a consistent income level to assist with staffing capacity and be resilient to meet to changing landscape of the NHS.

The objectives of the 2021/22 PDA are to maintain and develop core services, with a focus on estate planning, evidence based commissioning policies, NHS priorities as outlined in the operational planning guidance, digital projects, promoting services that are clinically safe and appropriate following the Covid pandemic as services reinstate.

The PDA 2021/22 has a total financial value sum of £4.2million and will be allocated to practices in the same format as 2019-20. The allocation per scheme will be calculated on weighted January 2021 list sizes.

PDA 2021/22 Development Meetings have been well attended with representation from the CCG, BBS IT Services, Practice Managers and the LMC. The purpose of the PDA 2021/22 Development Group is to develop, shape and agree the 2021-22 PDA schemes; no financial decisions will be made at the meeting.

Final drafts of the schemes have now been produced, which have been distributed to the LMC, CCG, and Practice Managers for comment. Approval of the schemes was given by Governing Body and the schemes are presented to this committee which include the finances for final approval.

The 2021/22 Primary Care Schemes of the Practice Delivery Agreement is broken down into 7 core schemes, including Medicines Management:

Scheme	**PDA funding allocation**	**£**
Scheme 1: Support the delivery of Primary Care Services and enact plans to meet current and future GP core contractual and enhanced services requirements.	***9%***	**£377,831**
Scheme 2: Support the CCG and PCN with estate planning including the Estate 6 facet surveys; updating data within the Shape tool and PCN planning	***2%***	**£83,962.48**
Scheme 3: Use the funds to ensure staff are appropriately trained and update equipment that supports delivery of primary care services, including anticoagulation, spirometry, 12 Lead ECG and phlebotomy.	***9%***	**£377,831.18**
Scheme 4: Adherence to Evidence Based Commissioning Policies	***5%***	**£209,906.21**
Scheme 5: Support the NHS 2021/22 priorities as outlined in the operational planning guidance including increasing access to	***9%***	**£377,831.18**

primary care services and accelerating the restoration of cancer care.		
Scheme 6: Support IT and digital projects for 2021/22, including for example Office 365; digital citizen; and coding for consultation method, oximetry and long COVID; the digital first core services offer and engaging with group consultations for chronic disease management.	***9%***	**£377,831.18**
Scheme 7 - Medicines Management	***57%***	
Eclipse Live		67,000.00
Specialist Drugs Service/Shared Care		312,000.00
Anticoagulation		526,460.00
Medicines Optimisation		1,481,011.60
Scheme 7 Total		**£2,386,471.60**
Total 2021/22 PDA Investment		**£4,191,665.00**

A breakdown of each scheme is provided below and also within the appendix.

Plans for Delivery of Primary Care Services

The scheme requires completion of a survey to ascertain the current positon of service delivery, reinstatement of all primary care services, and plans for meeting current and future requirements that considers national and local requirements. The rationale for inclusion of this scheme in the 2021/22 PDA is for GP practices to inform the CCG of their current position of service delivery across General Practice. It also aims to ascertain GP Practice plans to reinstate all primary care services when appropriate.

Estate Planning

Expanding primary care capacity to improve access, local health outcomes and address health inequalities forms part of the 2021/22 priorities and operational planning guidance.

Local investment and support for PCN development, including as an enabler of workforce expansion for example through the Additional Roles Reimbursement schemes, is one method of increasing access to primary care.

This scheme promotes the requirement for engagement in the Primary Care Estate 6 facet surveys, data for use in the Shape tool, and support with premises planning working with PCN, community provider, and other partners to agree space as appropriate, particularly to assist with the deployment of the additional role reimbursement scheme to enable staff to be effectively deployed.

Current information regarding estates and future planning is pivotal to ensuring we are able to commission, deliver and address challenges to meet the demand for effective health services.

Staff trained as appropriate and equipment updated

This scheme supports the delivery of primary care services and recognises the additional resource required, ensuring equipment is calibrated, replaced and that staff are appropriately trained to deliver the services.

Operational Planning Guidance

Expanding primary care capacity to improve access, local health outcomes and address health inequalities forms part of the 2021/22 priorities and operational planning guidance. Additionally, restoration of cancer care and working collaboratively across systems to deliver these priorities is key to achieving the NHS goals within the Long Term Plan.

This scheme promotes increasing access to primary care through engagement with projects, the deployment of additional roles, development of the extension of the Community Pharmacy Consultation Service enabling them to receive referrals from General Practice, and support for GP recruitment and retention initiatives such as the return to practice and mentor schemes, new to partnership and fellowship programme.

Restoration of cancer care is also a key focus including monitoring the number of pre-assessment FIT test kits used by practices, implementation of the C-The signs tool, and taking part in the behavioural insight nudge project.

IT and Digital Projects

This scheme promotes practices to support IT and digital projects for 2021/22 including, for example, Office 365, digital citizen, coding for consultation method, oximetry and Long Covid, the digital first core services offer and engaging with group consultations for chronic disease management.

