Barnsley Clinical Commissioning Group

Putting Barnsley People First

A meeting of the NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 28 September 2017 at 3.00 – 4.30 pm in the Boardroom, Hillder House 49/51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	3.00 pm
2.	Quoracy		Chris Millington	
3.	Declarations of Interest relevant to the agenda	Assurance	**PCCC/17/09/03** Chris Millington	
4.	Questions from the public relevant to the agenda	Note	Chris Millington	3.05 pm 5 mins
5.	Minutes of the meeting held on 29 June 2017	Approve	**PCCC/17/09/05** Chris Millington	3.10 pm 5 mins
6.	Matters Arising Report	Note	**PCCC/17/09/06** Chris Millington	3.15 pm 5 mins
	Strategy, Planning, Needs Assessment and Co-ordination of Primary Care			
7.	GP Forward View and Co-Commissioning Update	Assurance & Information	**PCCC/17/09/07** Catherine Wormstone	3.20 pm 10 mins
8.	Premises Relocation Request – Commencement of Patient Engagement	Decision	**PCCC/17/09/08** Catherine Wormstone	3.30 pm 10 mins
	Quality and Finance			
9.	Primary Care Quality Improvement Tool	Information	**PCCC/17/09/09** Catherine Wormstone	3.40 pm 10 mins
10.	GP Patient Survey Results	Information	**PCCC/17/09/10** Catherine Wormstone	3.50 pm 10 mins
11.	Finance Monitoring Statement	Information	**PCCC/17/09/11** Roxanna Naylor	4.00 pm 10 mins
	Contract Management			
12.	Contractual Issues Report	Decision & Information	**PCCC/17/09/12** Catherine Wormstone	4.10 pm 10 mins

	Governance, Risk and Assurance			
13.	Risk and Governance Exception Report	Approval & Assurance	**PCCC/17/09/13** Richard Walker	4.20 pm 5 mins
	Other			
14.	Any other business			4.25 pm 5 mins
15.	Items for escalating to the Governing Body Assurance Report			
16.	**Date and time of the next meeting:** Thursday 21 December 2017 at 3.30 – 4.30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.			4.30 pm 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

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	x	*Information*	
2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Richard Walker	Head of Governance and Assurance
	Author	Fran Wickham	Governance, Assurance and Engagement Facilitator
3.	**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.
4.	**THE 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.
5.	**APPENDICES**
	• Appendix A – Primary Care Commissioning Committee Members' Declaration of Interest Report

Agenda time allocation for report:	*5 minutes.*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

NHS Barnsley Clinical Commissioning Group Register of Interests

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

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	• 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
Nigel Bell	Lay Member for Governance	• Lay Advisor at Greater Huddersfield CCG • Ad hoc provision of Business Advice through Gordons LLP

Name	Current position (s) held in the CCG	Declared Interest
Mehrban Ghani	Medical Director	• GP Partner at The Rose Tree Practice trading as the White Rose Medical Practice, Cudworth, Barnsley • GP Appraiser for NHS England • Directorship at SAAG Ltd, 15 Newham Road, Rotherham • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Madhavi Guntamukkala	GP Governing Body Member	• GP partner at The Grove Medical Practice • Husband is a partner at The Grove Medical Practice and Lakeside Surgery • Member Royal College General Practitioners • Member of the British Medical Association • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Chris Millington	Lay Member	• Partner Governor Barnsley Hospital NHS Foundation Trust
Mike Simms	Secondary Care Clinician	• No interests to declare
Lesley Smith	Governing Body Member	• Husband is Director/Owner of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients potentially including the NHS. • Board Member (Trustee), St Anne's Community Services, Leeds

Name	Current position (s) held in the CCG	Declared Interest
Sarah Tyler	Lay Member for Accountable Care	• Volunteer Governor / Board Member, Northern College • Volunteer Trustee / Board Member for Steps (community care provider for early years / nursery) • Interim contract supporting NHS England in patient choice work (ceased July 2017) • Interim Health Improvement Specialist for Wakefield Council

Name	Current position (s) held in the CCG	Declared Interest
Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)	• Husband is a Senior Lecturer at Huddersfield University; undertakes Medical and Nursing research, teaches non - medical prescribing and is a Diabetes Specialist Nurse.
Richard Walker	Head of Governance & Assurance	• NIL
Jamie Wike	Head of Planning, Delivery and Performance	• NIL
Catherine Wormstone	Primary Care Senior Commissioning and Contracting Manager	• NIL

Minutes of the meeting of the Barnsley Clinical Commissioning Group Primary Care Commissioning Committee held on Thursday 29 June 2017 at 3.00pm in the Boardroom, Hillder House, 49 – 51 Gawber Road S75 2PY

MEMBERS PRESENT:

Chris Millington (Chair)	Lay Member for PPE and Primary Care Commissioning
Dr Nick Balac	CCG Chairman
Dr Mehrban Ghani	Medical Director
Mike Simms	Secondary Care Clinician
Lesley Smith	Chief Officer
Sarah Tyler	Lay Member for Accountable Care

IN ATTENDANCE:

Paul Barringer	NHS England Primary Care Manager
Julia Burrows	Director of Public Health
Roxanna Naylor	Acting Chief Finance Officer
Ruth Simms	Assistant Finance Manager
Fran Wickham	Governance, Assurance & Engagement Facilitator
Jamie Wike	Head of Planning, Delivery and Performance
Catherine Wormstone	Senior Primary Care Commissioning Manager

APOLOGIES:

Garry Charlesworth	NHS England Primary Care Manager
Dr Madhavi Guntamukkala	Governing Body Member
Richard Walker	Head of Governance & Assurance

MEMBERS OF THE PUBLIC:

Philip Watson

The Chair welcomed the member of the public to the Primary Care Commissioning Committee meeting.

Agenda Item	Note	Action	Deadline
PCCC 17/06/01	**QUORACY** - it was advised that the Committee was quorate.		
PCCC 17/06/02	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	The Committee noted the Declarations of Interest Report. The CCG Chairman declared an interest in item 15 on the agenda as he practices at Roundhouse Medical Centre. It was agreed that he would leave the meeting		

	for this item.		
PCCC 17/06/03	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**		
	The member of the public asked what processes are in place to ensure that unnecessary tooth extractions do not occur for 0 – 19 year olds. The Director of Public Health advised that NHS England is the body who commission dental services. However it was noted that all children should have access to fluoride treatment and brushing clubs. Tooth brushing packs are being made available within food banks. Currently the feasibility of whether fluoride is introduced to water is being looked at.		
	The member of the public was thanked for his question.		
PCCC 17/06/04	**MINUTES OF THE MEETING HELD ON 23 MARCH 2017** - approved as a true record of the proceedings.		
PCCC 17/06/05	**MATTERS ARISING REPORT**		
	The Committee noted the Matters Arising Report and agreed to remove those items marked as complete. In relation to reference **PCCC 17/03/08** - the Acting Chief Finance Officer advised that in relation to the finance quarterly update report, a focus on strategy will be included in the report for the next meeting.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 17/06/06	**GP FIVE YEAR FORWARD VIEW AND CO-COMMISSIONING UPDATE**		
	The Senior Primary Care Commissioning Manager presented the above report and highlighted the section on the GP Resilience Fund where £99,000 was secured from NHS England in 2016/17 to support delivery of the GP Forward View. The CCG is working with practices and the LMC to see if any practices wish to self-refer to link into finances to support issues such as recruitment. Also noted was the Workforce Baseline section where practices are working towards completion of a detailed workforce baseline for 30 June 2017. The GP Forward View Workforce event on 11 May 2017 was well represented by colleagues from the CCG and		

	practices. The CCG Chair advised that the Primary Care Development Workstream had recently looked at items such as the development of physician associates and options for international recruitment; it was felt that the latter would be best left at the STP level but supported by the CCG. In respect of the Infrastructure section it was noted that the CCG is working with the Barnsley Healthcare Federation in relation to the bids submitted to complete the necessary paperwork to get them through to the next phase. The Primary Care Manager advised members that the renewals for indemnity insurance may be increased at the end of July 2017.		
	The Committee noted the updates.		
PCCC 17/06/07	**GP OUT OF HOURS PROCUREMENT UPDATE**		
	The Head of Planning, Delivery and Performance presented the above report which detailed the process which had been undertaken to procure the Out of Hours service. It was noted that in order to allow the decision to be made in a timely manner an extraordinary meeting of the Primary Care Commissioning Committee held on 11 April 2017 received the Primary Out of Hours Procurement Award Report and approved the outcome of the procurement process. The contract was awarded to the Barnsley Healthcare Federation. It was confirmed that a full consultation exercise had been undertaken as part of the process. The Medical Director asked how many bids had been received; it was noted that only 1 bid had been submitted and this had been taken through the same process as if there had been more bidders. The Head of Planning, Delivery and Performance has written to the organisations who had expressed an initial interest to see why they had not submitted a bid, however no responses have been received.		
	The Committee noted the procurement decision approved at the extraordinary meeting of the Primary Care Commissioning Committee held on 11 April 2017.		

QUALITY AND FINANCE			
PCCC 17/06/08	**QUALITY MONITORING UPDATE**		
	The Senior Primary Care Commissioning Manager advised that following CQC's inspection in April 2016 to Kingswell Surgery where the overall rating for the practice had been 'requires improvement', the CQC had re-visited the practice in April 2017 and the new overall rating was 'good'. Members were pleased to receive the news that 29 of Barnsley CCG Member practices are now rated as 'good'. It was noted that the 4 Barnsley Healthcare Federation practices are still to be inspected. With respect to the CCG Internal Audit Primary Care Quality Monitoring Report it was noted that the CCG had received a rating of 'limited assurance'. An action plan has been developed and a Task and Finish Group has been established with the Associate Medical Director as clinical lead. Membership Council will be consulted at their meeting in July 2017.		
	The Committee noted the report.		
CONTRACT MANAGEMENT			
PCCC 17/06/09	**PRACTICE DELIVERY AGREEMENT (PDA) END OF YEAR REPORT FOR 2016/17**		
	The Committee was advised that all 34 Barnsley GP practices had signed up to deliver the PDA and all practices had achieved 100% of the 2016/17 PDA. It was noted that 2 practices have yet to submit their returns; the CCG is working with them to complete this. Members discussed how the following areas had been received: • Alcohol screening advice; this was not popular with practices as difficult to implement • CVD; this is being looked at now • Year of Care; significant investment has been made in this. • Diabetic Care; practices have responded well to this area and the results should be celebrated as a success • Dementia Friendly practices; this is new for this year and will be an important element • Social prescribing (My Best Life) scheme; significant progress has been made		

	The Committee noted the report and achievement against the 2016/17 Practice Delivery Agreement and Barnsley Quality Framework		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 17/06/10	**RISK AND GOVERNANCE EXCEPTION REPORT**		
	The Head of Planning, Delivery and Performance reported that as part of the annual refresh of the Governing Body Assurance Framework the document had been restructured to reflect the current CCG priorities and key deliverables detailed in the 5 Year Forward View Next Steps. The Medical Director asked that the narrative in relation to 'Gaps in Control' for Primary Care Deliverables be amended from 'take up of LES / DES or other initiatives' to 'take up of DES and PDA or other initiatives' as LES' no longer applied. Members noted that there were 6 risks on the Risk Register allocated to this Committee.	**KM**	
	The Committee reviewed the Assurance Framework. Members agreed that the risks identified were appropriately scored and considered that there were no new risks to be included on the Risk Register.		
PCCC 17/06/11	**COMMITTEE WORKPLAN / AGENDA TIMETABLE**		
	The Committee workplan was noted. No further items were suggested for inclusion.		
	The Committee noted the workplan.		
PCCC 17/06/12	**ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**		
	Members agreed to highlight the results from the CQC's re-visit to Kingswell Surgery in April 2017 giving the practice the overall rating of 'good'. The CCG Chairman left the meeting, having declared an interest in the next item.		
PCCC 17/06/13	**ADDITIONAL ROOM UTILISATION AT ROUNDHOUSE MEDICAL CENTRE LIFT BUILDING**		
	Members considered the report presented and were advised that the implications for the budget would be		

	cost neutral to the CCG as void space (underutilised and not being used to its full capacity) is already being funded at these premises. There would therefore be no increased recurrent revenue consequence to the CCG. The practice needs additional room capacity to house clinicians as a result of the redesign of the workforce. The NHS England Primary Care Manager noted that over the last 12 months the practice list size has increased by 15.4% against an average in Barnsley of 3.7%.		
	The Committee noted the request for an additional consulting room and agreed the request for the practice to utilise an additional room.		
PCCC 17/06/14	**DATE AND TIME OF THE NEXT MEETING**		
	Thursday 28 September 2017 at 3.00 – 4.00pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.		

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

PUBLIC

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 29 June 2017.

Minute ref	Issue	Action	Outcome/Action
PCCC 17/06/10	**RISK AND GOVERNANCE EXCEPTION REPORT** Narrative in relation to 'Gaps in Control' for Primary Care Deliverables to be amended.	**KM**	**Complete** – document amended from 'take up of LES / DES or other initiatives' to 'take up of DES and PDA or other initiatives'.

2. ITEMS FROM PREVIOUS MEETINGS CARRIED FORWARD TO FUTURE MEETINGS

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

Table 2

Minute ref	Issue	Action	Outcome/Action
PCCC 17/03/08	**FINANCE QUARTERLY UPDATE REPORT** In the future a focus on strategy should be included with the financial report.	**RN**	

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

GP Forward View & Co Commissioning Update

1. THIS PAPER IS FOR

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

2. REPORT OF

	Name	*Designation*
Executive Lead	Jackie Holdich	Head of Delivery (Integrated Primary and Out of Hospital Care)
Author	Catherine Wormstone	Senior Primary Care Commissioning Manager

3. EXECUTIVE SUMMARY

To provide the Primary Care Commissioning Committee with an update on the key issues and headlines relating to Primary Care and implementation of the GP Forward View.

1. GP Forward View and – Progress with Implementation

1.1 Assurance Process

NHS England is now requesting regular and detailed information from CCGs on the delivery of plans to support GP Forward View. In Barnsley, this first detailed return was submitted on 15 September 2017 and has created a baseline from which to measure progress on the roll out of care navigation, e-consultations, online consultations, access activity and access trajectories.

The key areas which are being monitored each have plans attached to them with milestones for achievement and these will be progressed and monitored through the Primary Care Development Work stream.

1.2 Investment

a) Practice Delivery Agreement

The Barnsley Practice Delivery Agreement (PDA) was approved by the CCG's Governing Body on Thursday 13 April 17.

The scheme represents a significant amount of investment (£4.2m) in General Practice for 2017/18 and will facilitate the resilience and sustainability of primary care in Barnsley.

b) GPFV – New Financial Allocations in 2017/18

Financial allocations to support GP Forward View are being distributed and accessed in different ways. Some funding is retained at NHS England (e.g. GP Resilience Fund) and some has already been shared with the CCG (e.g. GP WIFI implementation funding and money to support E-consultation). The priority in Barnsley is that as much of this financial support as possible is secured for primary care services and that maximum benefit is delivered for patients.

The Primary Care Teams within the CCG and NHSE work closely together with finance colleagues to track any new funding and ensure that it is invested in primary care within Barnsley.

c) GP Resilience Fund

NHS Barnsley CCG has put forward a number of bids against the 2017/18 Resilience Fund. This fund was previously known as the Vulnerable Practice Fund. National guidance for this money was made available in July and practices were able to self-refer as individuals or groups; or the CCG was able to nominate practices (in discussion with the practices) to NHS England.

A number of bids were submitted and six practices (or groups of practices) received allocations of non-recurrent support between £5k and £10k. These practices have been supported by the CCG to draft a plan (a Memorandum of Understanding) to spend the money in the current financial year. Unfortunately, three practices have since withdrawn from the scheme, largely due to the non-recurrent and limited nature of the support.

1.3 Workforce

i) Workforce Baselines

As part of the 2017/18 Practice Delivery Agreement, all practices are required to complete the Health Education England Workforce tool on a quarterly baseline. The first data collection period for this task was completed by 31 out of 33 practices on 30 June 2017 and preliminary workforce data has been produced. This will help significantly with planning what is needed across primary care and the wider system in Barnsley and will contribute to the development of a comprehensive Workforce Strategy.

ii) Workforce & BEST

A CCG wide event was held on 20 September 2017 where the workforce baseline information was shared with member practices. The workforce data was shared as part of the BEST Event and was led by Dr Mark

Purvis from Health Education England. The session also looked at alternative models of skill mix and the benefits of Physicians Associates in supporting the expansion of primary care roles to better meet the increasing demands of patients.

In addition to the session for all primary care staff, a further session was held for nurses where the forecasting of retirement ages and the potential future shortfall of nurses was highlighted.

iii) **Workforce Strategy and Planning**

A piece of work has commenced, building on the workforce data and the events described above, to build a workforce plan and develop a strategy to address the future requirements of Barnsley practices. This is in conjunction with Barnsley Healthcare Federation and will also build on previous GP FV workforce plans. It was recognised at the BEST event that there are many practices in Barnsley who have already made good progress in re-modelling their workforce and are proactively recruiting to new roles.

As a CCG, 15 Clinical Pharmacists have also been recruited and commenced in post between August 2016 and March 2017. These pharmacists work in practices and are having a very positive impact on managing the prescribing workload in practices.

A national initiative to expand numbers of the clinical workforce via international recruitment is also underway. It is likely that this work will be progressed by working together across South Yorkshire and Bassetlaw. Barnsley practices and their future needs will form part of this work programme.

iv) Practice Manager Leadership Development

The CCG is making good progress in supporting Practice Manager Leadership Development in 2017/18. A coach, Gail Jones, who has a wealth of experience in Practice Manager Development, has commenced a programme which has been co-designed with Barnsley Practice Managers. The programme commenced in August 2017 with a first session on 'Managing Conflict'. The session was very well attended and evaluated well. Further sessions for the remainder of the year have already been planned into diaries.

2. Workload & Care Redesign

Project plans are in place and being monitored against the 10 high impact actions described within GPFV. Many of these are linked to workforce and expanding the primary healthcare team (see section above). Brief highlights from other key areas of progress are described below:

a) **Active Signposting** – In Barnsley, active signposting (or care navigation) is delivered through a programme called First Port of Call Plus. Barnsley Healthcare Federation has been commissioned to deliver bespoke care navigation training for Barnsley practices and this

programme of work is underway. The training comprises two visits and builds on the structure and services which each practice has. The first visits have had very positive feedback and a further 8 practices have sessions booked over the next few months. Work will take place to encourage the remaining practices to take up the training package

b) **Social Prescribing** – My Best Life is a borough wide Social Prescribing service which was commenced in April 2017 to enable adults to access non-medical sources of support in the community and have a holistic approach to health. The service has been commissioned by Barnsley CCG and the provider is South Yorkshire Housing Association.

460 referrals have been made up to the end of August since the service commenced in April 2017. A referral target for the first year has been set at 600 so this is likely to be exceeded based on quarter 1 data. This is a very positive outcome and is making a real difference to the patients who have been referred to the service.

c) **Supporting Self Care** – People need to be at the heart of their own health and wellbeing and person centred care is a priority area that is broad ranging and needs promoting widely across Barnsley. We need to find different ways of communicating and how to empower patients to take control over their own care and treatment.

Dr Ollie Hart, a GP in Sheffield has recently spoken at the BEST event and the Practice Nurse forum about the importance of person centred care and the benefits for clinicians and patients. He has described the Patient Activation Measure (PAM) and how this can be used to manage practice workload to best support patients

d) Develop Quality Improvement Expertise - A cohort of ten colleagues from NHS Barnsley CCG, Barnsley Healthcare Federation and member practices has recently completed the General Practice Improvement Leaders programme. This is a national programme arranged by NHS England which is designed to equip primary care leaders with improvement techniques and methodologies. The course was beneficial and those who attended have practiced skills in process re-design, facilitation and change management.

e) Releasing Time for Care – 10 High Impact Actions - Dr Robert Varnam, Director of General Practice Development for NHS England, is leading a number of showcase events to promote the 10 High Impact Actions. Plans are underway to host a showcase event for clinicians and managers in Barnsley during January 2018. This will also promote the work Barnsley has done to date and link up a number of local initiatives (e.g. My Best Life and iHeart 365) with the 10 High Impact Actions.

f) Promotion of GP Forward View - NHS England have released a GP Forward View 'Animation' (https://www.england.nhs.uk/gp/gpfv/)

General practice is at the heart of the care provided by the NHS. The

need to invest in general practice has never felt more important for the long term sustainability of the NHS.

This animation explains the changes and additional support that are being rolled out as part of the GP Forward View and is a helpful summary for patients and practices alike.

3. Infrastructure - Estates & Technology Transformation Fund (ETTF)

Following submission of 7 bids against the ETTF fund in June 2016, 4 premises bids remain 'live' and are included in cohort 2 (due for completion by 31 March 2019). Nationally, it is recognised that investment from this fund has been slow to reach General Practice and CCGs have recently been approached to check that the schemes are still required and in what priority order they might be considered.

Barnsley CCG is working with Community Ventures who have been procured by Community Health Partnerships (CHP) to complete "strategy light" documents. This is a sense check on the proposals submitted and may facilitate further investment to work up Project Initiation Documents (PIDs).

As with workforce planning, a piece of work has also commenced to work up a more detailed strategy, based on emerging localities, for Estates.

Where practices have completed bids for extensions or work, it is recommended that the PIDs are worked up at pace, ideally with additional financial support. Where practices had bid for feasibility studies, it may be that these are pended until the strategic work has been completed.

A further bid was submitted for 'mobile working' and this was considered under the 'technology' part of the process. Where previously this work had not been prioritised, it is likely that this will be re-focussed with a view to utilising the national allocation effectively.

The committee is asked to discuss the next steps in the ETTF process in Barnsley to assist with the request to re-prioritise the bids.

4. Primary Care Charter

The triple aim of the NHS's strategic Five Year Forward View is: to improve the health of populations; to improve care patients receive and their experience of it; while delivering the best value possible for taxpayers. These aims are set against a backdrop of pressures, particularly those of rising demand and limited resources. These challenges require the health service to evolve and adapt to changing needs and innovations in treatment and to work in very different ways. Nationally providers and commissioners of health and care services are coming together by region to form and implement system Sustainability and Transformation Plans. The South Yorkshire and Bassetlaw footprint incorporates 5 localities: Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield.

The SY&B ACS Primary Care programme is an overarching work stream that brings together key enabling work streams of Workforce, Estates and Digital as they relate to primary care and in the context of delivering the GP Forward View.

Through combining existing plans to deliver the GP Forward View, the South Yorkshire and Bassetlaw footprint is working together to collate a 'Primary Care Charter'. This document will describe the collective responses to the challenges facing primary care and how some will be delivered at "place" and some will be addressed across the wider footprint.

5. Locality Working and GP Forward View – "Next Steps"

Committee members will recollect an update in June on the publication of the

https://www.england.nhs.uk/publication/next-steps-on-the-nhs-five-year-forward-view/

This document set out a clear vision to:

"Encourage practices to work together in 'hubs' or networks. Most GP surgeries will increasingly work together in primary care networks or hubs. This is because a combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. They also involve working more closely with community pharmacists, to make fuller use of the contribution they make.

NHS Barnsley CCG has incentivised and encouraged practices to work together around existing locality structures through the 2017/18 Practice Delivery Agreement (PDA). Through the Demand Management scheme, practices are now meeting together in six geographical localities to facilitate peer review of referrals and to consider how locality working can offer benefits and resilience in the future.

The first locality meetings took place on 16 August 2017 and a further 4 meetings have been scheduled before the 31 March 2018. Whilst it was recognised that practices were experiencing some difficulties with the software used to support the scheme, all localities reported that they could see benefits in working together. A clinical lead from the Governing Body has been identified for each locality, together with a lead Practice Manager. Work is also underway to develop nurse leadership along the same model.

The next locality meeting will be held on 18 October 2018.

4.	THE COMMITTEE IS ASKED TO:
	• Note the content of the report. • Discuss the next steps in the Estates and Technology Transformation Fund process in Barnsley

Agenda time allocation for report:	*10 minutes.*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework: .	*1.4 and 5.2*
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications** Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
3.2	**Consultation and Engagement** Has Comms & Engagement Checklist been completed?	*NA*
3.3	**Equality and Diversity** Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance** Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
3.5	**Environmental Sustainability** Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources** Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

Premises Relocation Request – Cope Street Surgery (C85017)
Commencement of Patient Engagement

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Catherine Wormstone	Senior Primary Care Commissioning Manager
Author	Catherine Wormstone	Senior Primary Care Commissioning Manager

3. EXECUTIVE SUMMARY

The purpose of this report is to:

a) Update Primary Care Commissioning Committee on the request to relocate Cope Street Surgery into the planned new build at Burleigh Street, Barnsley.
b) Request the Committee's approval to proceed to commence patient and stakeholder engagement prior to a final decision by the committee in 2018.

1. Background

Park Grove Surgery (C85017) delivers core primary medical services under a GMS contract. From 17 February 2017, this practice formally merged with Cope Street Surgery. The practice merger was approved by NHS Barnsley CCG Primary Care Commissioning Committee on 3 November 2016. The practice has a combined list of 11078 patients (As at 1 July 2017) and currently provides services from three locations; Park Grove, Cope Street and the Roundhouse Medical Centre.

Prior to the merger, Park Grove Surgery had begun the process of seeking approval to build and relocate to new premises. The practice has gained approval and secured partial funding from the Primary Care Infrastructure Fund (predecessor to Estates and Technology Transformation Fund) and plans are

well advanced to commence building on a plot of purchased land located on Burleigh Street in Barnsley in the autumn of 2017. Planning approval has been granted for this site and a contractor (Tolent) has been appointed through a formal tender process.

The GP partners are self-funding the build at Burleigh Street and expansion space had already been factored into the architect's plans. The District Valuer has assessed the plans and has identified the proposed reimbursable area. The recurrent revenue consequence of the new build (increase in rent, rates, water and clinical waste) will fall to NHS Barnsley CCG. For the purpose of this request, it is assumed that all engagement activities, equality impact assessment and financial considerations have been completed and fully considered for the Park Grove premises relocation.

2. Request for premises relocation – Cope Street to Burleigh Street (new build)

The Partners at Park Grove Surgery are now seeking permission to close the premises located at Cope Street and move the additional patients into the expansion space identified within the Burleigh Street new build.

A provisional plan of the new building has been included at Appendix A. A map showing the three sites included in this process is included at Appendix B.

In accordance with NHS England's Primary Care Policy Book (January 2016), this this is likely to be a significant change to services for the registered population who use Cope Street and as such the Commissioner and the contractor must engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them. This process has commenced.

The Commissioner and contractor, through their dialogue, may establish that there is a need to retain medical service provision in the locality and must seek to find a solution, which could include tendering for a new provider within that locality, though not necessarily within the same premises. This is an option that can be considered, however it is useful to note that there are a number (4) of existing GP practices providing services in that area.

A premises relocation request triggers the Commissioner's duties to involve patients in decision-making and would require Primary Care Commissioning Committee approval.

3. Patient and Stakeholder Engagement

The practice will be required to undertake a period of patient and stakeholder engagement prior to a case being presented to Primary Care Commissioning Committee. The CCG's Senior Primary Care Commissioning Manager and Engagement Manager have discussed a provisional Engagement Plan with Dr Chikthimmah and would propose a period of patient and stakeholder engagement to commence in October 2017 for a recommended period of eight weeks. This would conclude in December and allow for collation of an engagement report and a full case for consideration in January 2018.

	A draft Engagement Plan is included at Appendix C. This may be subject to further updating with engagement activities proposed by the practice. The practice would also be expected to engage with any staff affected; however this is entirely a practice responsibility. **4. Next Steps** The practice would be required to undertake the patient and stakeholder engagement with support and guidance from the CCG's Engagement Manager and Senior Primary Care Commissioning Manager. The practice will need to provide a case for the relocation and this should highlight: a) The benefits for patients of the premises relocation b) The practice boundary c) The proposed plan and utilisation of the building d) The patient engagement completed, any concerns raised and mitigating actions to address the concerns In addition, the following will also need to be completed and taken into consideration: e) Practice demographics and performance f) Equality Impact Assessment g) Quality Impact Assessment h) Financial implications for the CCG (in liaison with the District Valuer) with particular emphasis on recurrent revenue consequence for rent, rates, water and clinical waste i) Any other considerations for the provision of primary medical services within the locality and the strategic plans for the area condition, j) Accessibility and compliance to required standards of the premises; k) Possible co-location of services
4.	**THE COMMITTEE IS ASKED TO:**
	• Note the request for premises relocation from Cope Street, Barnsley to the planned new build at Burleigh Street, Barnsley. • Note the proposed Engagement Plan, subject to finalising with further input from the Practice and support from the CCG • Approve a period of engagement activity to commence in October 2017 and complete in December 2017 • Notes the next steps in the process for a premises relocation

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

0.0 GF 200sqm

1 : 100

1.0 FF 200msq

1 : 100

GIA

- 200msq — Cope Street Allocation
- Expansion Space
- GMS
- GMS Non Lettable
- Pharmacy

Total GMS GIA = 681m2

NIA =608.3m2
(Including 2 x non reinbursable rooms)

GMS non lettable = Stairs / Lift / Riser - 57m2
Staff WC - 3.3m2
Plant - 12.35m2
(total 72.7)

Pharmacy = 122.5m2

Cope Street Allocation = 204.2m2

Expansion space / Escape Stair = 114.2m2

Issue Purpose: **Information**

P+HS Architects

84 Albion Street
Leeds
LS1 6AG
0113 245 4332

The Old Station
Station Road
Stokesley TS9 7AB
01642 712684

Design Works
William Street
Gateshead NE10 0JP
0191 4692585

www.pandhs.co.uk

P+HS architects

Client	Park Grove Surgery
Project	Park Grove Medical Centre
Title	DV Plans Proposed Cope Street Allocation 200msq
Issued From	Leeds
Date	June 2017
Scale	1 : 100 @ A1
Drawn	AMG
Auth	PB

Drawing Number: **2562 – D – 22-201 – A**

Revision

Stage Identification: Design - D Construction - C

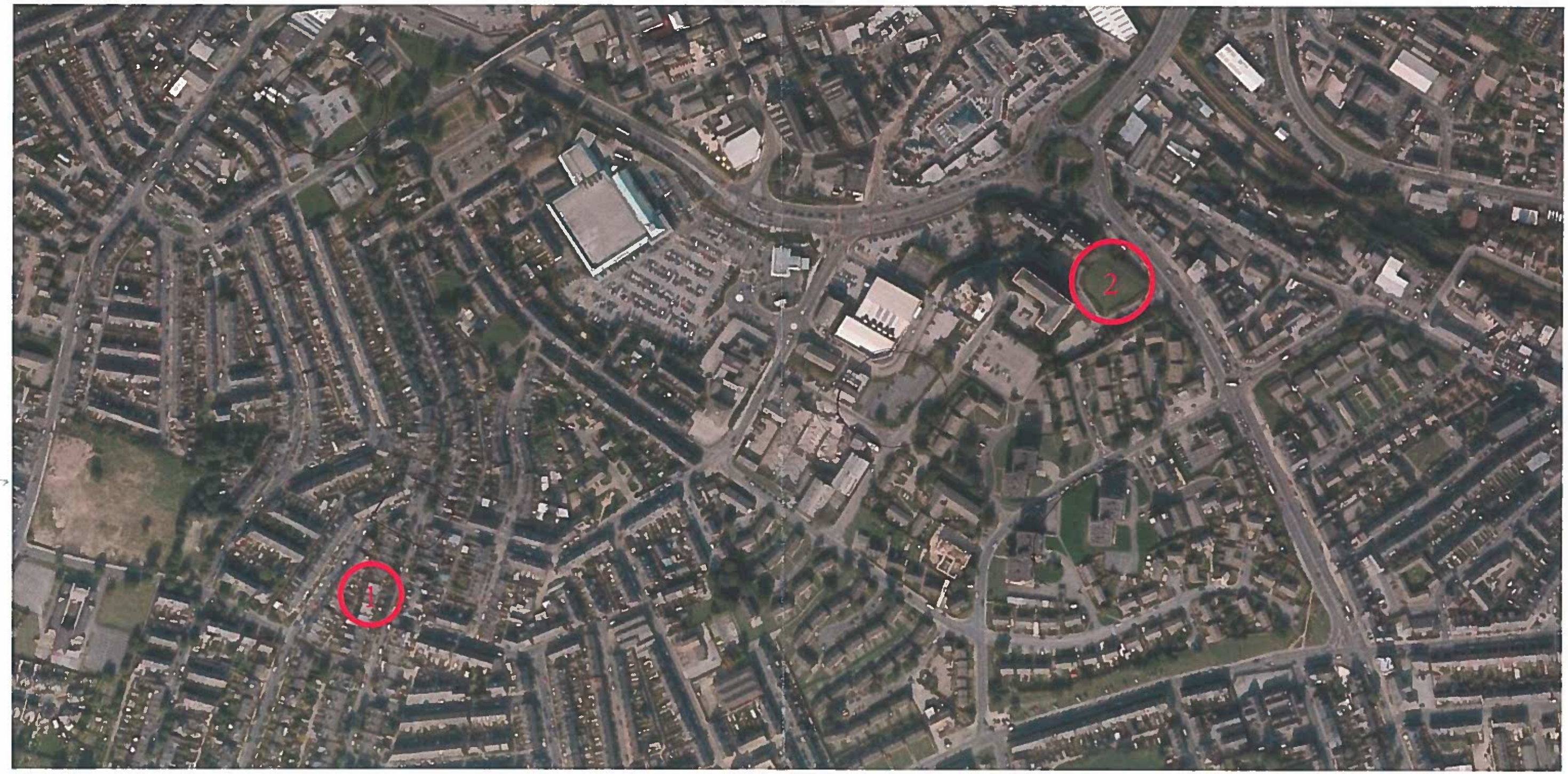
Burleigh Street Public Consultation 26th February 2016

Existing and Proposed Sites

P+HS architects

1. Existing Park Grove surgery - Park Grove Surgery are currently based in accommodation in stone, end terraced house. The existing surgery has been heavily modified over the years to try and accommodate the clinical requirements of the Practice. Inherent compromises in the building mean that this can never achieve the current requirements for accessibility, infection control and clinical space, let alone cope with the ever widening range of clinical and community services which will ensure patients are treated locally, and with a range of care designed to be preventative and allow early intervention in accordance with the NHS future strategy.

2. Proposed site Burleigh Street Barnsley S70 1XY. Current Land Use - Urban green space, identified for B1(a) Business development within the UDP.
Site History- The character of the site has changed significantly since it was originally developed with terraced housing with a yard to the rear.
The housing was cleared and replaced with light industrial units, before the site was cleared again in the mid-1960s for the construction of the West Way and Alhambra Roundabout junction with Sheffield Road.



Draft Communications and Engagement Plan for the proposed relocation of Park Grove Surgery, Barnsley

BACKGROUND

Park Grove and Cope Street Surgeries formally merged in February 2017. The combined patient list size is just over 11,000 patients and the premises based at Park Grove are considered as the main surgery whereas Cope Street operates as a branch surgery. The practice also operates a branch surgery at Roundhouse Medical Centre.

As part of the application process for the merger, it was indicated that it was the intention for Park Grove Surgery to relocate to a modern purpose built surgery in the near future which is less than half a mile from the branch surgery based at Cope Street.

The new surgery is yet to be constructed but planning consent has been obtained by the practice and they have received the support of NHS England and the CCG. The new site is based at Burleigh Court.

Proposal

Park Grove Surgery will be relocating to a modern purpose built health centre in the autumn of 2018 which is located in-between the two current sites at Park Grove and Cope Street near the Alhambra Roundabout with excellent access to pedestrians, good public transport links and with 46 on site car parking spaces.

The aim of the practice relocation is to ensure the provision of long-term sustainable healthcare to the practice population by helping to deliver and maintain core services and provide the opportunity to increase the range of locally commissioned and nationally enhanced services. This will provide significant benefits for registered patients in having greater flexibility to access a wider range of services locally and a modern, purpose built surgery.

The relocation from the main surgery at Park Grove has been approved and the practice and CCG are now seeking views on the relocation from the branch surgery based at Cope Street into the new health centre.

Seeking the views of registered patients and other key stakeholders

Obligations under section 242 of the 2006 NHS Act amended in the Health and Social Care Act 2012
The obligation to promote public involvement and consultation states:
(1B) Each relevant English body must make arrangements, as respects health services for which it is responsible, which secure that users of those services, whether directly or through representatives, are involved (whether by being consulted or provided with information, or in other ways) in:

- The planning of the provision of those services,
- The development and consideration of proposals for changes in the way those services are provided, and
- Decisions to be made by that body affecting the operation of those services.

We will undertake a robust **information and engagement process** to make patients and stakeholders aware of the proposed change and ensure their views are taken into consideration wherever possible as part of this process.

It is important under our statutory duty to ensure patients and carers are informed and asked their opinions of the proposed change to ensure we achieve a smooth transition of services. The process will be supported by engagement with clinicians and staff to make sure that we have a full picture prior to embarking on engagement with patients and the public and carried out in line with the 'Gunning Principles' and the statutory guidance published by NHS England in April 2017 relating to patient and public participation in commissioning health and care.

Our plans will be drawn up in line with the four 'Gunning Principles' which are used mainly in terms of formal consultation but can be applied in terms of good practice across all levels of engagement. These are as follows; Engagement should be timely - when the proposal is still at a formative stage (Gunning 1), and sufficient information and reasons must be put forward for the proposal to allow for intelligent consideration and response (Gunning 2) with enough time given for responses (Gunning 3) and finally feedback needs to be conscientiously taken into account as part of the overall decision making process (Gunning 4)
Feeding back on the results of participation is a critical step in the process. It helps people to feel valued and encourage them to be involved and should show how views have been considered and how they have impacted (or not) on commissioning decisions.

If patient/ public participation has indicated support for a proposal which is not taken, the reasons should be explained. It is recognised that commissioning decisions are highly complex, and the views of patients and the public are one of a number of factors to take into consideration.

Seeking the views of registered patients and other key stakeholders

The public conversation will broadly involve questions relating to the following areas;

- What do you think regarding the relocation of the practice to a new purpose built health centre?
- What impact do you feel that this might have on you as a registered patient of the practice?
- What do you think of the physical plans for the proposed relocation?
- From a patient perspective, what do we need to consider prior to finalising the plans for the new purpose built health centre?

Objectives of the communications and engagement plan

Through an engagement and information process we will be seeking the views of people who use Park Grove and Cope Street Surgeries and other key stakeholders to make sure that patients currently registered are engaged within the discussions to help shape plans, their views are taken into account before these are finalised and that they are kept informed regarding the proposed relocation of the practice to a nearby modern purpose built health centre at all stages of the process – prior to, during and afterwards.

Our key objectives are to ensure the following;

- To effectively communicate with and listen to the views and feedback of patients and carers who are currently registered with the practice in relation to the proposed relocation
- To ensure key stakeholders are aware of our engagement with our practice population and encouraged to share their views in relation to the proposed relocation
- To effectively engage with the practice population to understand the potential impact on them as a result of the proposed relocation
- To support patients and people living in the local area, to better understand the wide range of local services available to them.

Key messages

The key messages are to be agreed between the practice and CCG communications leads but are to focus on the following key areas;

- Improved accessibility for patients
- Improved facilities for patients and staff
- Extended range of services for patients

Target audiences

- People who are currently registered patients at Park Grove and Cope Street and their carers (including Patient Group)
- Staff working at both sites
- Other GP practices in the surrounding area
- Other local stakeholders: patients, the public, community and voluntary sector, MPs, local councillors, LMC, Pharmacy Committee, Health and Wellbeing Board, Healthwatch Barnsley, Overview and Scrutiny Committee

Budget

The engagement and communications will be delivered within existing resources by existing staff. This will be carried out primarily by the Practice with support from the CCG.

Method of engagement/communication

Various to be tailored to the specific audiences and to include the following;

- Letters to patients
- Information on Practice Website
- Link to CCG Website
- Practice Pre-Engagement Meetings
- Emails / Text
- Individual meetings/ briefings
- Notice boards in practice
- Practice Information Days/ Drop in Events
- Newspaper articles / Media releases

Timescales

We have provisionally suggested an 8 week timescale for the communications and engagement activity to take place between Wednesday 11th October 2017 and Wednesday 6th December 2017.

Evaluation

Evaluation of the whole process of patient and public involvement is necessary in order to learn the lessons for the future and continuously improve performance. Evaluation should cover every aspect, from planning to delivery and feedback.

Risks and mitigating actions

Risk	Mitigating action
If the CCG fails effectively to communicate and engage with patients and the public in the commissioning or co-commissioning of services there is a risk that: (a) Services may not meet the needs and wishes of the people of Barnsley, and (b) the CCG does not achieve its statutory duty to involve and consult with patients and the public.	

Partnership working

This work will be carried out primarily by the Practice with support where appropriate from Barnsley CCG and NHS England colleagues.

Activity	Detail/ Commentary	Lead(s)	Deadline	Sept	Oct	Nov	Dec	Jan	Feb	Mar
Finalise communications and engagement planner with agreed timescales	Currently in development	EB/ CW								
Develop supporting communications and engagement resources										
Undertake agreed communications and engagement activity										
Analysis of comments and feedback										
Produce engagement report										
Provide feedback to respondents and partners										
Evaluate process for lessons learnt										

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

PRIMARY CARE QUALITY IMPROVEMENT TOOL

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*		*Assurance*	X	*Information*	X
2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Catherine Wormstone	Senior Primary Care Commissioning Manager
	Author	Lynne Richards	Primary Care Commissioning and Quality Development Manager
3.	**EXECUTIVE SUMMARY**		

Following a review by Internal Audit into the CCG's Primary Care Quality Monitoring Processes Internal Audit published the final report with a rating of '**Limited Assurance'**.

The full report is appended to this report for members' information. The CCG responded to each of the 7 recommendations with a Lead Officer, Action and implementation date to address each of the recommendations, all recommendations and actions have a completion date of 6 months.

One recommendation from the Internal Audit Quality Monitoring Report (ref 3.1) was that the '*CCG needed to develop a tool, such as a dashboard, to capture primary care quality issues and present it or the findings to the Quality and Patient Safety Committee'*. A draft is appended to this report for members' information and comments.

The CCG has fully engaged with Primary Care to develop this tool which has included presenting the tool to the following groups and meetings:

- Membership Council
- Practice Managers Meeting
- Local Medical Committee

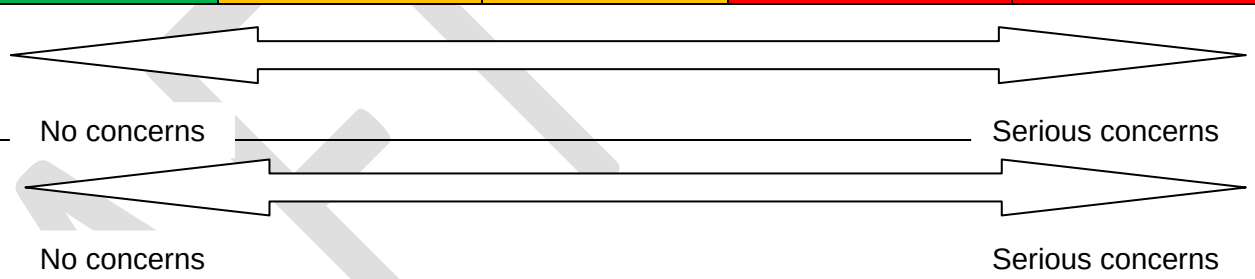
	• Quality and Patient Safety Committee • Primary Care Development Work stream • Primary Care Commissioning Committee A final draft of the Dashboard will be presented to the Governing Body public session on 8 October 2017.
4.	**THE COMMITTEE IS ASKED TO:**
	• Note the progress made on the development of a Primary Care Quality Improvement Tool.
5.	**APPENDICES**
	• 360 Assurance Report – BCCG'S Primary Care Quality Monitoring Processes • September 2017 – DRAFT Primary Care Quality Improvement Tool

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

MEASURES AND THRESHOLDS

Assurance	Indicator	Information Source	Stage 1 Routine	Stage 2 Local Enhanced Surveillance (Q&P) (QSG)	Stage 2 Enhanced Surveillance (Q&P) (QPSC) (QSG)	Stage 3 Investigation (Q&P) (QPSC) (QSG)	Stage 4 Formal Action (Q&P) (QPSC) (QSG) (GB)
Patient Safety	Known safety concerns (RAG severity, how identified, how being rectified)	NHSE/ CCG/ CQC					
	Known infection control issues (inc MRSA & C Difficle)	IPC Team					
Quality & Clinical Effectiveness	CQC Rating	CQC	Outstanding Good	Good/ Requires Improvement	Requires Improvement with Action Plan	Requires Improvement /no action pan/ Action Plan not implemented	Inadequate
	Contract Breaches	CCG	None	Potential	with Action Plan	with Action plan not implemented	No Action Plan
	Quality & Outcome Framework (Exception reporting)	NHS Digital	5%	TBC			
	Flu Vaccs Uptake	NHSE	No concerns with uptake	Screening team highlighting concerns	Ongoing concerns with uptake		
	Immunisations & Vaccinations Concerns	NHSE	No concerns with uptake	Screening team highlighting concerns	Ongoing concerns with uptake		

MEASURES AND THRESHOLDS

Assurance	Indicator	Information Source	Stage 1 Routine	Stage 2 Local Enhanced Surveillance	Stage 2 Enhanced Surveillance	Stage 3 Investigation	Stage 4 Formal Action (Q&P) (QPSC)
Governance & Patient Experience	Friends & Family Test	Website	Meeting 89% Target	Below 89% Target	Not submitting data		
	NHS Choices (% of posts responded to)	Website	More than 50%	Less than 50%			
	Number of Complaints (from NHS England)	NHSE	Less than 5	More than 5			
	Complaint Trends	NHSE	Less than 2	More than 2 for the same trend	More than 5 for the same trend		
Workforce	Number of GPs, (full-time, part-time) per 1,000 patients	CCG	0.58 (UK average)	0.48> (Barnsley average)			
	Number of Nurses (full-time, part-time) per 1,000 patients	CCG	TBC				
	Meeting Core Hour Requirement (8.00am to 6.30pm 5 days per week)	CCG	Meeting Core Requirements		Not meeting Core / Half day closing		
	Appointments per 1,000 patients	NHSE	TBC via NHSE Tool and guidance				
CCG Priorities	PDA Sign Up	CCG	Signed up	Non - sign up			
	WORKFORCE SUBMISSION		Submitted, no issues.	Non submission			

MEASURES AND THRESHOLDS

INTERNAL PRACTICE SECTION

(Internal Practice information, which may support the practice is assessing the overall picture of quality within the practice, this information is for the practice to utilise and does not have to be shared with the CCG)

Appendix 1 – The CCG will provide A & E Attendances by hour per practice each quarter for 1 month for a practice to review

	Q1	Q2	Q3	Q4
Home visit requests				
Demand for appointments or time until next routine and next emergency apt				
Number of emergency appointments available				
Sickleave Medical/				
Nursing/				

MEASURES AND THRESHOLDS

	Q1	Q2	Q3	Q4
Administrative				
Number of locum sessions used within a time frame				
SEAs undertaken				

Internal Audit

Barnsley CCG

Primary Care Quality Monitoring

Final Report

April 2017
1617/BCCG/09/R

Table of Contents

Distribution

Name	For Action	For Information
Jackie Holdich, Head of Delivery (Integrated Primary and Out of Hospital Care)	✓	x
Lynne Richards, Primary Care Commissioning and Quality Development Manager	x	✓
Catherine Wormstone, Senior Primary Care Commissioning Manager	x	✓
Lesley Smith, Chief Officer	x	✓
Nick Balac, GP Chair	x	✓
Mehrban Ghani, Medical Director	x	✓
Martine Tune, Deputy Chief Nurse	✓	x
Brigid Reid, Chief Nurse	x	✓
Richard Walker, Head of Governance & Assurance	x	✓

Key Dates

Report Stage	Date
Exit Meeting:	11th April 2017
Draft Report Issued:	12th April 2017
Client Approval Received:	20th April 2017
Final Report Issued:	20th April 2017

Contact Information

Name / Role at 360 Assurance	Telephone / Email
Leanne Hawkes, Deputy Director	leanne.hawkes@nhs.net 01709 428713
Kevin Watkins, Business Associate	kevin.watkins1@nhs.net 07920 233183

Introduction and Background

A review has recently been completed in respect of Primary Care Quality Monitoring. The review examined the effectiveness of controls in place and was undertaken in accordance with the Public Sector Internal Audit Standards. The review has, therefore, been performed in such a manner as to provide an objective and unbiased opinion.

