NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 21 December 2017 at 2.30 – 3.30 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	2.30pm
2.	Quoracy	Note	Chris Millington	
3.	Declarations of Interest relevant to the agenda	Note	**PCCC/17/12/03** Chris Millington	2.35pm
4.	Questions from the public relevant to the agenda		Chris Millington	2.40pm 5 mins
5.	Minutes of the meeting held on 28 September 2017	Approve	**PCCC/17/12/05** Chris Millington	2.45 pm 5 mins
6.	Matters Arising Report	Note	**PCCC/17/12/06** Chris Millington	2.50pm 5 mins
	Strategy, Planning, Needs Assessment and Co-ordination of Primary Care			
7.	Estates Technology Transformation Fund (ETTF) Update	Approval & Assurance	**PCCC/17/12/07** Catherine Wormstone	2.55pm 5 mins
	Quality and Finance			
8.	Winter Planning Arrangements – Primary Care	Assurance & Information	**PCCC/17/12/08** Catherine Wormstone	3.00pm 5 mins
9.	Finance Update Report	Information	**PCCC/17/12/09** Richard Walker	3.05pm 5 mins
	Contract Management			
10.	Contractual Issues	Assurance & Information	**PCCC/17/12/10** Catherine Wormstone	3.10pm 5 mins
11.	Procurement Issues	Assurance & Information	**PCCC/17/12/11** Catherine Wormstone/	3.15pm 5 mins
	Governance, Risk and Assurance			
12.	Risk and Governance Report	Assurance	**PCCC/17/12/12** Richard Walker	3.20pm 5 mins
	Other			
13.	Any other business			3.25pm

Item	Session	Committee Requested to	Enclosure Lead	Time
14.	Items for escalating to the Governing Body Assurance Report			
15.	**Date and time of the next scheduled meeting:** Thursday 29 March 2018 2017 at 2.30 – 3.30pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.			3.30 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

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

21 December 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 28 September 2017 at 3.00pm in the Boardroom, Hillder House, 49 – 51 Gawber Road S75 2PY

MEMBERS PRESENT:

Chris Millington (Chair)	Lay Member for Patient & Public Engagement and Primary Care Commissioning
Dr Nick Balac	CCG Chairman
Nigel Bell	Lay Member for Governance
Dr Mehrban Ghani	Medical Director
Dr Madhavi Guntamukkala	Governing Body Member
Mike Simms	Secondary Care Clinician
Lesley Smith	Chief Officer
Sarah Tyler	Lay Member for Accountable Care

IN ATTENDANCE:

Julia Burrows	Director of Public Health
Victoria Lindon	NHS England Area Team Manager
Roxanna Naylor	Acting Chief Finance Officer
Ruth Simms	Assistant Finance Manager
Richard Walker	Head of Governance and Assurance
Fran Wickham	Governance, Assurance & Engagement Facilitator
Catherine Wormstone	Senior Primary Care Commissioning Manager

APOLOGIES:

Jackie Holdich	Head of Delivery

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 17/09/01	**QUORACY** - it was advised that the Committee was quorate.		
PCCC 17/09/02	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	The Committee noted the Declarations of Interest Report; no further declarations were made.		
PCCC 17/09/03	**QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA**		
	There were no questions from the member of the public.		