The Long Term Plan outlines how digitally enabled care will go mainstream across the NHS. Good progress has been made in achieving the ambitions set out in the Five Year Forward View, with many new or enhanced digital and technology systems and services delivered.

Advancements have also been accelerated during the pandemic with alternative ways of delivering appointments within GP practices.

The NHS response (phase 3) to the pandemic included, as an urgent action, the development of digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient, and mental health digitally enabled care pathways by 31 March 2022.

A core digital service offer to patients was also included as a priority within the update to the GP contract agreement 2020/21 – 2023/24 with more online services for patients and using digital tools to increase flexibility in how staff work and care for patients.

The GP contract update also included the commitment to release time to care and reduce administrative burdens, for example the digitisation of Lloyd George records.

The engagement of practices within IT and digital projects and in preparing and recording information within systems to assist with further advancement and data collection is crucial and key to achieving these outcomes.

6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	1. Approve the proposed schemes with the associated finances for inclusion within the 2021/22 PDA
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	• Appendix A - Draft Schemes

Agenda time allocation for report:	15 mins

PART 1B – SUPPORTING INFORMATION & ASSURANCE

1. Links to Corporate Priorities, GBAF and Risk Register

This report provides assurance against the following corporate priorities on the Governing Body Assurance Framework (*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?	***Y***

	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	

Appendix A

BARNSLEY PRACTICE DELIVERY AGREEMENT (PDA)
April 2021 to March 2022

1.1 INTRODUCTION

Barnsley CCG has an agenda to improve the health and wellbeing of the people of Barnsley. It shares this ambition with partners from across health and care as well as voluntary and community based organisations. The aim of the 2021/22 Barnsley Practice Delivery Agreement (PDA) has been reviewed and refreshed with consideration to the challenges for Primary Care, particularly during the COVID 19 Pandemic.

The focus of the PDA has always been to invest in the infrastructure to deliver and enhance quality of care which reduces health inequalities of patients living in Barnsley. As part of this contract GP practices will receive a consistent income level to assist with staffing capacity and be resilient to meet to changing landscape of the NHS.

The objectives of the 2021/22 PDA are to maintain and develop core services, with a focus on estate planning, evidence based commissioning policies, NHS priorities as outlined in the operational planning guidance, digital projects and prioritising medicines optimisation areas which 'add value', are clinically safe and appropriate to progress during the pandemic.

1.2 2021/22 PDA SCHEMES

The 2021/22 Practice Delivery Agreement is broken down into 7 core schemes:

Scheme	PDA funding allocation
Scheme 1: Support the delivery of Primary Care Services and enact plans to meet current and future GP core contractual and enhanced services requirements.	***9%***
Scheme 2: Support the CCG and PCN with estate planning including the Estate 6 facet surveys; updating data within the Shape tool and PCN planning	***2%***
Scheme 3: Use the funds to ensure staff are appropriately trained and update equipment that supports delivery of primary care services, including anticoagulation, spirometry, 12 Lead ECG and phlebotomy.	***9%***
Scheme 4: Adherence to Evidence Based Commissioning Policies	***5%***
Scheme 5: Support the NHS 2021/22 priorities as outlined in the operational planning guidance including increasing access to primary care services and accelerating the restoration of cancer care.	***9%***
Scheme 6: Support IT and digital projects for 2021/22, including for example Office 365; digital citizen; and coding for consultation method, oximetry and long COVID; the digital first core services offer and engaging with group consultations for chronic disease management.	***9%***
Scheme 7: Deliver the requirements of the Medicines Management Optimisation Scheme (Already approved)	***57%***

NHS Barnsley CCG continues to invest recurrently into primary care and in line with previous agreements.

The total investment enables the CCG to set a guaranteed and consistent income level giving practices the investment to increase resilience and deliver quality improvement. The aim being to meet demand and deliver improved access and better outcomes for patients.

Plans for Delivery of Primary Care Services 2021/22

		National Priority	Local Priority
Scheme 1 (Contractual Requirement)	Support the delivery of primary care services and enact plans to meet current and future GP core contractual and enhanced services requirements. Practices should work towards re-instating normal primary care services; ensuring safety is maintained within current COVID guidance.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	The COVID-19 pandemic has posed unprecedented demands on general practice. To alleviate some of these demands, additional support and contractual flexibilities were put in place. This included enabling general practice to clinically prioritise services to ensure it remained open and safe for patients, and, was able to contribute to, and support the roll out of the COVID-19 vaccination programme. The latest direction from NHSE, as outlined in the GP SOP V4.2, is that as capacity allows general practice teams and PCNs should continue to: • focus on restoring routine activity where clinically appropriate, including delivery of the flu vaccination programme, and reaching out to clinically vulnerable patients, including those most at risk of avoidable hospital admission • proactively address health needs that may have increased, developed, or gone unmet during the pandemic – considering health inequalities • support patients with self-care and self-management, where appropriate. Therefore, the rationale for inclusion of this scheme in the 2021/22 PDA is for GP practices to inform the CCG of their current position of service delivery across General Practice. It also aims to ascertain GP Practice plans to restore all primary care services when appropriate.		
HOW TO…	Completion of a survey to ascertain the current positon of service delivery, restoration of all primary care services, and plans for meeting current and future requirements that considers the following national and local requirements: a) Appointment availability including surgery/ branch opening and hours b) Service provision c) Vaccination and Immunisations d) LES/DES provision, including:		