In April 2015 NHS England invited Clinical Commissioning Groups (CCGs) to take on an increased role in the commissioning of GP services through three different co-commissioning models;

- Greater involvement – an invitation to CCGs to collaborate more closely with their local NHS England teams in decisions about primary care services to ensure healthcare services are strategically aligned across the local area,
- Joint commissioning – enables one or more CCGs to jointly commission general practice services with NHS England through a joint committee, and
- Delegated commissioning – offers an opportunity for CCGs to assume full responsibility for the commissioning of general practice services.

Barnsley CCG opted for the Delegated Commissioning model from April 2015. Under this model, the CCG has responsibility for the continuous improvement and assurance of quality and performance from primary medical services providers. (As GP's individual contracts are still held with NHS England, however, there remains a role in quality monitoring for NHSE, specifically in relation to individual GPs' performance).

This is a new and developing area of responsibility for CCGs and as such systems and processes by which the quality of primary medical care is monitored and improved upon might not yet be fully developed at a local level. Therefore this review provides a baseline assessment/gap analysis of current arrangements and commentary on the direction of travel for planned and developing systems and processes.

Audit Objectives and Scope

The overall objective of our review was to provide an independent assurance opinion on the systems and processes in place for the quality monitoring of primary care medical services. The exercise focused on three key areas:

- **Strategy** – specifically whether the CCG has identified and documented its strategic aims in relation to primary care, ensuring in particular that the quality of services features in the CCG's Primary Care Strategy.
- **Controls** – examining the following areas:
  - The extent of monitoring around any quality requirements included in contracts;
  - Any Standard Operating Procedures the CCG has in place which deal with the protocols, timeframes and communication methods for obtaining information from practices. We also examined any arrangements covering the escalation of concerns identified as part of the monitoring process; and
  - That staff involved in the quality monitoring process collectively have the skills and knowledge to identify areas of concern
- **Governance** – focusing on:
  - Whether the right groups/committees receive appropriate information about the quality of services provided by co-commissioned primary care;
  - Appropriate responses in terms of improvement and action planning; &

- Whether the Governing Body receives the necessary assurance that the system is functioning as expected and appropriate action is being taken to address any risks and ensure achievement of objectives.

***Limitations of scope**:*

The exercise did not include a review of GPs' performance against the Quality Outcomes Framework (QOF) or the extent to which GPs could evidence achievement of quality aspects of enhanced services.

Audit Opinion

Limited Assurance can be provided as weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed.

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

It should be noted that this opinion relates specifically to monitoring arrangements only and should not be applied to the quality of primary care services actually being provided. In this respect the CCG has been proactive in promoting high quality services through a locally agreed Quality Framework and indeed the CQC, having visited all GP practices in Barnsley, have rated the vast majority as 'good.'

Summary Findings

Areas of Good Practice

- The CCG had made contracting arrangements through the Barnsley Quality Framework to enable all practices to provide quality services across the range of its contracts.
- The CCG Strategic Commissioning Plan 2014-2019 incorporates the Primary Care Strategy and Delegated Commissioning within the management arrangements for delivery and improvement.
- 34 of the practices within the CCG have been inspected by CQC and 33 have been rated as good with only one rated as required improvement. The CCG has identified ways in providing support for this practice to help it to increase its rating at the next inspection.
- Governance arrangements for Primary Care quality monitoring has been defined with responsibility for quality with the Quality and Patient Safety Committee.

Areas for Improvement

- The CCG has not yet got demonstrable monitoring process in place to ensure delivery of quality within the practices which opinion in this audit is based on.
- The CCG does not have a Quality Assurance Framework in place that details their overall approach to Quality within the CCG.
- CCG has not documented in standard operating procedures how they are going to fulfil their role for primary care quality monitoring which are part of their delegated responsibilities for commissioning primary care

- There is no evidence of other staff being involved the quality monitoring process that have the skills and knowledge to identify areas of concern
- There are no formalised systems for monitoring primary care quality to ensure the QPSC is informed of issues and progress made. This can be done through a dashboard which can identify key indicators
- Section 3.2 e of ToR state 'The committee will obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley'. However there is no clear guidance within the ToR on how this will be delivered for primary care
- The Governance structure that is currently in place at the CCG does not enable the PCCC to be informed on quality issues at practices. This could impact on the contractual decisions that are made at the Committee

Summary of Recommendations

	High	Medium	Low	Total
Proposed Actions		6	1	**7**
Agreed		6	1	**7**

Follow-Up

A follow-up exercise will be undertaken during November 2017 to evaluate progress made in respect of issues raised. This will include obtaining documentary evidence to demonstrate that actions agreed as part of this review have been implemented.

The following sections of the report summarise the findings of our review. Each section highlights areas of good practice identified. Where relevant, any control weaknesses identified are outlined, including actions that have been agreed in order to address the associated risks. The matrix used for scoring risks is compliant with the ISO 31000 principles and generic guidelines on risk management. This risk matrix, along with definitions of different opinion levels, is provided at **Appendix A**.

1. Strategic Aims for Primary Care Quality Monitoring

Areas of Good Practice

Our review identified the following arrangements in place to provide the necessary control environment in relation to strategy:

- ✓ The CCG has a Strategic Commissioning Plan 2014-2019 in place with a refresh for 2015 -2019, 'Putting the NHS Five Year View into Action.' The plan is divided into sections on Analysis, Action and Assurance. The Analysis section gives details of the local strategic context for the plan linked with the local needs and national context.
- ✓ The Action section of the plan focuses on improving quality and outcomes, considering the key priorities for the CCG, the management arrangements for delivery and improvement, patient services and enablers including financial planning, patient and public engagement and organisational development. The section also considers how key local and national outcomes will be measured
- ✓ The Assurance section gives details of the governance structure of the CCG and the approach to performance and risk management.
- ✓ The plan incorporates the Primary Care Strategy and Delegated Commissioning within the management arrangements for delivery and improvement. This includes details on 'better quality' with a local QOF for Primary Care which 'has been developed to enable all practices to provide quality services across the range of its contracts'.

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
1.1	The section on patient services within the Strategic Commissioning Plan 2014-2019 gives details of the Quality and Patient Services Committee, stating that 'where it is felt that quality of care is being compromised, this will be escalated to the CCG's Governing Body and through the Quality Assurance Framework. The Quality Assurance Framework describes the CCG's approach to assuring quality in commissioned services and it specifically applies to all commissioned NHS and Independent Providers'. Discussions with the CCG identified that the Quality Assurance Framework has not been formally documented (see also 2.2.1 below).	Quality issues not correctly escalated as approach to assuring quality not documented **Medium (3x3)**	The CCG will formally articulate how the CCG will monitor the quality of services provided and remediate via escalation where necessary **Responsible officer:** Deputy Chief Nurse **Implementation date:** 31st October 2017

2. Controls Arrangements in Place for Primary Care Quality Monitoring

2.1 Contracts

Areas of Good Practice

- ✓ Barnsley CCG has 16 GMS, 17 PMS and 3 APMS practices and all are on the standard NHS contracts. There is a local QOF in place as through the 'Delivering Primary Care at Scale' project with the aim of addressing inequalities and delivering better quality through a local quality framework to enable all practices to provide quality services across the range of its contracts.

- ✓ 2016-17 is Phase 3 of the Barnsley Quality Framework and builds on the requirements of Phase 1 and Phase 2 in terms of the practice participation in the delivery of the service elements, key commitments to local and national priorities and continued engagement and flexibility. The key elements of Phase 3 are;

    - Sustainable Capacity
    - Improved Outcomes
    - Developing wider primary care at "bigger" scale
    - Practice participation in the delivery of the service elements

- ✓ The Framework has 5 outcomes with 3 KPIs for each, these are:

    - Patient, Public and Practice Engagement
    - Safeguarding for GP practices
    - CQC Compliance
    - Addressing Health Inequalities
    - Practice Learning, Training and Development

- ✓ The practices signed up to Phase 3 in April 2016 when 50% of the funding was paid. A mid year report was produced by the practices and they in the process of submitting their year-end reports. There were a number of clinical elements that the practices needed to deliver on:

    - Health Inequalities
    - End of Life Registers
    - Providing Electrocardiograph (ECG) Recordings and interpretation in General Practice
    - Providing an extended (Level 4) primary care based anticoagulation monitoring service
    - Lower Urinary Tract Symptoms in Men
    - Improvements to COPD Management
    - Developing and promoting effective engagement with the practice population
    - Implementation of the Year of Care Model in diabetes and Chronic Obstructive Pulmonary Disorder

We are not making any recommendations in respect of arrangements the CCG has regarding contracting of primary care.

2.2 Standard Operating Procedures

Areas of Good Practice

- ✓ 34 of the practices within the CCG have been inspected by CQC and 33 have been rated as good with only one rated as required improvement. The CCG has identified ways in providing support for this practice to help it to increase its rating at the next inspection.
- ✓ In 2015 the CCG had a programme of practice visits in place which identified notes and issues to be discussed. However no quality visits have taken place in 2016-17 due to the CCG not having a Head of Primary Care in post for the majority of the year.

Areas for Improvement

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
2.2.1	The CCG has had delegated responsibility for primary care commissioning since April 2015. As part of this function the statutory framework includes: • Duty as to improvement in quality of services (section 14R); • Duty in relation to quality of primary medical services (section 14S). To date the CCG has not documented in standard operating procedures how they are going to fulfil this role. The CCG needs to identify and document their approach to primary care quality monitoring, what will be measured, how it will be measured, trigger points for escalation and how this will take place. This should include methods of communication with the practices.	Failure to monitor quality of service delivery could lead to quality issues not being identified. **Medium (3x4)**	Going forward the CCG will build on the NHS England Routine Quality Monitoring Tool for Primary Care by taking into account what the tool recommends is monitored through routine quality monitoring and build on this to adapt a local tool. The tool will specify trigger points to escalate concerns and document a clear process to follow with practices to address the concerns identified. The Q&PS Committee will be asked to formally adopt the tool for utilisation going forward as it does already by principle with all providers. **Responsible officer:** Head of Delivery (Integrated Primary and Out of Hospital Care) **Implementation date:** 31/10/17

2.3 Staff involved in the quality monitoring process collectively have the skills and knowledge to identify areas of concern

Areas of Good Practice

- ✓ The CCG has recently appointed a Head of Primary Care & Out of Hospital Care Delivery & Primary Care Commissioning and Quality Development Manager, who will have responsibility for primary care quality monitoring. The previous Head of Primary Care left in May 2016; there was an interim in post until September but then no one in post until the recent appointment

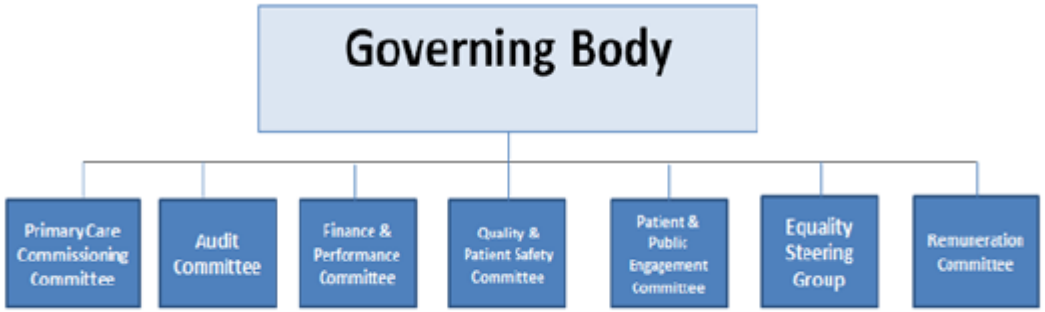
Areas for Improvement

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
2.3.1	There is no evidence of other staff being involved the quality monitoring process that have the skills and knowledge to identify areas of concern. Our work at other clients has identified that a quality and performance review group, with membership from across the CCG, including GP members enables a detailed review of practices with expertise from across the organisation.	Primary care quality monitoring not been actively monitored by staff with the breadth of knowledge within the CCG, for example contracting **Medium (3x3)**	The CCG will consider establishing a sub group to the Quality and Patient Safety Committee with the responsibility for primary care quality monitoring which has members from clinical, quality, contracting and finance backgrounds. This group will support the Primary Care Team with the routine quality monitoring of Primary Care services and will escalate issues by following the Quality Monitoring tool escalation process discussed in 2.21. **Responsible officer:** Head of Delivery (Integrated Primary and Out of Hospital Care) **Implementation date:** 31/10/17

3. Governance Arrangements for Primary Care Quality Monitoring

Areas of Good Practice

✓ The CCG's Strategic Plan details the high level governance structure for the CCG as follows:



✓ The Committees with responsibility regarding primary care are:

- The Primary Care Commissioning Committee (PCCC). The Strategic Plan describes this Committee's role as '(making) collective decisions on the review, planning and procurement of primary care medical services in Barnsley, including functions under delegated authority from NHS England'. Initially this Committee had responsibility for quality monitoring in primary care, but the minutes of the March 2016 meeting confirm that responsibility would pass to the Quality and Patient Safety Committee.
- The Quality and Patient Safety Committee (QPSC) whose role is 'advises the Governing Body with a view to ensuring that effective quality arrangements underpin all services commissioned on behalf of the CCG, regulatory requirements are met and safety is continually improved to deliver a better patient experience'. It meets at least 8 times a year.

✓ The Terms of Reference of the QPSC confirms that they will 'obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley.'

✓ The minutes of each meeting document that the meetings were quorate.

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
3.1	There are no formalised systems for monitoring primary care quality to ensure the QPSC is informed of issues and progress made. The minutes of the PCCC confirm that a dashboard was being developed in 2015-16 to capture quality issues; it got to the stage of being discussed with the Practice Managers Group and a Practice Managers Development Group. Work was continuing. The March 2016 minutes stated that the development of the dashboard was still ongoing and would be presented to the Quality and Patient Safety Committee following an amendment of the reporting process of quality issues in Primary Care. However, review of the QPSC minutes confirm that it was not taken to the Committee and no further progress has been made.	Without effective scrutiny of quality monitoring data and other intelligence there is a risk of quality issues not being identified **Medium (3x3)**	The CCG will develop mechanism to capture primary care quality issues and present it or the findings to the QPSC. The tool will be developed in co-production with its member practices and based on tools and dashboards that are currently in use within other local CCG's. **Responsible officer:** Head of Delivery (Integrated Primary and Out of Hospital Care) **Implementation date:** 31/10/17
3.2	As detailed above the role of the QPSC is to obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley. A review of the minutes for the committee between May 2016 and January 2017 identified that there were three occasions when discussions took place that focused on primary care quality monitoring, as follows: May 2016 – visits within primary care June 2016 – primary care complaints January 2017 – CQC scores Section 3.2 e of ToR state 'The committee will obtain and provide to the Governing Body assurance regarding the quality and safety of primary medical care services in Barnsley'. However there is no clear guidance within the ToR on how this will be delivered for primary care. It is therefore unclear whether the three occasions that the Committee received some form of assurance on quality in primary care were what was expected and/or required in line with its Terms of Reference.	QPSC is not fulfilling its role regarding primary care quality monitoring. **Medium (3x3)**	The QPSC will undertake a review of effectiveness and a review of the Committee's Agendas and Terms of Reference will also be undertaken to ensure that Primary Care Reports feature on the agenda and clear actions are captured with regards to receiving assurance or escalating concerns to the Governing Body. **Responsible officer:** Head of Delivery (Integrated Primary and Out of Hospital Care)/Deputy Chief Nurse **Implementation date:** 31/10/17

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
3.3	The Terms of Reference states 'The Committee will agree a clear escalation process, with the governing body, including appropriate trigger points to enable appropriate engagement of the Clinical Commissioning Group and external bodies on areas of concern'. Testing of minutes has identified items that need to be escalated have been included in the highlights report, but there is no evidence that a 'clear escalation process' has been agreed and documented which identifies the triggers for escalation	Risks and issues are not being escalated as required **Low (2x3)**	The Terms of Reference will be reviewed and a clear articulation of the escalation process for concerns from QPSC to the Governing Body will be documented. **Responsible officer:** Head of Delivery (Integrated Primary and Out of Hospital Care)/Deputy Chief Nurse **Implementation date:** 31/10/17
3.4	The Governance structure that is currently in place at the CCG does not enable the PCCC to be informed on quality issues at practices. This could impact on the contractual decisions that are made at the Committee	PCCC not informed about quality that impact on contractual decisions **Medium (3x3)**	The Governance and reporting structure for Primary Care Quality Monitoring will be reviewed in light of the above recommendations to ensure that the PCCC is informed around the quality impact on contractual decisions. The CCG will develop a process to ensure that the PCCC is informed about the impact on quality through contractual decisions. NB the Chair of PCCC sits on QPSC and the Chair of QPSC sits on PCCC. **Responsible officer:** Head of Delivery (Integrated Primary and Out of Hospital Care) **Implementation date:** 31st October 2017

Appendix A – Risk Matrix & Opinion Levels

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

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

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

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

Audit Opinions
Full Assurance can be provided that the system of internal control has been effectively designed to meet the system's objectives, and controls are consistently applied in all areas reviewed.
Significant Assurance can be provided that there is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.
Limited Assurance can be provided as weaknesses in the design or inconsistent application of controls put the achievement of the system's objectives at risk in the areas reviewed.
No Assurance can be provided as weaknesses in control, or consistent non-compliance with key controls, could result [*have resulted*] in failure to achieve the system's objectives in the areas reviewed.

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

GP PATIENT SURVERY RESULTS

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Catherine Wormstone	Senior Primary Care Commissioning Manager
Author	Lynne Richards	Primary Care Commissioning and Quality Development Manager

3. EXECUTIVE SUMMARY

The GP Patient Survey is an annual independent survey run by Ipsos MORI on behalf of NHS England. The GP Patient Survey is designed to give patients the opportunity to feed back about their experiences of their GP surgery and is sent out each year in January.

The survey results for 2017 were published in July and are included at Appendix A. Although the results of the survey are already publically available, the CCG has undertaken an analysis to compare the results from the survey from 2016 to 2017, the comparison can be found at Appendix B.

The results of the survey have been shared with practices and where there were recurrent themes, these have been discussed directly with individual practices. The information has been presented in a locality format so that this can also help to gain a picture of access across Barnsley but also to facilitate conversations and strategic planning for access improvements.

The information will be used to support planning and delivery of access initiatives through GP Forward View and Barnsley Healthcare Federation. The CCG is helping to support practices by commissioning a Capacity and Demand tool and Care Navigation Training (First Port of Call Plus).

4.	**THE COMMITTEE IS ASKED TO:**
	• Note the content of the 2017 survey and the comparison with 2016 results
5.	**APPENDICES**
	• GP Patient Survey Report – 2016/17 Comparison • 2017 GP Patient Survey Slide Pack for Barnsley

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

GP Patient Survey

NHS Barnsley CCG, Network and Practice comparison of 2016 and 2017 survey results

Contents:

GP Survey Project 2017

Overall, experience of making an appointment:

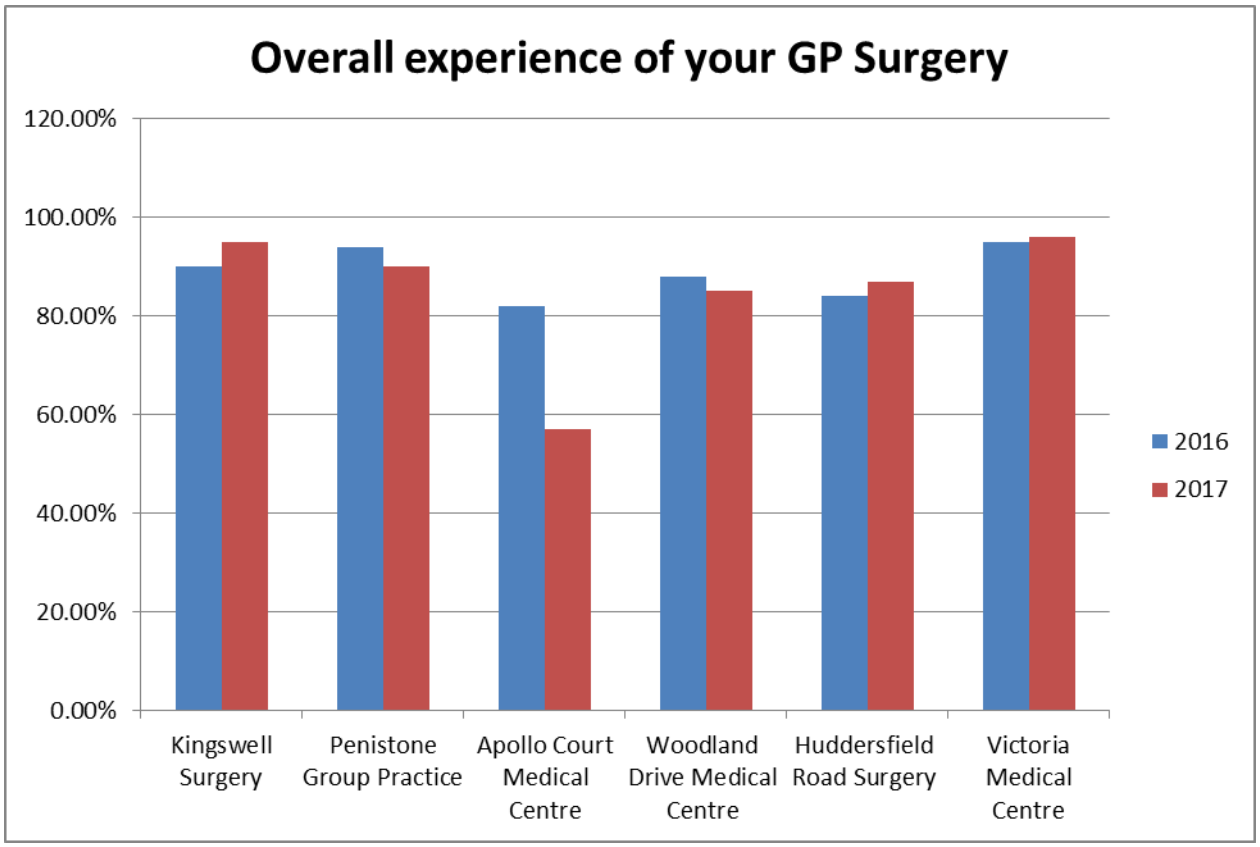
Waiting times at the GP Surgery:

Did you have confidence and trust in the GP you saw or spoke to?:

Did you have confidence and trust in the Nurse you saw or spoke to?:

GP Survey Project 2017

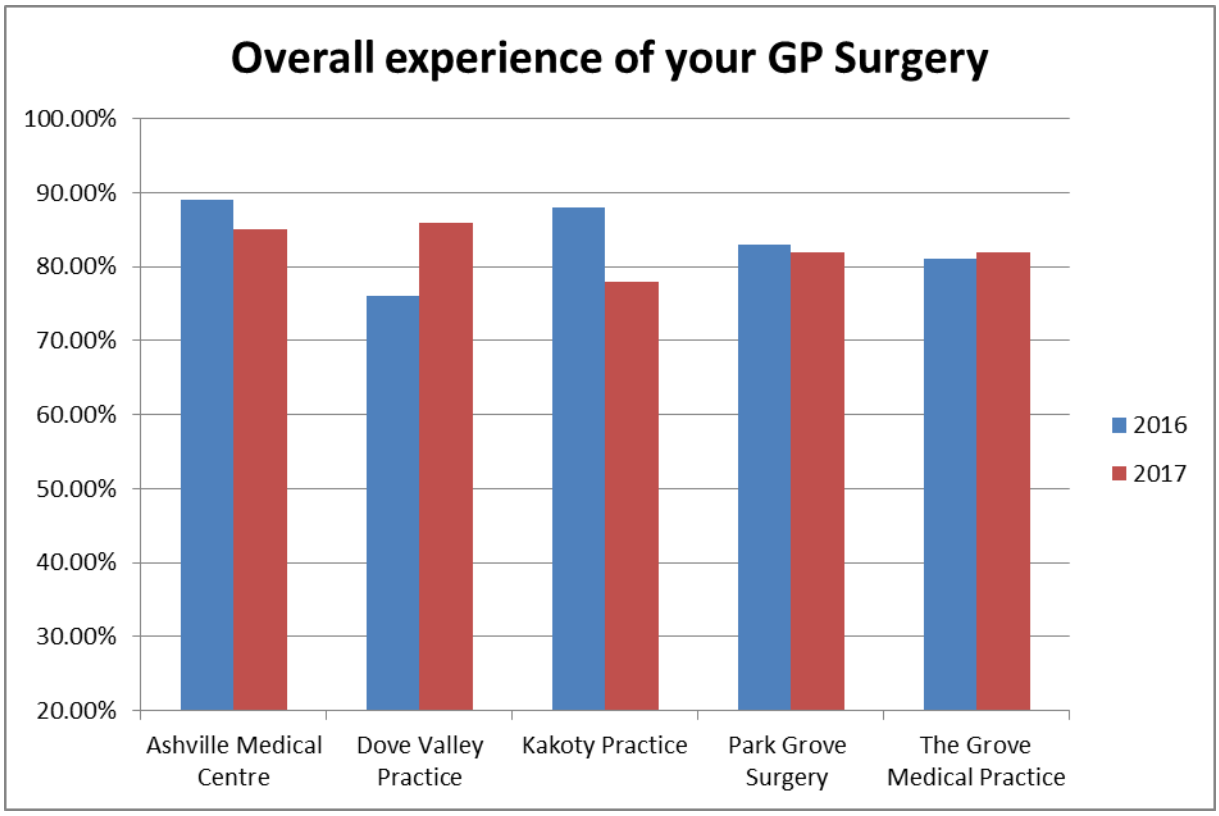
Overall experience of your GP Surgery



Penistone Locality Practices	2016	2017
Kingswell Surgery	90.00%	**95.00%**
Penistone Group Practice	94.00%	**90.00%**
Apollo Court Medical Centre	82.00%	**57.00%**
Woodland Drive Medical Centre	88.00%	**85.00%**
Huddersfield Road Surgery	84.00%	**87.00%**
Victoria Medical Centre	95.00%	**96.00%**

GP Survey Project 2017

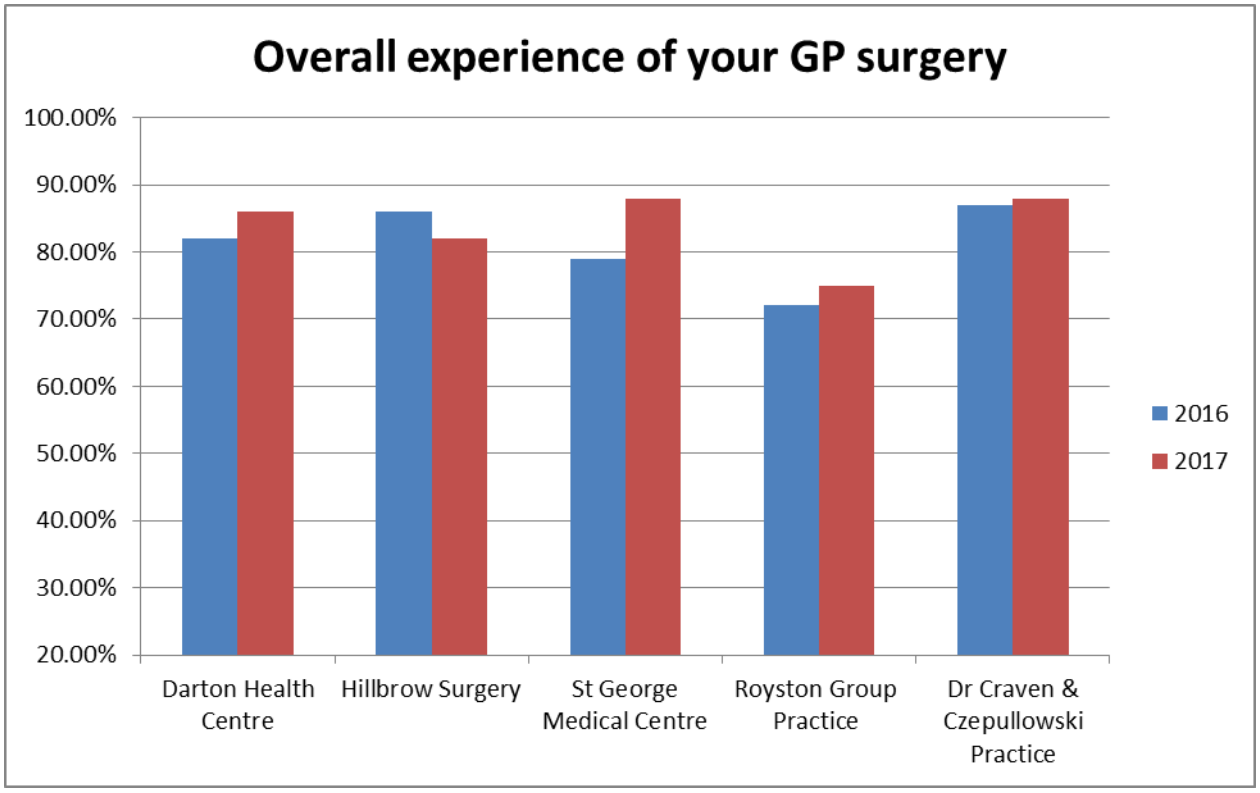
Overall experience of your GP Surgery



Central Locality Practices	2016	2017
Ashville Medical Centre	89.00%	**85.00%**
Dove Valley Practice	76.00%	**86.00%**
Kakoty Practice	88.00%	**78.00%**
Park Grove Surgery	83.00%	**82.00%**
The Grove Medical Practice	81.00%	**82.00%**

GP Survey Project 2017

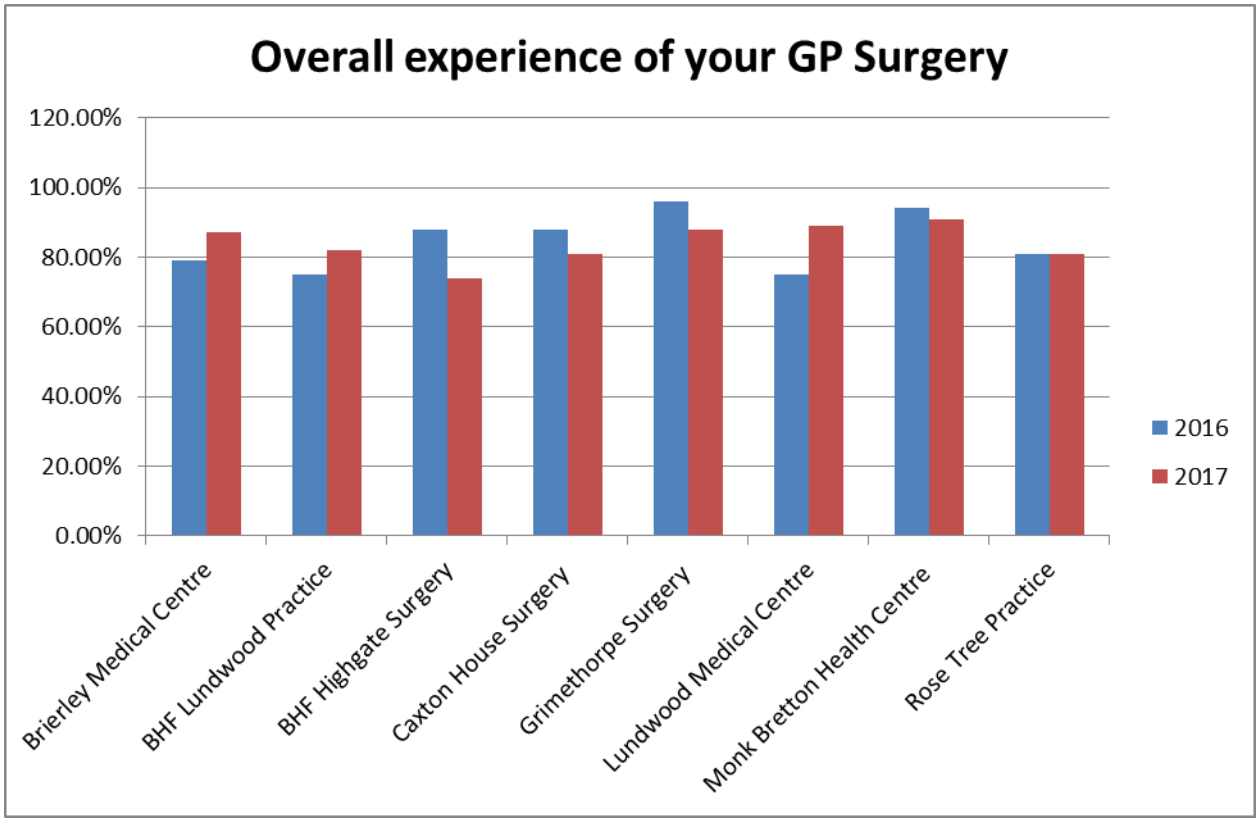
Overall experience of your GP Surgery



North Locality Practices	2016	2017
Darton Health Centre	82.00%	**86.00%**
Hillbrow Surgery	86.00%	**82.00%**
St George Medical Centre	79.00%	**88.00%**
Royston Group Practice	72.00%	**75.00%**
Dr Craven & Czepullowski Practice	87.00%	**88.00%**

GP Survey Project 2017

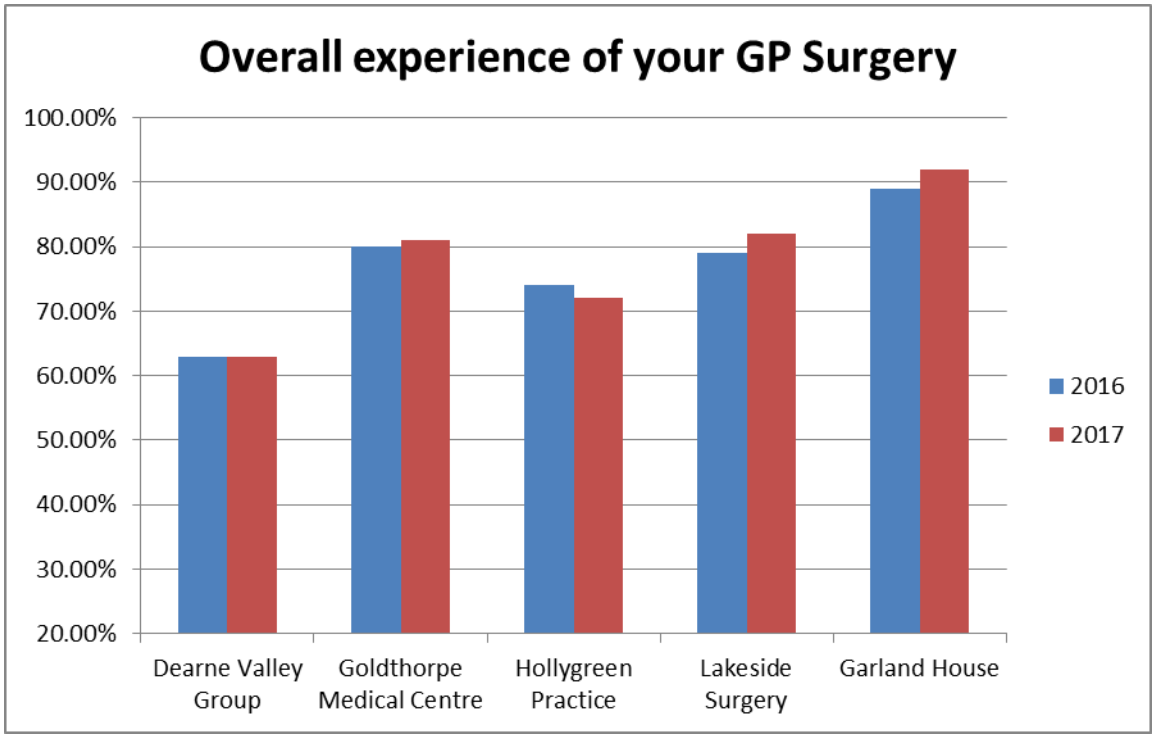
Overall experience of your GP Surgery



North East Locality Practices	2016	2017
Brierley Medical Centre	79.00%	87.00%
BHF Lundwood Practice	75.00%	82.00%
BHF Highgate Surgery	88.00%	74.00%
Caxton House Surgery	88.00%	81.00%
Grimethorpe Surgery	96.00%	88.00%
Lundwood Medical Centre	75.00%	89.00%
Monk Bretton Health Centre	94.00%	91.00%
Rose Tree Practice	81.00%	81.00%

GP Survey Project 2017

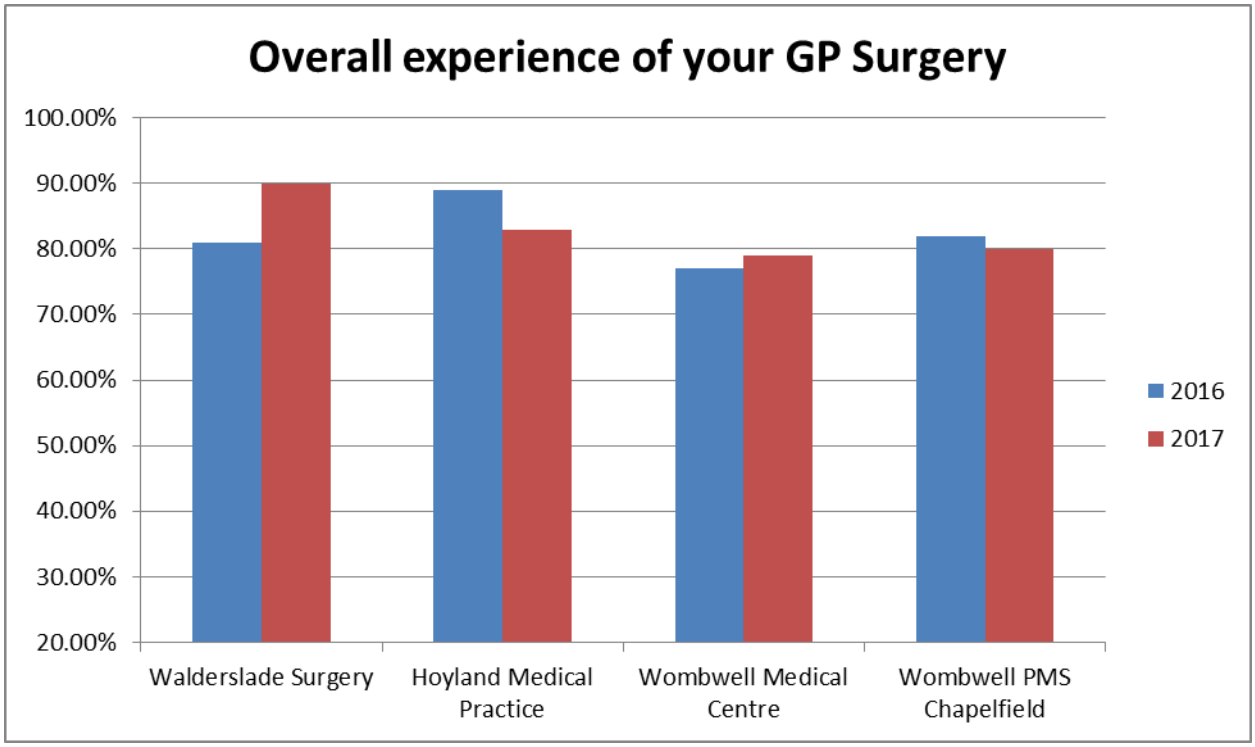
Overall experience of your GP Surgery



Dearne Locality Practices	2016	2017
Dearne Valley Group	63.00%	**63.00%**
Goldthorpe Medical Centre	80.00%	**81.00%**
Hollygreen Practice	74.00%	**72.00%**
Lakeside Surgery	79.00%	**82.00%**
Garland House	89.00%	**92.00%**

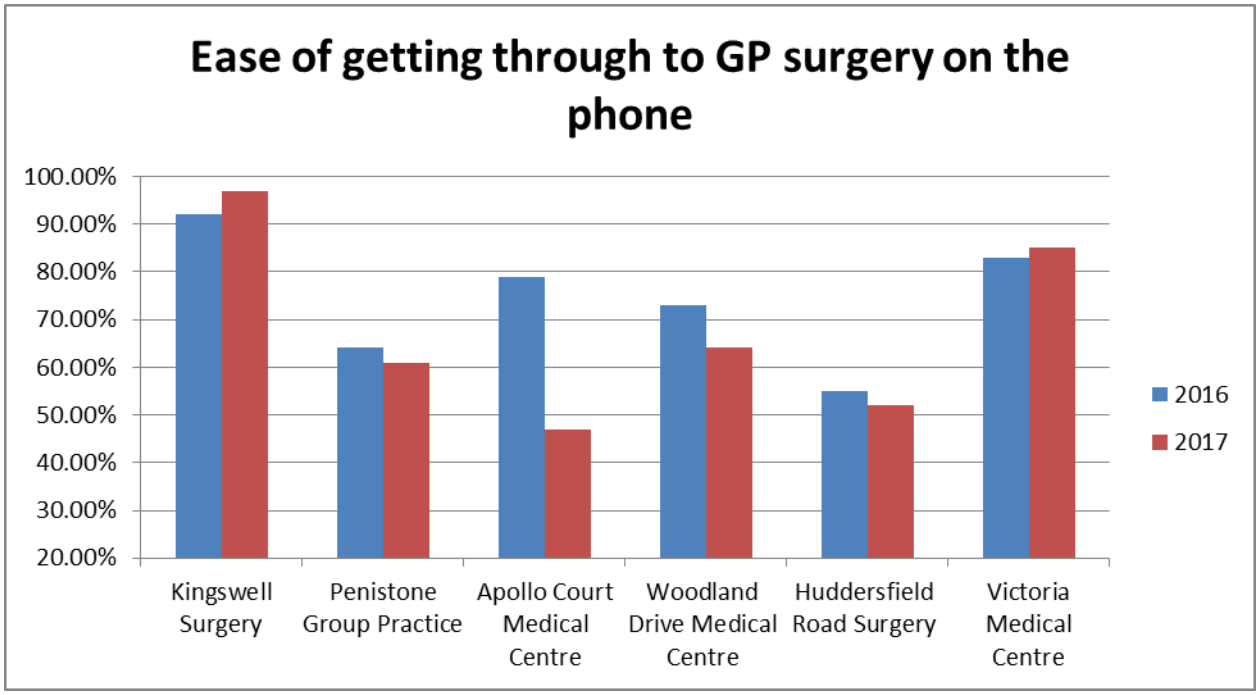
GP Survey Project 2017

Overall experience of your GP Surgery



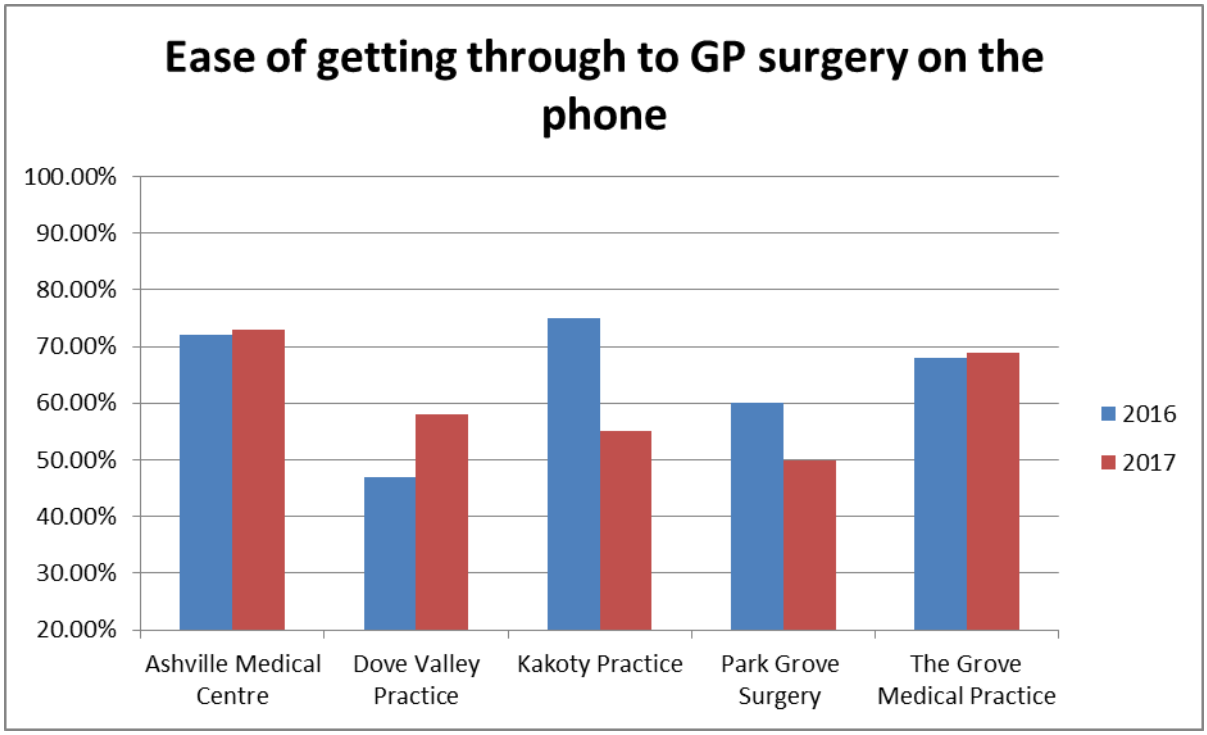
South Locality Practices	2016	2017
Walderslade Surgery	81.00%	**90.00%**
Hoyland Medical Practice	89.00%	**83.00%**
Wombwell Medical Centre	77.00%	**79.00%**
Wombwell PMS Chapelfield	82.00%	**80.00%**