	• Increase uptake of SMI physical health checks to target of 60% by March 2022 • Increase uptake of LD health checks to target of 67% by March 2022 e) Continuing to support clinically extremely vulnerable patients and maintain the shielding list, including supporting outcome measures for those with long COVID as per national guidance f) Continuing to make inroads into the backlog of appointments including those for chronic disease management and routine vaccinations and immunisations: g) Utilising nationally available tools to support prioritisation, for example UCL Partners Proactive Frameworks for hypertension, atrial fibrillation, cholesterol, diabetes, asthma, and COPD h) Contributing to national priority programmes, for example, BP@Home, referrals for people with T2 Diabetes who are suitable for the low calorie diet pilot, where appropriate, to improve uptake and optimise disease management i) Minimise harm to patients on prolonged pathways - take part in the process between Primary Care and Secondary care to support the management and clinical review of patients with prolonged referrals including those patients on 52 weeks RTT j) To minimise the risk to patients by continuing to encourage and support patients to be ready for surgery and to manage their condition beforehand e.g. stop smoking, increase physical activity. k) Collaborating across primary and secondary care to treat more patients without the need for an onward referral, including increasing the uptake of Advice and Guidance or other measures such as referral triage to avoid unnecessary first attendances. l) Continue to engage with and support community and acute services, for example Breathe in the community, home visiting service m)Resume routine phlebotomy n) Submission of workforce data as required via the National Workforce Reporting system (NWRS) o) Support the delivery of any additional PCN requirements or specifications as they are introduced, for example cardiovascular disease		

	prevention, personalised care. p) Support the review of the Extended Hours DES and development of the single combined access offer. Work with the CCG to enable flex between in hours and extended hours capacity so the latter is better used, for example for vaccinations, annual reviews of patients with long term conditions and screening appointments		
MEASUREMENT	Completion of survey to ascertain the current positon of service delivery, restoration of all primary care services and plans for meeting current and future requirements.		
FREQUENCY AND DEADLINES	Each practice will need to submit a completed version of the GP services self-declaration 2021-22 Survey at the end of • Q2 • Q3 • Q4		
READ CODES	None.		
TEMPLATES	GP services self-declaration 2021-22 Survey to be provided by CCG		
CCG LEAD OFFICERS	Dr Guntamukkala madhavi.guntamukkala@nhs.net Julie Frampton julie.frampton@nhs.net		

Estate Planning 2021/22

		National Priority	Local Priority
Scheme 2 (Contractual Requirement)	Support the CCG with estate planning including the Estate 6 facet surveys; updating data within the Shape tool and PCN planning.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	Current information regarding estates and future planning is pivotal to ensuring we are able to commission, deliver and address challenges to meet the demand for effective health services. Expanding primary care capacity to improve access, local health outcomes and address health inequalities forms part of the 2021/22 priorities and operational planning guidance. Local investment and support for PCN development, including as an enabler of workforce expansion for example through the Additional Roles Reimbursement schemes, is one method of increasing access to primary care. Estate planning and the support of practices is crucial and key to achieving these outcomes.		
HOW TO…	To support the CCG and PCN Estate Planning GP practices are asked as part of the PDA to engage with the CCG and PCN estate planning projects and completion and return of paperwork regarding: a) the Primary Care Estate 6 facet surveys b) Data for use in the Shape tool. c) Support premises planning with the PCN working with community provider partners to agree space as appropriate, particularly to assist with the deployment of the additional role reimbursement scheme to enable staff to be employed effectively		
MEASUREMENT	Recorded engagement from the practice during liaison with the project including completion of requested information and documentation.		
FREQUENCY AND DEADLINES	To respond to requested engagement within 14 days as and when required.		
READ CODES	None.		
TEMPLATES	None		
CCG LEAD OFFICER	Julie Frampton, julie.frampton@nhs.net		