Ease of getting through to your GP surgery on the phone



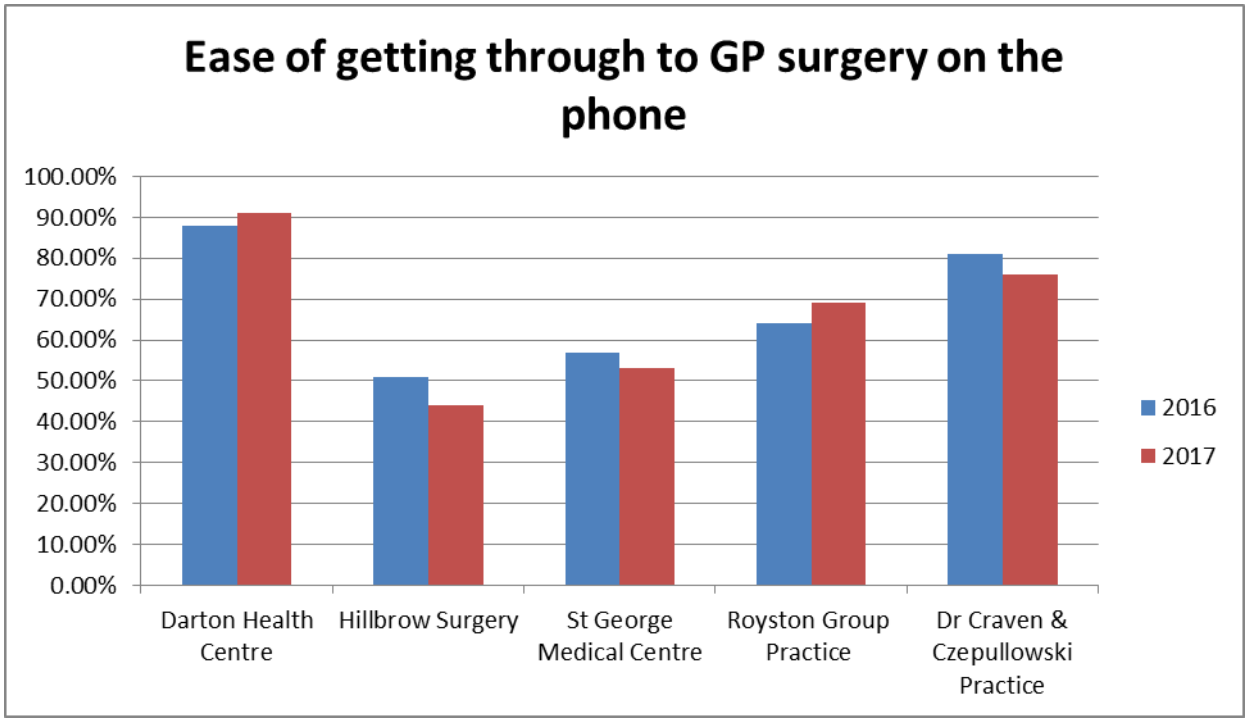
Penistone Locality Practices	2016	2017
Kingswell Surgery	92.00%	**97.00%**
Penistone Group Practice	64.00%	**61.00%**
Apollo Court Medical Centre	79.00%	**47.00%**
Woodland Drive Medical Centre	73.00%	**64.00%**
Huddersfield Road Surgery	55.00%	**52.00%**
Victoria Medical Centre	83.00%	**85.00%**

Ease of getting through to your GP surgery on the phone



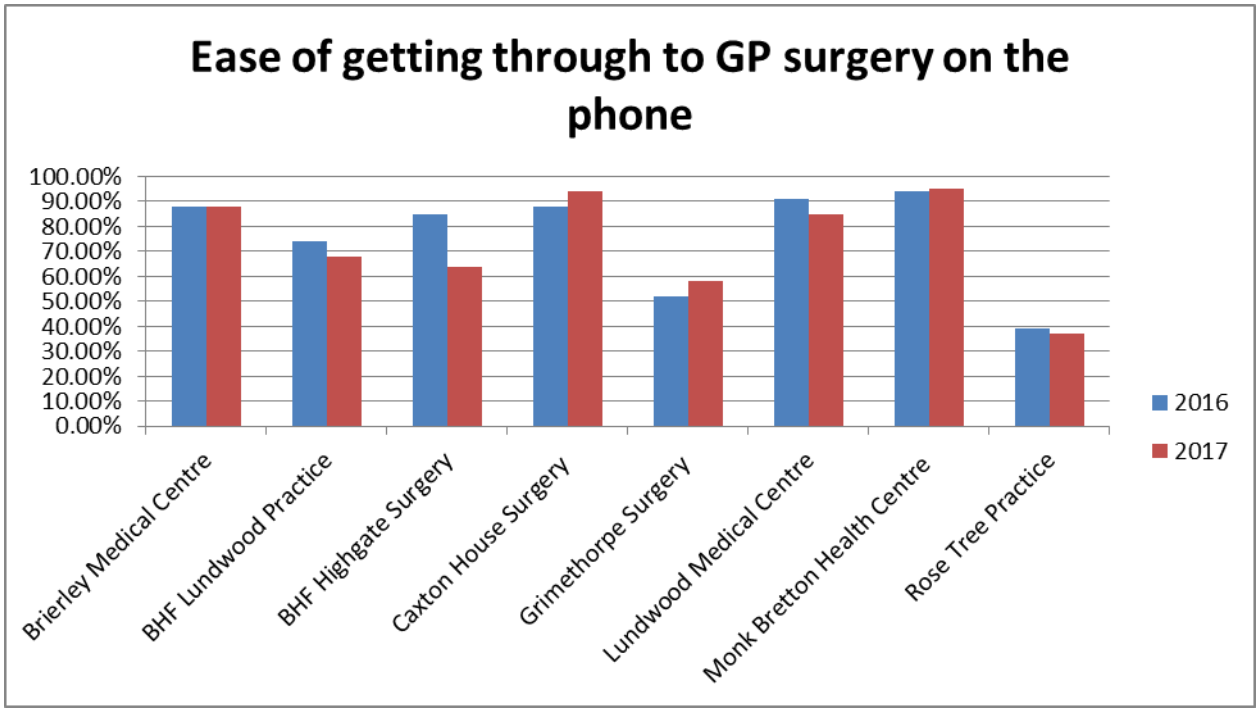
Central Locality Practices	2016	2017
Ashville Medical Centre	72.00%	**73.00%**
Dove Valley Practice	47.00%	**58.00%**
Kakoty Practice	75.00%	**55.00%**
Park Grove Surgery	60.00%	**50.00%**
The Grove Medical Practice	68.00%	**69.00%**

Ease of getting through to your GP surgery on the phone



North Locality Practices	2016	2017
Darton Health Centre	88.00%	**91.00%**
Hillbrow Surgery	51.00%	**44.00%**
St George Medical Centre	57.00%	**53.00%**
Royston Group Practice	64.00%	**69.00%**
Dr Craven & Czepullowski Practice	81.00%	**76.00%**

Ease of getting through to your GP surgery on the phone



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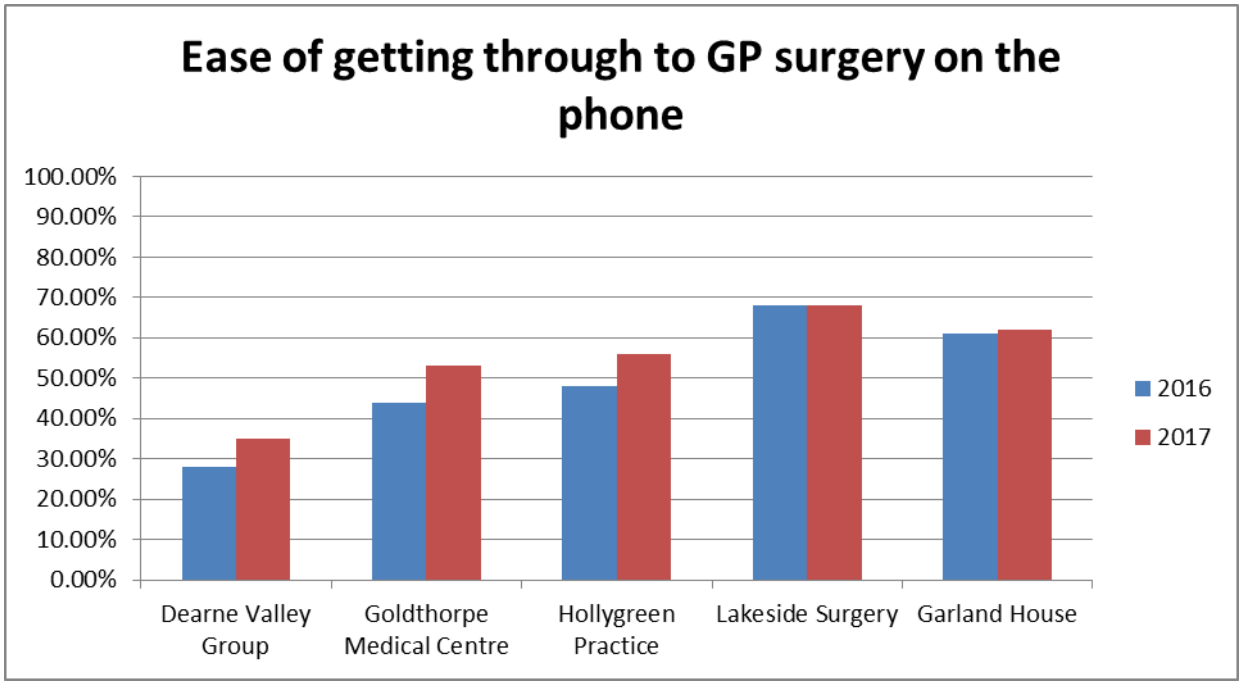
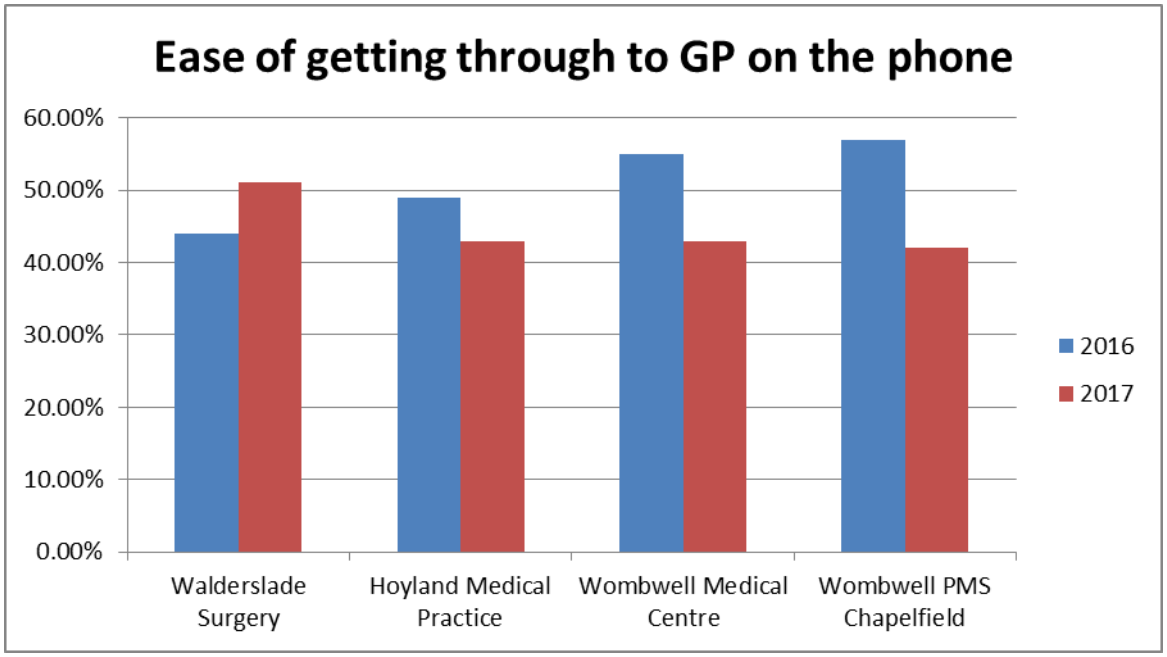
Caxton House Surgery	88.00%	94.00%
Grimethorpe Surgery	52.00%	58.00%
Lundwood Medical Centre	91.00%	85.00%
Monk Bretton Health Centre	94.00%	95.00%
Rose Tree Practice	39.00%	37.00%

Ease of getting through to your GP surgery on the phone



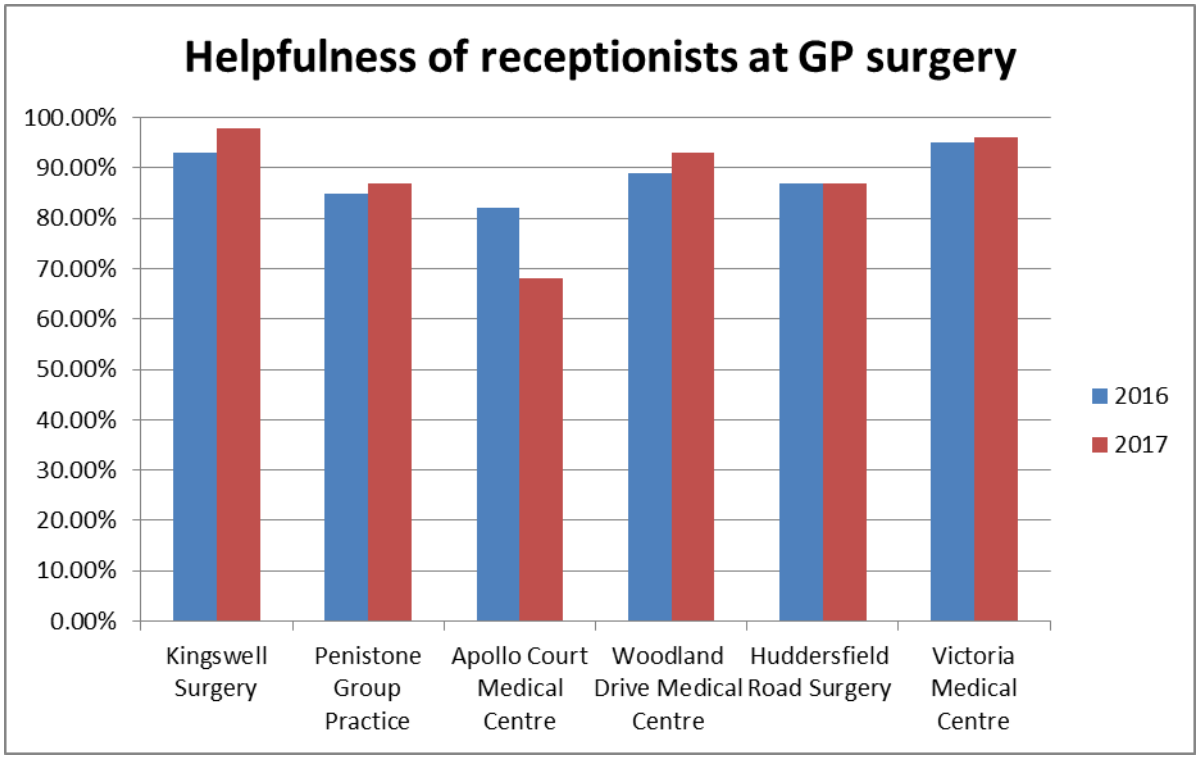
Dearne Locaility Practices	2016	2017
Dearne Valley Group	28.00%	**35.00%**
Goldthorpe Medical Centre	44.00%	**53.00%**
Hollygreen Practice	48.00%	**56.00%**
Lakeside Surgery	68.00%	**68.00%**
Garland House	61.00%	**62.00%**

Ease of getting through to your GP surgery on the phone



South Locality Practices	2016	2017
Walderslade Surgery	44.00%	**51.00%**
Hoyland Medical Practice	49.00%	**43.00%**
Wombwell Medical Centre	55.00%	**43.00%**
Wombwell PMS Chapelfield	57.00%	**42.00%**

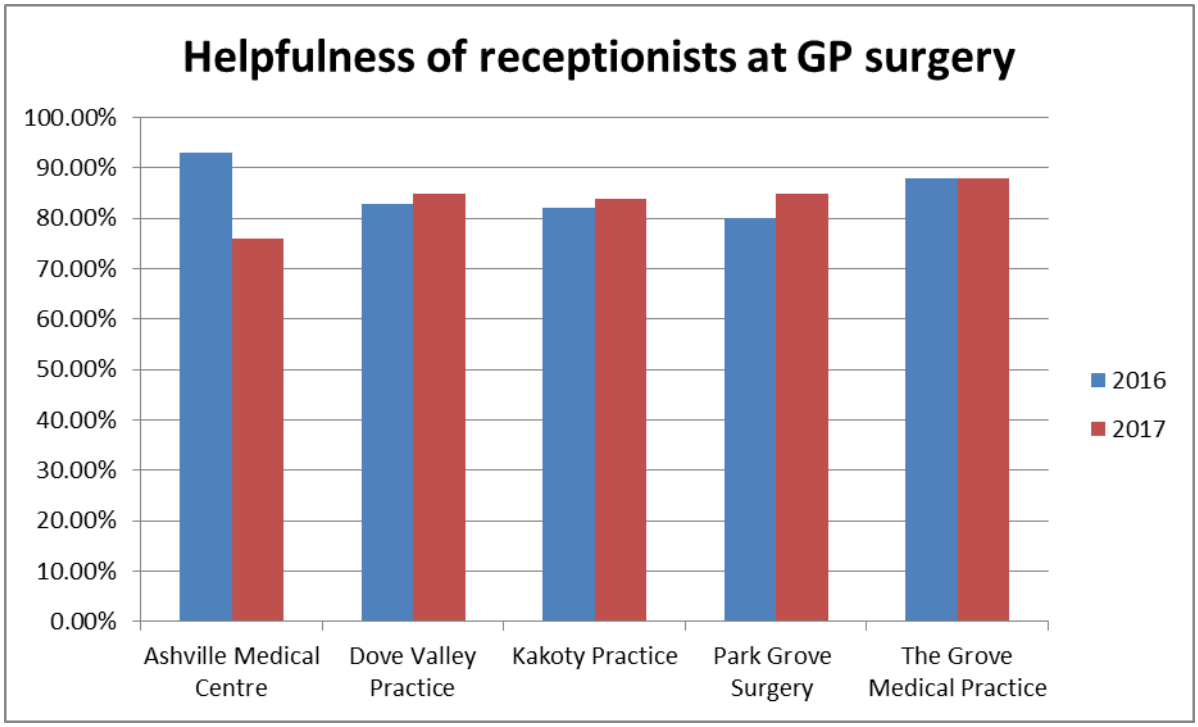
Helpfulness of receptionists at GP surgery



Penistone Locality Practices	2016	2017
Kingswell Surgery	93.00%	**98.00%**
Penistone Group Practice	85.00%	**87.00%**
Apollo Court Medical Centre	82.00%	**68.00%**
Woodland Drive Medical Centre	89.00%	**93.00%**
Huddersfield Road Surgery	87.00%	**87.00%**
Victoria Medical Centre	95.00%	**96.00%**

GP Survey Project 2017

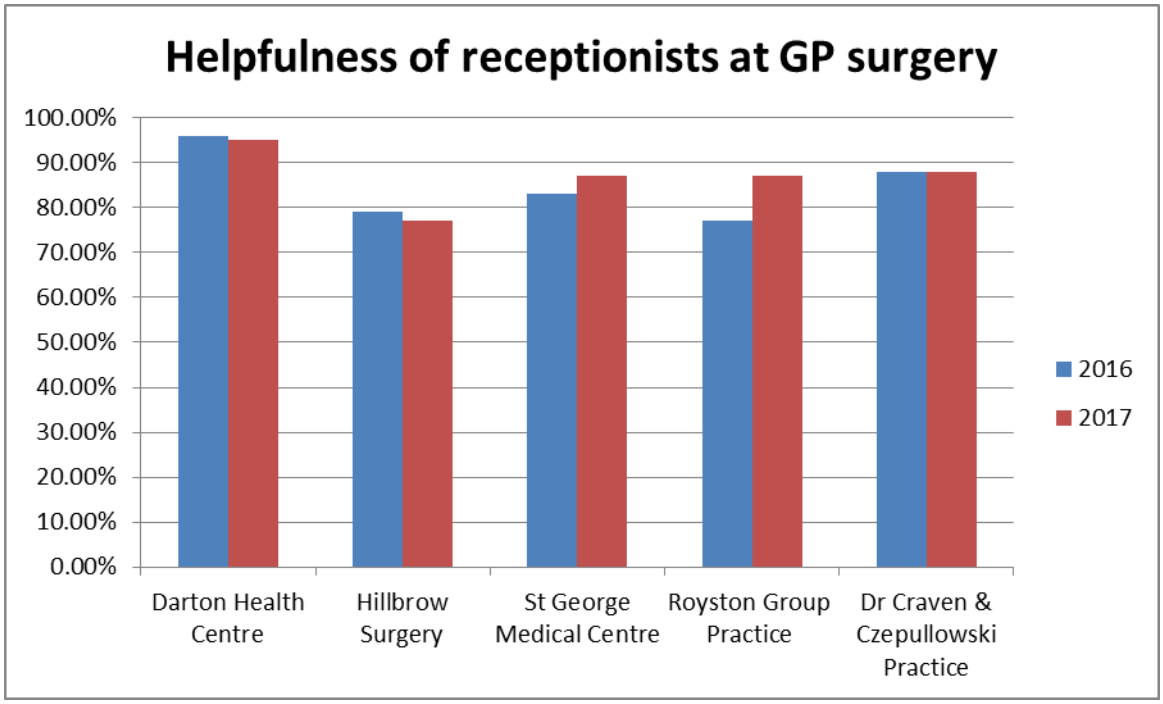
Helpfulness of receptionists at GP surgery



Central Locality Practices	2016	2017
Ashville Medical Centre	93.00%	**76.00%**
Dove Valley Practice	83.00%	**85.00%**
Kakoty Practice	82.00%	**84.00%**
Park Grove Surgery	80.00%	**85.00%**
The Grove Medical Practice	88.00%	**88.00%**

GP Survey Project 2017

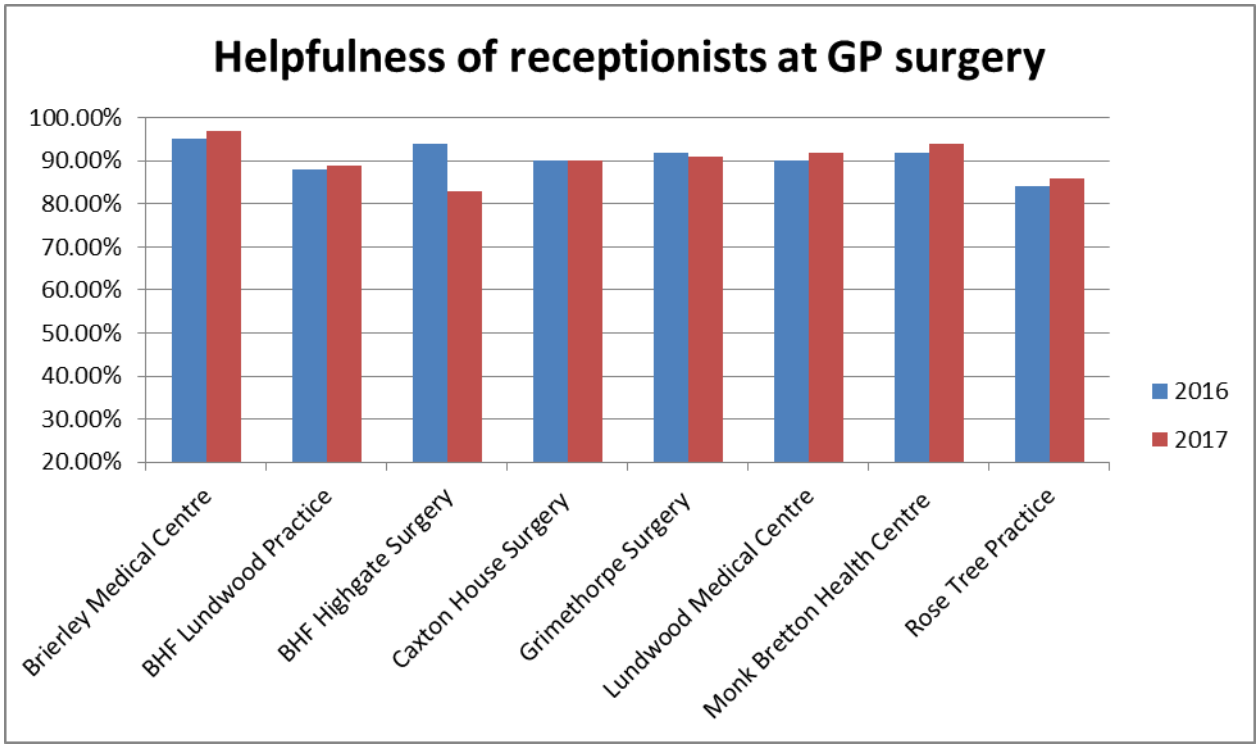
Helpfulness of receptionists at GP surgery



North Locality Practices	2016	2017
Darton Health Centre	96.00%	**95.00%**
Hillbrow Surgery	79.00%	**77.00%**
St George Medical Centre	83.00%	**87.00%**
Royston Group Practice	77.00%	**87.00%**
Dr Craven & Czepullowski Practice	88.00%	**88.00%**

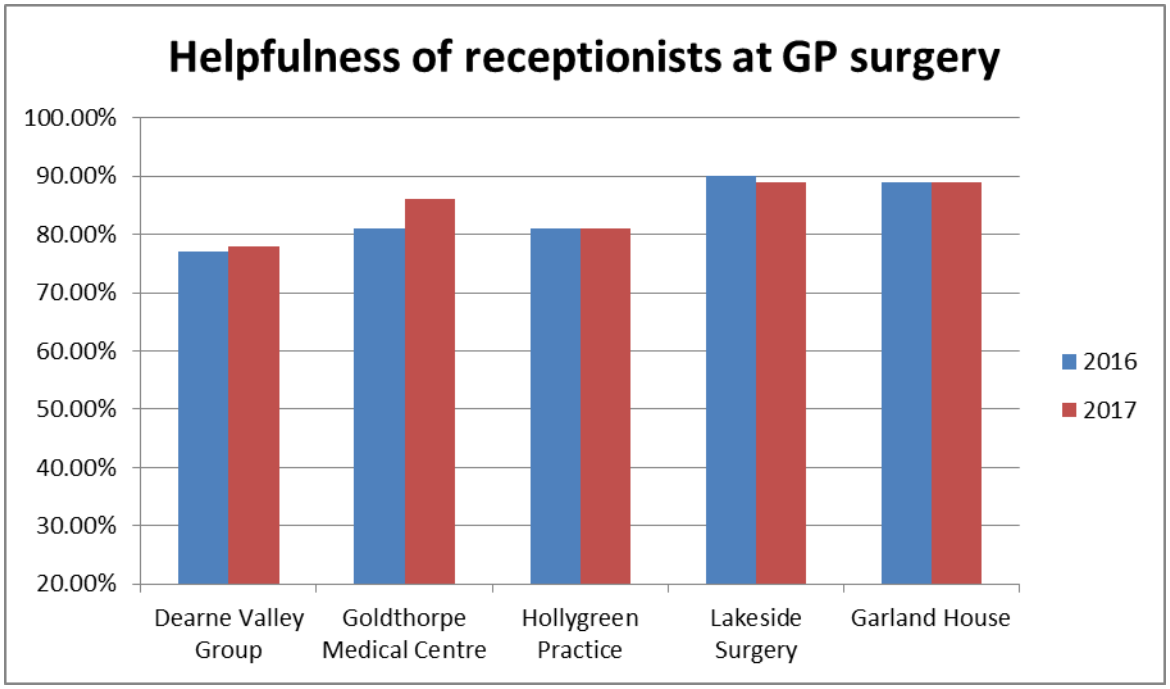
GP Survey Project 2017

Helpfulness of receptionists at GP surgery



North East Locality Practices	2016	2017
Brierley Medical Centre	95.00%	**97.00%**
BHF Lundwood Practice	88.00%	**89.00%**
BHF Highgate Surgery	94.00%	**83.00%**
Caxton House Surgery	90.00%	**90.00%**
Grimethorpe Surgery	92.00%	**91.00%**
Lundwood Medical Centre	90.00%	**92.00%**
Monk Bretton Health Centre	92.00%	**94.00%**
Rose Tree Practice	84.00%	**86.00%**

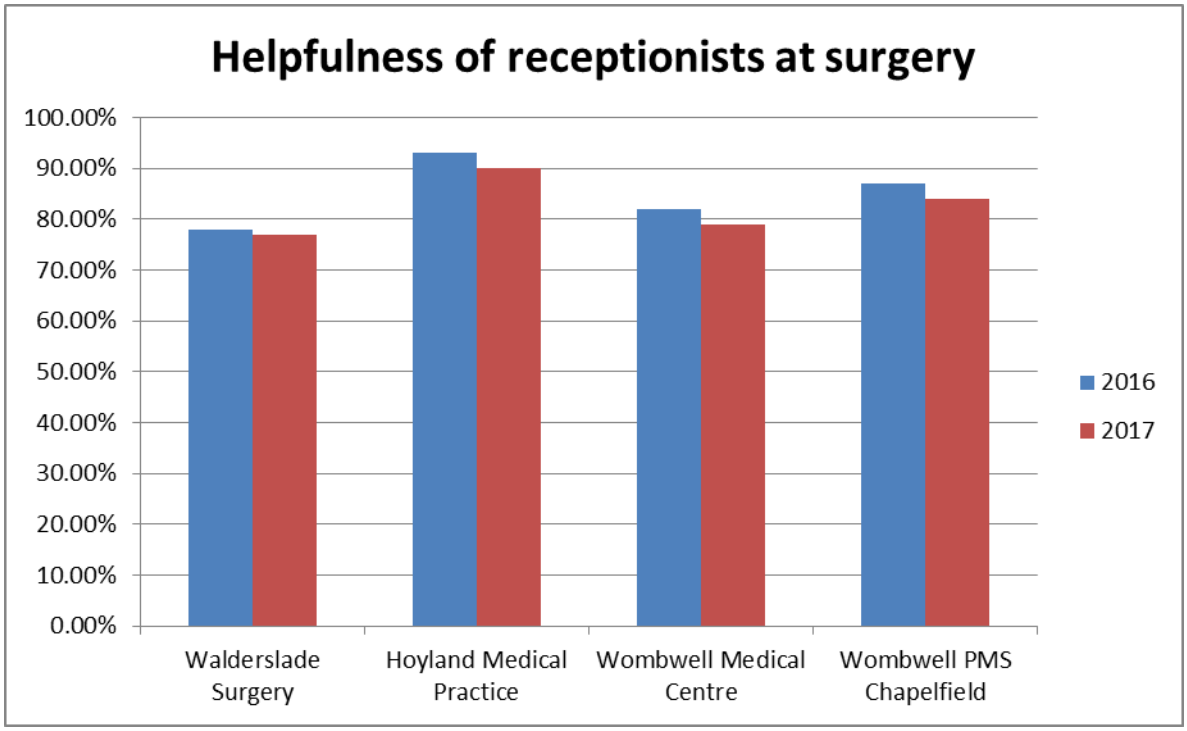
Helpfulness of receptionists at GP surgery



Dearne Locality Practices	2016	2017
Dearne Valley Group	77.00%	**78.00%**
Goldthorpe Medical Centre	81.00%	**86.00%**
Hollygreen Practice	81.00%	**81.00%**
Lakeside Surgery	90.00%	**89.00%**
Garland House	89.00%	**89.00%**

GP Survey Project 2017

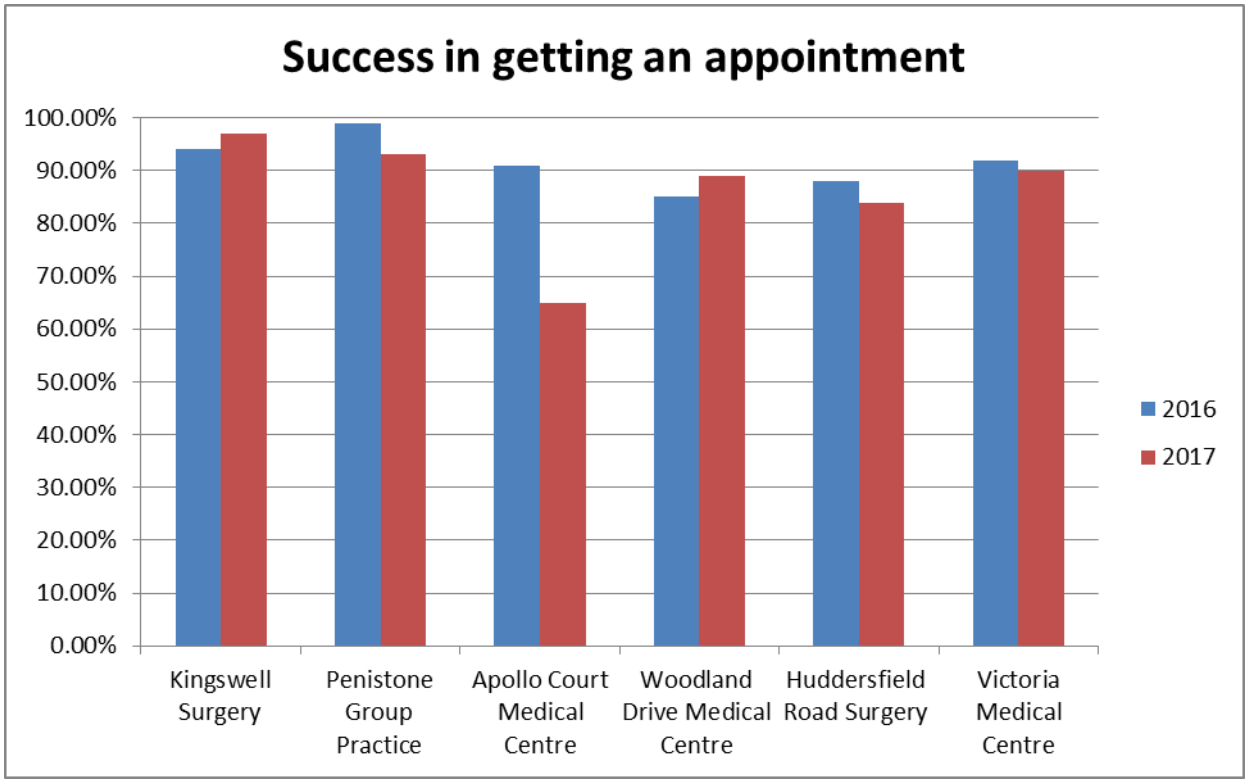
Helpfulness of receptionists at GP surgery



South Locality Practices	2016	2017
Walderslade Surgery	78.00%	**77.00%**
Hoyland Medical Practice	93.00%	**90.00%**
Wombwell Medical Centre	82.00%	**79.00%**
Wombwell PMS Chapelfield	87.00%	**84.00%**

GP Survey Project 2017

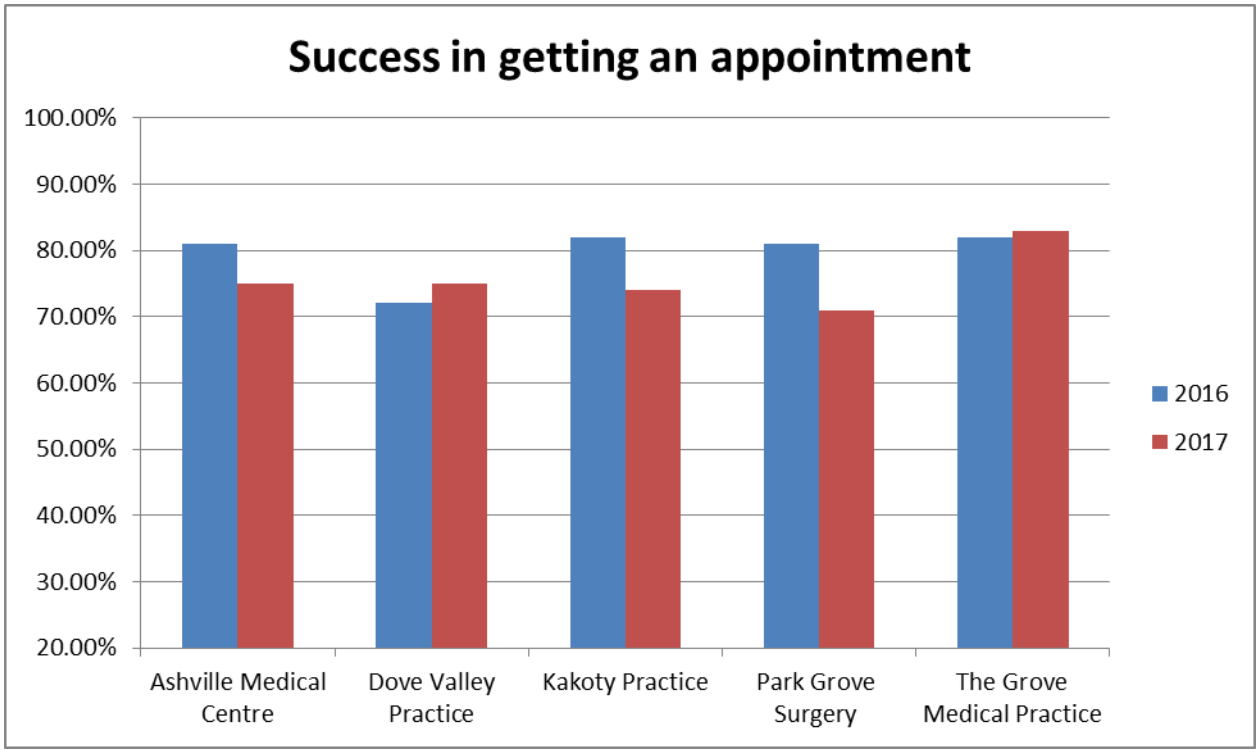
Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



Penistone Locality Practices	2016	2017
Kingswell Surgery	94.00%	**97.00%**
Penistone Group Practice	99.00%	**93.00%**
Apollo Court Medical Centre	91.00%	**65.00%**
Woodland Drive Medical Centre	85.00%	**89.00%**
Huddersfield Road Surgery	88.00%	**84.00%**
Victoria Medical Centre	92.00%	**90.00%**

GP Survey Project 2017

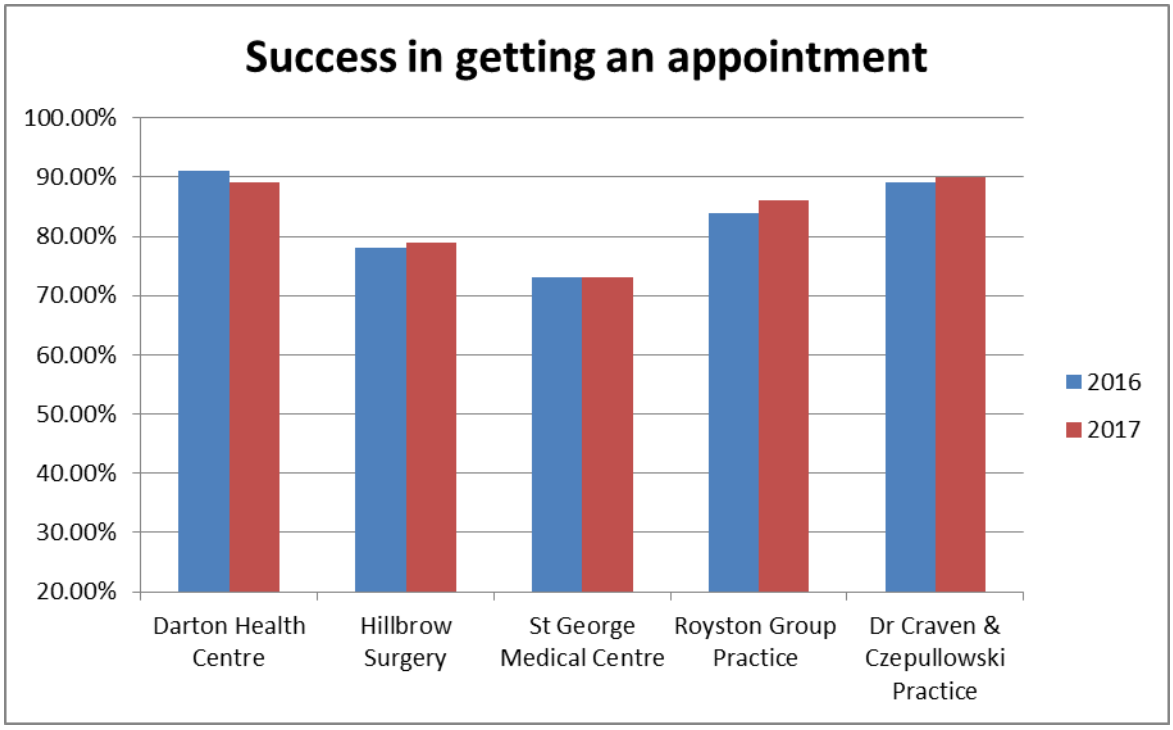
Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



Central Locality Practices	2016	2017
Ashville Medical Centre	81.00%	**75.00%**
Dove Valley Practice	72.00%	**75.00%**
Kakoty Practice	82.00%	**74.00%**
Park Grove Surgery	81.00%	**71.00%**
The Grove Medical Practice	82.00%	**83.00%**

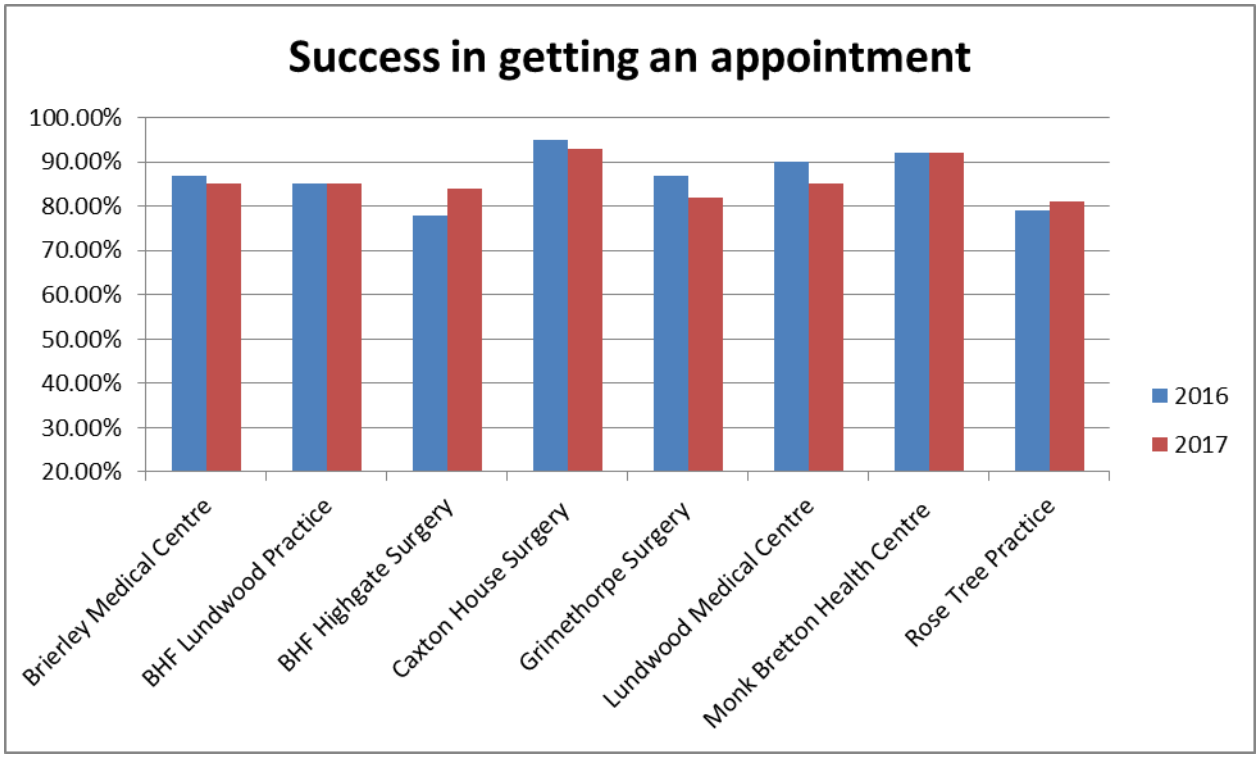
GP Survey Project 2017

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



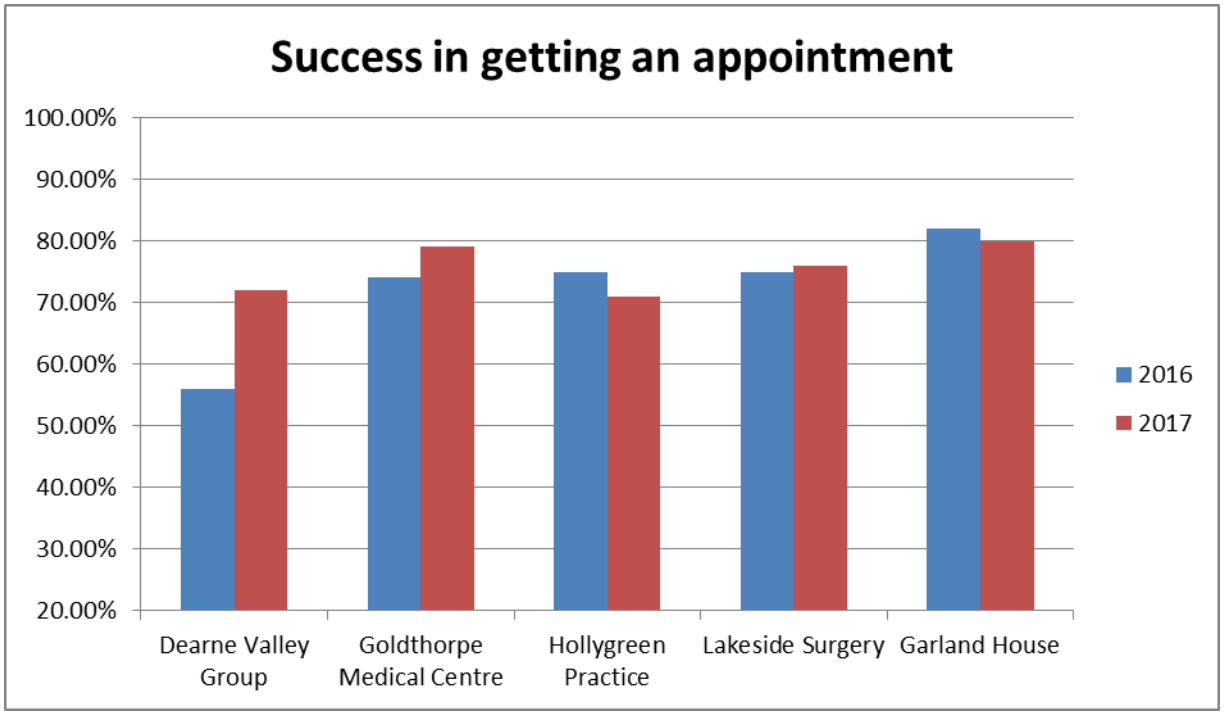
North Locality Practices	2016	2017
Darton Health Centre	91.00%	**89.00%**
Hillbrow Surgery	78.00%	**79.00%**
St George Medical Centre	73.00%	**73.00%**
Royston Group Practice	84.00%	**86.00%**
Dr Craven & Czepullowski Practice	89.00%	**90.00%**

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



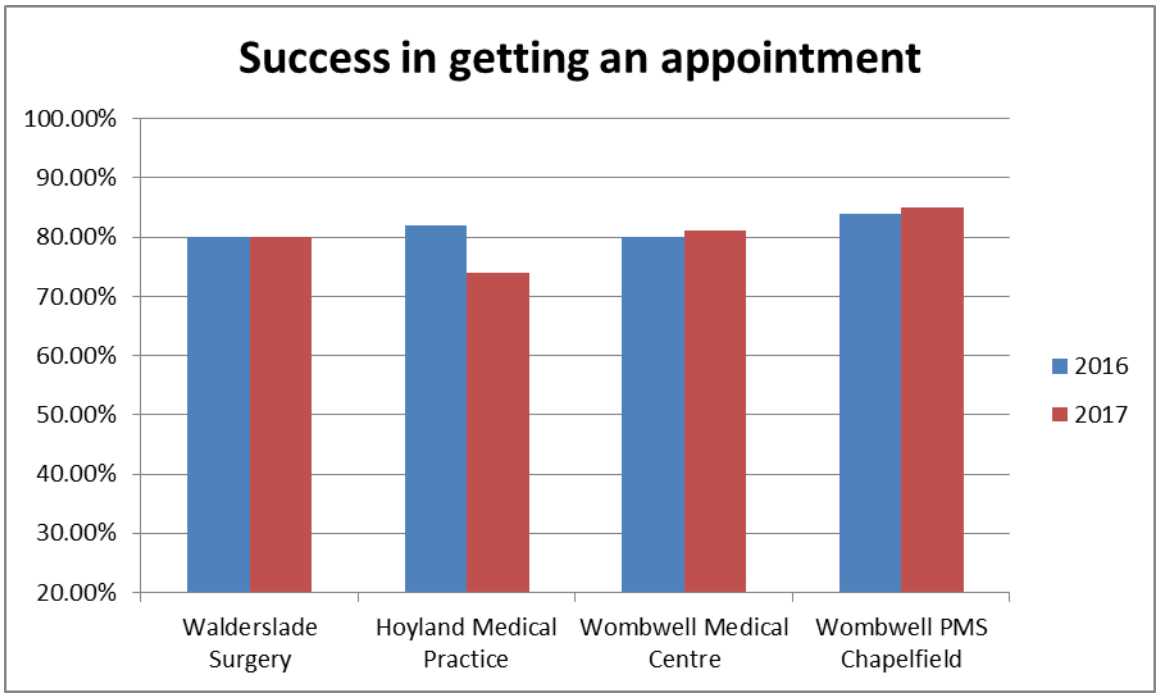
North East Locality Practices	2016	2017
Brierley Medical Centre	87.00%	**85.00%**
BHF Lundwood Practice	85.00%	**85.00%**
BHF Highgate Surgery	78.00%	**84.00%**
Caxton House Surgery	95.00%	**93.00%**
Grimethorpe Surgery	87.00%	**82.00%**
Lundwood Medical Centre	90.00%	**85.00%**
Monk Bretton Health Centre	92.00%	**92.00%**
Rose Tree Practice	79.00%	**81.00%**

Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



Dearne Locality Practices	2016	2017
Dearne Valley Group	56.00%	**72.00%**
Goldthorpe Medical Centre	74.00%	**79.00%**
Hollygreen Practice	75.00%	**71.00%**
Lakeside Surgery	75.00%	**76.00%**
Garland House	82.00%	**80.00%**

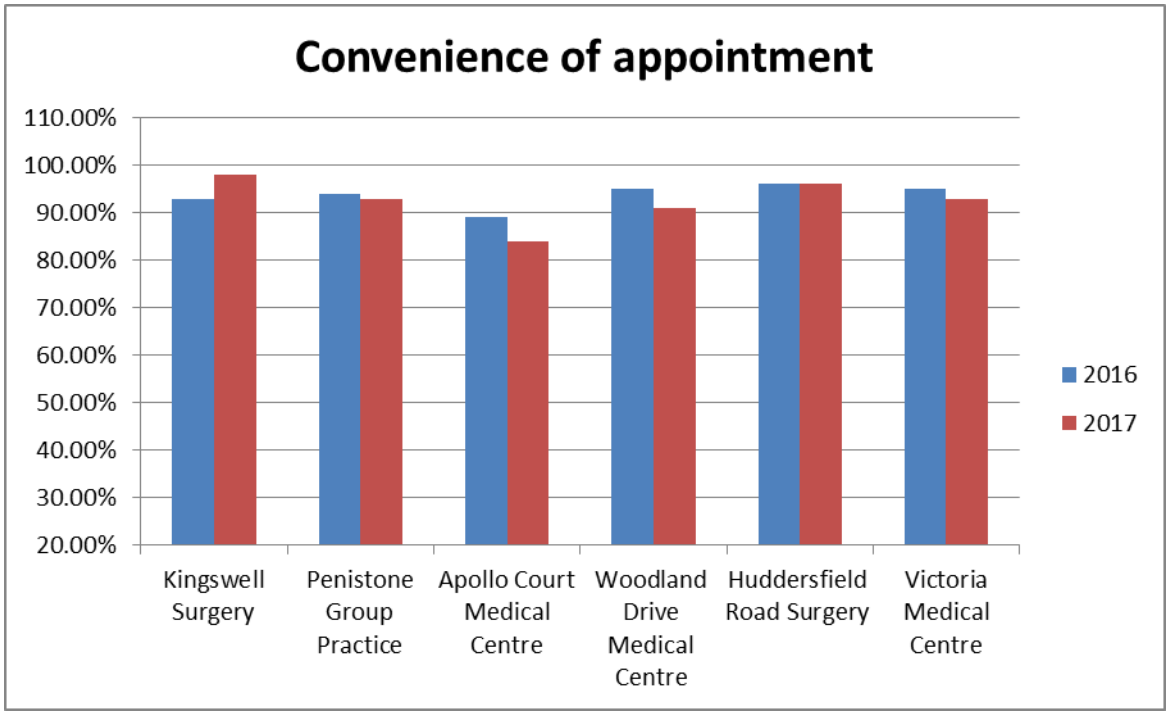
Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment or speak to someone?