Staff trained as appropriate and equipment updated 2021/22

		National Priority	Local Priority
Scheme 3: (Contractual Requirement)	Use the funds to ensure staff are appropriately trained and update equipment that supports delivery of primary care services, including anticoagulation, spirometry, 12 Lead ECG and phlebotomy.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	This supports the delivery of primary care services and recognises the additional resource required, ensuring equipment is calibrated, replaced and that staff are appropriately trained to deliver the services.		
HOW TO…	a) Participate in a survey (during Q2) to understand the current spirometry skillset/register (and expiry dates). b) Use the funds from the PDA to ensure appropriate training is accessed in Q3/4 (depending on current guidelines for spirometry in primary care) to ensure sufficient numbers of staff are trained in performing and interpreting spirometry by March 2022 and to ensure adequate coverage across the PCN. The Model of delivery is dependent on future planning of the service. Guidance was published in April: ARTP re-start of spirometry - 2.4.19 (artp.org.uk) alongside suggestions for potential to undertake this on a PCN network basis rather than by individual practices. c) Update equipment that supports delivery of primary care services, for example, anticoagulation, spirometry, 12 lead ECG and phlebotomy d) Completion of a GP services declaration 2021-22 survey to understand the level of delivery and planning of core contract and additional primary care services (See Scheme 1)		
MEASUREMENT	Recorded engagement from the practice during liaison with the project including completion of requested information and documentation.		
FREQUENCY AND DEADLINES	To respond to requested information/engagement within 14 days as and when required.		
READ CODES	None.		
TEMPLATES	None		
CCG LEAD OFFICERS	Dr Guntamukkala madhavi.guntamukkala@nhs.net Julie Frampton julie.frampton@nhs.net		

Adherence to Evidence Based Commissioning Policies 2021/22

		National Priority	Local Priority
Scheme 4: (Contractual Requirement)	**Adherence to Evidence Based Commissioning Policies** Ensure that all referrals adhere to the South Yorkshire and Bassetlaw Commissioning for Outcome Policy particularly around the additional evidence based interventions (EBI) introduced in 2021 as part of Phase 2 of the national EBI programme.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	National Guidance published at the end of 2020 introduced an additional 31 national evidence based interventions. Several of the local evidence based checklists have also been updated based on annual review and feedback. This scheme will support the implementation and adherence to the commissioning policies contained within the updated SYB Commissioning for Outcomes Policy and enable practices to familiarise themselves with updated guidance. The intended outcomes of the EBI programme are to: • Improve the quality and variance of referrals - frees up valuable resources so they can be put to better use elsewhere in the NHS. This is going to be more important than ever as the NHS recovers from the impact of COVID-19 and restores services. • Reduce inappropriate referrals, medical or surgical interventions as well as some other tests and treatments which the evidence tells us are inappropriate for some patients in some circumstances and can sometimes do more harm than good.		
HOW TO…	To support practices the CCG will: • Provide an overview of commissioning policies/list of pathways practices are expected to follow (please see Appendix A). • Work with the Clinical Applications Team to publish update clinical threshold checklists in clinical systems in line with national guidance. Practices should: a) Update clinical systems with additional and revised checklists b) Familiarise and follow the South Yorkshire and		

	Bassetlaw Commissioning for Outcomes Policy. c) Practices should ensure they use the appropriate referral method: • Where a clinical threshold applies ensure the referral is accompanied by the appropriate referral form in all circumstances. • Completing IFR questionnaires • Writing clinical letters in cases of exceptionality for procedures not routinely commissioned • Utilising updated checklists where appropriate.		
MEASUREMENT	Recorded engagement from the practice during liaison with the project including completion of requested information and documentation. Practices will not be set targets for this scheme but confirmation of engagement i.e. that new checklists are in place, following support from the Clinical Applications Team will be required.		
FREQUENCY AND DEADLINES	To respond to requested engagement within 14 days as and when required.		
READ CODES	None.		
TEMPLATES	Checklists provided		
CCG LEAD OFFICER	David Lautman, Lead Commissioning and Transformation Manager , Barnsley CCG David.lautman@nhs.net		

Appendix A

Evidence Based Interventions (Clinical Thresholds)

Complete checklist and attach to referral.
- Ref 1E, 1H and 2D require prior approval by IFR
- * Refer via the SWYPFT Community MSK Service

Phase 1 National Pathways (Category 2)

Ref	Intervention
1E	Breast reduction / asymmetry and gynaecomastia
1F	Removal of Benign Skin Lesions
1G	Grommets in children
1H	Tonsillectomy (Adults/Children) *updated*
1I	Haemorrhoid surgery
1J	Hysterectomy for heavy menstrual bleeding *Only applies to Secondary Care
1K	Chalazia removal (Meibomian Cyst) *updated*
1L	Arthroscopic shoulder decompression for sub-acromial shoulder pain* *updated*
1M	Carpal tunnel release* *updated*
1N	Dupuytren's surgery* *updated*
1O	Ganglion surgery*
1P	Trigger finger release* *updated*
1Q	Varicose vein surgery

*All Barnsley referrals for Orthopaedics or Rheumatology should be referred via the SWYPFT MSK Triage service.

Phase 2 National Pathways (Category 2)

There are 31 interventions in phase 2. This in an edited list for primary care.