South Locality Practices	2016	2017
Walderslade Surgery	80.00%	**80.00%**
Hoyland Medical Practice	82.00%	**74.00%**
Wombwell Medical Centre	80.00%	**81.00%**
Wombwell PMS Chapelfield	84.00%	**85.00%**

GP Survey Project 2017

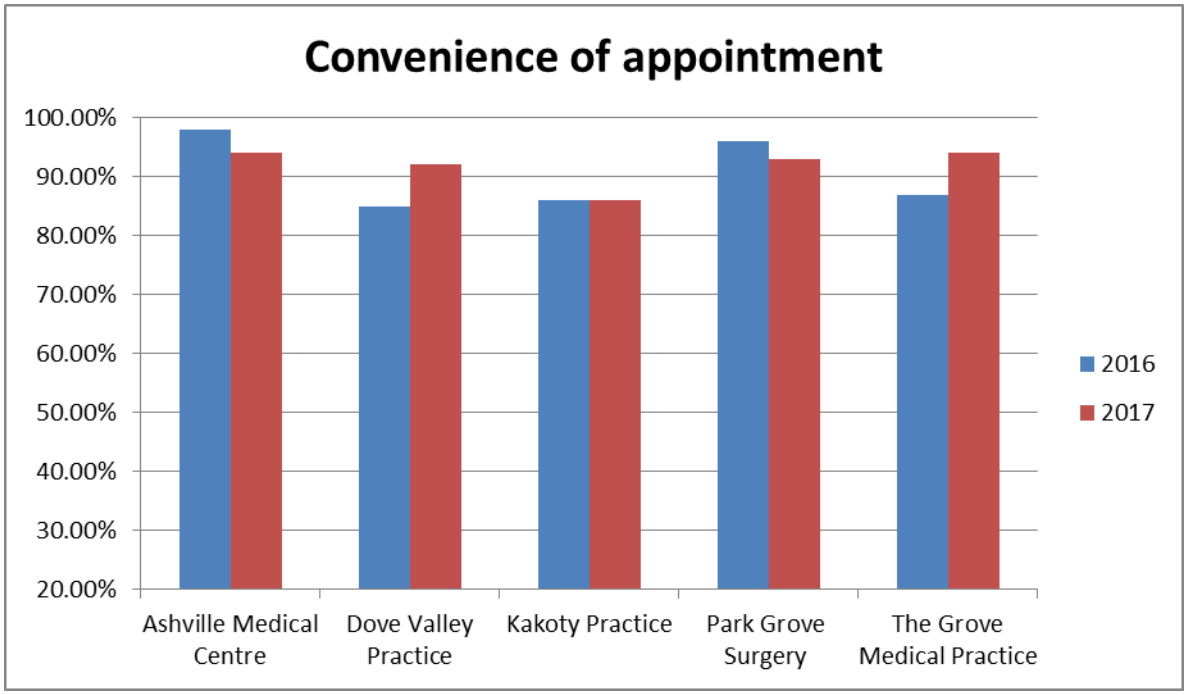
How convenient was the appointment you were able to get?



Penistone Locality Practices	2016	2017
Kingswell Surgery	93.00%	**98.00%**
Penistone Group Practice	94.00%	**93.00%**
Apollo Court Medical Centre	89.00%	**84.00%**
Woodland Drive Medical Centre	95.00%	**91.00%**
Huddersfield Road Surgery	96.00%	**96.00%**
Victoria Medical Centre	95.00%	**93.00%**

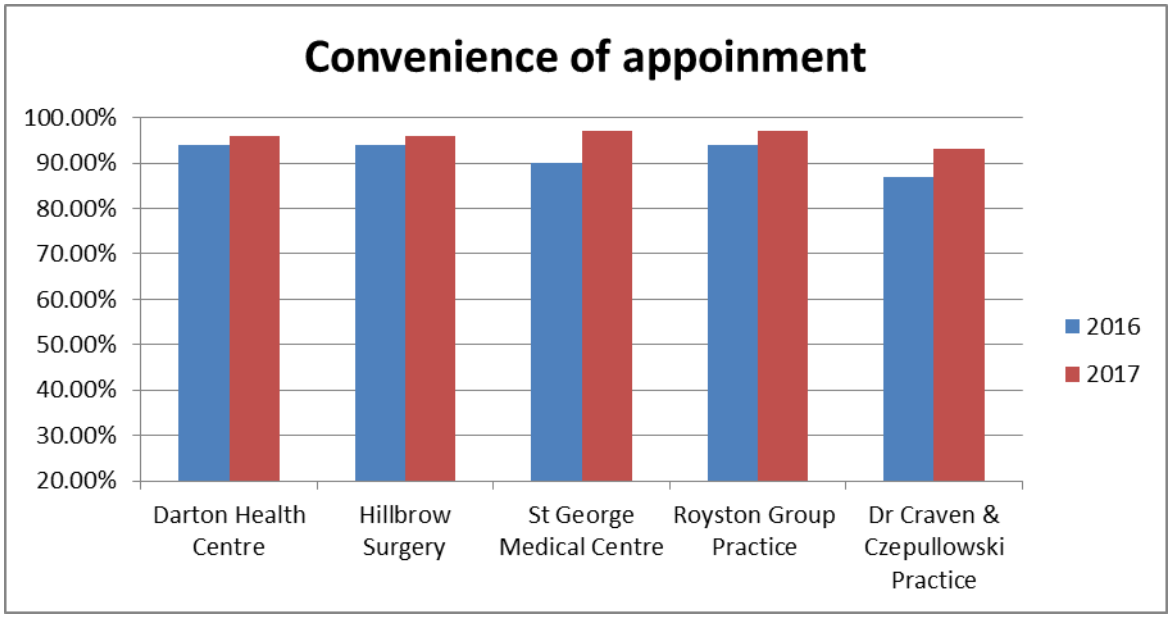
GP Survey Project 2017

How convenient was the appointment you were able to get?



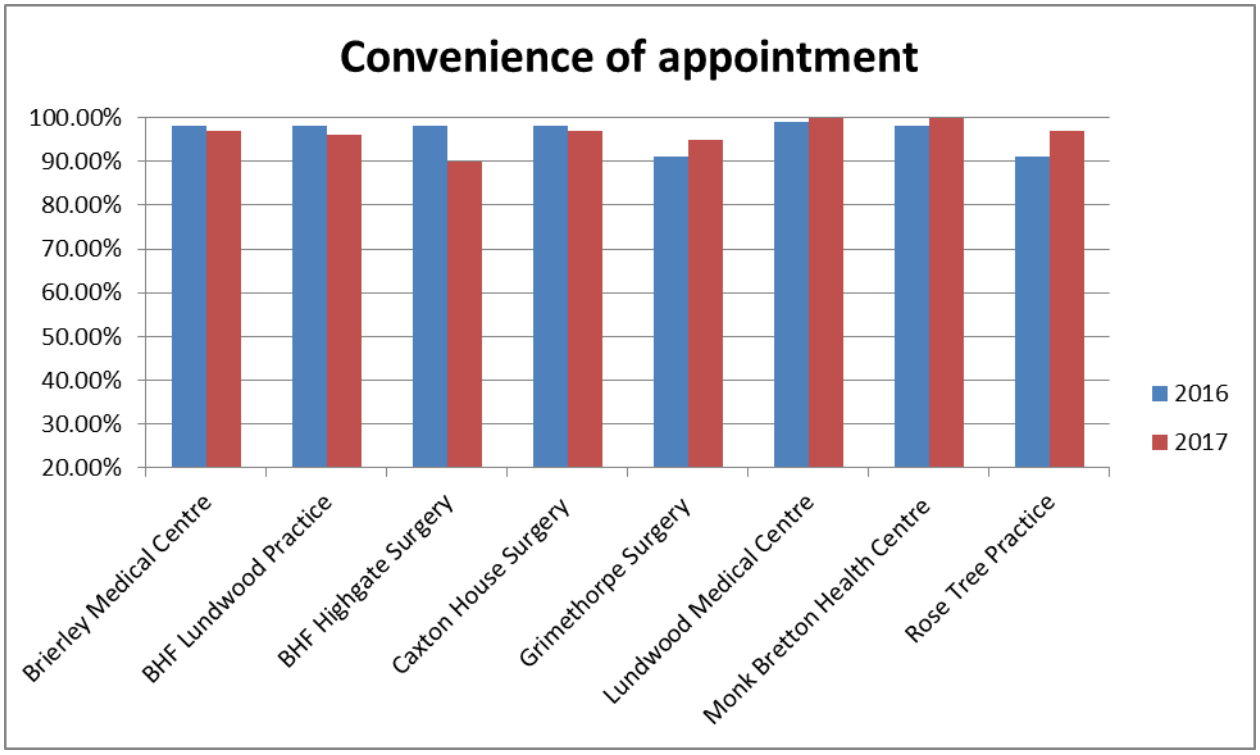
Central Locality Practices	2016	2017
Ashville Medical Centre	98.00%	94.00%
Dove Valley Practice	85.00%	92.00%
Kakoty Practice	86.00%	86.00%
Park Grove Surgery	96.00%	93.00%
The Grove Medical Practice	87.00%	94.00%

How convenient was the appointment you were able to get?



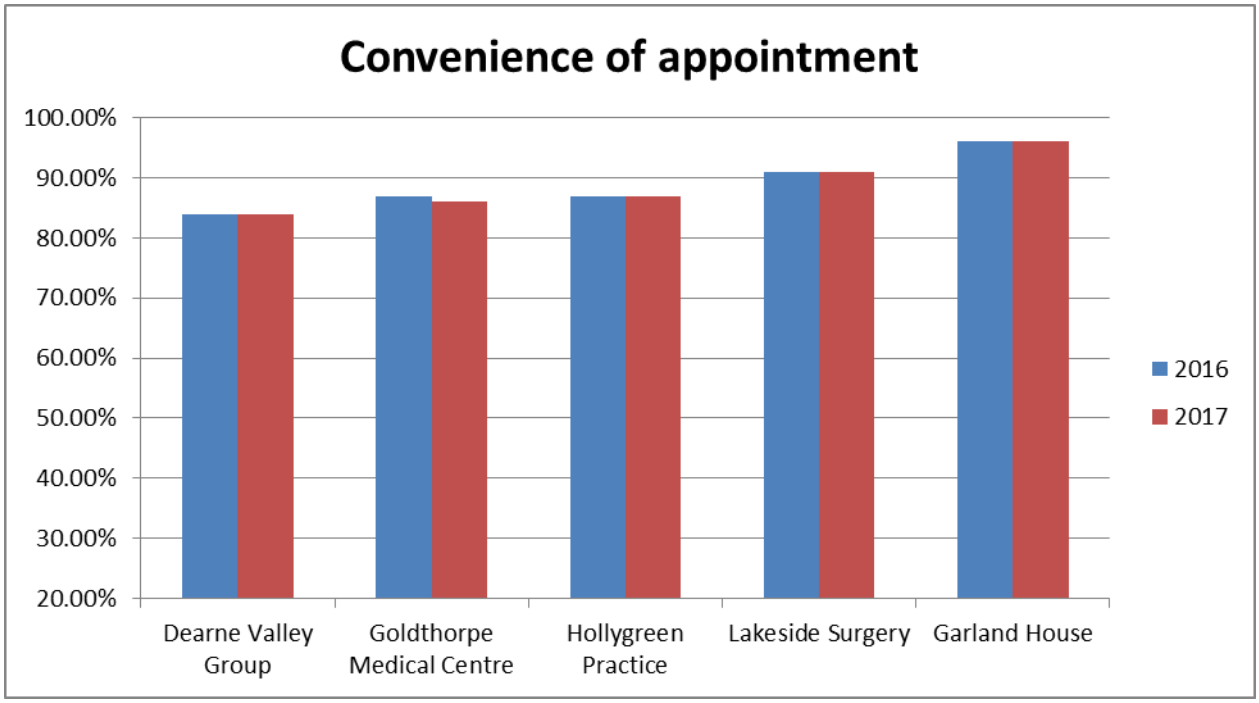
North Locality Practices	2016	2017
Darton Health Centre	94.00%	**96.00%**
Hillbrow Surgery	94.00%	**96.00%**
St George Medical Centre	90.00%	**97.00%**
Royston Group Practice	94.00%	**97.00%**
Dr Craven & Czepullowski Practice	87.00%	**93.00%**

How convenient was the appointment you were able to get?



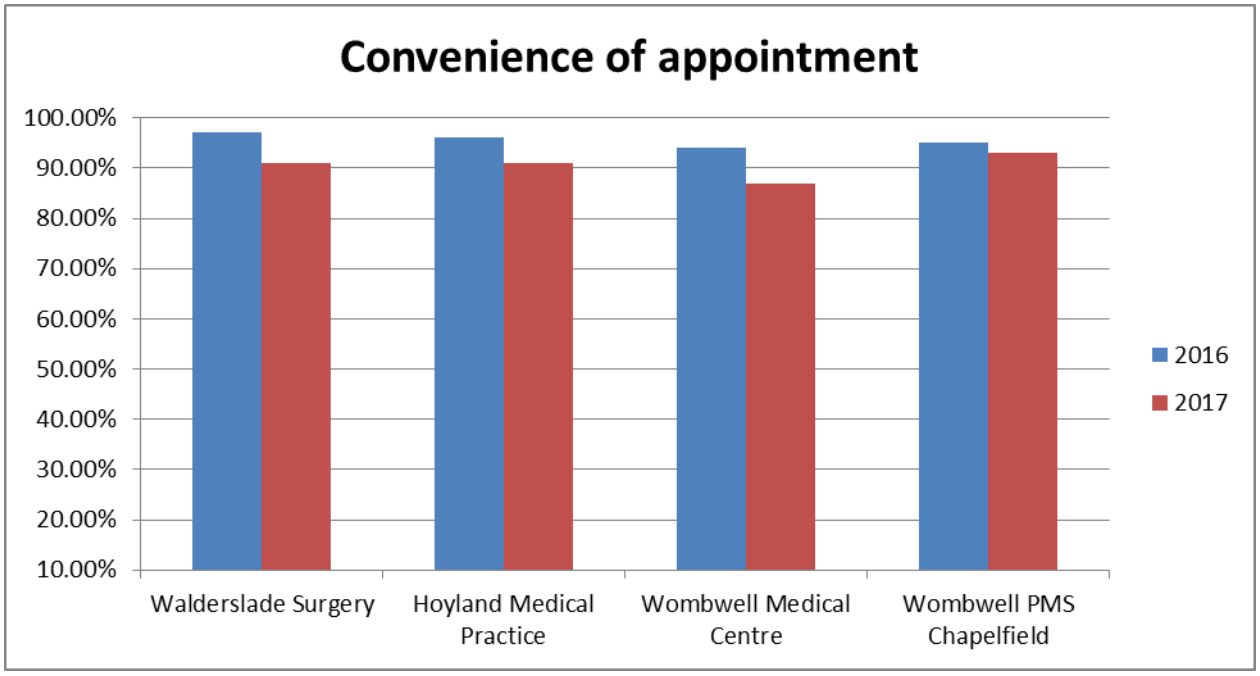
North East Locality Practices	2016	2017
Brierley Medical Centre	98.00%	**97.00%**
BHF Lundwood Practice	98.00%	**96.00%**
BHF Highgate Surgery	98.00%	**90.00%**
Caxton House Surgery	98.00%	**97.00%**
Grimethorpe Surgery	91.00%	**95.00%**
Lundwood Medical Centre	99.00%	**100.00%**
Monk Bretton Health Centre	98.00%	**100.00%**
Rose Tree Practice	91.00%	**97.00%**

How convenient was the appointment you were able to get?



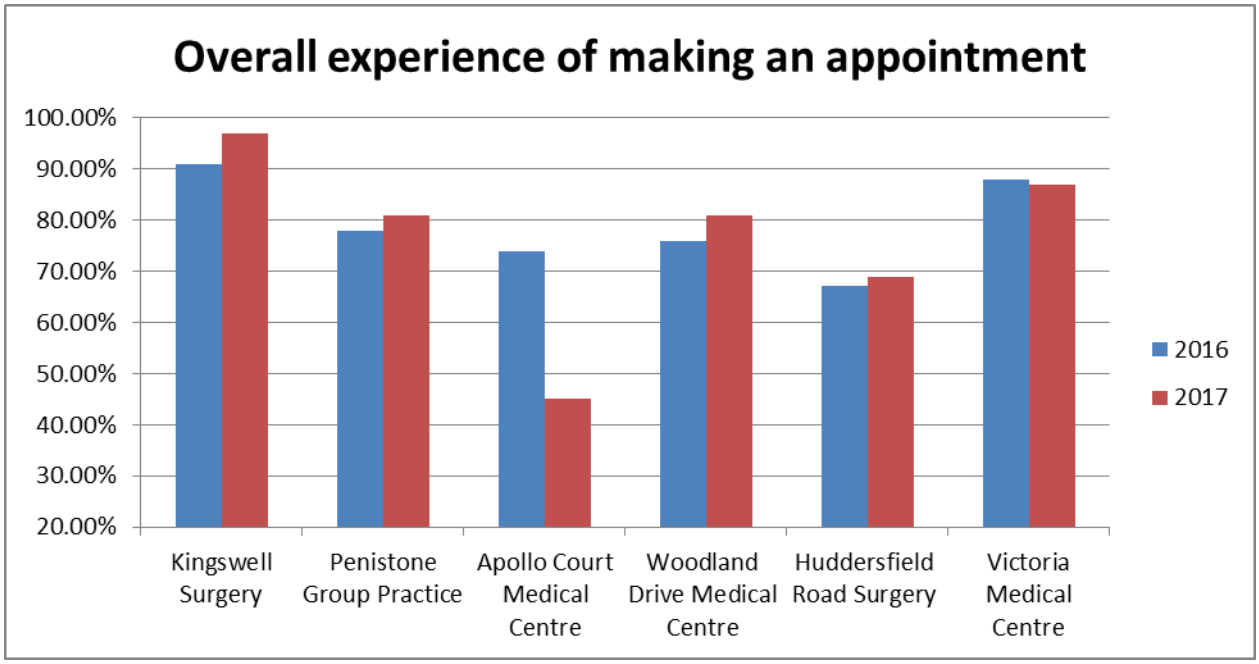
Dearne Locality Practices	2016	2017
Dearne Valley Group	84.00%	**84.00%**
Goldthorpe Medical Centre	87.00%	**86.00%**
Hollygreen Practice	87.00%	**87.00%**
Lakeside Surgery	91.00%	**91.00%**
Garland House	96.00%	**96.00%**

How convenient was the appointment you were able to get?



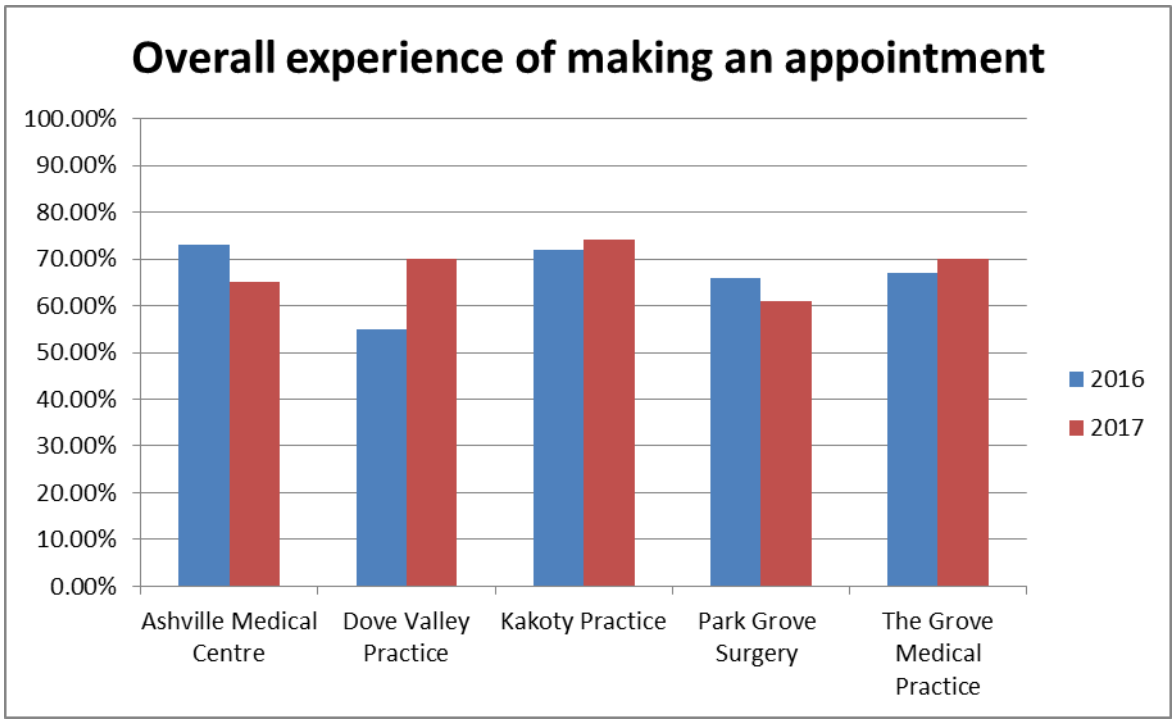
South Locality Practices	2016	2017
Walderslade Surgery	97.00%	**91.00%**
Hoyland Medical Practice	96.00%	**91.00%**
Wombwell Medical Centre	94.00%	**87.00%**
Wombwell PMS Chapelfield	95.00%	**93.00%**

Overall experience of making an appointment



Penistone Locality Practices	2016	2017
Kingswell Surgery	91.00%	**97.00%**
Penistone Group Practice	78.00%	**81.00%**
Apollo Court Medical Centre	74.00%	**45.00%**
Woodland Drive Medical Centre	76.00%	**81.00%**
Huddersfield Road Surgery	67.00%	**69.00%**
Victoria Medical Centre	88.00%	**87.00%**

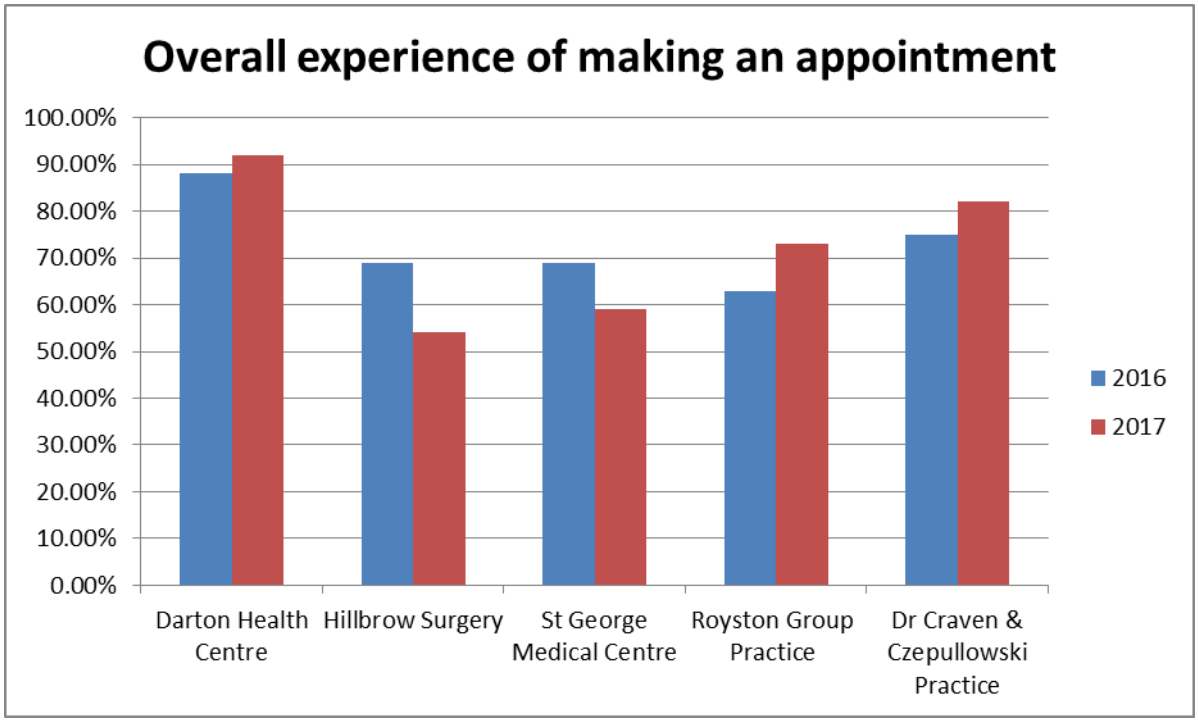
Overall experience of making an appointment



Central Locality Practices	2016	2017
Ashville Medical Centre	73.00%	**65.00%**
Dove Valley Practice	55.00%	**70.00%**
Kakoty Practice	72.00%	**74.00%**
Park Grove Surgery	66.00%	**61.00%**
The Grove Medical Practice	67.00%	**70.00%**

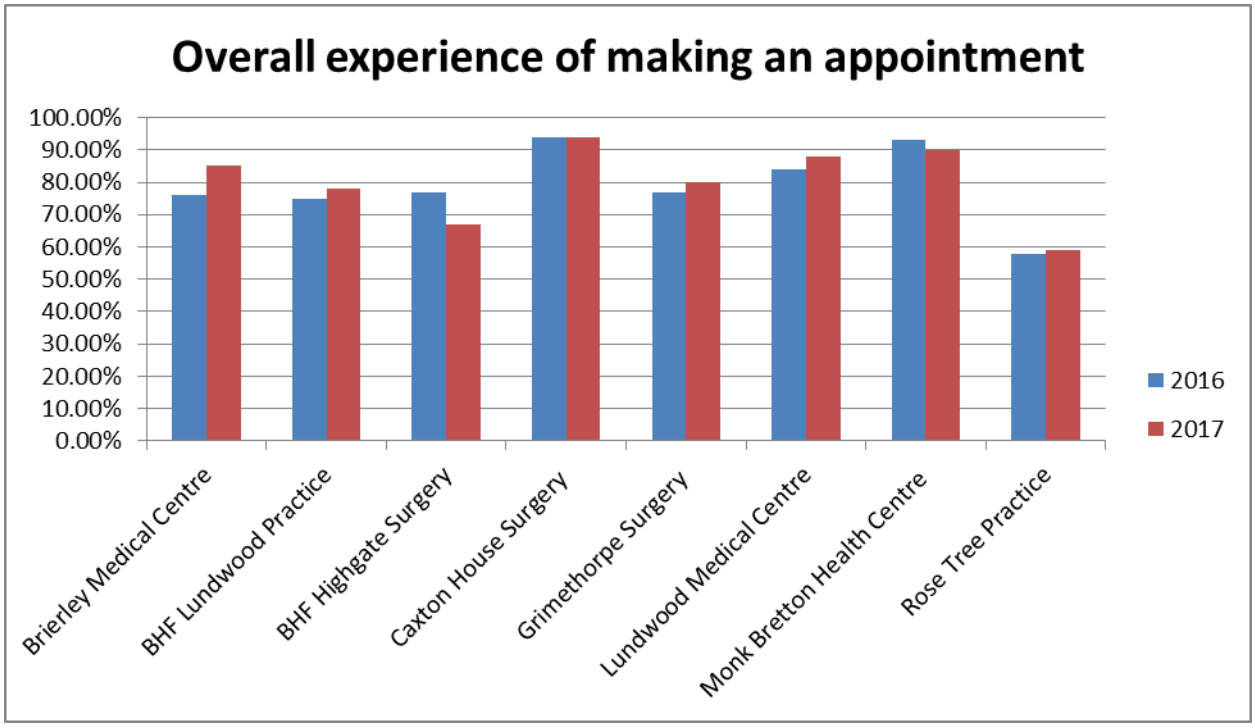
GP Survey Project 2017

Overall experience of making an appointment



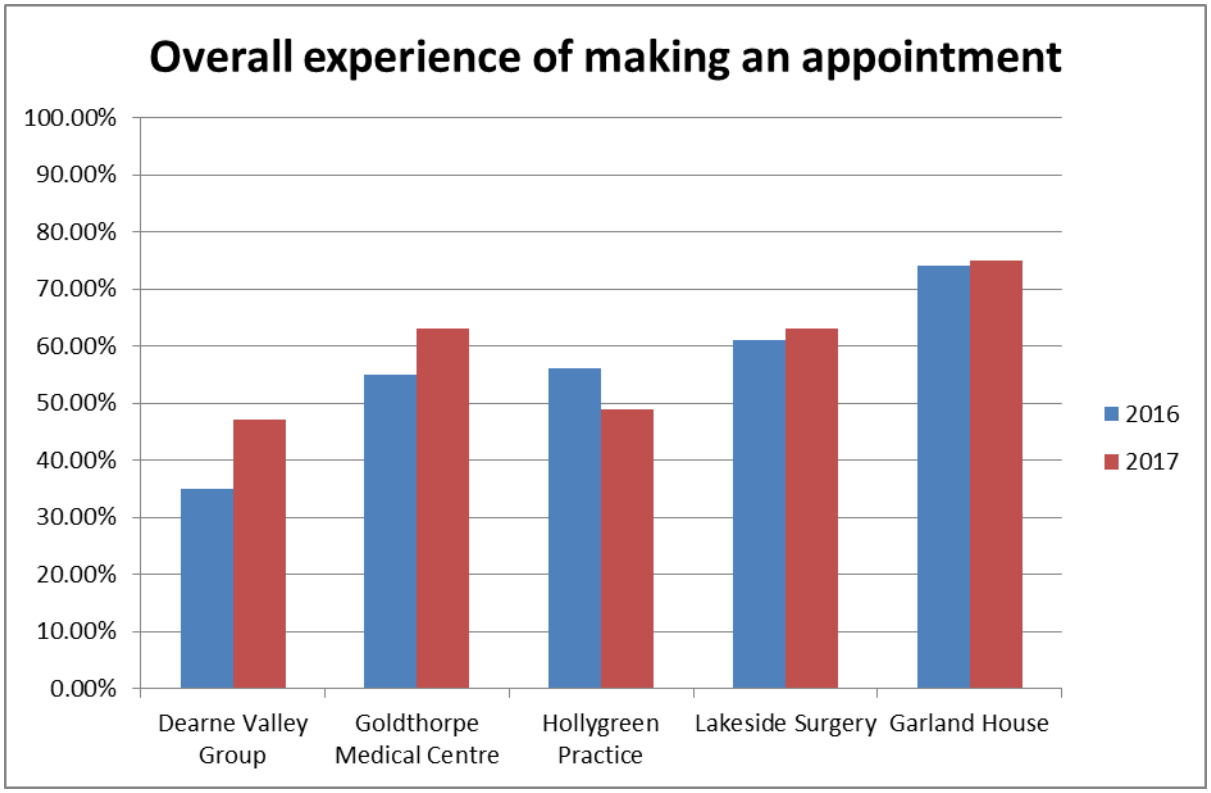
North Locality Practices	2016	2017
Darton Health Centre	88.00%	**92.00%**
Hillbrow Surgery	69.00%	**54.00%**
St George Medical Centre	69.00%	**59.00%**
Royston Group Practice	63.00%	**73.00%**
Dr Craven & Czepullowski Practice	75.00%	**82.00%**

Overall experience of making an appointment



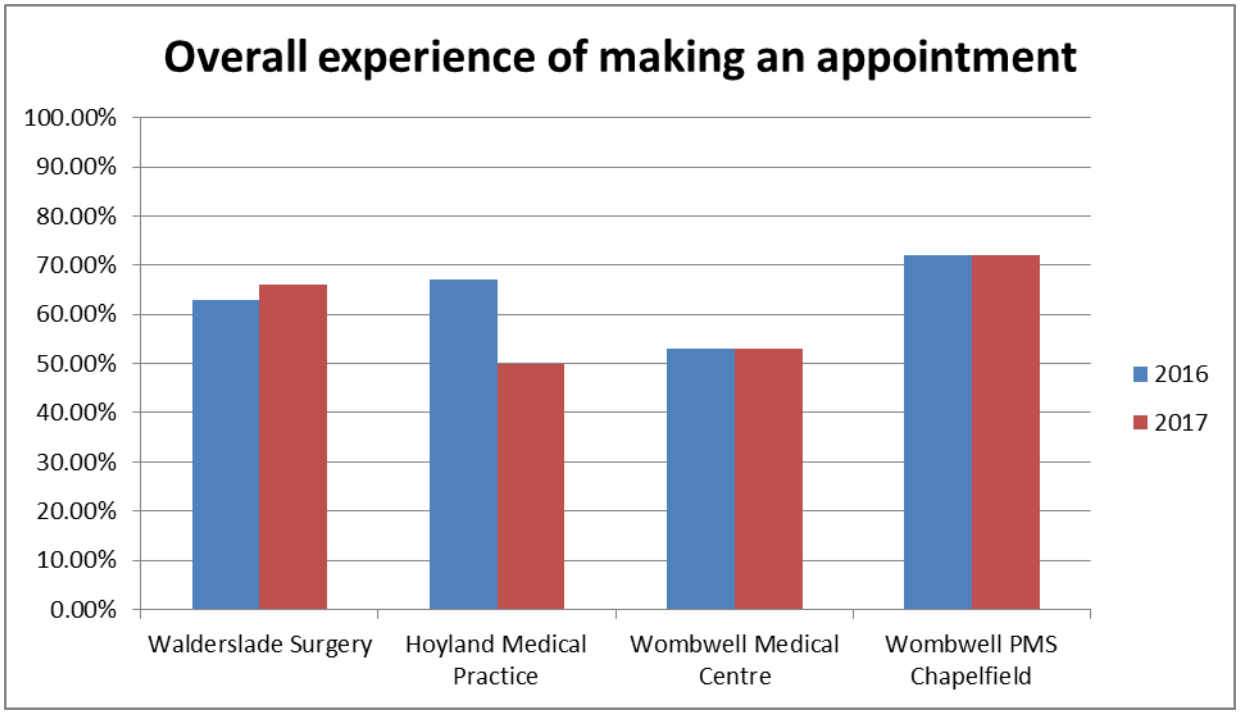
North East Locality Practices	2016	2017
Brierley Medical Centre	76.00%	**85.00%**
BHF Lundwood Practice	75.00%	**78.00%**
BHF Highgate Surgery	77.00%	**67.00%**
Caxton House Surgery	94.00%	**94.00%**
Grimethorpe Surgery	77.00%	**80.00%**
Lundwood Medical Centre	84.00%	**88.00%**
Monk Bretton Health Centre	93.00%	**90.00%**
Rose Tree Practice	58.00%	**59.00%**

Overall experience of making an appointment



Dearne Locality Practices	2016	2017
Dearne Valley Group	35.00%	**47.00%**
Goldthorpe Medical Centre	55.00%	**63.00%**
Hollygreen Practice	56.00%	**49.00%**
Lakeside Surgery	61.00%	**63.00%**
Garland House	74.00%	**75.00%**

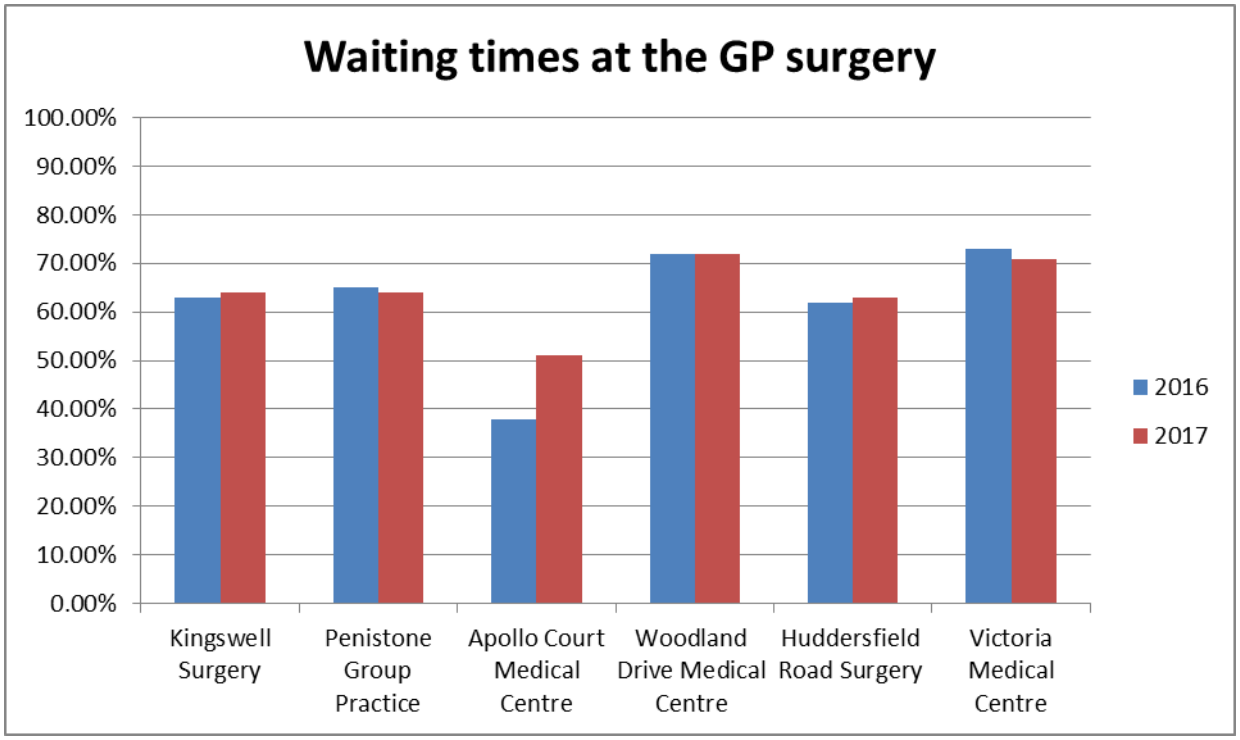
Overall experience of making an appointment



South Locality Practices	2016	2017
Walderslade Surgery	63.00%	**66.00%**
Hoyland Medical Practice	67.00%	**50.00%**
Wombwell Medical Centre	53.00%	**53.00%**
Wombwell PMS Chapelfield	72.00%	**72.00%**

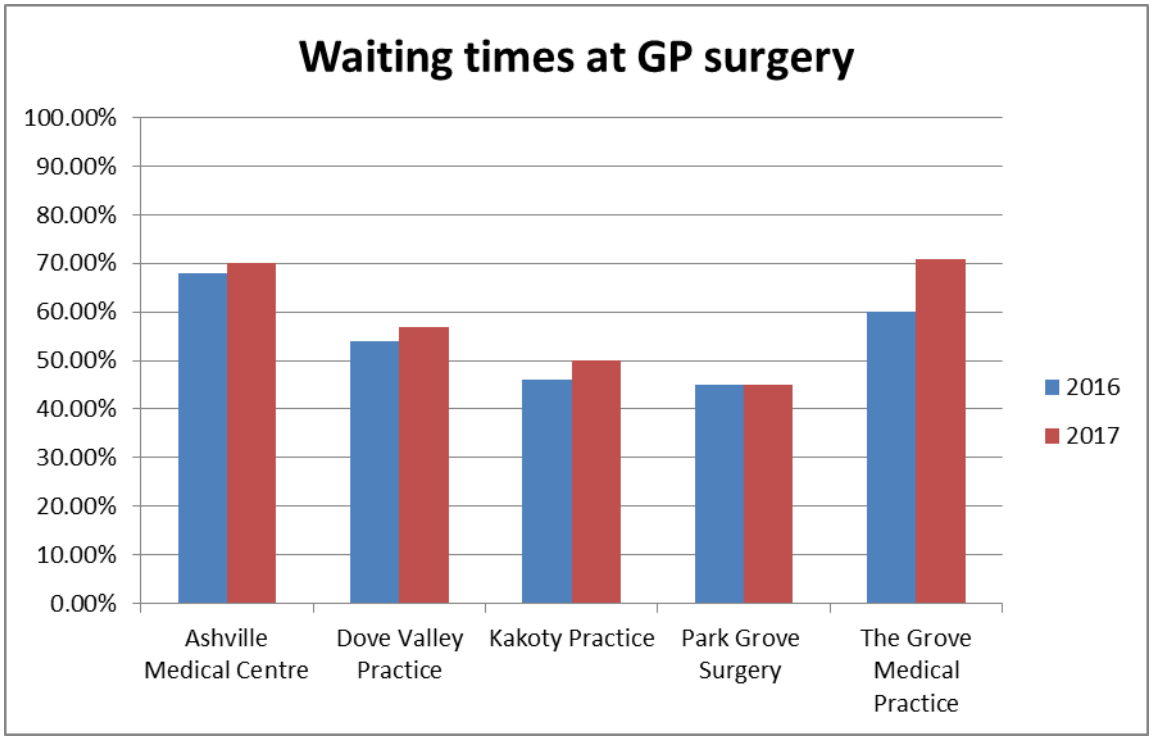
GP Survey Project 2017

Waiting times at GP Surgery



Penistone Locality Practices	2016	2017
Kingswell Surgery	63.00%	64.00%
Penistone Group Practice	65.00%	64.00%
Apollo Court Medical Centre	38.00%	51.00%
Woodland Drive Medical Centre	72.00%	72.00%
Huddersfield Road Surgery	62.00%	63.00%
Victoria Medical Centre	73.00%	71.00%

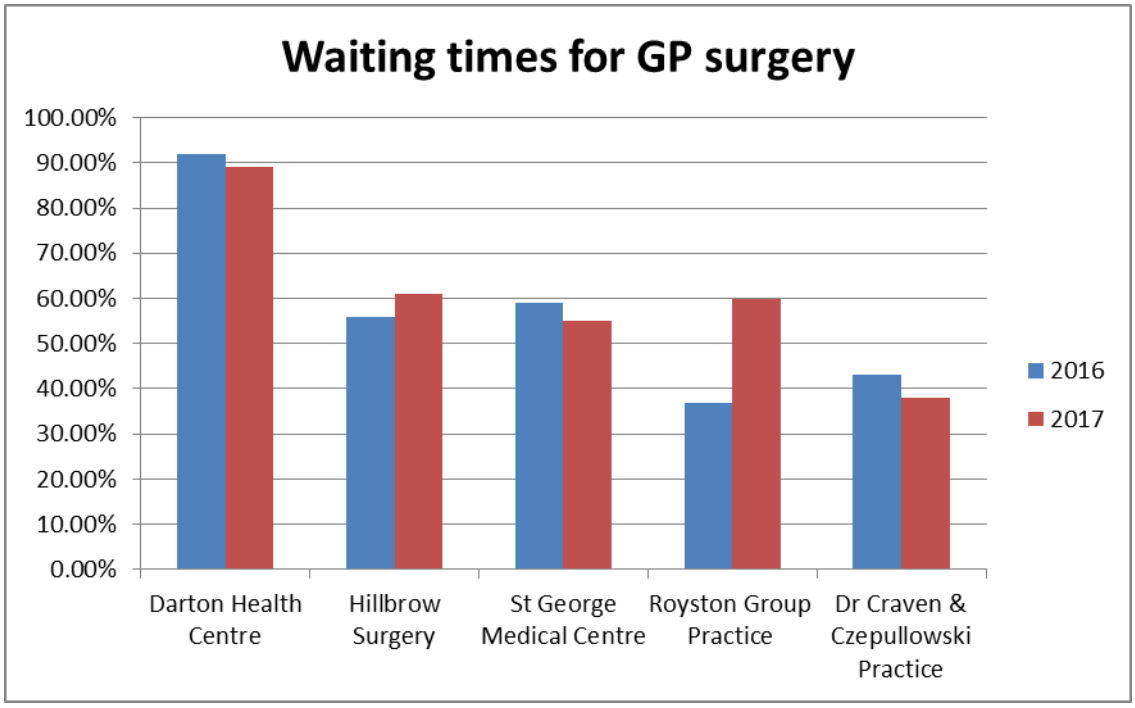
Waiting times at GP Surgery



Central Locality Practices	2016	2017
Ashville Medical Centre	68.00%	**70.00%**
Dove Valley Practice	54.00%	**57.00%**
Kakoty Practice	46.00%	**50.00%**
Park Grove Surgery	45.00%	**45.00%**
The Grove Medical Practice	60.00%	**71.00%**

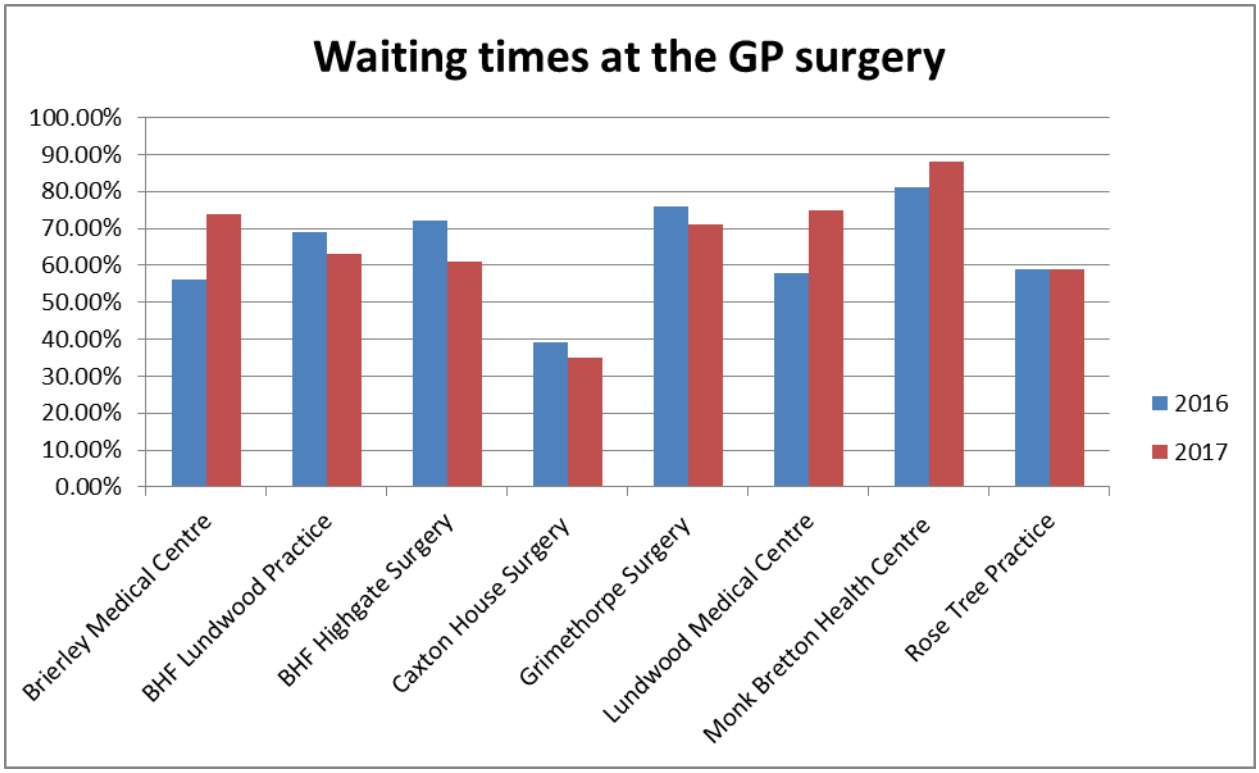
GP Survey Project 2017

Waiting times at GP Surgery



North Locality Practices	2016	2017
Darton Health Centre	92.00%	**89.00%**
Hillbrow Surgery	56.00%	**61.00%**
St George Medical Centre	59.00%	**55.00%**
Royston Group Practice	37.00%	**60.00%**
Dr Craven & Czepullowski Practice	43.00%	**38.00%**

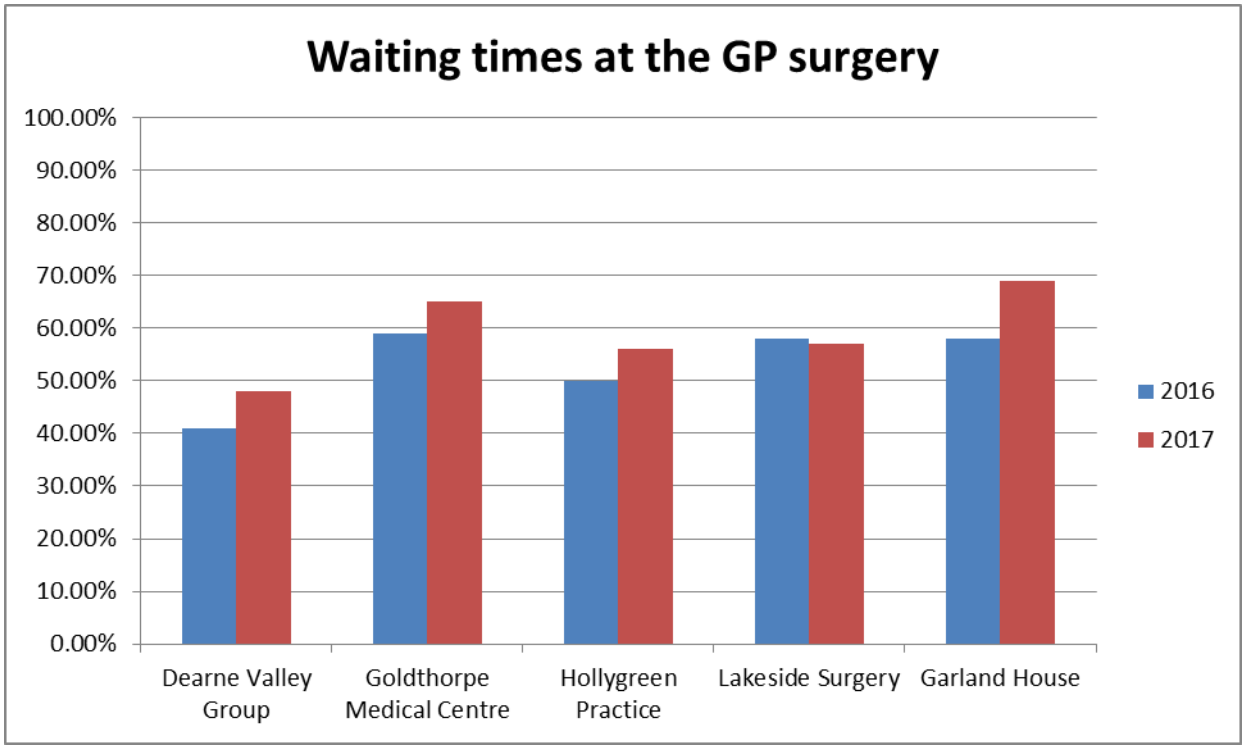
Waiting times at GP Surgery



North East Locality Practices	2016	2017
Brierley Medical Centre	56.00%	**74.00%**
BHF Lundwood Practice	69.00%	**63.00%**
BHF Highgate Surgery	72.00%	**61.00%**
Caxton House Surgery	39.00%	**35.00%**
Grimethorpe Surgery	76.00%	**71.00%**
Lundwood Medical Centre	58.00%	**75.00%**
Monk Bretton Health Centre	81.00%	**88.00%**
Rose Tree Practice	59.00%	**59.00%**

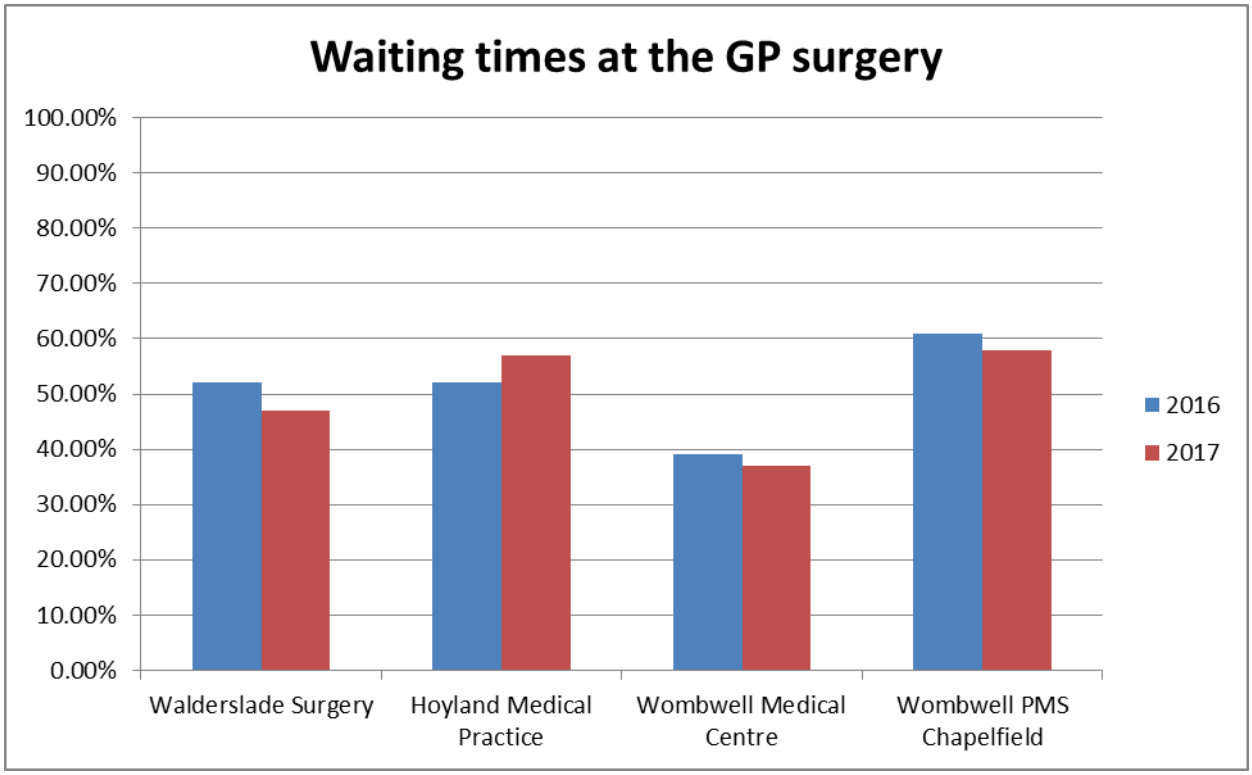
GP Survey Project 2017

Waiting times at GP Surgery



Dearne Locality Practices	2016	2017
Dearne Valley Group	41.00%	**48.00%**
Goldthorpe Medical Centre	59.00%	**65.00%**
Hollygreen Practice	50.00%	**56.00%**
Lakeside Surgery	58.00%	**57.00%**
Garland House	58.00%	**69.00%**

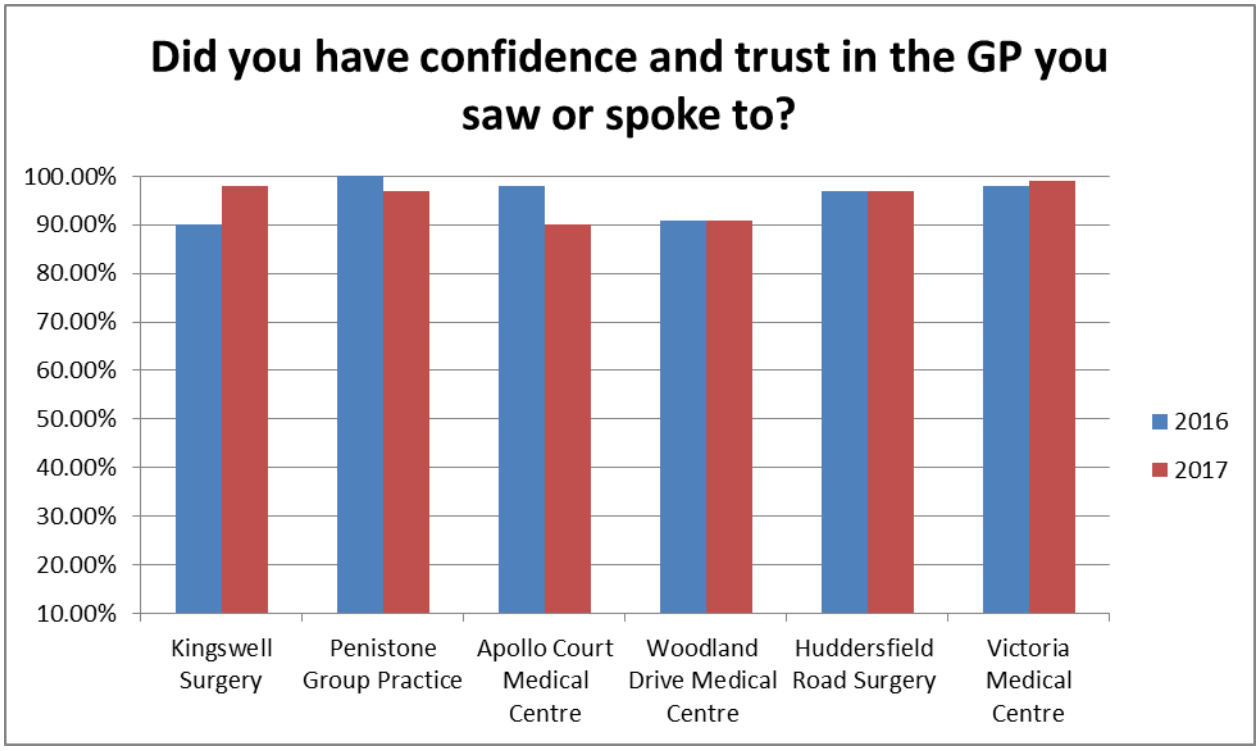
Waiting times at GP Surgery



South Locality Practices	2016	2017
Walderslade Surgery	52.00%	**47.00%**
Hoyland Medical Practice	52.00%	**57.00%**
Wombwell Medical Centre	39.00%	**37.00%**
Wombwell PMS Chapelfield	61.00%	**58.00%**

GP Survey Project 2017

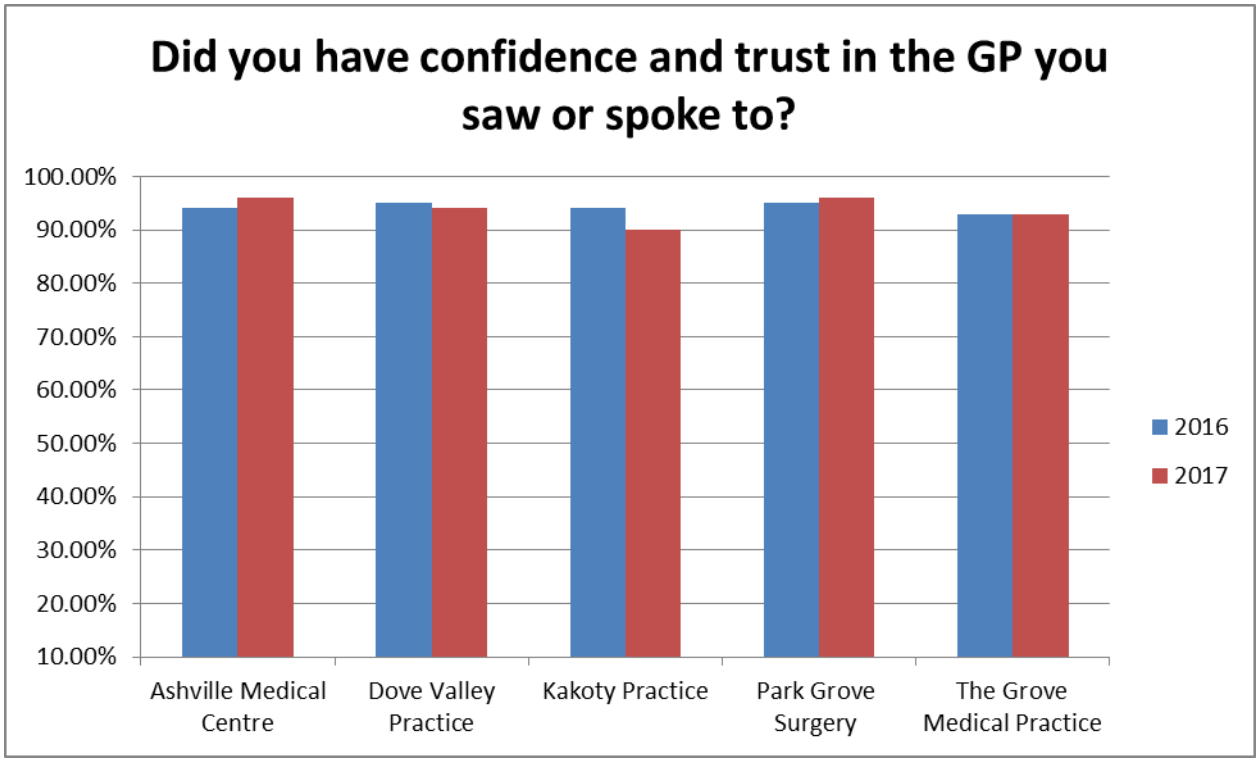
Did you have confidence and trust in the GP you saw or spoke to?



Penistone Locality Practices	2016	2017
Kingswell Surgery	90.00%	**98.00%**
Penistone Group Practice	100.00%	**97.00%**
Apollo Court Medical Centre	98.00%	**90.00%**
Woodland Drive Medical Centre	91.00%	**91.00%**
Huddersfield Road Surgery	97.00%	**97.00%**
Victoria Medical Centre	98.00%	**99.00%**

GP Survey Project 2017

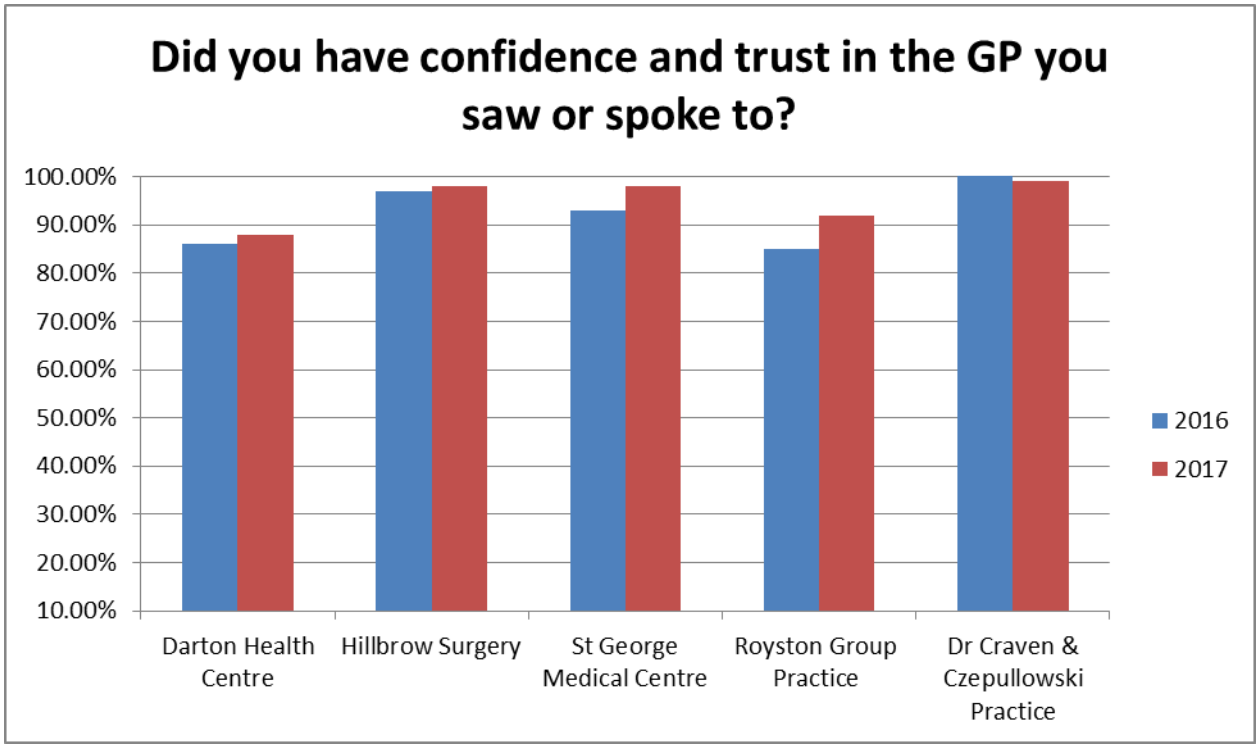
Did you have confidence and trust in the GP you saw or spoke to?



Central Locality Practices	2016	2017
Ashville Medical Centre	94.00%	**96.00%**
Dove Valley Practice	95.00%	**94.00%**
Kakoty Practice	94.00%	**90.00%**
Park Grove Surgery	95.00%	**96.00%**
The Grove Medical Practice	93.00%	**93.00%**

GP Survey Project 2017

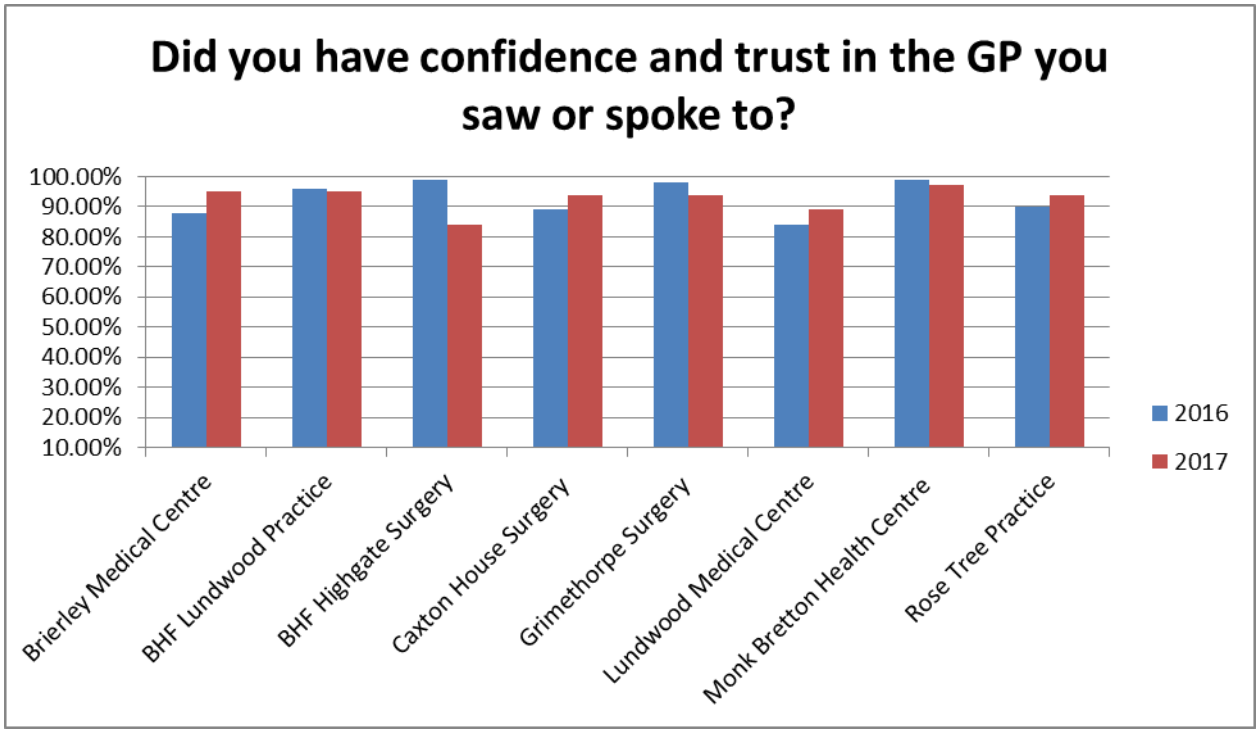
Did you have confidence and trust in the GP you saw or spoke to?



North Locality Practices	2016	2017
Darton Health Centre	86.00%	**88.00%**
Hillbrow Surgery	97.00%	**98.00%**
St George Medical Centre	93.00%	**98.00%**
Royston Group Practice	85.00%	**92.00%**
Dr Craven & Czepulkowski Practice	100.00%	**99.00%**

GP Survey Project 2017

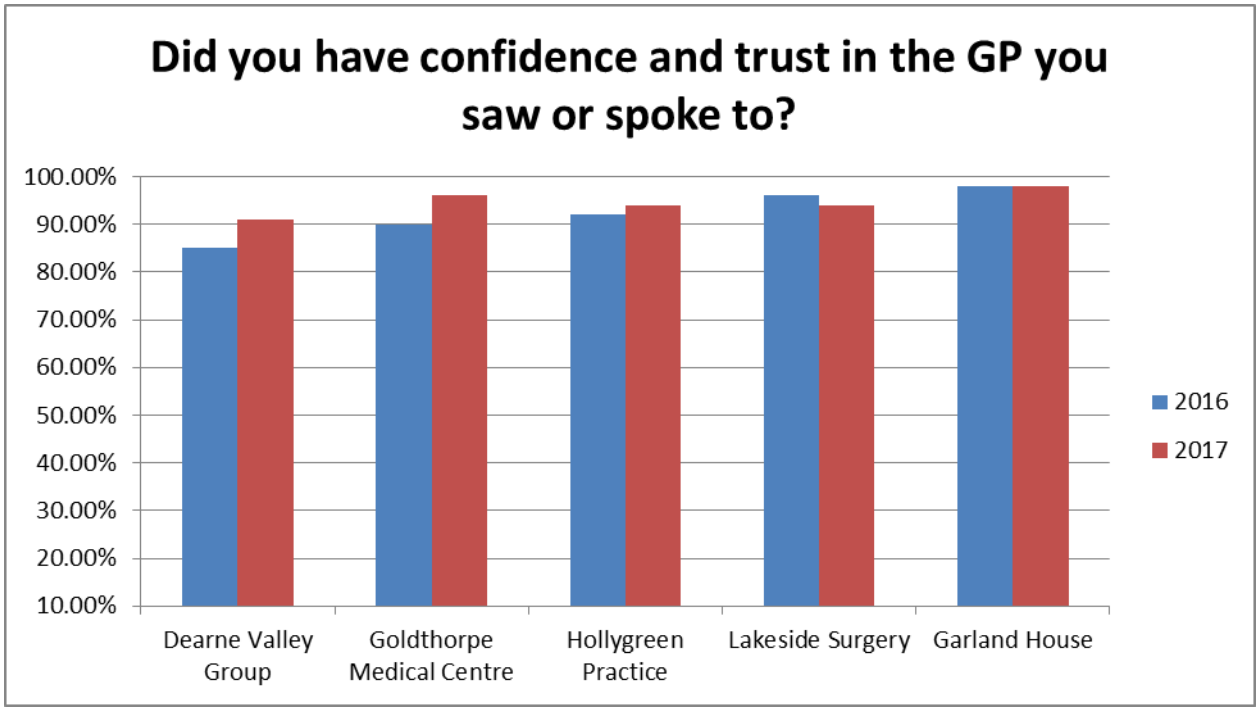
Did you have confidence and trust in the GP you saw or spoke to?



North East Locality Practices	2016	2017
Brierley Medical Centre	88.00%	**95.00%**
BHF Lundwood Practice	96.00%	**95.00%**
BHF Highgate Surgery	99.00%	**84.00%**
Caxton House Surgery	89.00%	**94.00%**
Grimethorpe Surgery	98.00%	**94.00%**
Lundwood Medical Centre	84.00%	**89.00%**
Monk Bretton Health Centre	99.00%	**97.00%**
Rose Tree Practice	90.00%	**94.00%**

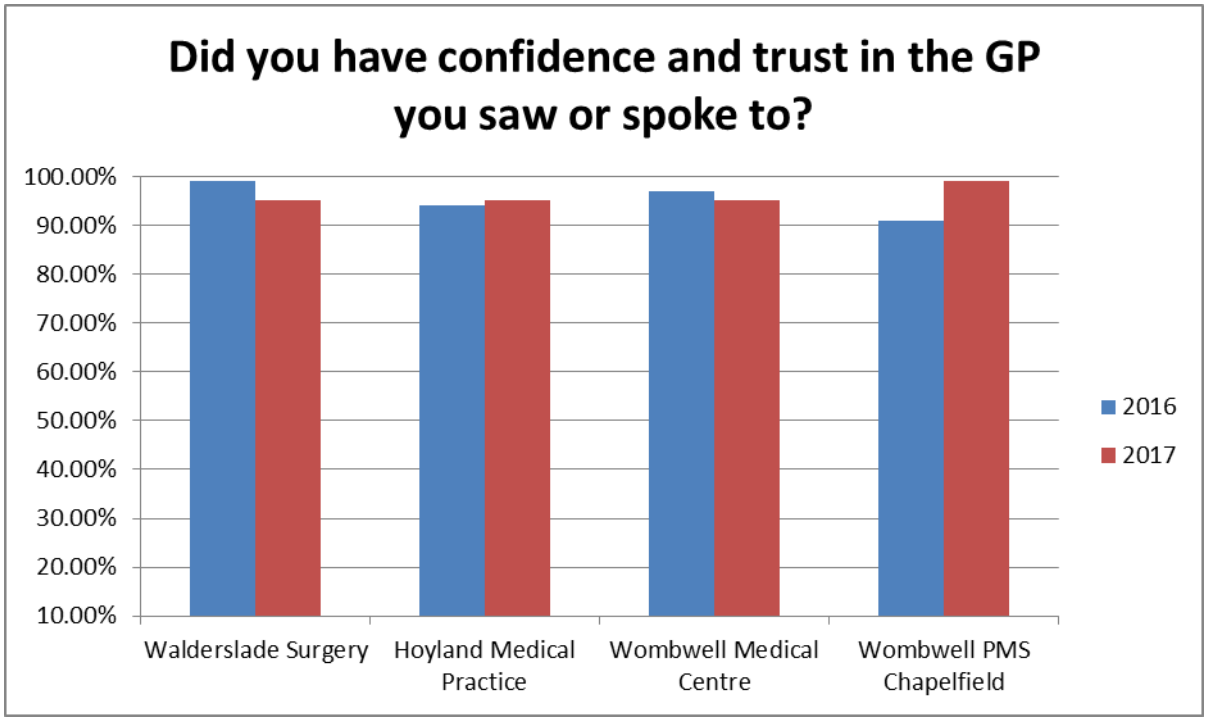
GP Survey Project 2017

Did you have confidence and trust in the GP you saw or spoke to?



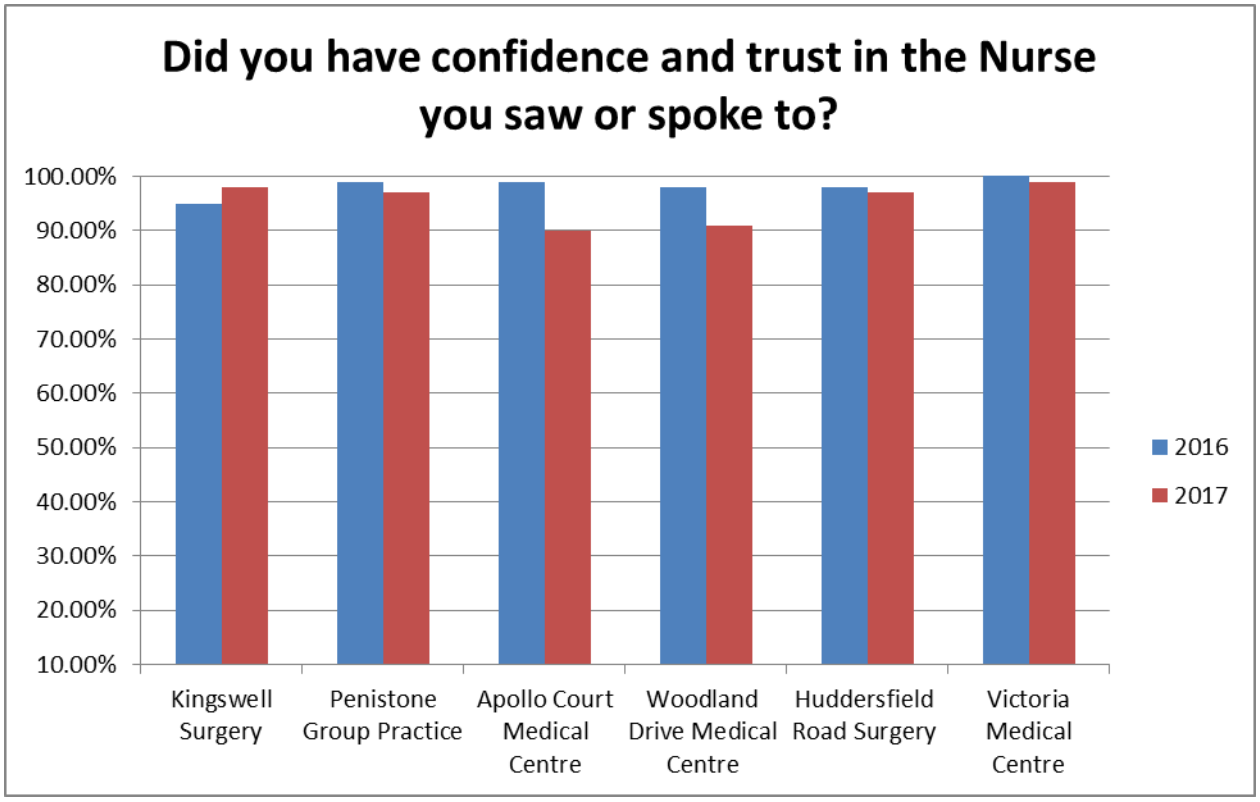
Dearne Locality Practices	2016	2017
Dearne Valley Group	85.00%	**91.00%**
Goldthorpe Medical Centre	90.00%	**96.00%**
Hollygreen Practice	92.00%	**94.00%**
Lakeside Surgery	96.00%	**94.00%**
Garland House	98.00%	**98.00%**

Did you have confidence and trust in the GP you saw or spoke to?



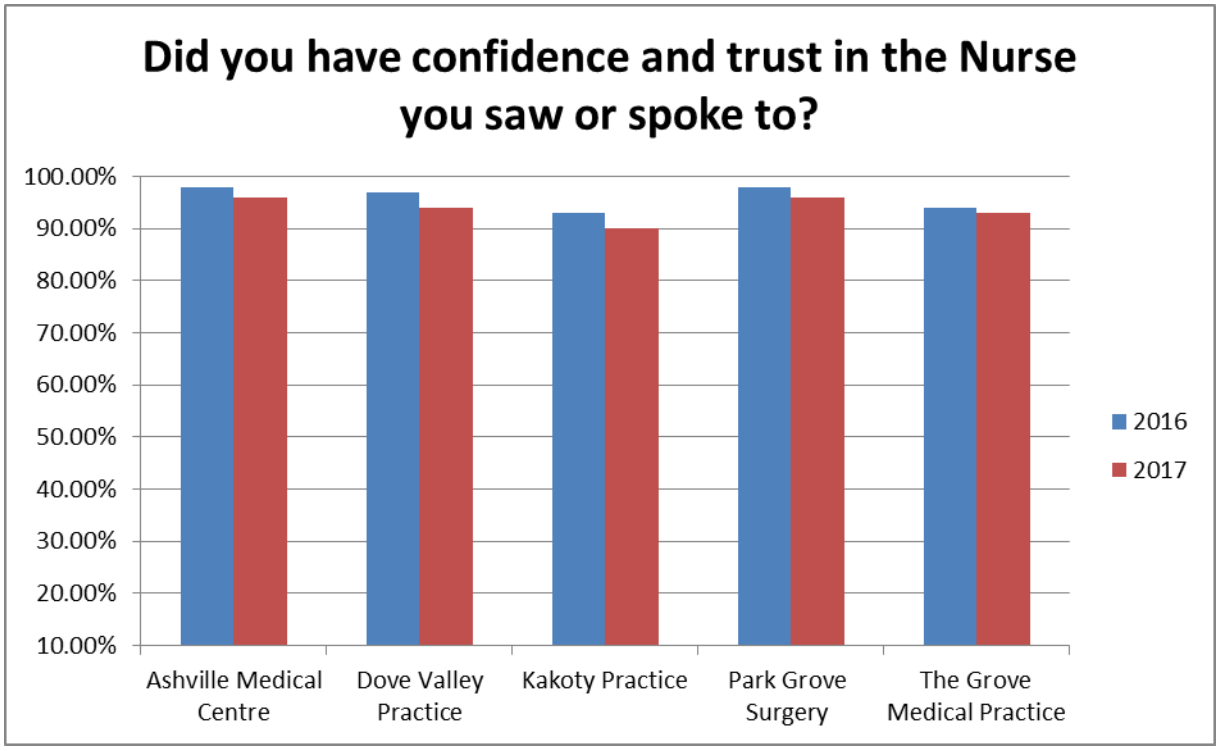
South Locality Practices	2016	2017
Walderslade Surgery	99.00%	**95.00%**
Hoyland Medical Practice	94.00%	**95.00%**
Wombwell Medical Centre	97.00%	**95.00%**
Wombwell PMS Chapelfield	91.00%	**99.00%**

Did you have confidence and trust in the Nurse you saw or spoke to?



Penistone Locality Practices	2016	2017
Kingswell Surgery	95.00%	**98.00%**
Penistone Group Practice	99.00%	**97.00%**
Apollo Court Medical Centre	99.00%	**90.00%**
Woodland Drive Medical Centre	98.00%	**91.00%**
Huddersfield Road Surgery	98.00%	**97.00%**
Victoria Medical Centre	100.00%	**99.00%**

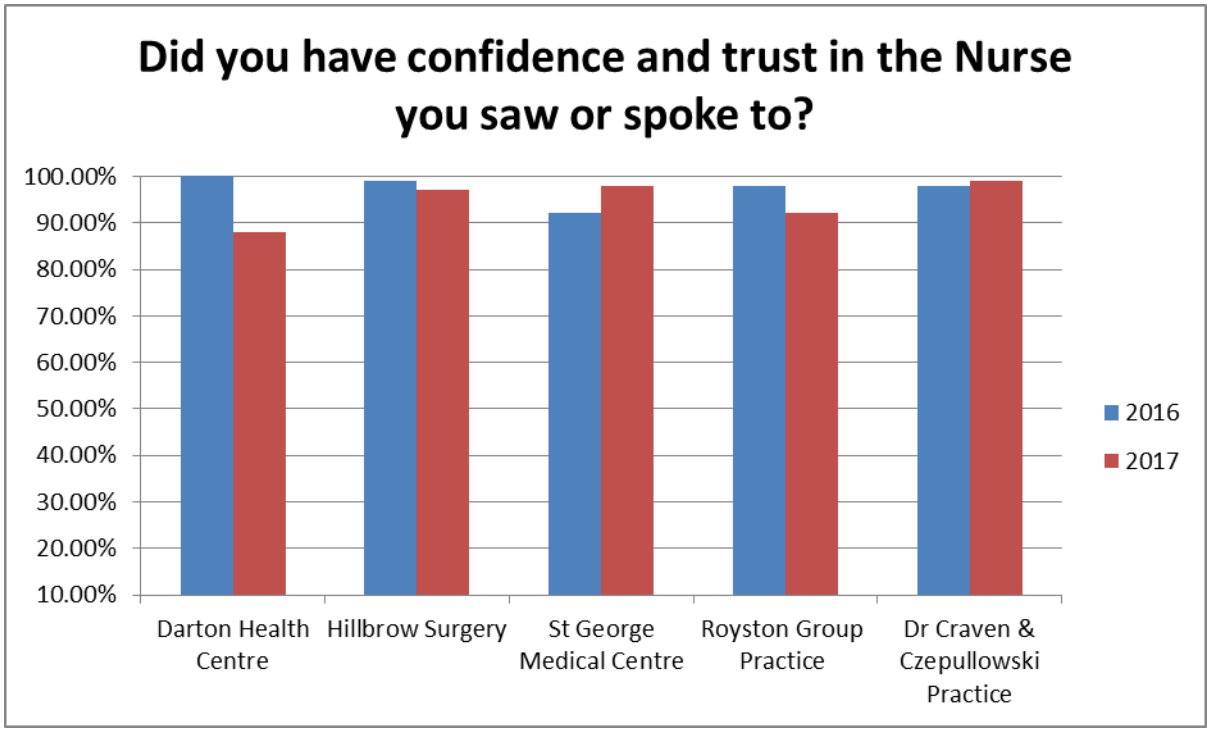
Did you have confidence and trust in the Nurse you saw or spoke to?



Central Locality Practices	2016	2017
Ashville Medical Centre	98.00%	**96.00%**
Dove Valley Practice	97.00%	**94.00%**
Kakoty Practice	93.00%	**90.00%**
Park Grove Surgery	98.00%	**96.00%**
The Grove Medical Practice	94.00%	**93.00%**

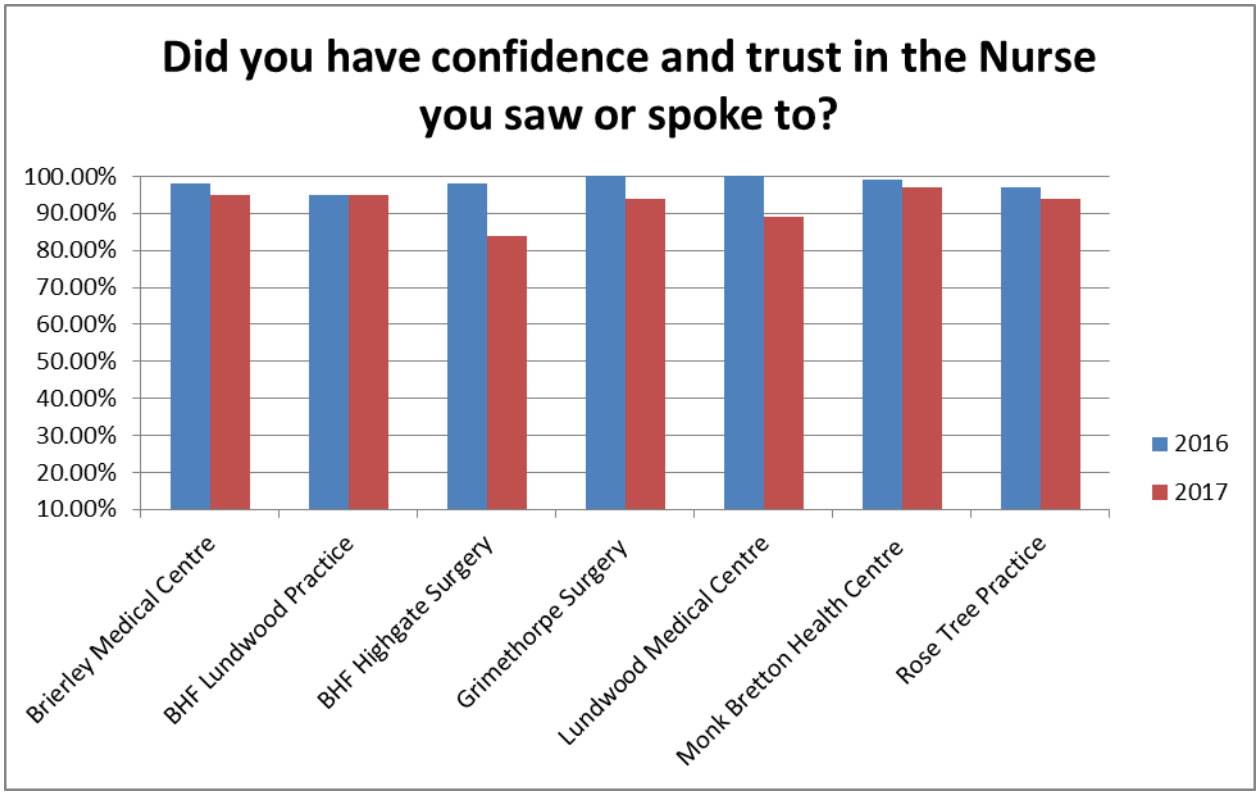
GP Survey Project 2017

Did you have confidence and trust in the Nurse you saw or spoke to?