Ref	Intervention
2B	Surgical Repair of Hernias
2C	Surgical intervention for chronic rhinosinusitis
2D	Removal of adenoids for treatment of glue ear
2H	Cystoscopy for men with uncomplicated lower urinary tract symptoms
2M	Upper GI Endoscopy
2N	Appropriate Colonoscopy
2U	Knee MRI for Meniscal tear*

Local SY&B Pathways

1	Grommets in Adults
2	Benign Perianal Skin Tags
3	Management of Gall Bladder Disease – Interval Cholecystectomy *updated* *Only applies to Secondary Care
4	Blepharoplasty *updated*
5	Cataract Surgery
6	Hallux Valgus (Bunions) *
7	Osteoarthritis • Hip Replacement*
8	Osteoarthritis • Knee Replacement*
9	Ingrown Toe Nail* *updated*
10	Male circumcision

Procedures not routinely commissioned or offered

Exceptionality can be applied for via a clinical letter to the IFR panel

Phase 1 National Pathways (Category 1)

Ref	Intervention
1A	Snoring Surgery (in the absence of Obstructive Sleep Apnoea (OSA))
1B	Dilation and curettage (D&C) for heavy menstrual bleeding (HMB) in women
1C	Knee arthroscopy for patients with osteoarthritis
1D	Injection for non-specific low back pain (Spinal Joint Injection)

Phase 2 National Pathways (Category 1)

Ref	Intervention
2K	Lumbar radiofrequency facet joint denervation
2L	Exercise ECG for screening for coronary heart disease
2V	Vertebral augmentation (vertebroplasty or kyphoplasty) for painful osteoporotic vertebral fractures
2Y	Fusion surgery for mechanical axial low back pain
2Z	Helmet therapy for treatment of positional plagiocephaly/brachycephaly in children

Local SY&B Pathways

Ref	Intervention
-	Acupuncture (except for chronic tension type headaches and migraine)
-	Vasectomy under General Anaesthetic*
-	**IVF** (commissioned in accordance with policy, approval via IFR)
-	Reversal of male / female Sterilisation
-	Specialist plastic surgery procedures

Vasectomy
*Refer to non-scalpel locally commissioned community services on the E-Referral System.

Referrals for vasectomy under general anaesthetic require IFR approval.

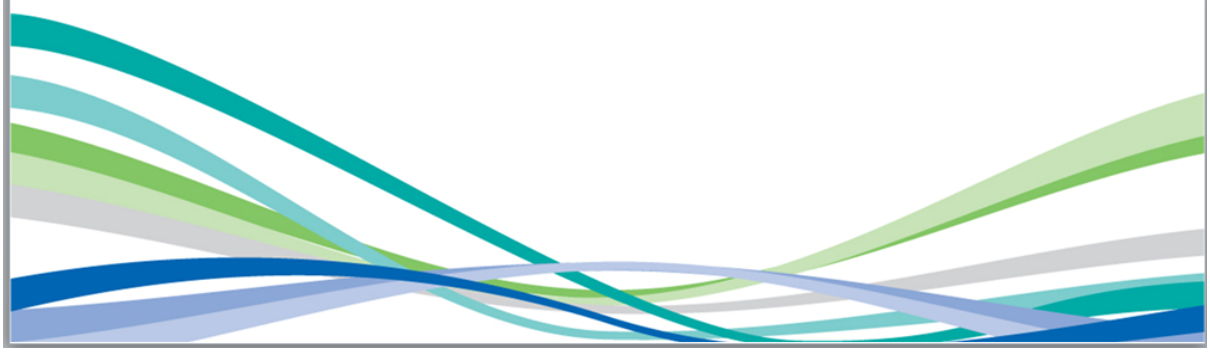
Useful Links

Link to the SY&B Commissioning for Outcomes Policy:
https://sybics.co.uk/transformation/useful-documents

Link to the Academy of Medical Royal Colleges 'Clinicians Quick Guide'
https://www.aomrc.org.uk/ebi/quick-guide/

Link to National Patient Leaflets

- Phase 1 - https://www.england.nhs.uk/evidence-based-interventions/resources/
- Phase 2 - https://www.aomrc.org.uk/ebi/patients-and-carers/



Operational Planning Guidance 2021/22

		National Priority	Local Priority
Scheme 5 (Contractual Requirement)	Support the NHS 2021/22 priorities as outlined in the operational planning guidance including increasing access to primary care services and accelerating the restoration of cancer care.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	Expanding primary care capacity to improve access, local health outcomes and address health inequalities forms part of the 2021/22 priorities and operational planning guidance. Additionally, restoration of cancer care and working collaboratively across systems to deliver these priorities is key to achieving the NHS goals within the Long Term Plan.		
HOW TO…	a) Restoring and increasing access to primary care services: i. Support planning with the PCN to assist with the deployment of the additional role reimbursement scheme to enable staff to be employed effectively ii. Support the development of the extension of the Community Pharmacy Consultation Service able to receive referrals from General Practice iii. Support GP recruitment and retention initiatives such as the return to practice and mentor schemes, new to partnership, fellowship programme b) Accelerating the restoration of cancer care i. Delivery of core contract which continues to call on practices to adapt, remaining fully and safely open, in order to offer accessible healthcare to all, with a particular focus on inequalities; specifically, for patients with suspected or confirmed cancer: Including, for example, using pre-assessment FIT test. ii. To fully implement the C-The Signs tool by September 2021 iii. Take part in behavioural insight nudge project		
MEASUREMENT	Recorded engagement from the practice during liaison with the project including completion of requested information and documentation as below: a) Restoring and increasing access to primary care		