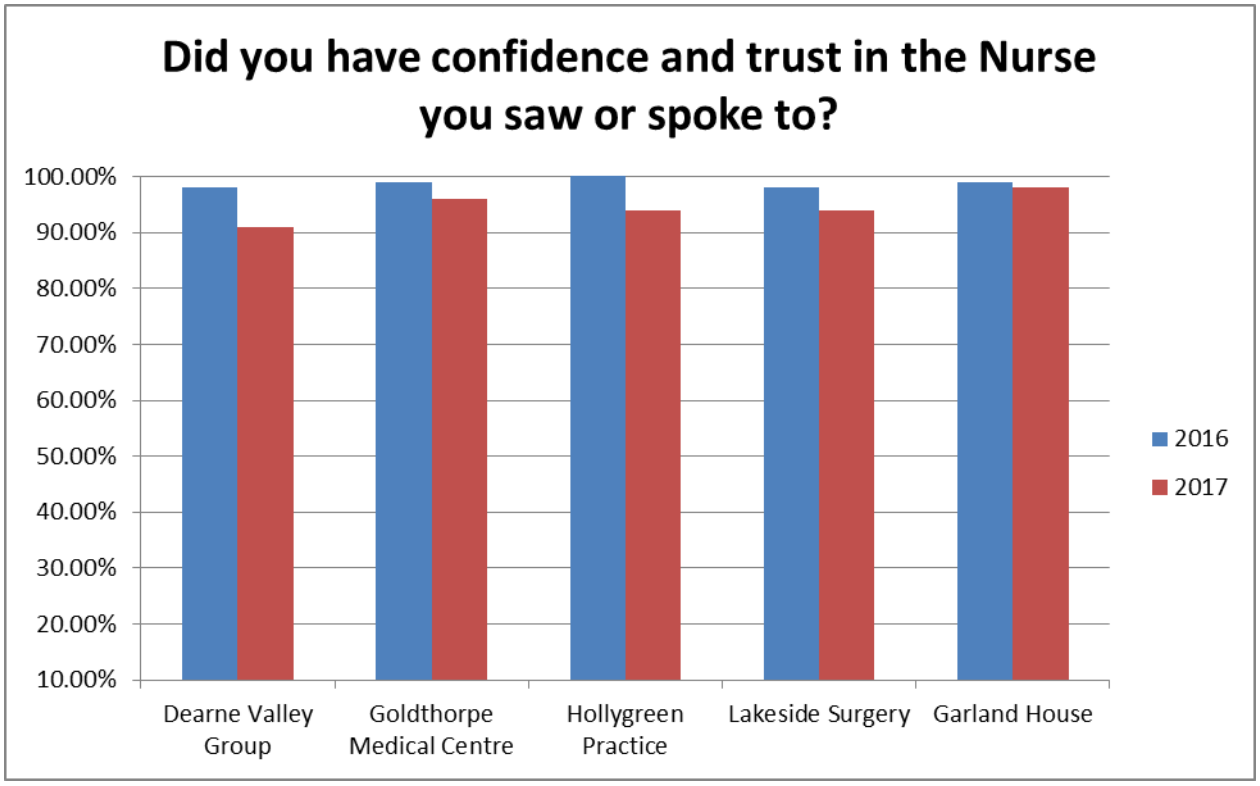
North Locality Practices	2016	2017
Darton Health Centre	100.00%	**88.00%**
Hillbrow Surgery	99.00%	**97.00%**
St George Medical Centre	92.00%	**98.00%**
Royston Group Practice	98.00%	**92.00%**
Dr Craven & Czepullowski Practice	98.00%	**99.00%**

Did you have confidence and trust in the Nurse you saw or spoke to?



North East Locality Practices	2016	2017
Brierley Medical Centre	98.00%	**95.00%**
BHF Lundwood Practice	95.00%	**95.00%**
BHF Highgate Surgery	98.00%	**84.00%**
Grimethorpe Surgery	100.00%	**94.00%**
Lundwood Medical Centre	100.00%	**89.00%**
Monk Bretton Health Centre	99.00%	**97.00%**
Rose Tree Practice	97.00%	**94.00%**

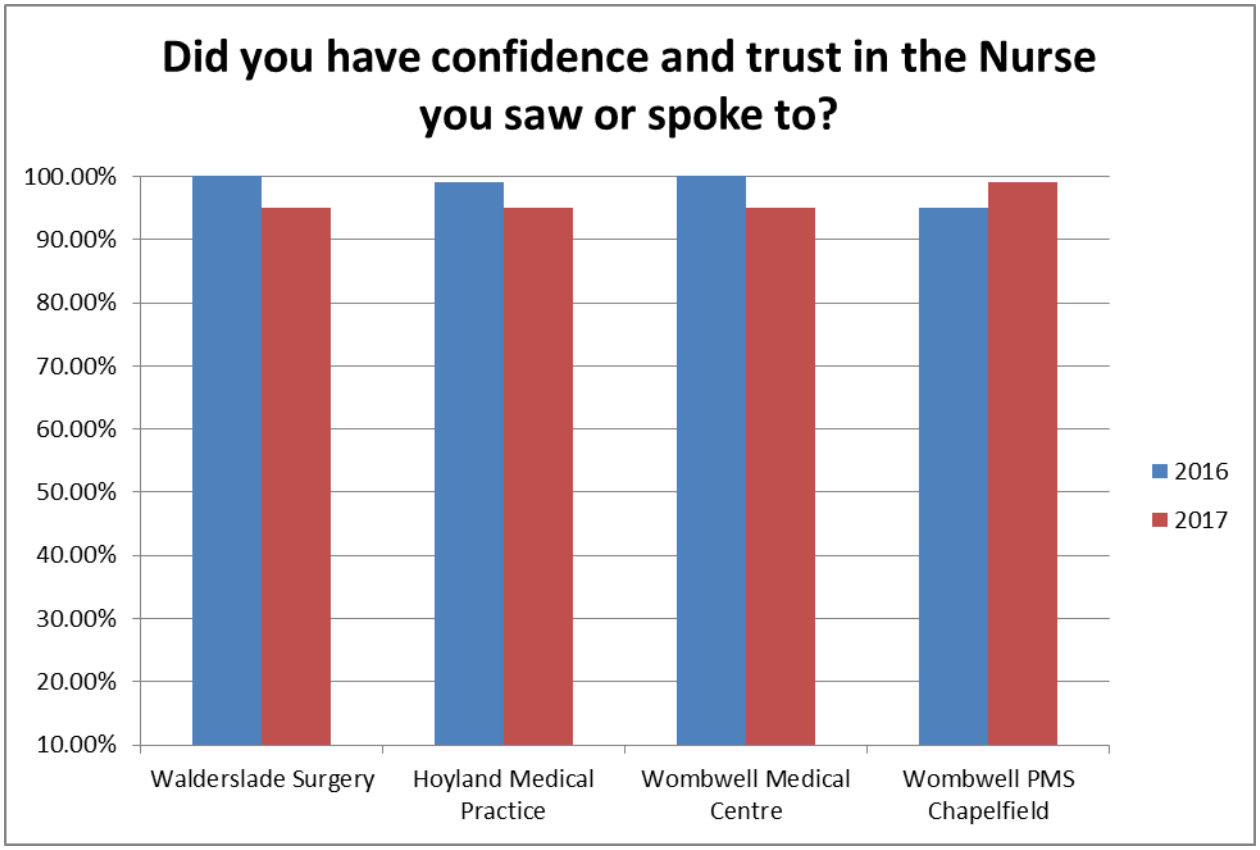
Did you have confidence and trust in the Nurse you saw or spoke to?



Dearne Locality Practices	2016	2017
Dearne Valley Group	98.00%	**91.00%**
Goldthorpe Medical Centre	99.00%	**96.00%**
Hollygreen Practice	100.00%	**94.00%**
Lakeside Surgery	98.00%	**94.00%**
Garland House	99.00%	**98.00%**

GP Survey Project 2017

Did you have confidence and trust in the Nurse you saw or spoke to?



South Locality Practices	2016	2017
Walderslade Surgery	100.00%	**95.00%**
Hoyland Medical Practice	99.00%	**95.00%**
Wombwell Medical Centre	100.00%	**95.00%**
Wombwell PMS Chapelfield	95.00%	**99.00%**

GP PATIENT SURVEY

NHS Barnsley CCG

Latest survey results

July 2017 publication

Version 1| Public

Ipsos MORI
Social Research Institute

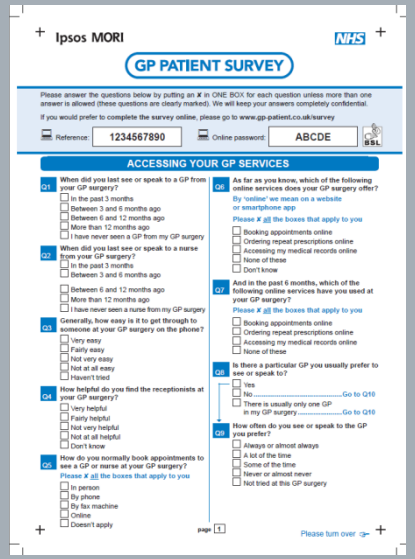
Contents

This slide pack provides results for the following topic areas:

Background, introduction and guidance

Background information about the survey

- The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients' experiences of their GP practices.
- Ipsos MORI administers the survey on behalf of NHS England.
- For more information about the survey please refer to the end of this slide pack or visit https://gp-patient.co.uk/.
- This slide pack presents some of the key results for **NHS Barnsley CCG**.
- The data in this slide pack are based on the **July 2017 GPPS publication**. In contrast to previous years when the survey was carried out across two waves, the GPPS now consists of a single wave of fieldwork carried out annually, from January 2017 to March 2017. However, the sample size has remained similar, continuing to provide practice-level data.
- In NHS Barnsley CCG, **10,118** questionnaires were sent out, and **3,851** were returned completed. This represents a response rate of **38%**.
- Prior to 2015 these slide packs presented Area Team averages for each CCG. These are no longer included following the integration of Area Teams into the four existing Regional Teams. However, CCGs can still see how their results compare to those of other local CCGs.
- **The questionnaire can be found here:** https://gp-patient.co.uk/surveys-and-reports. Note the numbering may change each publication due to the addition or removal of questions.


Ipsos MORI

NHS

GP PATIENT SURVEY

Please answer the questions below by putting an ✗ in ONE BOX for each question unless more than one answer is allowed (these questions are clearly marked). We will keep your answers completely confidential.

If you would prefer to complete the survey online, please go to www.gp-patient.co.uk/survey

Reference: 1234567890 Online password: ABCDE

BSL

ACCESSING YOUR GP SERVICES

Q1 When did you last see or speak to a GP from your GP surgery?
In the past 3 months
Between 3 and 6 months ago
Between 6 and 12 months ago
More than 12 months ago
I have never seen a GP from my GP surgery

Q2 When did you last see or speak to a nurse from your GP surgery?
In the past 3 months
Between 3 and 6 months ago
Between 6 and 12 months ago
More than 12 months ago
I have never seen a nurse from my GP surgery

Q3 Generally, how easy is it to get through to someone at your GP surgery on the phone?
Very easy
Fairly easy
Not very easy
Not at all easy
Haven't tried

Q4 How helpful do you find the receptionists at your GP surgery?
Very helpful
Fairly helpful
Not very helpful
Not at all helpful
Don't know

Q5 How do you normally book appointments to see a GP or nurse at your GP surgery?
Please ✗ all the boxes that apply to you
In person
By phone
By fax machine
Online
Doesn't apply

Q6 As far as you know, which of the following online services does your GP surgery offer?
By 'online' we mean on a website or smartphone app
Please ✗ all the boxes that apply to you
Booking appointments online
Ordering repeat prescriptions online
Accessing my medical records online
None of these
Don't know

Q7 And in the past 6 months, which of the following online services have you used at your GP surgery?
Please ✗ all the boxes that apply to you
Booking appointments online
Ordering repeat prescriptions online
Accessing my medical records online
None of these

Q8 Is there a particular GP you usually prefer to see or speak to?
Yes
No ..... Go to Q10
There is usually only one GP in my GP surgery ..... Go to Q10

Q9 How often do you see or speak to the GP you prefer?
Always or almost always
A lot of the time
Some of the time
Never or almost never
Not tried at this GP surgery

page 1

Please turn over

Introduction

- The GP Patient Survey measures patients' experiences across a range of topics, including:
  - Making appointments
  - Waiting times
  - Perceptions of care at appointments
  - Practice opening hours
  - Out-of-hours services
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data which limits the detail provided by the results.
  - The data are provided once a year rather than in real time.
- However, given the consistency of the survey across organisations and over time, GPPS can be used as one element of evidence.
- It can be triangulated with other sources of feedback, such as feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys.
- **This slide pack is intended to assist this triangulation of data. It aims to highlight where there may be a need for further exploration.**
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- **The following slide suggests ideas for how the data can be used to improve services.**

Guidance on how to use the data

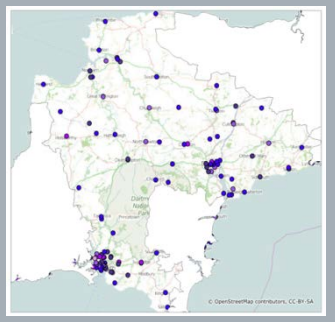
The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

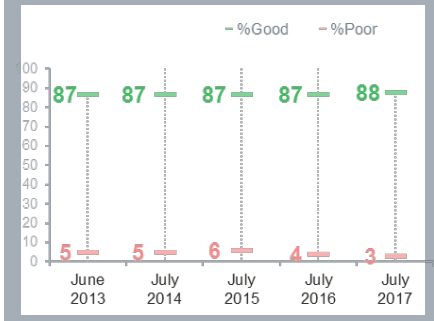
- **Comparison of a CCG's results against the national average**: this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.

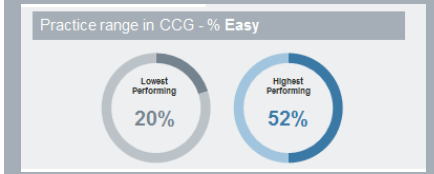
- **Analysing trends in a CCG's results over time**: this provides a sense of the direction of the CCG's performance over time. The CCG may wish to focus on areas that have seen declines over time.

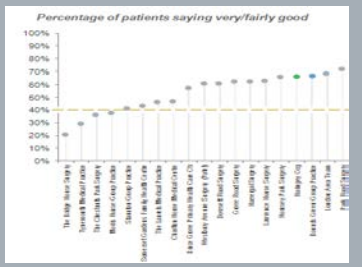
- **Considering questions where there is a larger range in responses among practices or CCGs**: this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.

- **Comparison of practices' results within a CCG**: this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.









Interpreting the results

- The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.
- **All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.**
- For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.
- **Maps:**
  - CCG and practice-level results are also displayed on maps, with results split across 5 bands (or 'quintiles') in order to have a fairly even distribution at the national level of CCGs/practices across each band.
- **Trends**:
  - **Latest / July 2017:** refers to the **July 2017 publication** (fieldwork January to March 2017).
  - **July 2016:** refers to the **July 2016 publication** (fieldwork July to September 2015 and January to March 2016).
  - **July 2015:** refers to the **July 2015 publication** (fieldwork July to September 2014 and January to March 2015).
  - **July 2014:** refers to the **July 2014 publication** (fieldwork July to September 2013 and January to March 2014).
  - **June 2013:** Refers to the **June 2013 publication** (fieldwork July to September 2012 and January to March 2013).
- For further information on using the data please refer to the end of this slide pack.

* More than 0% but less than 0.5%

When fewer than 10 patients respond

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

100%

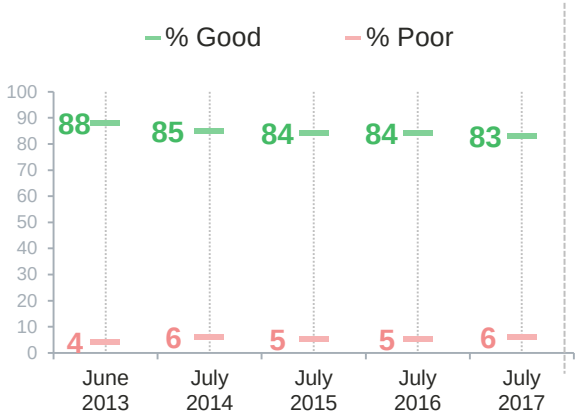
Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to **rounding**.

Overall experience of GP surgeries

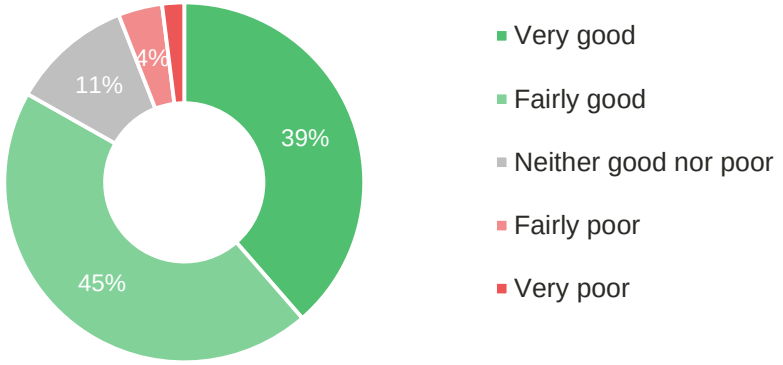
Overall experience of GP surgery

Q28. Overall, how would you describe your experience of your GP surgery?

CCG's results over time



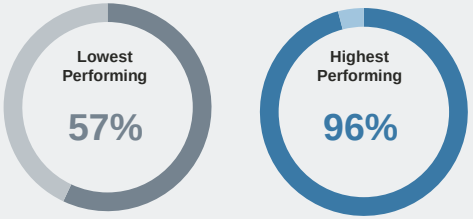
CCG's results



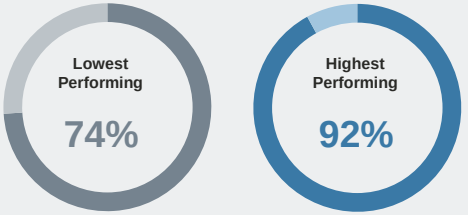
Comparison of results

	CCG	National
Good	83%	85%
Poor	6%	5%

Practice range in CCG – % **Good**



Local CCG range – % **Good**



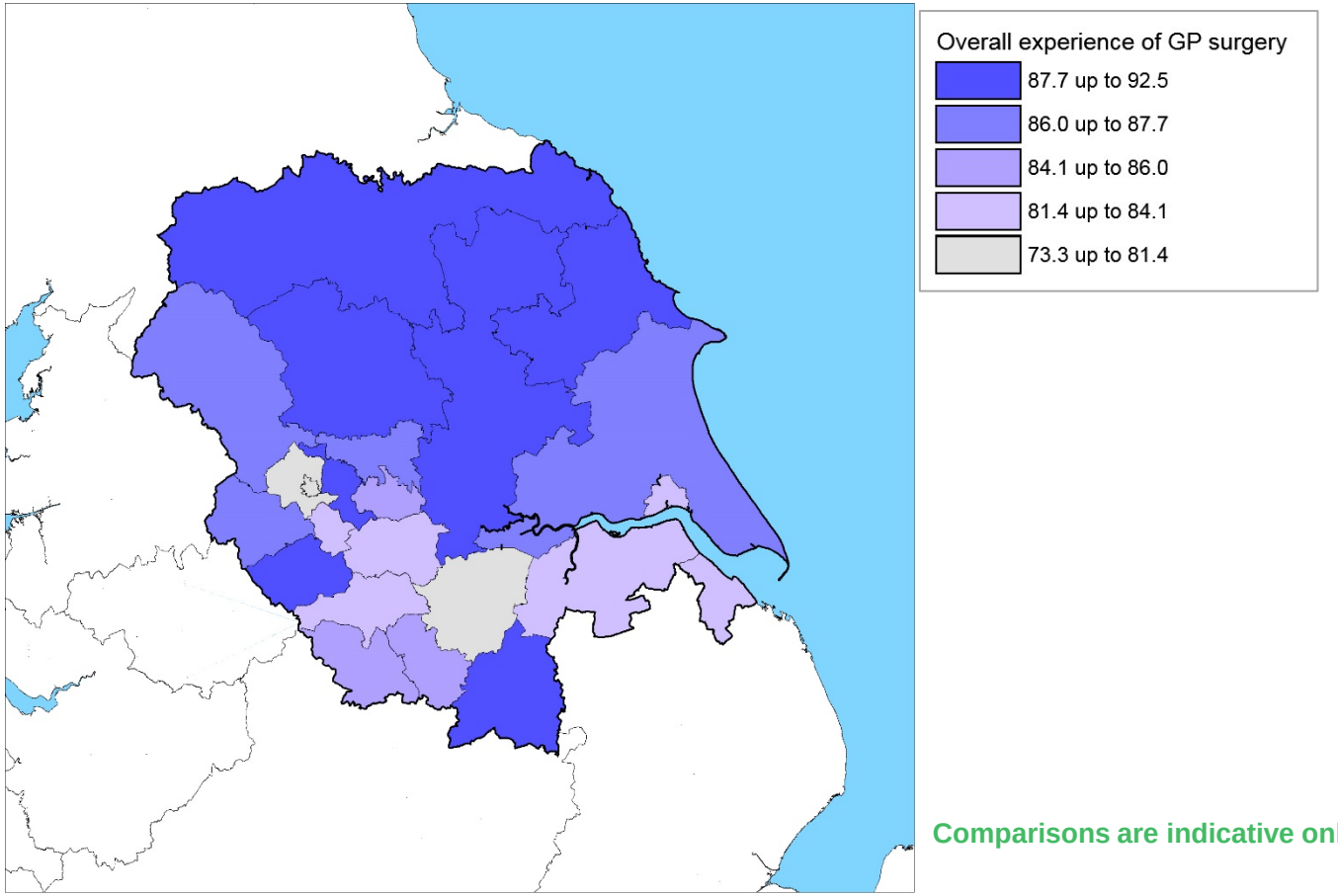
Base: All those completing a questionnaire: National (794,704); CCG 2017 (3,782); CCG 2016 (3,974); CCG 2015 (3,836); CCG 2014 (4,300); CCG 2013 (4,540); Practice bases range from 84 to 133; CCG bases range from 1,151 to 8,890

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

Overall experience:
how the CCG's results compare to other local CCGs

Q28. Overall, how would you describe your experience of your GP surgery?

Percentage of patients saying good



Results range from

74%

to

92%

Comparisons are indicative only: differences may not be statistically significant

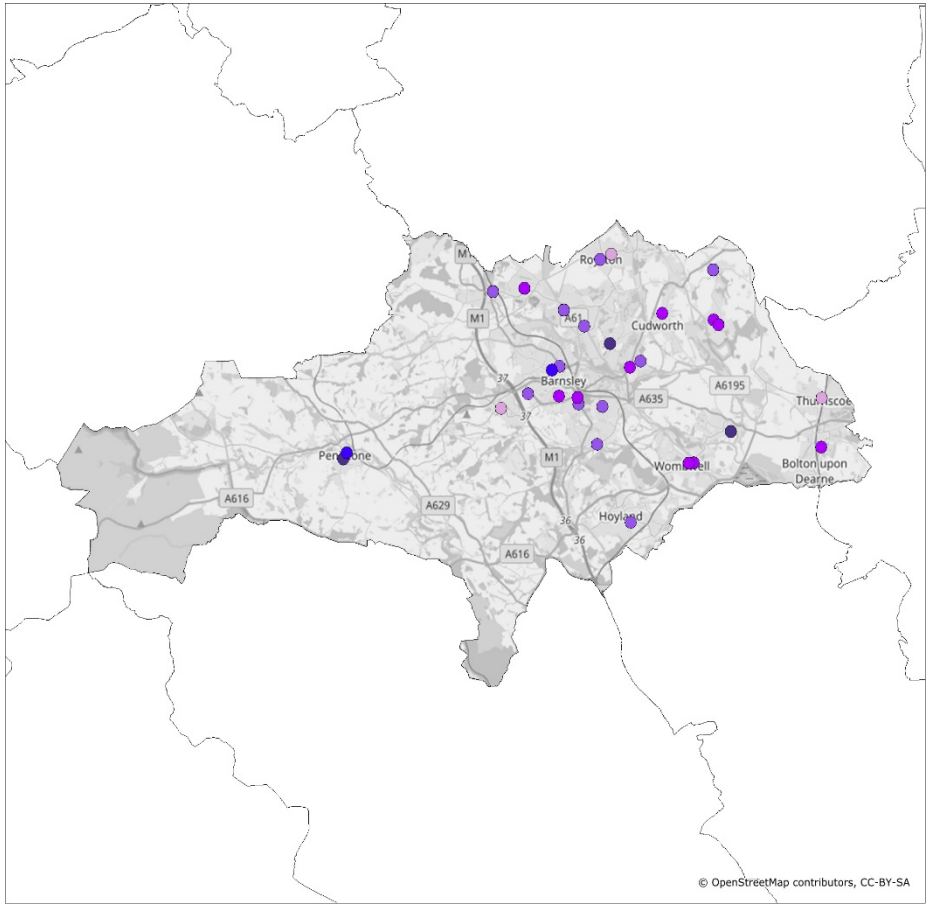
Base: All those completing a questionnaire: CCG bases range from 1,151 to 8,890

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q28. Overall, how would you describe your experience of your GP surgery?

Percentage of patients saying good



Results range from

57%

to

96%

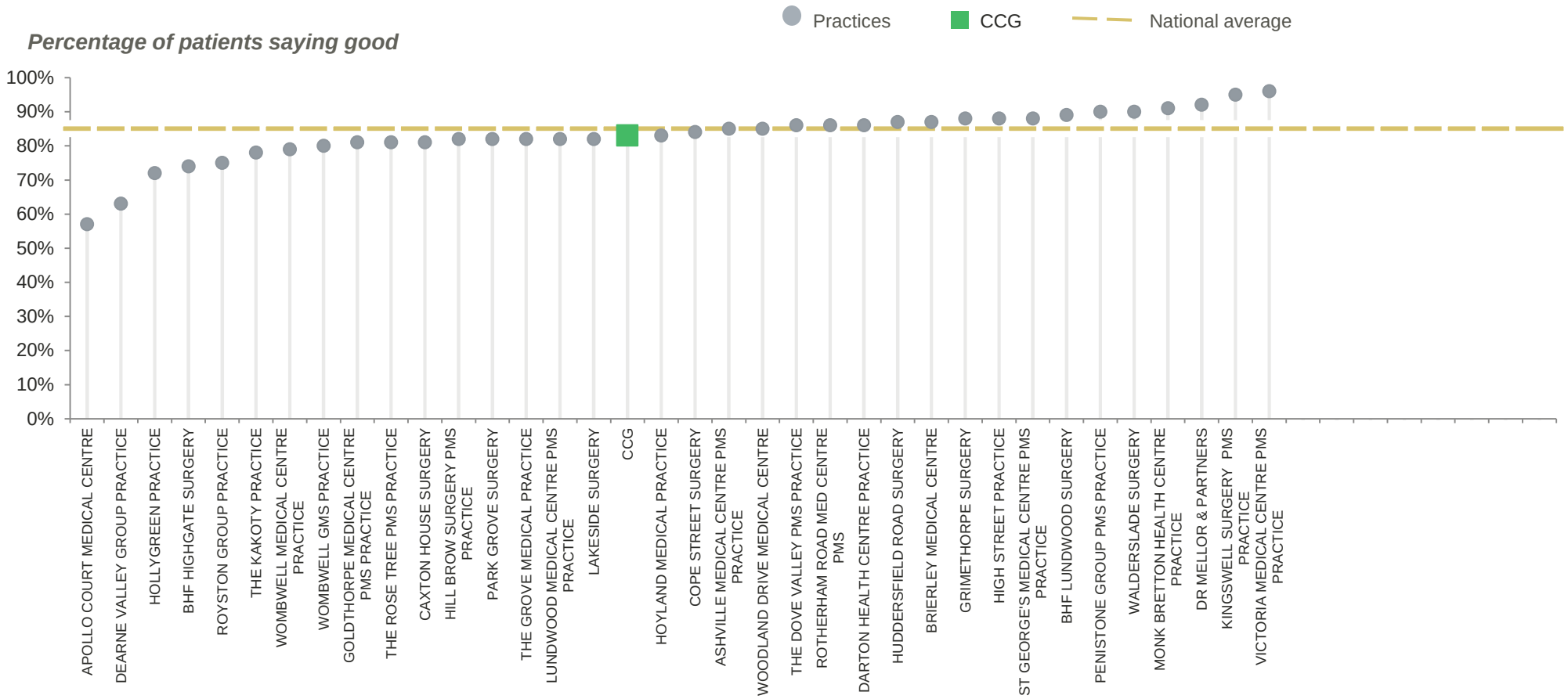
Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 84 to 133

%Good = %Very good + %Fairly good

Overall experience: how the CCG's practices compare

Q28. Overall, how would you describe your experience of your GP surgery?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (794,704); CCG (3,782); Practice bases range from 84 to 133

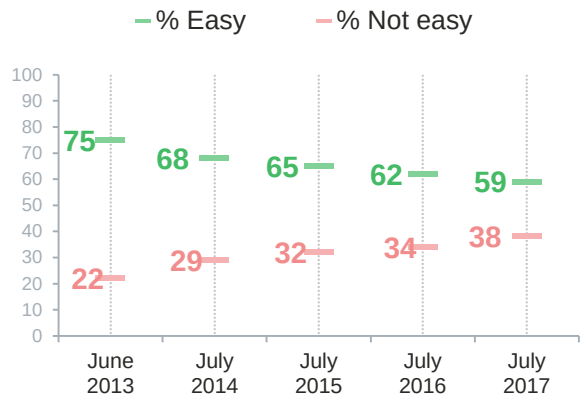
%Good = %Very good + %Fairly good

Access to GP services

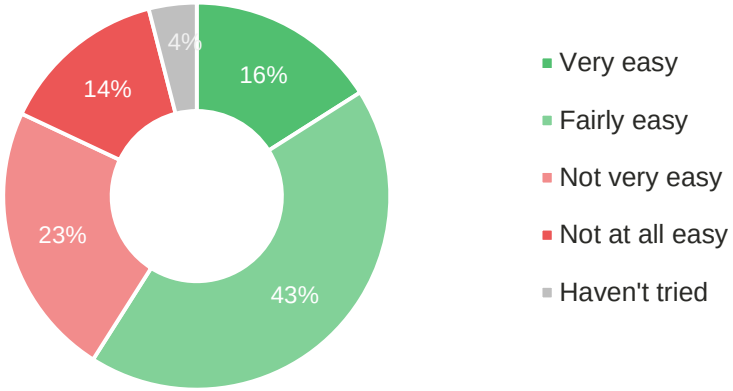
Ease of getting through to GP surgery on the phone

Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?

CCG's results over time



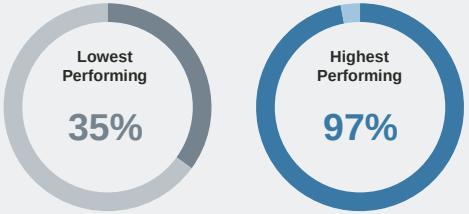
CCG's results



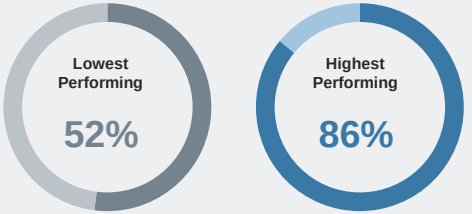
Comparison of results

	CCG	National
	59%	68%
	Easy	Easy
	38%	28%
	Not easy	Not easy

Practice range in CCG - % **Easy**



Local CCG range - % **Easy**

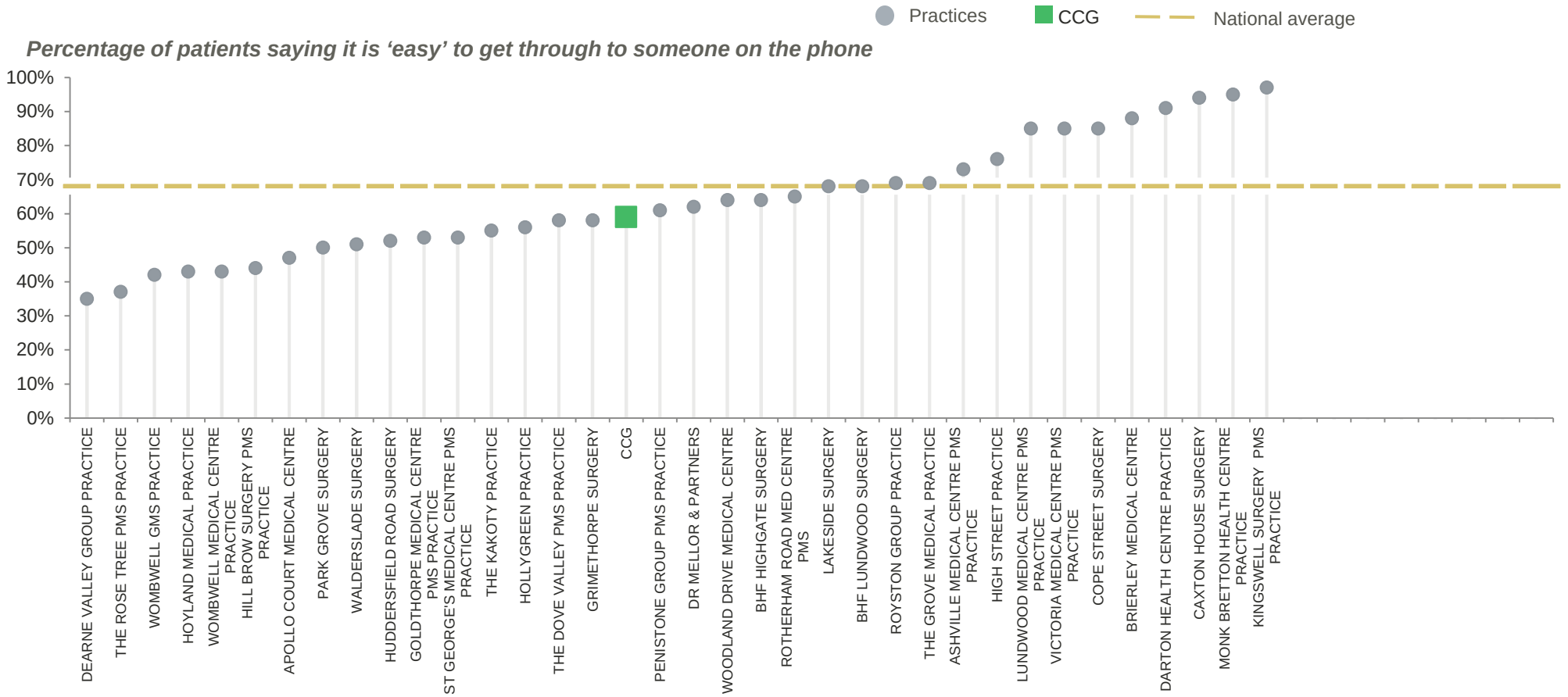


Base: All those completing a questionnaire: National (804,177); CCG 2017 (3,827); CCG 2016 (4,037); CCG 2015 (3,892); CCG 2014 (4,379); CCG 2013 (4,607); Practice bases range from 88 to 135; CCG bases range from 1,167 to 9,025

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

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

Q3. Generally, how easy is it to get through to someone at your GP surgery on the phone?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

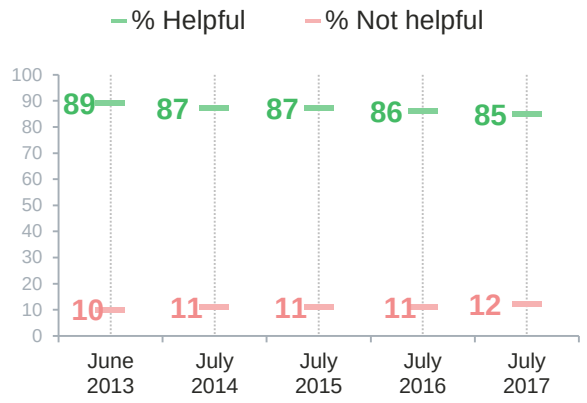
Base: All those completing a questionnaire: National (804,177); CCG (3,827); Practice bases range from 88 to 135

%Easy = %Very easy + %Fairly easy

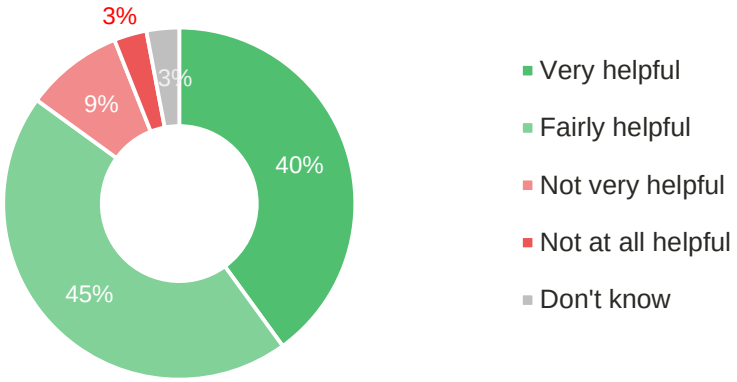
Helpfulness of receptionists at GP surgery

Q4. How helpful do you find the receptionists at your GP surgery?

CCG's results over time



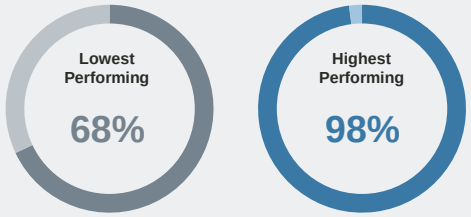
CCG's results



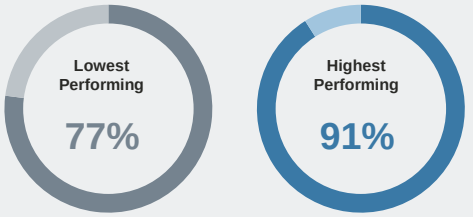
Comparison of results

	CCG	National
	85%	87%
	Helpful	Helpful
	12%	11%
	Not helpful	Not helpful

Practice range in CCG - % **Helpful**



Local CCG range - % **Helpful**

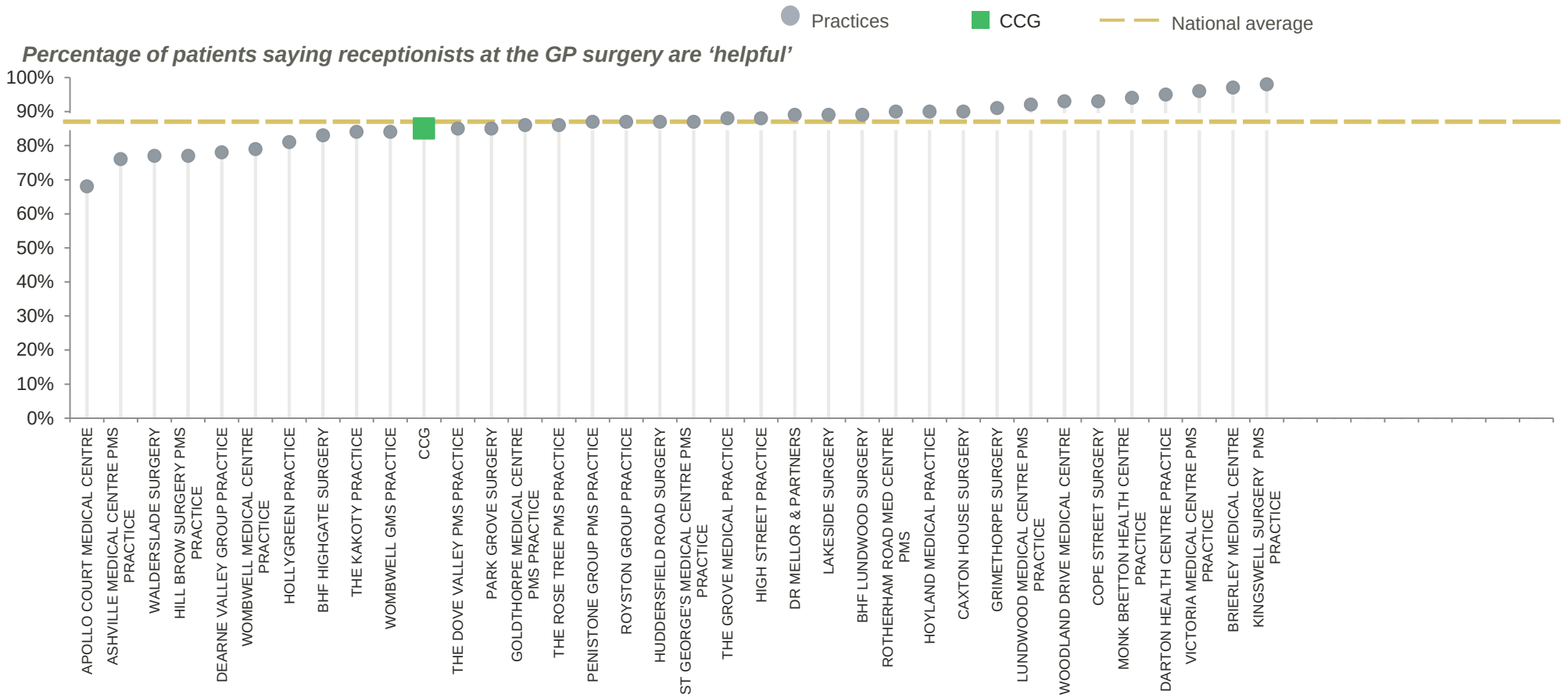


Base: All those completing a questionnaire: National (803,718); CCG 2017 (3,826); CCG 2016 (4,034); CCG 2015 (3,899); CCG 2014 (4,373); CCG 2013 (4,619); Practice bases range from 86 to 135; CCG bases range from 1,164 to 9,036

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

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

Q4. How helpful do you find the receptionists at your GP surgery?



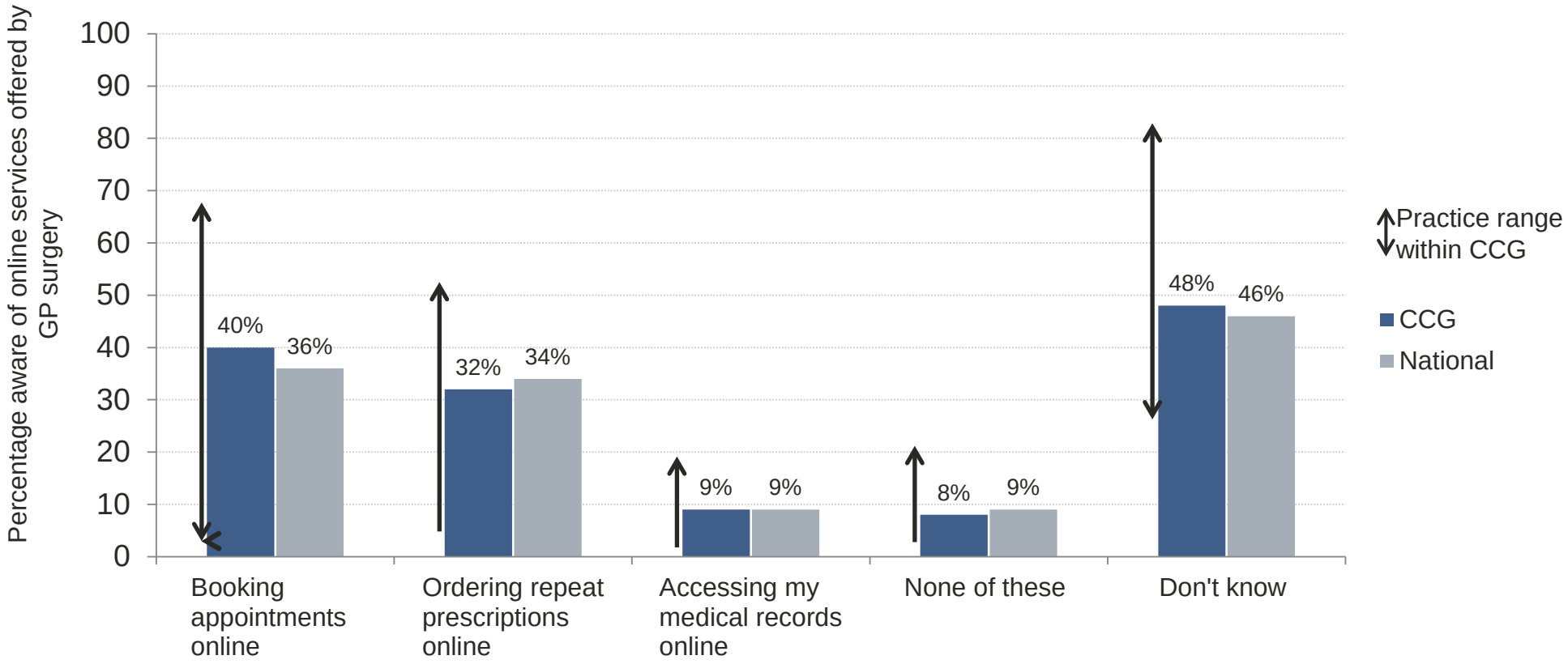
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (803,718); CCG (3,826); Practice bases range from 86 to 135

%Helpful = %Very helpful + %Fairly helpful

Awareness of online services

Q6. As far as you know, which of the following online services does your GP surgery offer?