	services i. Support planning with the PCN to assist with the deployment of the additional role reimbursement scheme to enable staff to be employed effectively • *Declaration to confirm where the practice has supported a member of staff employed through the additional roles reimbursement scheme that tasks delegated to them supported the PCN aims and objectives as outlined in the Network DES specification particularly in relation to the defined job role* ii. Support the development of the extension of the Community Pharmacy Consultation Service able to receive referrals from General Practice • *Engagement within the project as roll out developed.* iii. Support GP recruitment and retention initiatives such as the return to practice and mentor schemes, new to partnership, fellowship programme • *Declaration from the practice that the schemes and programmes are embedded into appropriate policies for example where recruitment is considered and within appraisal.* b) Accelerating the restoration of cancer care i. Delivery of core contract which continues to call on practices to adapt, remaining fully and safely open, in order to offer accessible healthcare to all, with a particular focus on inequalities; specifically, for patients with suspected or confirmed cancer: Including, for example, using pre-assessment FIT test. • *Monitoring will be externally collated regarding the number of kits that have been used by practices compared to initial introduction of pathway* • *Cancer Alliance will be undertaking an evaluation of the impact of FIT testing by primary care* ii. To fully implement the C-The Signs tool by September 2021 into all Practices and to:		

	• *Complete further questionnaires, as required, to improve cancer referrals and safety netting process as built into the C the Signs system.* • *The practice will attend training about using the CDM tool.* • *Data will be collected by the Provider - C- the Signs - via the clinical decision making clinical system tool and via PCN Neighbourhood level safety netting dashboard data, for example:* o *number of GPs in the practice using the system* o *how many referrals into secondary care were made through C the signs and not directly to ERS* iii. Take part in behavioural insight nudge project • *During Q2 take part in practice or PCN Neighborhood based virtual or face to face workshop of 1 hour (at least 1 GP, 1 Nurse, Receptionist type role and Care Coordinator to attend)* • *Work with CCG and Cancer Alliance to amend practices letters, texts and telephone messages using the behavioral insight workbook and tools* • *By Q3 to be using at least one tool in the workbook to increase the uptake of patients who are low attendees for at least 1 screening programme and 1 cancer tumour referral pathway (could be for a specific group of patients). The workbook will be provided by the CCG.*		
FREQUENCY AND DEADLINES	To respond to requested engagement within 14 days as and when required.		
TEMPLATES	• PDA Survey • C-The Signs questionnaires • Behavioural insight workbook		
CCG LEAD OFFICER	Siobhan Lendzionowski, siobhan.lendzionowski@nhs.net		

IT and Digital Projects 2021/22

		National Priority	Local Priority
Scheme 6 (Contractual Requirement)	Support IT and digital projects for 2021/22, including for example Office 365, digital citizen and coding for consultation method, oximetry and long COVID; the digital first core services offer and engaging with group consultations for chronic disease management.	x	x
RATIONALE FOR INCLUSION (Intended Outcomes)	The Long Term Plan outlines how digitally enabled care will go mainstream across the NHS. Good progress has been made in achieving the ambitions set out in the Five Year Forward View, with many new or enhanced digital and technology systems and services delivered. Advancements have also been accelerated during the pandemic with alternative ways of delivering appointments within GP practices. The NHS response (phase 3) to the pandemic included as an urgent action the development of digitally enabled care pathways in ways which increase inclusion, including reviewing who is using new primary, outpatient, and mental health digitally enabled care pathways by 31 March. A core digital service offer to patients was also included as a priority within the update to the GP contract agreement 2020/21 – 2023/24 with more online services for patients and using digital tools to increase flexibility in how staff work and care for patients. The GP contract update also included the commitment to release time to care and reduce administrative burdens, for example the digitisation of Lloyd George records. The engagement of practices within IT and digital projects and in preparing and recording information within systems to assist with further advancement and data collection is crucial and key to achieving these outcomes.		
HOW TO…	To support the CCG's IT and Digital projects for 2021/22, including for example Office 365, digital citizen; coding; the digital first core services offer and engaging with group consultations for chronic disease management: a) Engagement with projects to enable successful completion, including office 365 and digital citizen b) Engage in the implementation of national		

	guidance to support more accurate coding including: i. Consultation method to enable data collection can be carried out, to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups, including ethnicity ii. Practices to utilise published SNOMED codes for oximetry and long COVID to aid data returns (data returns will be undertaken centrally by the CCG where possible). iii. Ensuring all appointments reflect the National definitions to support reporting of core service delivery and appointments data with participation in national data collection c) Delivery of the digital first core services offer i. Practices offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs ii. The ability to hold a video consultation between patients, carers, and clinicians iii. Two-way secure written communication between patients, carers, and practices iv. An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently v. Signposting to validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications vi. Practices should utilise The Sound Doctor and aim to increase referrals into the Self-management tool. To achieve this, practices should engage with the Sound Doctor and the BBS IT team to run text campaigns for the service and to embed the links into the Data Entry Templates in clinical systems.		

	vii. Shared record access, including patients being able to add to their record viii. Request and management of prescriptions online ix. Online appointment booking x. For online consultations and video consultations, practices will need to not only install online and video consultation tools but also use them ordinarily. Practices will be enabled with the tools and functionality, as part of CCG infrastructure responsibilities. NOTE: Extending of arrangement from April 2021 that those practices which have implemented and operate a 'total-triage' / 'triage-first' model do not have to meet the 25% online booking contract requirement. d) Engaging with group consultation for chronic disease management pilots in Q1 and Q2. By Q4 to have run at least one group consultation patient group (either face-to face or virtual) to manage chronic disease management backlogs. *A development session about running a virtual group consultation will be provided to practices via the PCN and in conjunction with the CCG.* e) Support national initiatives for example digitisation of Lloyd George records		
MEASUREMENT	1. Recorded engagement from the practice during liaison with the project including completion of requested information and action. a) Engagement with projects to enable successful completion, including office 365 and digital citizen. *The CCG Primary Care Team will link in with the BBS IT team on outcome achievement.* b) Engage in the implementation of national guidance to support more accurate coding including: i. Consultation method to enable data collection can be carried out, to identify who is accessing face-to-face, telephone, or video consultations, broken down by relevant protected characteristic and health inclusion groups,		

	including ethnicity ii. Practices to utilise published SNOMED codes for oximetry and long COVID to aid data returns and outcome measurement as directed by national guidance (data returns will be undertaken centrally by the CCG where possible). iii. Ensuring all appointments reflect the National definitions to support reporting of core service delivery and appointments data with participation in national data collection *Declaration of compliance and successful CCG/ national extraction of data for the practice.* c) Delivery of the digital first core services offer i. Practices offering online consultations that can be used by patients, carers and by practice staff on a patient's behalf, to gather submitted structured information and to support triage, enabling the practice to allocate patients to the right service for their needs ii. The ability to hold a video consultation between patients, carers, and clinicians iii. Two-way secure written communication between patients, carers, and practices iv. An up to date accessible online presence, such as a website, that, amongst other key information, links to online consultation system and other online services prominently v. Signposting to a validated symptom checker and self-care health information (e.g. nhs.uk) via the practice's online presence and other communications vi. Shared record access, including patients being able to add to their record vii. Request and management of prescriptions online viii. Online appointment booking ix. For online consultations and video consultations, practices will need to not only install online and video consultation tools but also use them ordinarily. Practices will be enabled with the tools and functionality, as part		

	of CCG infrastructure responsibilities. NOTE Extending of arrangement from April 2021 that those practices which have implemented and operate a 'total-triage' / 'triage-first' model do not have to meet the 25% online booking contract requirement. *Declaration of compliance and appropriate provision of evidence (for example practice website page where appropriate) and successful CCG/ national extraction of data for the practice.* d) Engaging with group consultation for chronic disease management pilots in Q1 and Q2. By Q4 to have run at least one group consultation patient group (either face-to face or virtual) to manage chronic disease management backlogs. *A development session about running a virtual group consultation will be provided to practices via the PCN and in conjunction with the CCG.* *Attendance at the development session and delivery of a group consultation patient group* e) Support national initiatives for example digitisation of Lloyd George records *Engagement and successful completion of the project.*		
FREQUENCY AND DEADLINES	To respond to requested engagement within 14 days as and when required.		
READ CODES	None.		
TEMPLATES	None		
CCG LEAD OFFICER	Julie Frampton julie.frampton@nhs.net		

NHS
Barnsley
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

29 JULY 2021

GENERAL PRACTICE COVID CAPACITY EXPANSION FUND

PART 1A – SUMMARY REPORT

1. THIS PAPER IS FOR

Decision		Approval	X	Assurance		Information	

2. PURPOSE

The purpose of the report is to seek approval for the General Practice Covid Capacity Expansion Funding to practices on the revised basis set out within the paper.

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	9 April 2021	Approval from PCCC
PCCC	27 May 2021	Approved

5. EXECUTIVE SUMMARY

On the 19 March 2021 NHSE/I wrote to all CCGs and GPs setting out details of a second General Practice Covid Capacity Expansion Fund. Nationally this fund consists of £120 million of revenue funding to be allocated through ICS to CCGs for general practice, for the purpose of supporting the expanding general practice capacity up from April 2021 until the end of September 2021 based on the previous requirements of the first offer in November 2020.