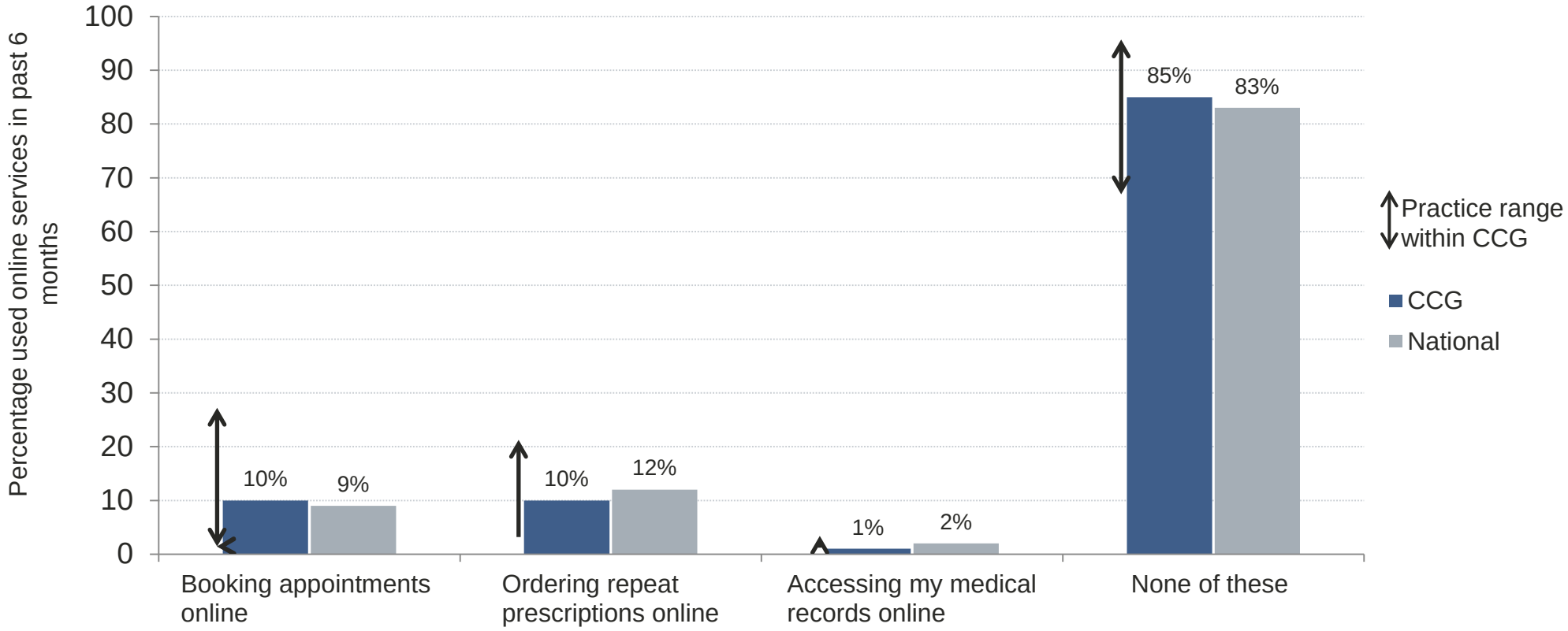


Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (782,347); CCG (3,728); Practice bases range from 87 to 133

Online service use

Q7. And in the past 6 months, which of the following online services have you used at your GP surgery?



Comparisons are indicative only: differences may not be statistically significant

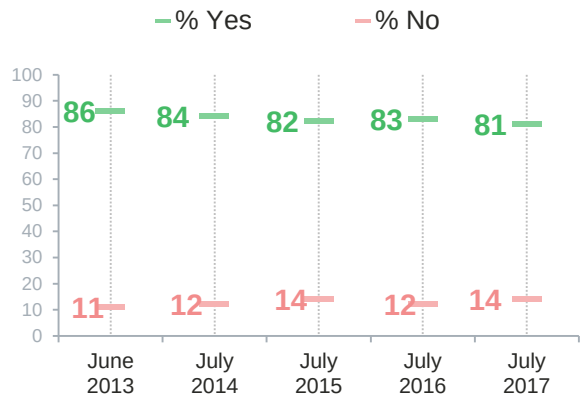
Base: All those completing a questionnaire: National (786,183); CCG (3,743); Practice bases range from 86 to 130

Making an appointment

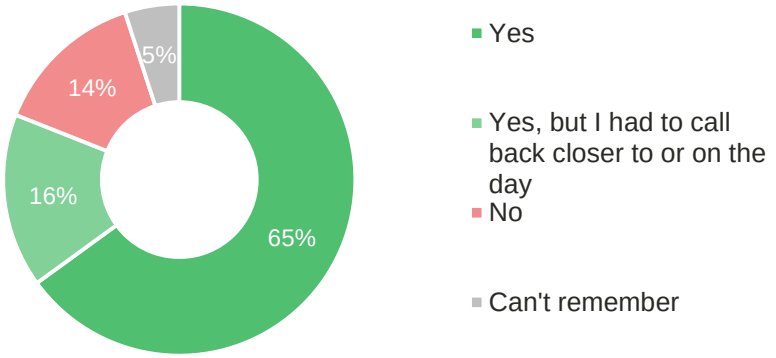
Success in getting an appointment

Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?

CCG's results over time



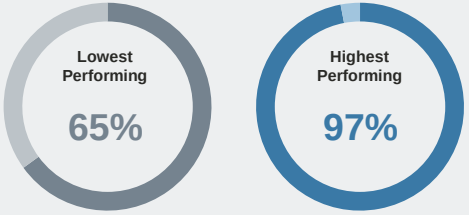
CCG's results



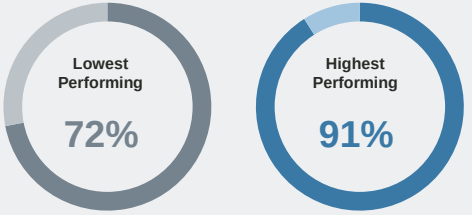
Comparison of results

	CCG	National
Yes	81%	84%
No	14%	11%

Practice range in CCG - % **Yes**



Local CCG range - % **Yes**

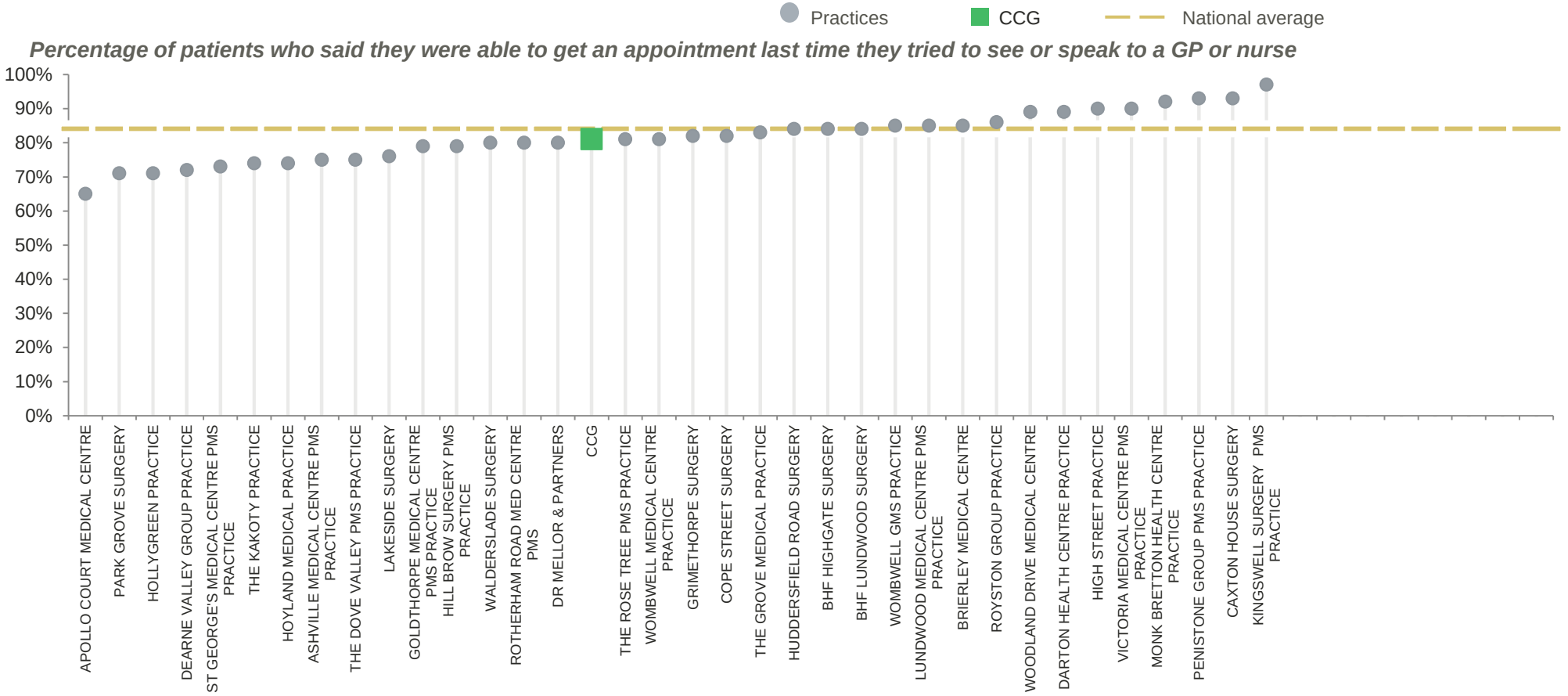


Base: All those completing a questionnaire: National (772,293); CCG 2017 (3,698); CCG 2016 (3,868); CCG 2015 (3,775); CCG 2014 (4,203); CCG 2013 (4,464); Practice bases range from 85 to 132; CCG bases range from 1,134 to 8,766

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

Success in getting an appointment: how the CCG's practices compare

Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

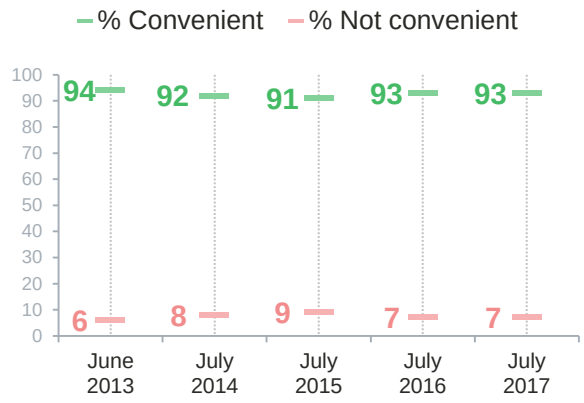
Base: All those completing a questionnaire: National (772,293); CCG (3,698); Practice bases range from 85 to 132

%Yes = %Yes + %Yes, but I had to call back closer to or on the day

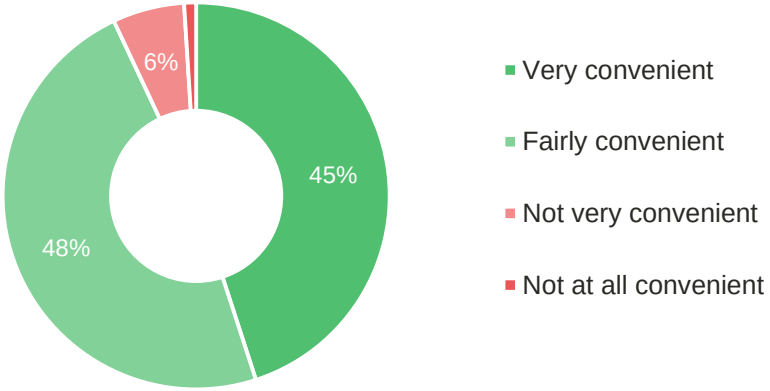
Convenience of appointment

Q15. How convenient was the appointment you were able to get?

CCG's results over time



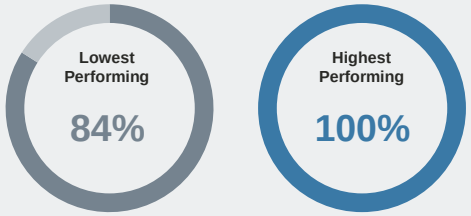
CCG's results



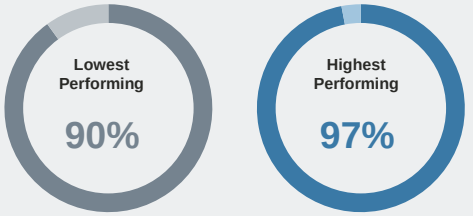
Comparison of results

	CCG	National
Convenient	93%	92%
Not convenient	7%	8%

Practice range in CCG - % **Convenient**



Local CCG range - % **Convenient**

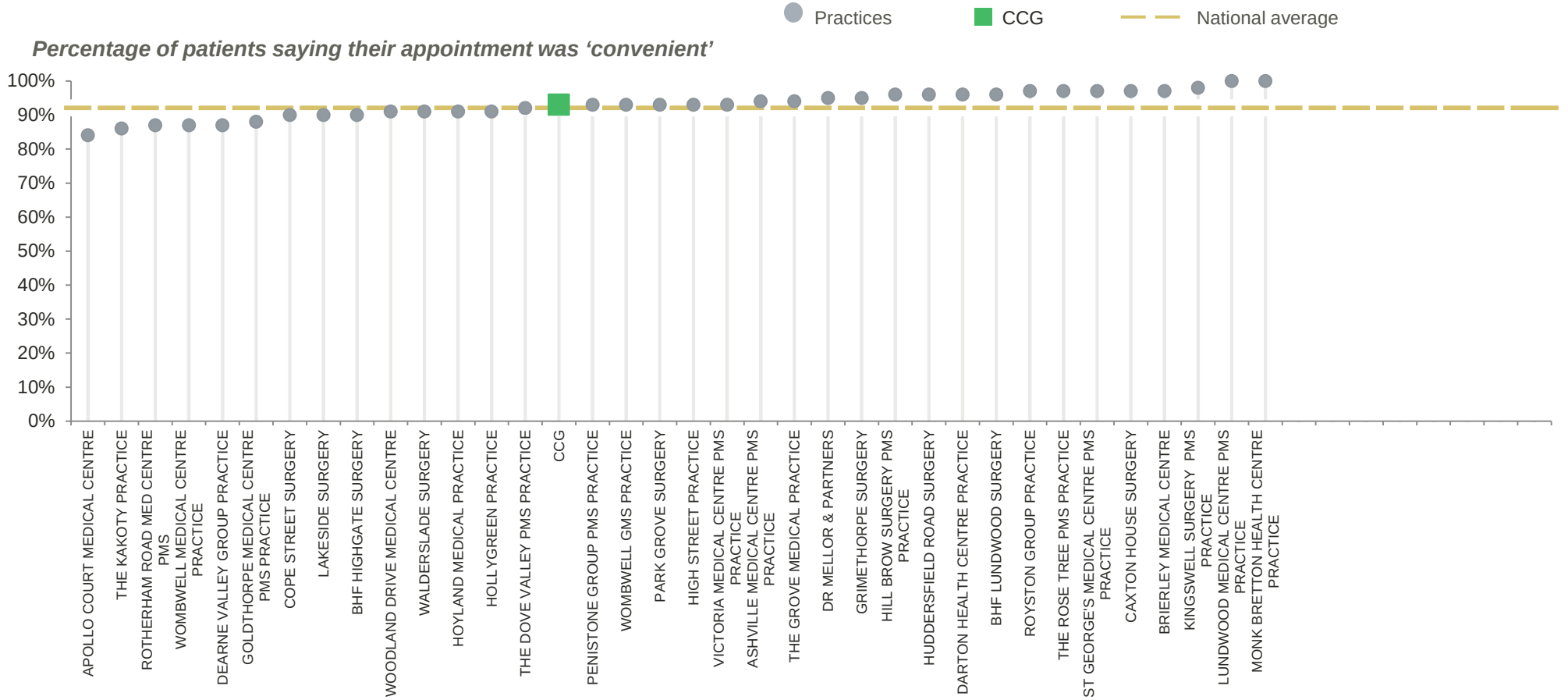


Base: All those able to get an appointment: National (658,980); CCG 2017 (3,063); CCG 2016 (3,296); CCG 2015 (3,198); CCG 2014 (3,652); CCG 2013 (3,907); Practice bases range from 69 to 113; CCG bases range from 983 to 7,344

%Convenient = %Very convenient + %Fairly convenient
%Not convenient = %Not very convenient + %Not at all convenient

Convenience of appointment: how the CCG's practices compare

Q15. How convenient was the appointment you were able to get?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

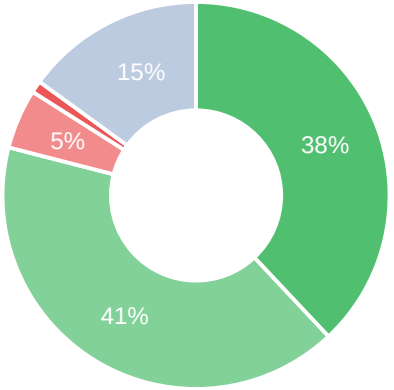
Base: All those able to get an appointment: National (658,980); CCG (3,063); Practice bases range from 69 to 113

%Convenient = %Very convenient + %Fairly convenient

Convenience of appointment (rebased to include those unable to get an appointment)

Q15. How convenient was the appointment you were able to get? (rebased)

CCG's results*

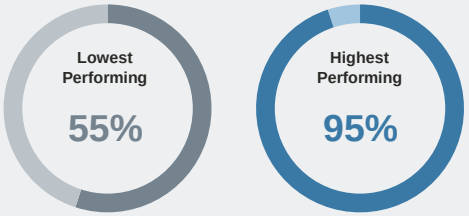


- Very convenient
- Fairly convenient
- Not very convenient
- Not at all convenient
- Unable to get an appointment

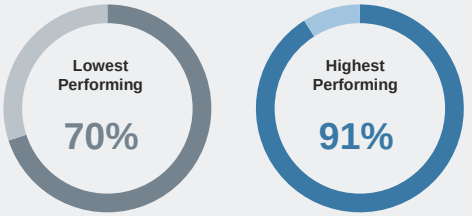
Comparison of results

	CCG	National
	79%	81%
	Convenient	Convenient
	21%	19%
	Not convenient/ unable to get an appointment	Not convenient/ unable to get an appointment

Practice range in CCG - % **Convenient**



Local CCG range - % **Convenient**



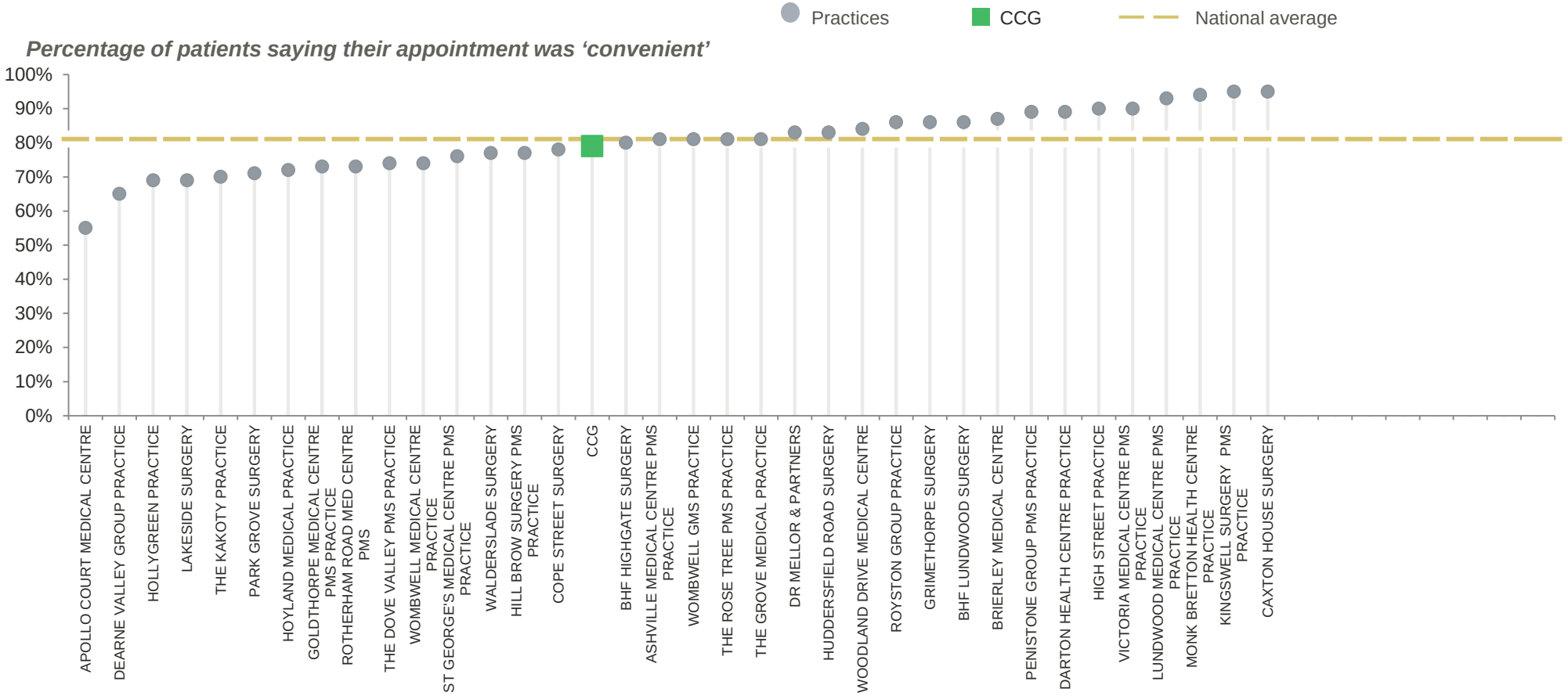
* Trend data is not available for this question as Q15 rebased is not included in datasets pre July 2017 publication.

Base: All those who remember whether or not they were able to get an appointment: National (734,746); CCG 2017 (3,507); Practice bases range from 78 to 125; CCG bases range from 1,078 to 8,294

* %Convenient = %Very convenient + %Fairly convenient
%Not/ unable = %Not very convenient + %Not at all convenient + %Unable to get appointment

Convenience of appointment (rebased to include those unable to get an appointment): how the CCG's practices compare

Q15. How convenient was the appointment you were able to get? (rebased)



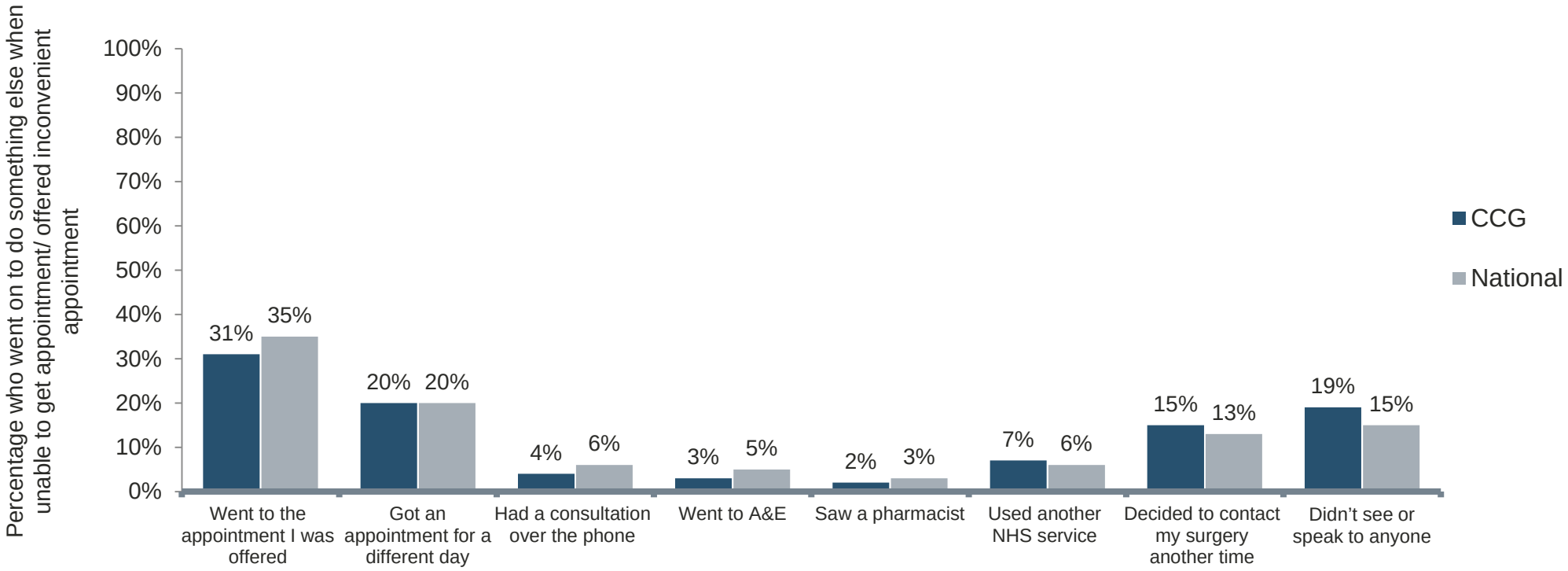
Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those who remember whether or not they were able to get an appointment: National (734,746); CCG (3,507); Practice bases range from 78 to 125

%Convenient = %Very convenient + %Fairly convenient

What patients do when they are unable to get appointment / are offered an inconvenient appointment

Q17. What did you do on that occasion?



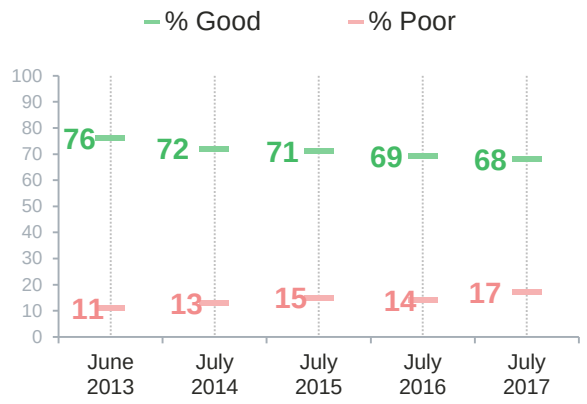
Comparisons are indicative only: differences may not be statistically significant

Base: All those who were not able to get an appointment or were offered an inconvenient appointment: National (110,834); CCG (585)

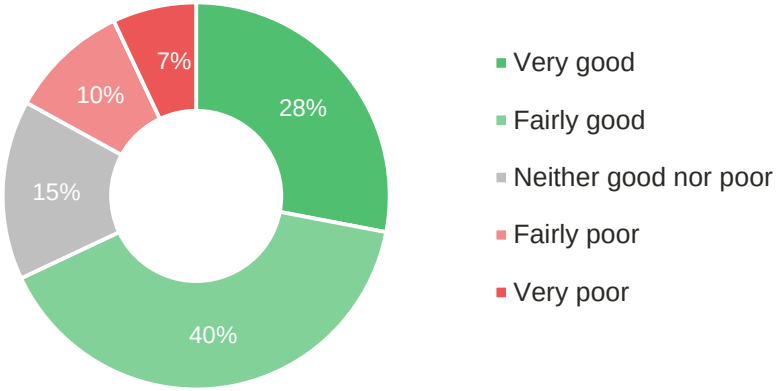
Overall experience of making an appointment

Q18. Overall, how would you describe your experience of making an appointment?

CCG's results over time



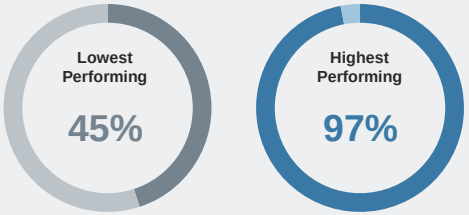
CCG's results



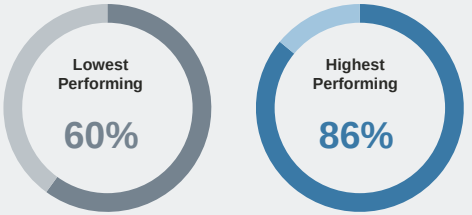
Comparison of results

	CCG	National
	68%	73%
	Good	Good
	17%	13%
	Poor	Poor

Practice range in CCG - % **Good**



Local CCG range - % **Good**

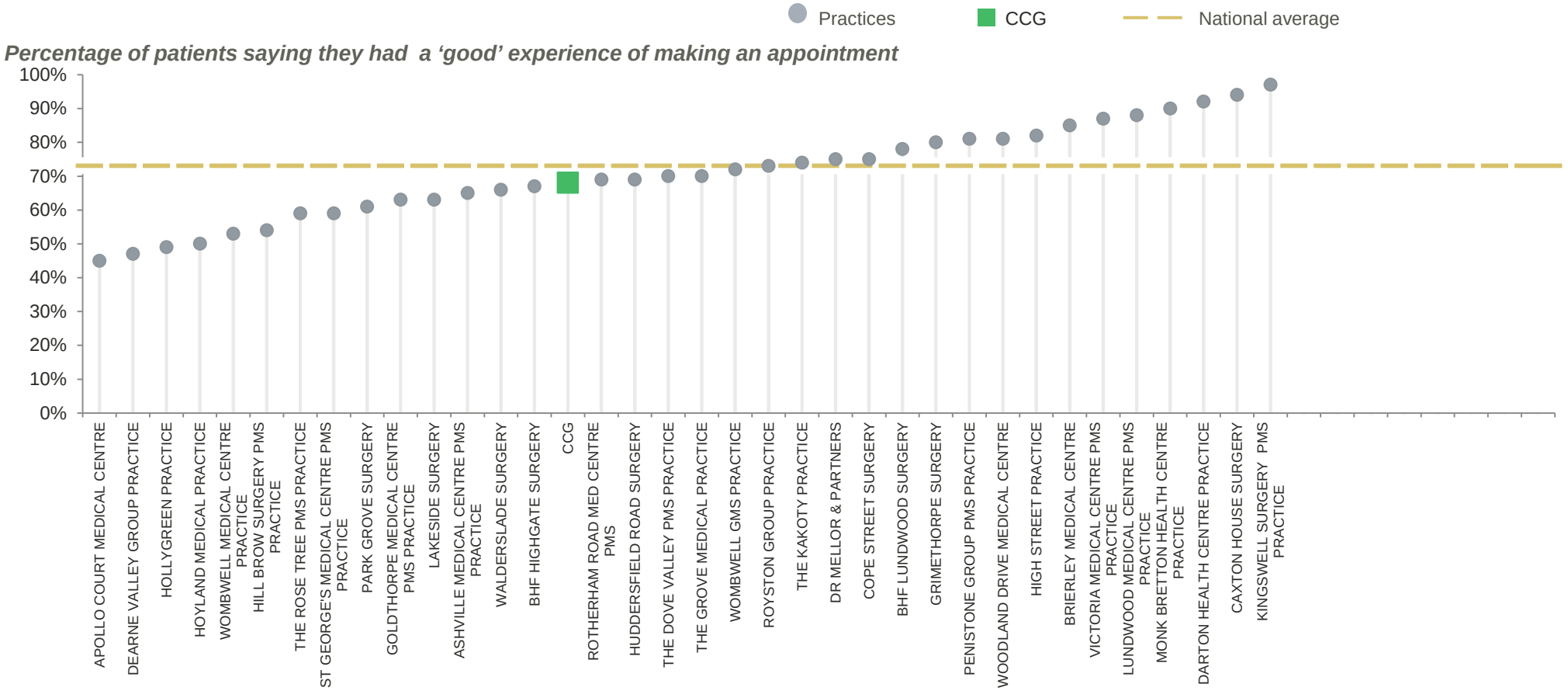


Base: All those completing a questionnaire: National (768,706); CCG 2017 (3,695); CCG 2016 (3,852); CCG 2015 (3,758); CCG 2014 (4,148); CCG 2013 (4,432); Practice bases range from 84 to 134; CCG bases range from 1,125 to 8,707

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

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

Q18. Overall, how would you describe your experience of making an appointment?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (768,706); CCG (3,695); Practice bases range from 84 to 134

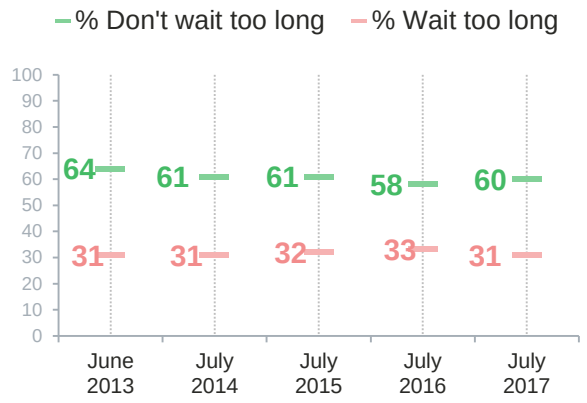
%Good = %Very good + %Fairly good

Waiting times at the GP surgery

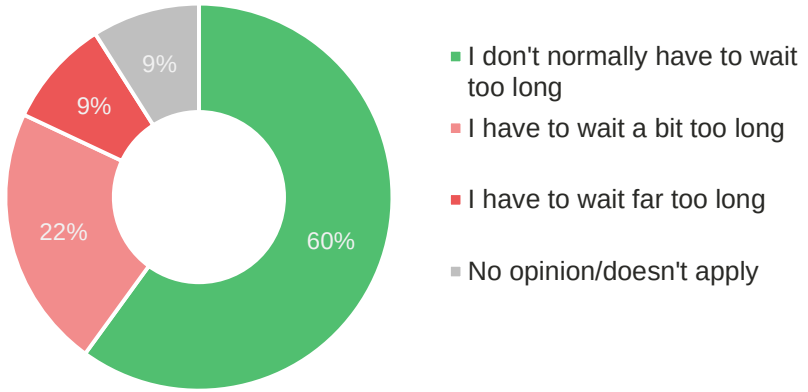
Waiting times at the GP surgery

Q20. How do you feel about how long you normally have to wait to be seen?

CCG's results over time



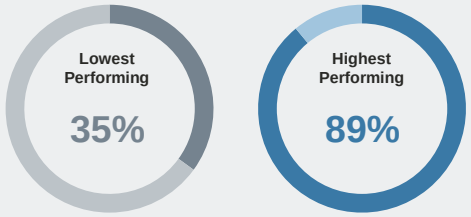
CCG's results



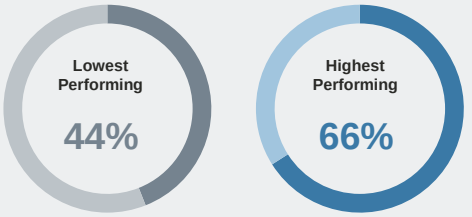
Comparison of results

	CCG	National
Don't wait too long	60%	58%
Wait too long	31%	33%

Practice range in CCG – % **Don't wait too long**



Local CCG range – % **Don't wait too long**

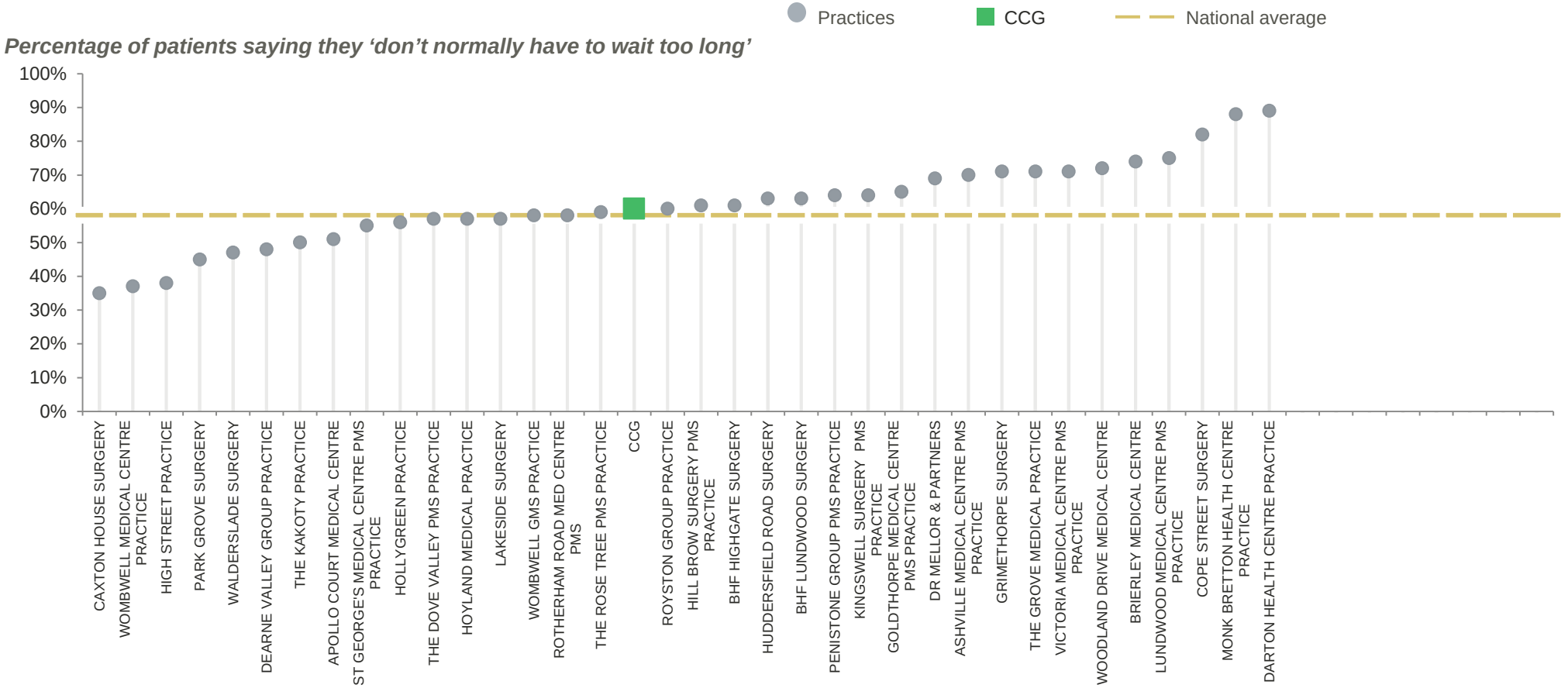


Base: All those completing a questionnaire: National (772,842); CCG 2017 (3,707); CCG 2016 (3,869); CCG 2015 (3,788); CCG 2014 (4,198); CCG 2013 (4,468); Practice bases range from 83 to 133; CCG bases range from 1,131 to 8,750

%Wait too long= %Wait a bit too long + %Wait far too long

Waiting times at the GP surgery: how the CCG's practices compare

Q20. How do you feel about how long you normally have to wait to be seen?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (772,842); CCG (3,707); Practice bases range from 83 to 133

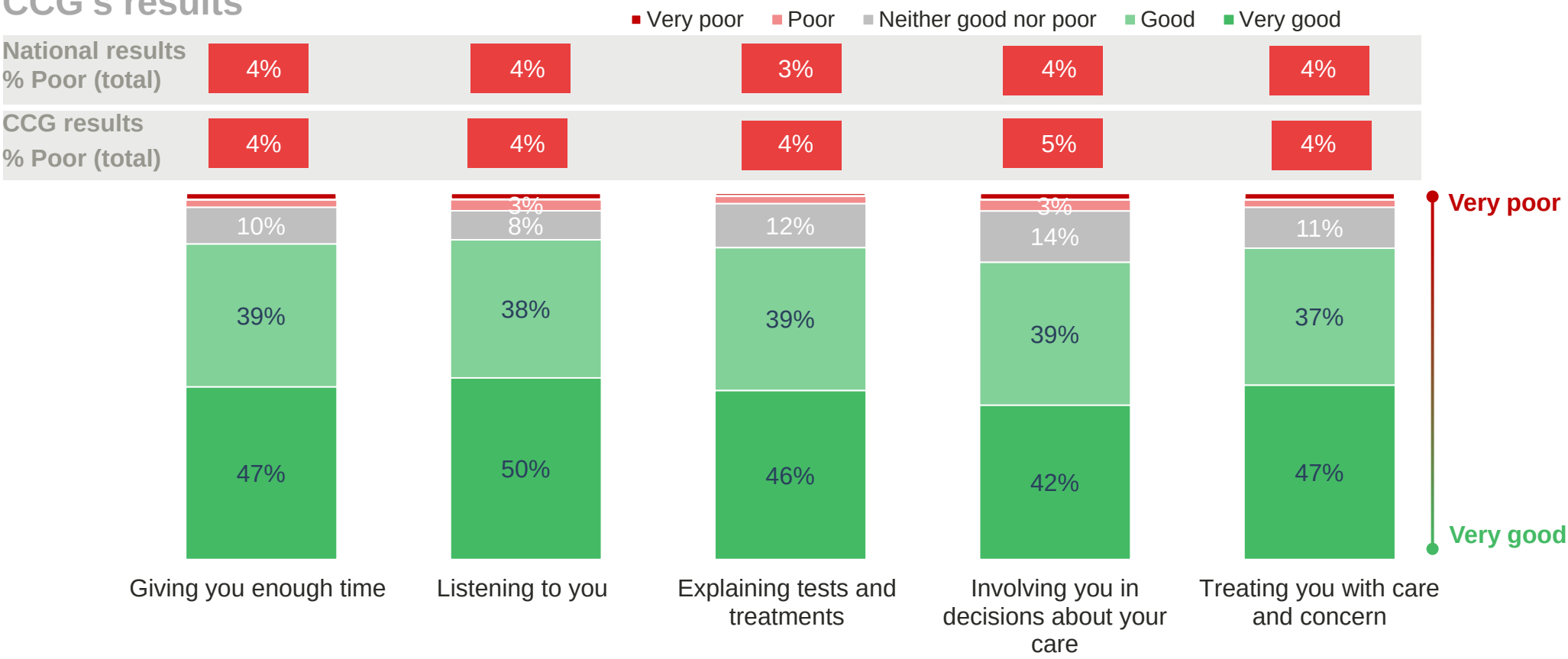
Perceptions of care at patients' last GP appointment

Perceptions of care at last GP appointment

Q21. Last time you saw or spoke to a GP from your GP surgery, how good was that GP at each of the following?*

*Those who say 'Doesn't apply' have been excluded from these results.

CCG's results



Base: All those completing a questionnaire excluding 'doesn't apply': CCG (3,678; 3,656; 3,524; 3,394; 3,627); National (767,129; 765,505; 735,550; 707,368; 754,335)

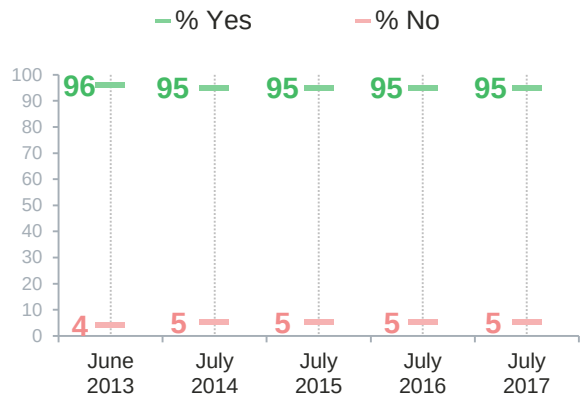
%Poor = %Very poor + %Poor

Confidence and trust in the GP

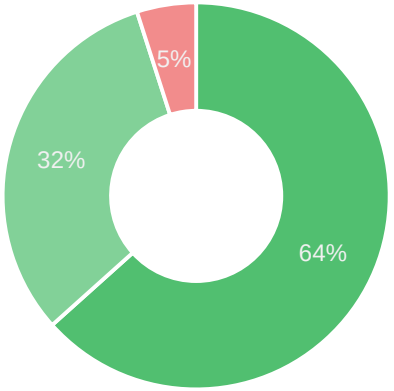
Q22. Did you have confidence and trust in the GP you saw or spoke to?*

*Those who say 'Don't know/can't say' have been excluded from these results.

CCG's results over time



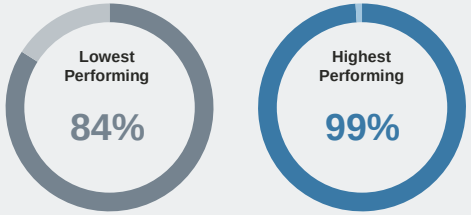
CCG's results



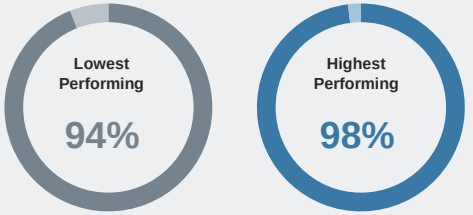
Comparison of results

	CCG	National
	95%	95%
	Yes	Yes
	5%	5%
	No	No

Practice range in CCG - % **Yes**



Local CCG range - % **Yes**



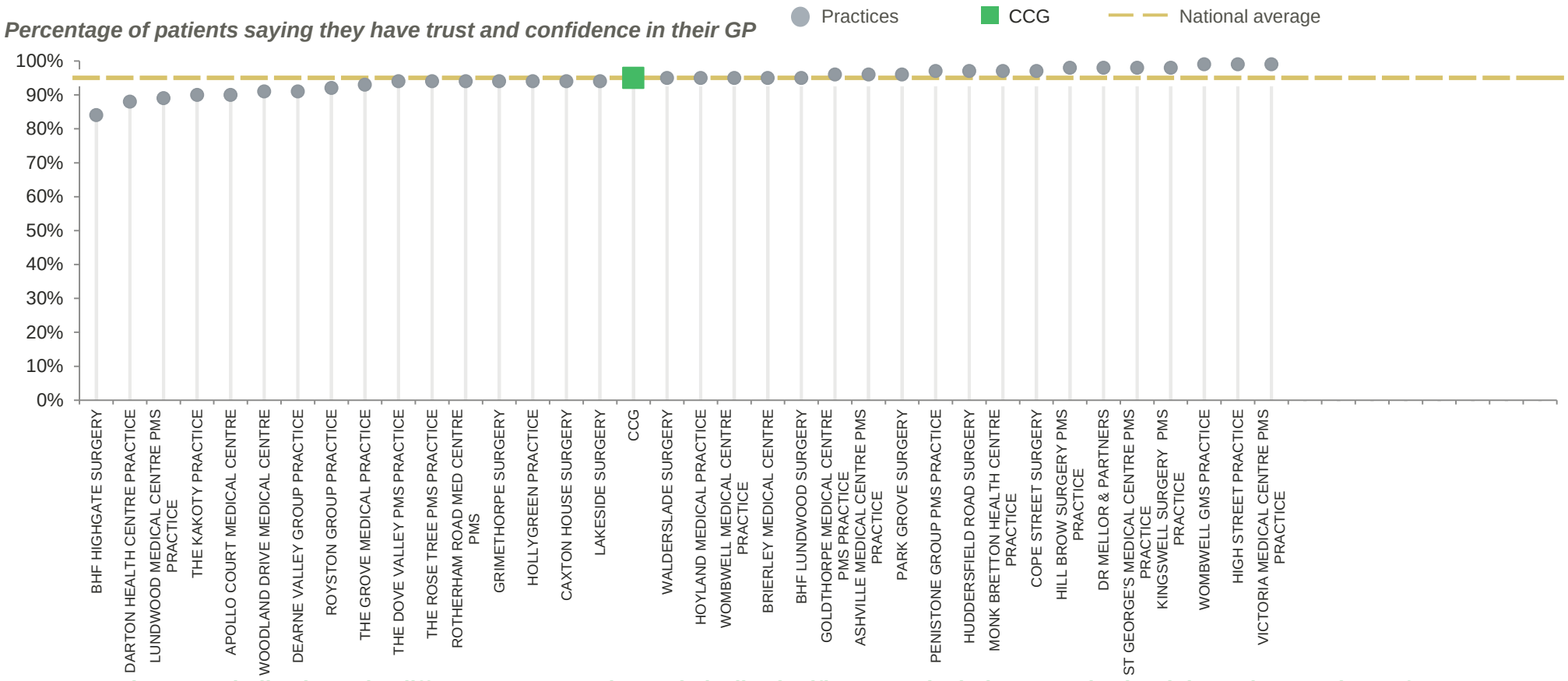
Base: All those completing a questionnaire: National (754,466); CCG 2017 (3,630); CCG 2016 (3,770); CCG 2015 (3,710); CCG 2014 (4,159); CCG 2013 (4,438); Practice bases range from 81 to 132; CCG bases range from 1,097 to 8,611

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

Confidence and trust in the GP: how the CCG's practices compare

Q22. Did you have confidence and trust in the GP you saw or spoke to?*

*Those who say 'Don't know/ can't say' have been excluded from these results.