The fund is ring-fenced exclusively for use in general practice with CCGs asked to determine how best it is spent within general practice, with a focus on simplicity and speed of deployment, within a number of parameters. The letter explicitly asks that CCGs do not introduce overly burdensome administrative processes for PCNs and practices to secure support.

	The letter encourages use of the fund to stimulate the creation of additional salaried GP roles that are attractive to practices and locums alike and for the employment of staff returning to help with COVID, or to increase the time commitment of existing salaried staff. The conditions attached to the allocation and use of this funding are as set out in the initial General Practice Covid Capacity Expansion Fund letter, and systems are expected to use the funding to make further progress on the seven priorities identified in that letter. These are: 1. Increasing GP numbers and capacity 2. Supporting the establishment of the simple COVID oximetry@home model. 3. First steps in identifying and supporting patients with Long COVID. 4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list. 5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations. 6. On inequalities, making significant progress on learning disability health checks. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records 7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely. Following receipt of the first letter the CCG has been working with local partners to develop pathways for Covid oximetry and Covid assessment and rehabilitation services and we will ask general practice to continue to support people requiring these services. The delay in receiving the funding into the CCG has resulted in no payments being made to practices to date and therefore the Committee is asked to approve the payment of £1.90 weighted per head of patient population to utilise the allocation of £565k. The funding is non-recurrent. To note: this funding is not allocated to support COVID-19 vaccination directly, however systems are expected to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater.
6.	**THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:**
	• Approve the proposal payment of £1.90 weighted per head of patient population for practices to fully utilise the available funding.
7.	**APPENDICES / LINKS TO FURTHER INFORMATION**
	None

Agenda time allocation for report:	*5* mins

PCCC 21/07/13
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	***NA***

	leadership?	
	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

29 July 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 / Clinical Lead	Richard Walker	Head of Governance & Assurance
Author	Paige Dawson	Governance, Risk & Assurance Facilitator

4. SUMMARY OF PREVIOUS GOVERNANCE

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

Group / Committee	Date	Outcome
N/A		

5. EXECUTIVE SUMMARY

Introduction

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

Assurance Framework

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

Appendix 1 of this report provides the Committee with an extract from the GBAF of the two risks for which the Primary Care Commissioning Committee is the assurance provider. 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 extract 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	✓
4.1 Mental Health	✓	9.1 Digital and Technology	✓
5.1 Integrated Care @ System	✓	10.1 Compliance with statutory duties	✓
5.2 Integrated Care @ Place	✓		

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

2. Links to statutory duties

This report has been prepared with regard to the following CCG statutory duties set out in Chapter A2 of the NHS Act

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

3. Governance Considerations Checklist *(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***

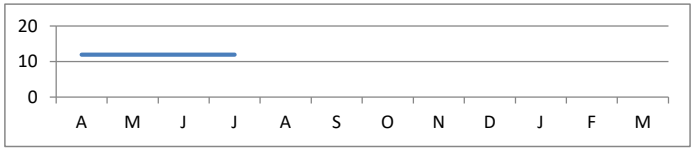
22/07/2021

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 Operating Model to: - Comply with mandatory core standards re: interoperability and cyber security - Support the transition to HSCN from N3 *(transition now complete)* - Support the roll out of Windows10 to secure system security from cyber attack - Support the implementation and roll out of the NHS App, eConsultaion. APEX, GPIT refresh of IT equipment, Govroam *(noting that NHS App rolled out, APEX decommissioned, GPIT refresh in place, Govroam under review)* - Support the wider use of digital technology as described within the Long Term Plan - Comply with the transition from GPSoC to GP IT Futures *(transition now complete)* - Working closely with the SY&B digital and IT workstream to deliver the digital road map - Delivery of O365 across Barnsley - Support the catch up of Windows10 upgrades in primary care - Ensure full delivery of online consultation systems to general practices where these are not already in place - Lead the transition to the new GPIT Futures Digital Care Services Framework arrangements.	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	**Jul-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 – July 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)	9	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**	07/21	**July 2021** No further updates **June 2021** 2 wte FCP (Physio) have been recruited and work progresses with other recruitment. **May 2021** Work is underway to support the ARRs recruitment to the PCN. There are new staff expected in post from May to July. **April 2021**	08/21

			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							As discussed at PCCC in March 2021 the wording of the risk has been reviewed and updated so that it more accurately reflects the current risks to the CCG in this regard however there is currently no recommendation to reduce the score related to this risk.	
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	Head of Primary Care (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	05/21	**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	08/21

			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**
						(e.g. equalisation).							contract management **Oct/Nov 2020** The PC action from the 360 audit has been completed. The CCG continues to manage its delegated responsibilities.	