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding 'don't know/ can't say': National (754,466); CCG (3,630); Practice bases range from 81 to 132

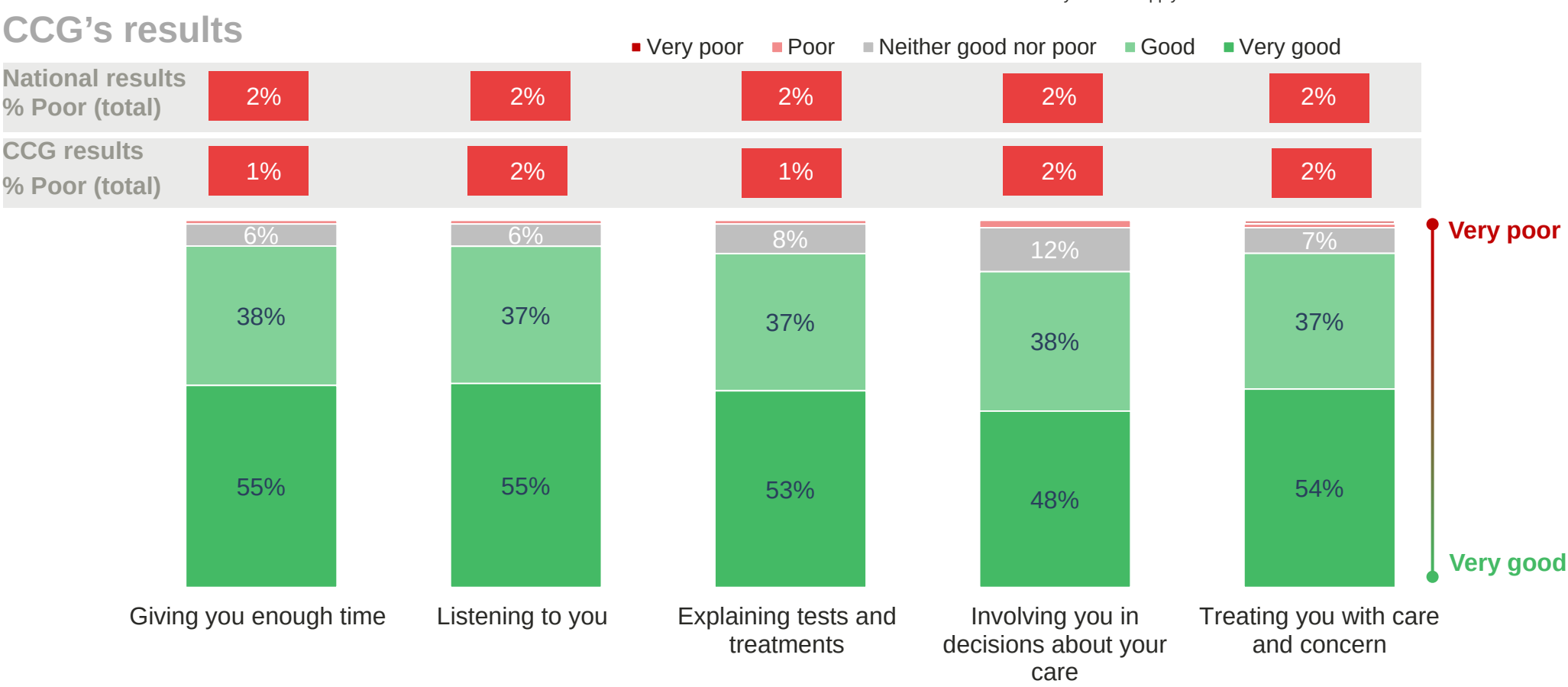
%Yes = %Yes, definitely + %Yes, to some extent

Perceptions of care at patients' last nurse appointment

Perceptions of care at last nurse appointment

Q23. Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at each of the following?*

*Those who say 'Doesn't apply' have been excluded from these results.



Base: All those completing a questionnaire excluding 'doesn't apply': CCG (3,354; 3,330; 3,238; 2,976; 3,287); National (690,213; 684,099; 665,816; 607,788; 675,604)

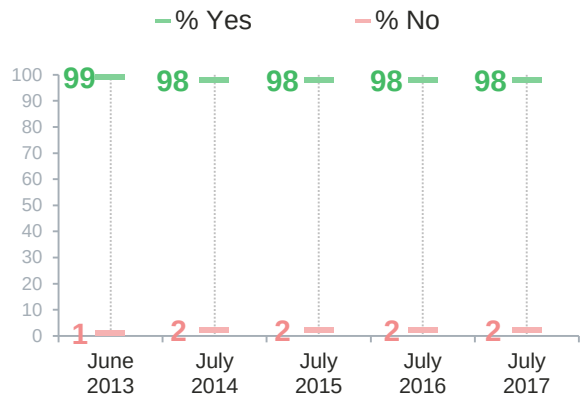
%Poor = %Very poor + %Poor

Confidence and trust in the nurse

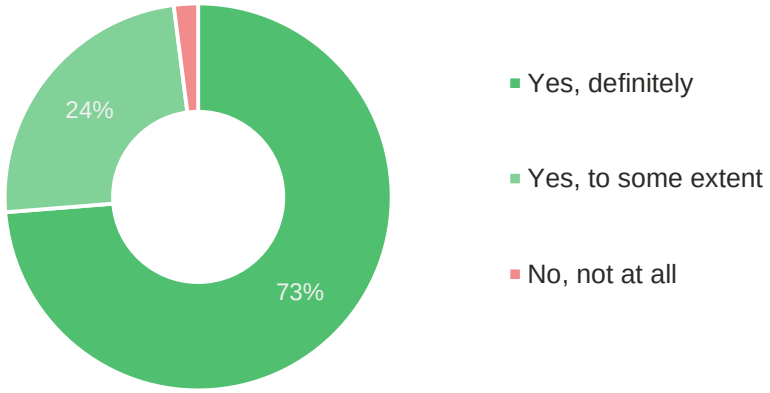
Q24. Did you have confidence and trust in the nurse you saw or spoke to?*

*Those who say 'Don't know/can't say' have been excluded from these results.

CCG's results over time



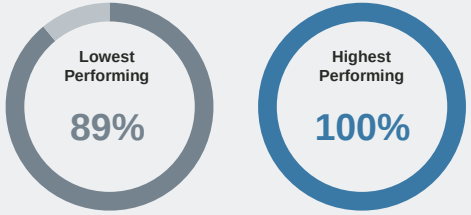
CCG's results



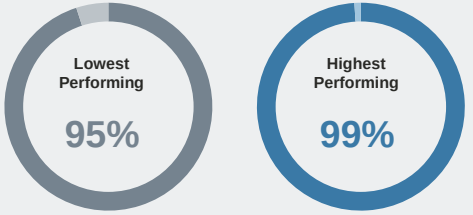
Comparison of results

	CCG	National
	98%	97%
	Yes	Yes
	2%	3%
	No	No

Practice range in CCG - % **Yes**



Local CCG range - % **Yes**



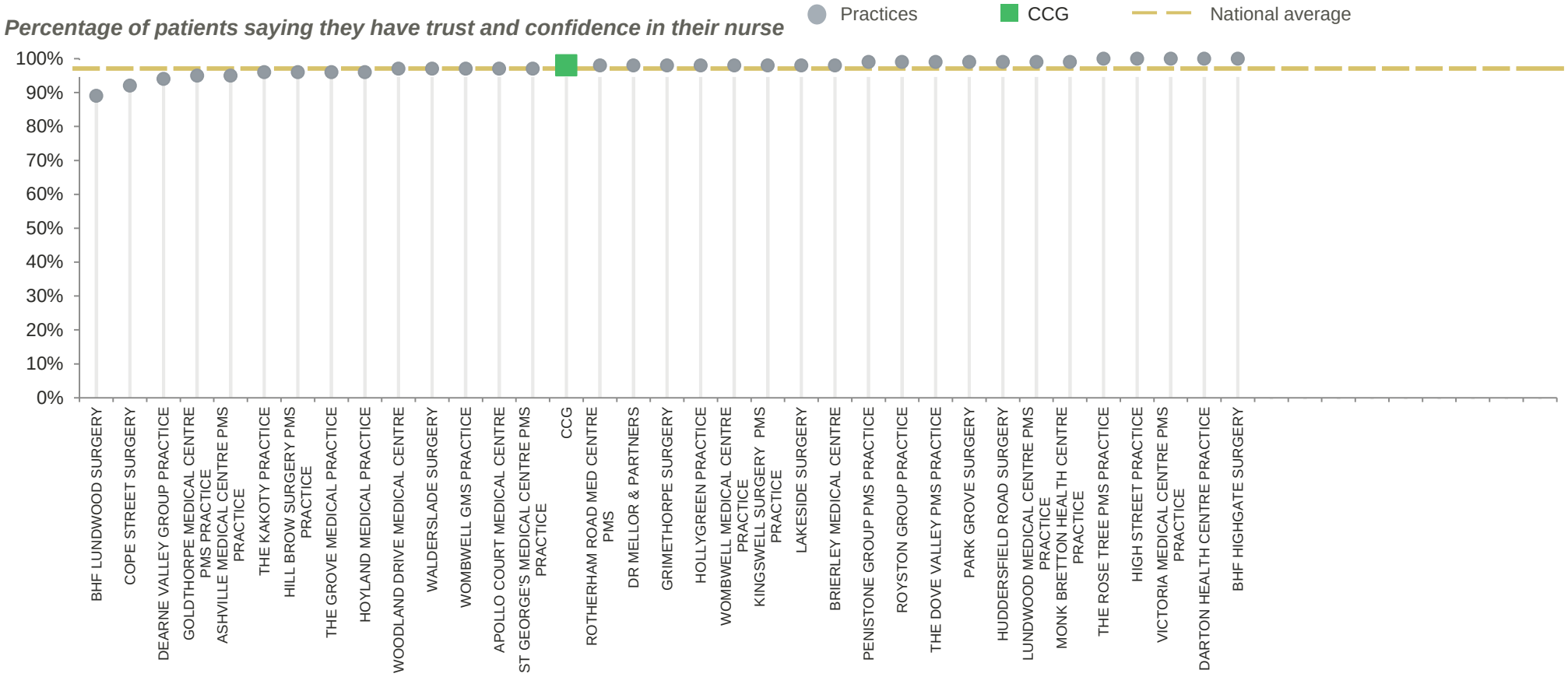
Base: All those completing a questionnaire: National (683,080); CCG 2017 (3,312); CCG 2016 (3,461); CCG 2015 (3,427); CCG 2014 (3,846); CCG 2013 (4,062); Practice bases range from 19 to 127; CCG bases range from 1,051 to 7,838

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

Confidence and trust in the nurse: how the CCG's practices compare

Q24. Did you have confidence and trust in the nurse you saw or spoke to?*

*Those who say 'Don't know/ can't say' have been excluded from these results.



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding 'don't know/ can't say': National (683,080); CCG (3,312); Practice bases range from 19 to 127

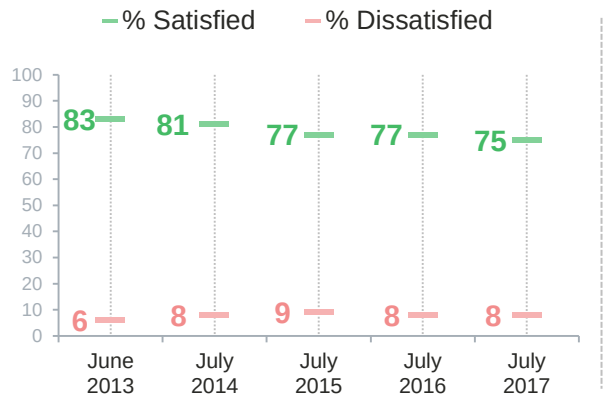
%Yes = %Yes, definitely + %Yes, to some extent

Satisfaction with the practice's opening hours

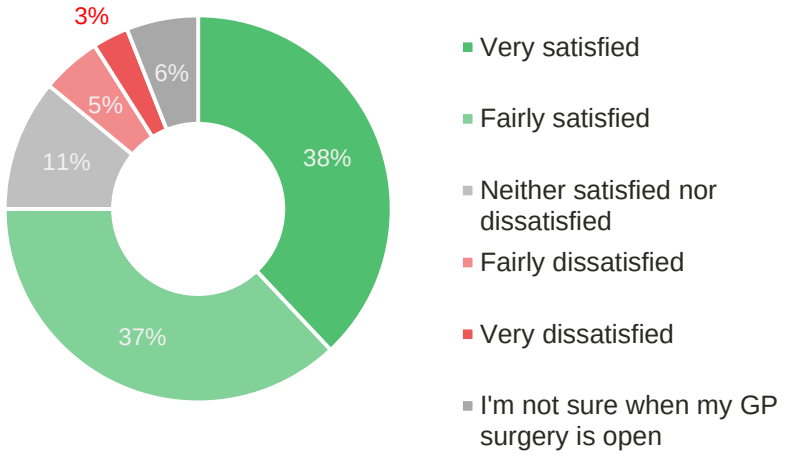
Satisfaction with opening hours

Q25. How satisfied are you with the hours that your GP surgery is open?

CCG's results over time



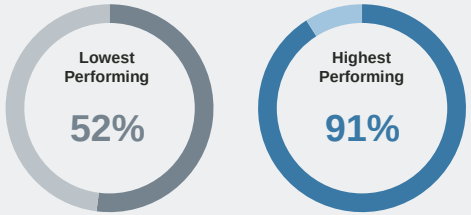
CCG's results



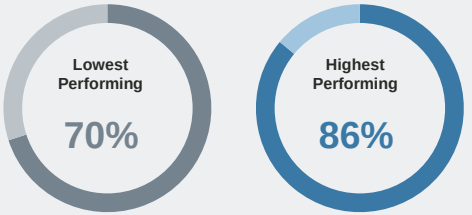
Comparison of results

	CCG	National
	75%	76%
	Satisfied	Satisfied
	8%	9%
	Dissatisfied	Dissatisfied

Practice range in CCG - % **Satisfied**



Local CCG range - % **Satisfied**

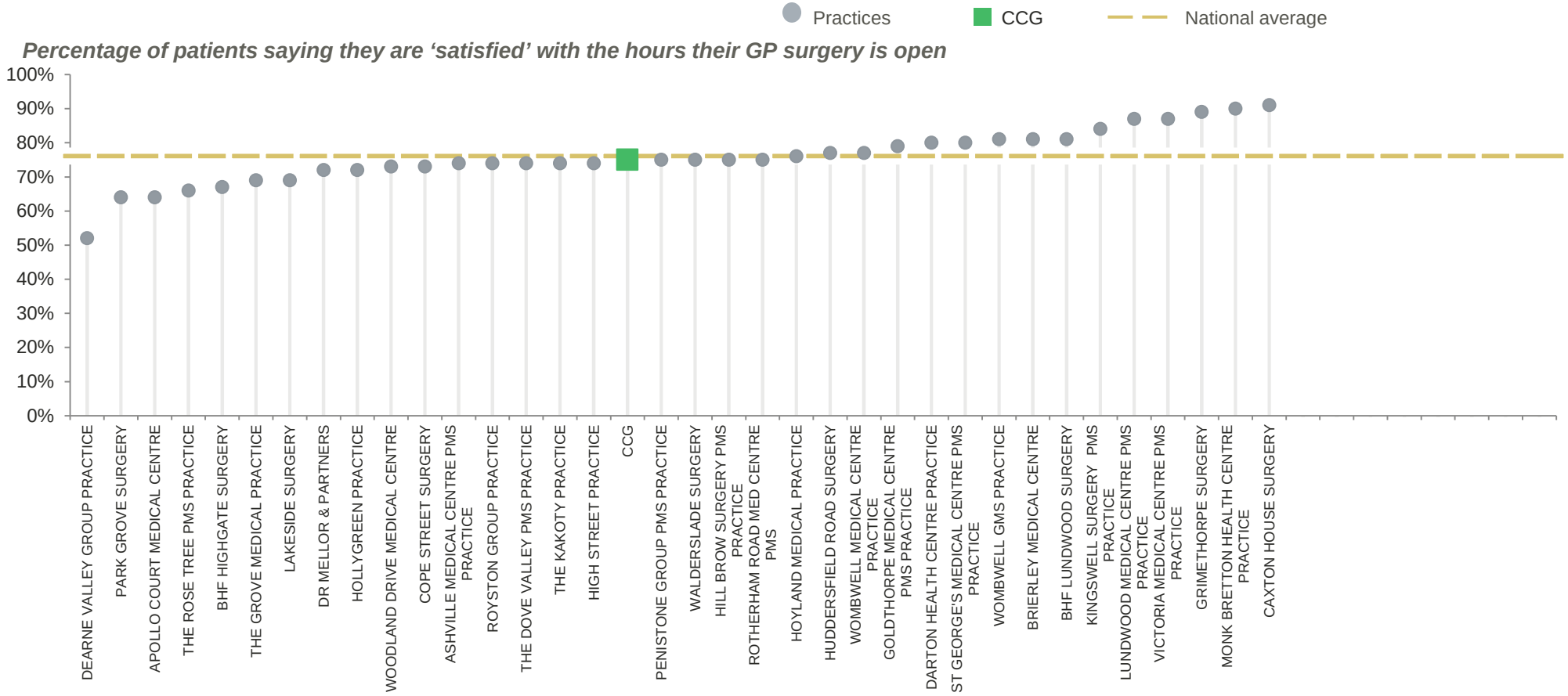


Base: All those completing a questionnaire: National (795,461); CCG 2017 (3,778); CCG 2016 (3,983); CCG 2015 (3,836); CCG 2014 (4,309); CCG 2013 (4,555); Practice bases range from 85 to 132; CCG bases range from 1,147 to 8,898

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

Satisfaction with opening hours: how the CCG's practices compare

Q25. How satisfied are you with the hours that your GP surgery is open?



Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (795,461); CCG (3,778); Practice bases range from 85 to 132

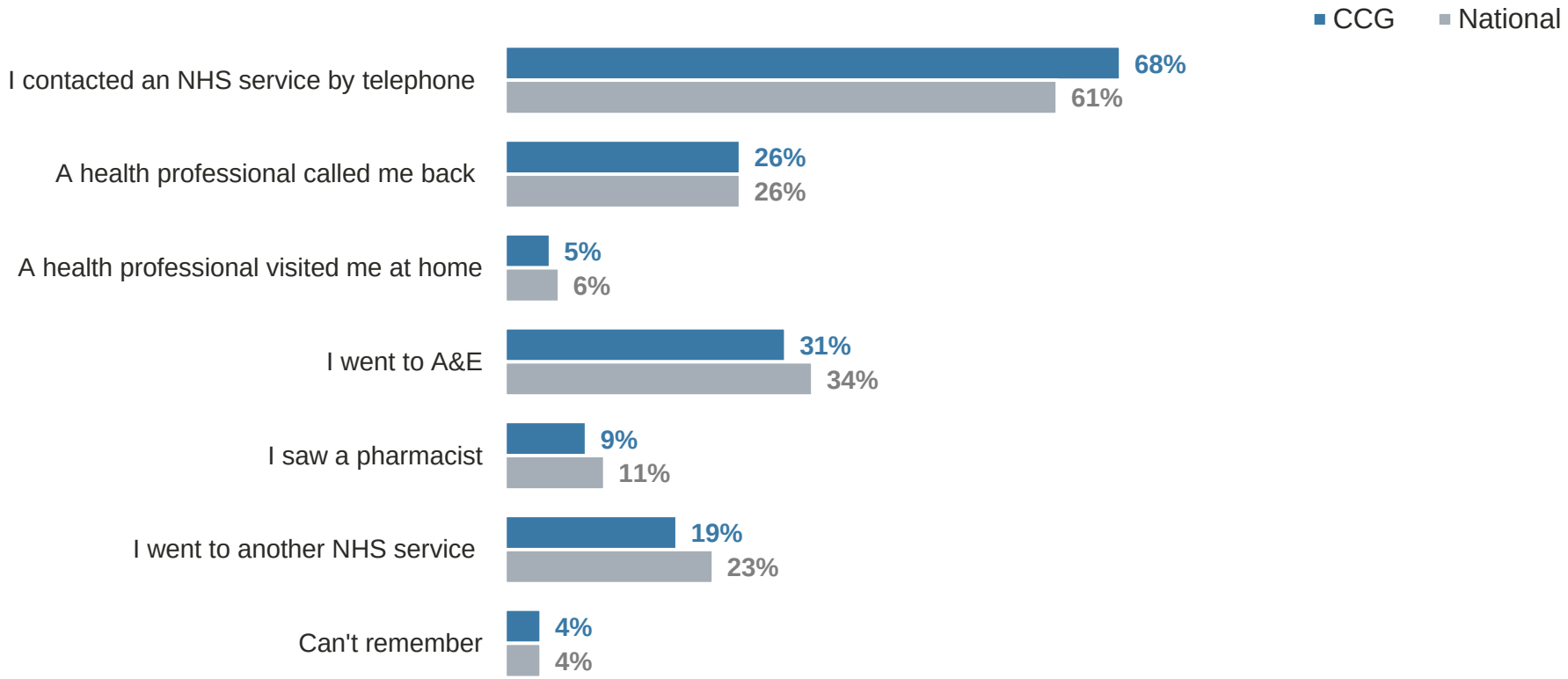
%Satisfied = %Very satisfied + %Fairly satisfied

Out-of-hours services*

* *The out-of-hours service questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP surgery was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.*

Use of out-of-hours services

Q41. Considering all of the services you contacted, which of the following happened on that occasion?

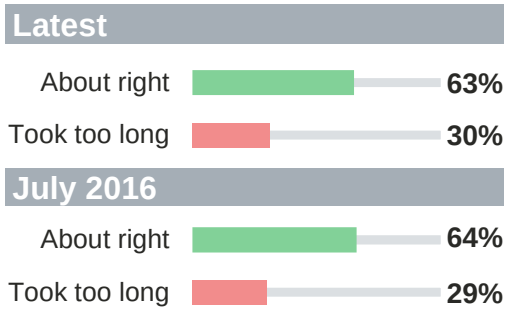


Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (124,736); CCG (583)

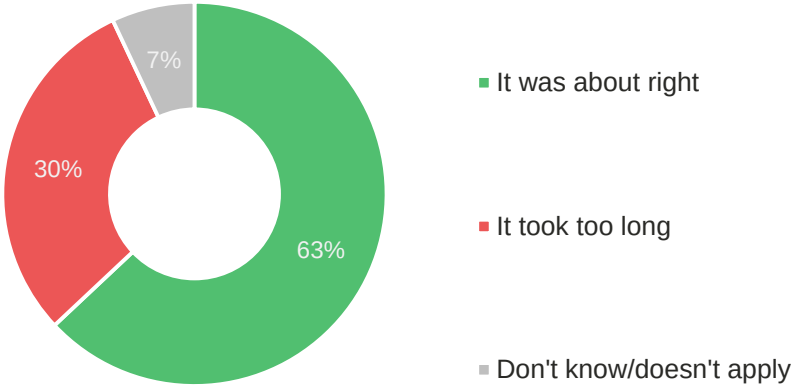
Speed of care provided by out-of-hours service*

Q42. How do you feel about how quickly you received care or advice on that occasion?

CCG's results over time



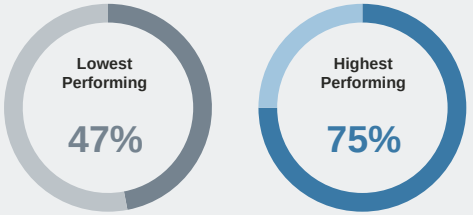
CCG's results



Comparison of results

CCG	National
63%	61%
About right	About right
30%	33%
Took too long	Took too long

Local CCG range– % **About right**



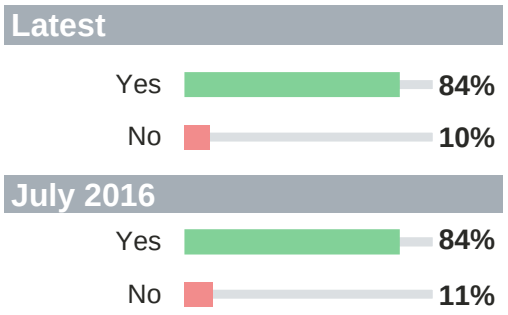
* The out-of-hours questions were redesigned for July-September 2015 fieldwork to reflect changes to service provision. As such, comparisons are only available from July 2016.

Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (124,915); CCG 2017 (586); CCG 2016 (524); CCG bases range from 131 to 1,437

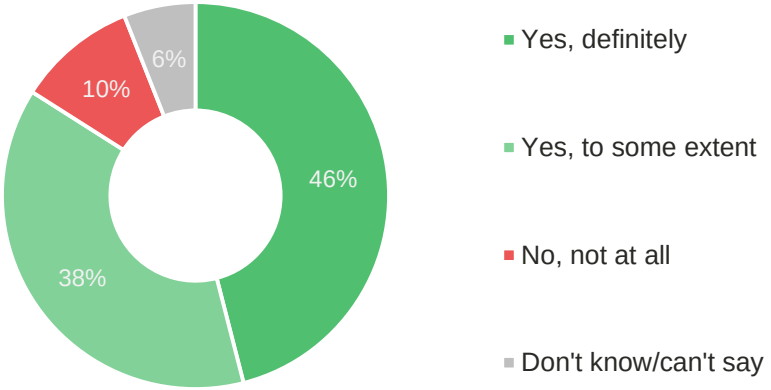
Confidence and trust in out-of-hours staff*

Q43. Considering all of the people you saw or spoke to on that occasion, did you have confidence and trust in them?

CCG's results over time

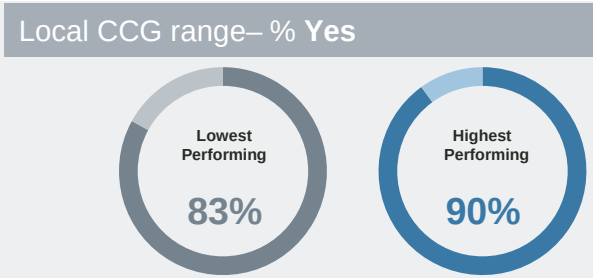


CCG's results



Comparison of results

	CCG	National
Yes	84%	87%
No	10%	9%



* The out-of-hours questions were redesigned for July-September 2015 fieldwork to reflect changes to service provision. As such, comparisons are only available from July 2016.

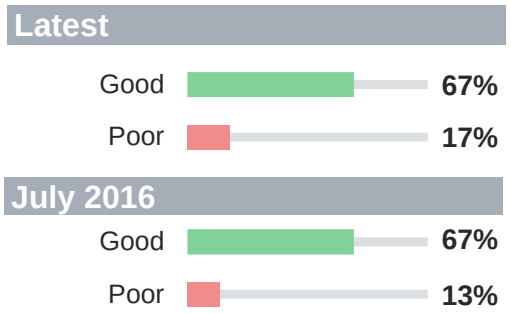
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (124,851); CCG 2017 (587); CCG 2016 (524); CCG bases range from 130 to 1,433

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

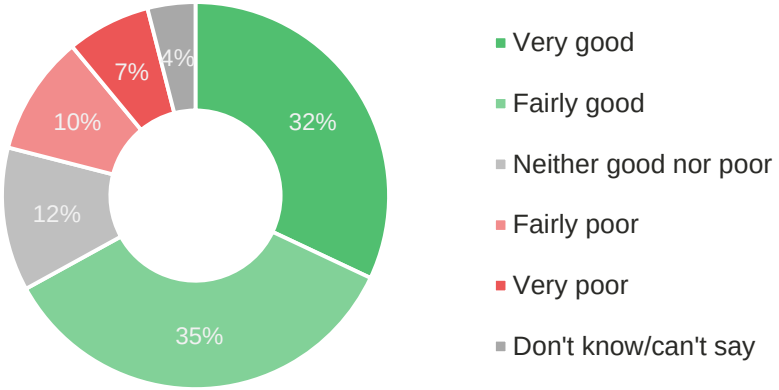
Overall experience of out-of-hours services*

Q44. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP surgery was closed?

CCGs' results over time



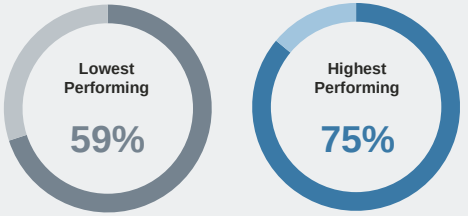
CCG's results



Comparison of results

CCG	National
67%	66%
Good	Good
17%	15%
Poor	Poor

Local CCG range - % **Good**



* The out-of-hours questions were redesigned for July-September 2015 fieldwork to reflect changes to service provision. As such, comparisons are only made with 2016 data.

Base: All answering who have tried to call an out-of-hours GP service in the past 6 months: National (124,994); CCG 2017 (587); CCG 2016 (527); CCG bases range from 131 to 1,429

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

Statistical reliability

Statistical reliability

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

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

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

	Average sample size on which results are based	Approximate confidence intervals for percentages at or near these levels		
		Level 1: 10% or 90%	*Level 2: 30% or 70%*	*Level 3: 50%*
		+/-	+/-	+/-
National	808,332	0.09	0.14	0.15
CCG	4,000	1.18	1.86	2.07
Practice	100	5.05	9.41	11.3

For example, taking a CCG where 4,000 people responded and where 30% answered 'Very good' in response to 'Overall, how would you describe your experience of making an appointment', there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-1.86 percentage points from that question's result (i.e. between 28.14% and 31.86%).

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

Want to know more?

Further background information about the survey

- The survey was sent to **c.2.15 million adult patients** registered with a GP practice.
- Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.
- Past results dating back to 2007 are available for every practice in the UK, allowing meaningful comparisons of patients' experiences; the survey is now annual, previously it took place twice a year (June 2011- July 2016), and on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).
- For more information about the survey please visit https://gp-patient.co.uk/.
- The overall response rate to the survey is **37.5%**, based on **808,332** completed surveys.
- **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.
- Further information on the survey including: questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: https://gp-patient.co.uk/SurveysAndReports

c.2.15m
Surveys to adults registered with an English GP practice

808,332
Completed surveys in the July 2017 publication

37.5%
National response rate

Where to go to do further analysis …

- For reports which show the National results broken down by CCG and Practice, go to https://gp-patient.co.uk/SurveysAndReports - you can also see previous years' results here.

- To analyse the survey data for a specific participant group (e.g. by age), go to http://results.gp-patient.co.uk/report/1/rt1_profiles.aspx

- To break down the survey results by survey question as well as by participant demographics, go to http://results.gp-patient.co.uk/report/6/rt3_result.aspx

- To look at trends in responses and study the survey data by different participant groups, go to http://results.gp-patient.co.uk/report/12/rt1_profiles.aspx

- For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/FAQ

For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@Ipsos-MORI.com

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

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

FINANCE MONITORING STATEMENT - PRIMARY CARE COMMISSIONING (DELEGATED BUDGETS)

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Roxanna Naylor	Acting Chief Finance Officer
Author	Ruth Simms	Assistant Finance Manager

3. EXECUTIVE SUMMARY

This report provides an update on the financial position for delegated Primary Care Commissioning budgets as at 31 July 2017 (Month 4).

The forecast outturn position as at Month 4 is a balanced budget position; however there are various movements from budget that are reported in Appendix A.

The Primary Care Co-Commissioning budget currently has a QIPP requirement forecast of £231k. This is not part of the CCG's efficiency programme. Further review will be undertaken as part of Month 5 reporting to ensure an accurate position is reported in relation to this QIPP requirement.

The CCG has received a £44k allocation to deliver Reception and Clerical – Care Navigation requirements. No plans have yet been agreed to deploy this resource.

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.

4. THE COMMITTEE IS ASKED TO:

- Note the contents of the report

5.	APPENDICES
	• Appendix A – Finance Monitoring Statement

Agenda time allocation for report:	10 minutes.

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	*N/A*
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	✓
	Wherever it makes safe clinical sense to bring care closer to home	✓
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	✓
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	✓
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*N/A*
	Are any financial implications detailed in the report?	*N/A*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*N/A*
	Is actual or proposed engagement activity set out in the report?	*N/A*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*N/A*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*N/A*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*N/A*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*N/A*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*N/A*

APPENDIX A

NHS Barnsley Clinical Commissioning Group

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

Finance Monitoring Statement - Primary Care Commissioning (Delegated budgets) - Month 4

FOR THE PERIOD ENDING 31st July 2017

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			FORECAST OUTTURN (£)			
(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	750,284	-	750,284	741,754	(8,530)	-1.14%	Enhanced Services is currently based on 16/17 expenditure
GENERAL PRACTICE - APMS	1,170,124	-	1,170,124	1,171,525	1,401	0.12%	Primary Care Co Commissioning forecast for GMS, APMS and PMS contracts are based on up to date list sizes (April 2017). List sizes are adjusted for Quarterly and payments are updated in line with this percentage increase in list sizes built in to forecast
GENERAL PRACTICE - GMS	9,858,862	-	9,858,862	9,850,171	(8,691)	-0.09%	
GENERAL PRACTICE - PMS	12,812,441	-	12,812,441	12,773,183	(39,258)	-0.31%	
OTHER GP SERVICES	1,629,927	-	1,629,927	1,580,493	(49,434)	-3.03%	Underspend due to underutilisation of 2016/17 accruals.
OTHER GP SERVICES CONTINGENCY/QIPP	(285,881)	-	(285,881)	(230,791)	55,090	-19.27%	The underspend in Primary Care Co Commissioning is offset against the Primary Care Co Commissioning QIPP
OTHER PREMISES	369,589	-	369,589	354,562	(15,027)	-4.07%	Underspend due to underutilisation of 2016/17 accruals.
PREMISES COST REIMBURSEMENT	5,005,115	-	5,005,115	4,841,940	(163,175)	-3.26%	Premises costs reimbursements are underspending due to GL Hearn rates review & 2016/17 under utilisation of accruals.
QOF	3,397,995	-	3,397,995	3,625,619	227,624	6.70%	£60k cost pressure from 2016/17 actual achievment & forecast for 2017/18 £153k overspend 2017/18
TOTAL PRIMARY MEDICAL SERVICES	**34,708,456**	**-**	**34,708,456**	**34,708,456**	**-**	**0.00%**	

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

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

	Name	*Designation*
Executive Lead	Catherine Wormstone	Senior Primary Care Commissioning Manager
Author	Lynne Richards	Primary Care Commissioning and Quality Development Manager

3. EXECUTIVE SUMMARY

The purpose of this report is to provide members with an overview of the current Contractual issues for Barnsley GP Practices and where relevant, seek a decision on any contractual changes required.

3.1 Practice Delivery Agreement 2017/18 – Approval of changes

The Practice Delivery Agreement (PDA) is an incentive scheme commissioned via NHS Standard Contract between NHS Barnsley CCG and its 33 member practices. In April 2017, all practices signed up to deliver the 4 sections of the PDA; Demand Management, Workforce, Medicines Optimisation and Health Inequalities Target Scheme. In the time elapsed since the PDA was agreed by the Governing Body in March 2017, some of the information required to enable practices to achieve certain Key Performance Indicators (KPI) has been confirmed as undeliverable and therefore the Committee needs to agree if these KPI's can be removed from the PDA for 2017/18. The KPI's are as follows:

1. By end of Oct 17, patients who have had one or more admissions due to COPD exacerbations in the last 12 months have been identified and their review brought forward (*CCGs can only access pseudo-anonymised data and therefore is unable to provide practices with an identifiable list of these patients to enable practice to undertake reviews. Numerous attempts have been made to resolve this but IG requirements prevent any progress*).
2. Percentage of newly diagnosed T1 & T2 DM within last 12 months should

be offered referral for Structured Education (*structured education is not available in the current financial year – due in 2018)*

3. Percentage of patients who had an A & E visit or hospital admission due to poor Diabetes Mellitus control should be offered structured education. (*The CCG cannot identify patients who have had an A & E visit due to IG requirements and the structured education not available in the current financial year*).

Practices have also asked the CCG to consider the achievability of the two following KPI's as practices feel these will be unachievable and/or the practice cannot report on them:

1) Practices to validate their Dementia register & increase their diagnosis rate by 10% above their current baseline. *(Practices indicate that they cannot increase their Dementia diagnosis rate by 10%).*

2) At least 50% of patients with Dementia should be offered Sound Doctor self-help tool as part of their Dementia Annual Review. *(There isn't a READ code for Sound Doctor therefore practices cannot measure if 50% of patients with Dementia have been offered Sound Doctor).*

3.2 PDA Targeted Support

The CCG is in the process of contacting a number of practices to offer support and guidance for the achievement of the demand management section of the 2017/18 PDA. The CCG will be writing to practices that are currently at variance from target with a view to supporting achievement of the interim payment in December 2017. A team made up of a Governing Body Clinical Lead, Primary Care Commissioning Manager and the Practice Manager Group Chair would offer a visit the practice to discuss targeted support.

3.4 PMS to GMS Transfer (01/11/17)

Members are asked to note a change of contract for Dr Mellor and Partners from a Personal Medical Services (PMS) contract to General Medical Services (GMS) contract with a change-over date of 1 November 2017.

The practice has considered the financial value of the change along with any contracting changes that will occur from holding a GMS contract and for this reason the CCG and NHS England has supported the practices request to change contract. Practices who hold a PMS contract have a "right to return" to GMS and therefore this decision lies with the practice.

3.5 Hillbrow Surgery & Rotherham Road Merger (C85010)

Members will recall that the Committee previously approved an application to merge Hillbrow Surgery and Rotherham Road Medical Centre with a start date of 01 April 2017. The practices have formally merged with 1 single PMS contract from the above date; however the practice is yet to merge clinical systems due to availability of the clinical system supplier (TPP). Both clinical systems will now merge in November 2017, giving the practice greater

	flexibility to operate a single service. The CCG is offering engagement and communication advice to the practice to communicate any further changes to patient following the original patient engagement exercise carried out prior to the merger. In addition, EMBED staff will be available to offer advice on the data quality aspects of the clinical system merger. **3.6 GP contract variation notices and updated contracts 2016/17** NHS England has now published the 2016/17 General Medical Services (GMS) and Personal Medical Services (PMS) variation notices and updated contracts. NHS England and the CCG are working to produce the variations to Barnsley contracts over the next month. These will initially be signed by Lesley Smith on behalf of the CCG and then will be shared with practices. As these are national changes to directions, practices have been advised that only one member of the practice needs to sign these and this is to acknowledge receipt, rather than agreeing the variation.
4.	**THE COMMITTEE IS ASKED TO:**
	a) Approve the changes to the 2017/18 Practice Delivery Agreement **b)** Approve or decline the request from the practice in seeking to continue to close for half a day per week and to continue with the extended hours DES **c)** Note the PMS to GMS change for Dr Mellor and Partners from 1st November 2017 **d)** Note the Hillbrow Surgery and Rotherham Road merger update. **e)** Note the pending action on GMS and PMS 2016/17 Variations
5.	**APPENDICES**
	• None

Agenda time allocation for report:	*10 mins*

PART 1B – SUPPORTING INFORMATION

1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	1.1, 1.2, 1.3, 2.1, 2.2, 4.1, 5.1
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

Barnsley Clinical Commissioning Group

Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

28 September 2017

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	**THIS PAPER IS FOR**						
	Decision		*Approval*	✓	*Assurance*	✓	*Information*	

2.	**REPORT OF**		
		Name	*Designation*
	Executive Lead	Richard Walker	Head of Governance & Assurance
	Author	Kay Morgan	Governance and Assurance Manager

3. 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 one risk for which the Primary Care commissioning Committee is the assurance provider. The risk is scored as 'Amber' High Risk.

- Risk ref 2.1 Primary Care - There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG:
    - Engagement with primary care workforce
    - Workforce and capacity shortage, recruitment and retention
    - Under development of opportunities of primary care at scale, including new models of care

	o Not having quality monitoring arrangements embedded in practice o Inadequate investment in primary care o Independent contractor status of General Practice. **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 and 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 2 of this report which provides the Committee with an extract of the red and amber rated risks associated with the Primary Care Commissioning Committee. There are currently seven risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the seven risks, there are two red (extreme) rated risks, one amber risk (high), three yellow risks (moderate) and one green (low) risk. Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored. *Additions / Removals* There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.
4.	**THE COMMITTEE IS ASKED TO:**
	• Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible • Review the Risk Register attached and: o Consider whether all risks identified are appropriately described and scored o Consider whether there are other risks which need to be included on the Risk Register.
5.	**APPENDICES**
	• Appendix 1 – GBAF Extract risk 2.1 • Appendix 2 – Risk Register (red and amber risks)

Agenda time allocation for report:	5 mins

PART 1B – SUPPORTING INFORMATION

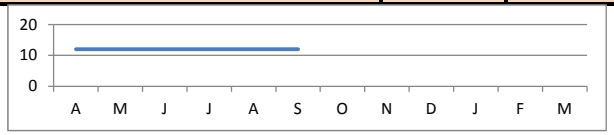
1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	Y
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	**Governance Arrangements Checklist**	
3.1	**Financial Implications**	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	*NA*
	Are any financial implications detailed in the report?	*NA*
3.2	**Consultation and Engagement**	
	Has Comms & Engagement Checklist been completed?	*NA*
	Is actual or proposed engagement activity set out in the report?	*NA*
3.3	**Equality and Diversity**	
	Has an Equality Impact Assessment been completed and appended to this report?	*NA*
3.4	**Information Governance**	
	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	*NA*
	Has a Privacy Impact Assessment been completed where appropriate (see IG Lead for details)	*NA*
3.5	**Environmental Sustainability**	
	Are any significant (positive or negative) impacts on the environment discussed in the report?	*NA*
3.6	**Human Resources**	
	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	*NA*

21/09/2017 **NHS Barnsley CCG Governing Body Assurance Framework 2017-18**

PRIORITY AREA 2: PRIMARY CARE	Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: a) deliver investment into Primary Care b) improve Infrastructure c) ensure recruitment/retention/development of workforce d) Address workload issues using 10 high impact actions e) Improve access particularly during the working week, more bookable appointments at evening and weekends.	Highest quality governance		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 workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice • Inadequate investment in primary care • Independent contractor status of General Practice.
	High quality health care	✓	
	Care closer to home	✓	
	Safe & sustainable local services	✓	
	Strong partnerships, effective use of £	✓	
	Links to SYB STP MOU		
	8.3. General Practice and primary care		

Committee Providing Assurance	**PCCC**	*Executive Lead*	**JH**	*Clinical Lead*	**NB**

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



Date reviewed	**Sep-17**
Rationale: Likelihood has been scored at 3 (possible) but will be kept under review. Consequence has been scored at 4 (major) because there is a risk of significant variations in quality of and access to care for patients if the priorities are not delivered.	

Key controls to mitigate threat:	**Sources of assurance**	**Rec'd?**
1. Incentivise practices to complete HEE Workforce Analysis tool	31/33 practices submitted baseline information for 30 June 2017. The workforce data will be	
2. Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices	Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC)	
3. Optimum use of BEST sessions	BEST programme and Programme co-ordination	
4. Development of locality working	GP Clinical Leads and PMs allocated to each locality. First meeting 16 August 2017.	
5. BHF - Existence of strong federation	BHF contract monitoring, oversight by PCCC	
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)	Monitor through PDA (contractual / QIPP aspects via FPC, outcomes via PCCC)	
7. Progamme Management Approach of GPFV & Forward View Next steps	Assurance through Primary Care Development Workstream and GPFV returns to NHSE	
8. Care Navigation roll out - First Port of Call Plus	BHF contract monitoring, oversight by PCCC	
9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc)	360 Stakeholder Survey results reported to Governing Body	

Gaps in assurance	**Positive assurances received**
None identified	

Gaps in control	**Actions being taken to address gaps in control / assurance**
RR 15/14(b): In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity	October 2016 CCG Chair & Chief Nurse met with colleagues from the LA. CCG Chair is part of the transition Board, meeting fortnightly overseeing the change.
RR 14/10: If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.	Aug 17 BCCG now has a baseline of the Primary Care workforce following the 30 June 2017 submission for baseline data via the HEE Tool. The next step is for the CCG to present the data at a BEST event supported by Mark Purvis from HEE to interpret what the data means. The CCG will then work with member practices to address any gaps/ variance and to develop a workforce plan going forward.
Primary and Community Workforce Shortages to deliver out of hospital strategy	SY Workforce Group in place; STP has a workforce chapter developed in collaboration with CCG's, HEE, providers and Universities.

PCC RISK REGISTER – September 2017

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

Likelihood		Consequence		Scoring Description			Current Risk No's	Review
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	8	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	18	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	7	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	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**
15/14(b)	4	In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity.	4	4	**16**	As for risk 15/14(a) Monitoring at practice level delivery of 0-19 KPIs in relation to practice contracts, utilizing identified escalation routes when core service KPIs are not delivered in real time. A Governing Body Development Session on 27 April 2017 with service leads agreed to establish a co-production Group with CCG involvement to work on service model	MG (Primary Care Commissioning Committee)	Governing Body	4	4	**16**	08/17	**August 2017** See 15/14(a) and (c) below. **July 2017** See 15/14(a) below **June 2017** Awaiting Update **May 2017** A Governing Body Development Session on 27 April 2017 with service leads agreed to establish a co-production Group with CCG	09/17

			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**
						The Practice Managers Group are being regularly updated with the 0-19 pathway							involvement to work on service model	
CCG 14/10	2, 5, 6	If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of PDA or other initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.	**3**	**3**	**9**	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The innovation Fund saw £0.25m invested in developing new, more efficient and flexible ways of working. The successful PMCF has enabled additional capacity to be made available outside normal hours via the I heart Barnsley Hubs. The CCG is also creating 4 GP fellowships	MG (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	08/17	**August 2017** Position remains the same **July 2017** Position remains the same **June 2017** Position remains the same **May 2017** Position remains the same **March 2017** Position remains as at January 2017 **February 2017** Position remains as at January 2017 **January 2017**	09/17

			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**
						in partnership with SWYPFT. The Workforce Summit Plan**.** GP Forward View							Clinical Pharmacist posts have all been filled. .	
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 will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).	JH (Primary Care Commissioning Committee)	Risk Assessment	2	4	**8**	09/17	**September 2017** The CCG is currently managing its delegated responsibility for contract performance effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team **May 2017** The CCG is currently managing its delegated responsibility for contract performance effectively. This is supported by	12/17

			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**
													the CCG's Primary Care Team and the NHS England Area Team.	