PCCC 17/09/04	**MINUTES OF THE MEETING HELD ON 29 JUNE 2017**		
	It was noted that Garry Charlesworth's apologies should be removed from the minutes as he no longer attends these meetings and would not have been expected to attend. The minutes were approved as a correct record of the meeting, subject to this amendment.		
PCCC 17/09/05	**MATTERS ARISING REPORT**		
	The Committee noted the Matters Arising Report and agreed to remove the item marked as complete.		
STRATEGY, PLANNING, NEEDS ASSESSMENT AND CO-ORDINATION OF PRIMARY CARE			
PCCC 17/09/06	**GP FIVE YEAR FORWARD VIEW AND CO-COMMISSIONING UPDATE**		
	The Senior Primary Care Commissioning Manager presented her paper which gave an overview of key issues and headlines relating to Primary Care and implementation of the GP Forward View. The following items were highlighted in relation to the GP Forward View, progress and implementation: • Assurance Process • GPFV – New Financial Allocations in 2017/18 • GP Resilience Fund • Workforce Baselines • Workforce & BEST • Workforce Strategy and Planning • Practice Manager Leadership Development • Workload and Care Redesign • Social Prescribing – it was advised that for future meetings patient stories will be included from the My Best Life Service • Supporting Self Care • Developing Quality Improvement Expertise • Releasing Time for Care – 10 High Impact Actions • Promotion of GP Forward View • Infrastructure – Estates and Technology Transformation Fund (ETTF). The Committee discussed the next steps in the ETTF and the prioritisation of bids. The CCG Chairman noted the challenge of getting the balance right between those bids that can be		

	completed more quickly and those that offer more value in the longer term. It was advised that a Task and Finish group has been established to look at developing the Project Initiation Documents (PIDs). The Chief Officer noted that some of this work has already been completed and should be used as a starting point. It was noted that there might be conflicts of interest of those on the Task and Finish group and therefore this needed to be managed. Members also noted that consideration should be given to where the technology bid, under the Primary Care Strategy, sits in relation to the Estates bids. • Locality Working and GP Forward View Members also noted that: • There was an extension to the First Port of Call training • My Best Life has started very positively • The 15 Clinical Pharmacists are decreasing the pressure on doctors and practice staff. The CCG Chairman noted that the LMC has asked that the CCG demonstrates accountability for the various funding schemes that are coming through to show where they are being allocated.	**CW**	
	The Committee thanked the Senior Primary Care Commissioning Manager for this update which showcases the important work being taken forward. **Members asked if this report could be taken to Governing Body; Members agreed that a report should go to the October 2017 meeting.**	**CW**	
PCCC 17/09/07	**PREMISES RELOCATION REQUEST – COMMENCEMENT OF PATIENT ENGAGEMENT**		
	The Senior Primary Care Commissioning Manager took Members through the above report which detailed the background of the Park Grove/Cope Street Practice merger and the Park Grove Surgery relocation to new premises on Burleigh Street in Barnsley. The Partners at Park Grove Surgery are now seeking permission to close the premises at Cope Street and move the additional patients into planned expansion space in the new build. The new building should be complete for 2018.		

	The report asks that Members approve a period of engagement activity with patients and stakeholders from October to December 2017. The Practice will have support from the CCG's Communications and Engagement department with the engagement strategy. Following engagement with patient and stakeholders a Next Steps report will be brought back to this Committee.		
	The Committee: • **Noted the request for premises relocation from Cope Street, Barnsley to the planned new build at Burleigh Street, Barnsley** • **Noted the proposed Engagement Plan, subject to finalising with further input from the Practice and support from the CCG** • **Approved a period of engagement activity to commence October 2017 and complete in December 2017** • **Noted the next steps in the process for a premises relocation.**		
QUALITY AND FINANCE			
PCCC 17/09/08	**PRIMARY CARE QUALITY IMPROVEMENT TOOL**		
	The Senior Primary Care Commissioning Manager advised that following a review by Internal Audit into the CCG's Primary Care Quality Monitoring Processes and the recommendation to develop a tool to capture primary care quality issues, a Primary Care Quality Improvement Tool had been developed as a systematic process to assure quality in practices. The CCG has fully engaged with Membership Council, the Practice Managers forum, Local Medical Committee, Quality and Patient Safety Committee, Primary Care Development Workstream and the Primary Care Commissioning Committee. Two Membership Council representatives and the Associate Medical Director have dedicated their time to support this work. The Quality Improvement Tool will go to Governing Body in October 2017 for sign-off.		

	Members noted that the tool is to be used to share best practice across Barnsley. The CCG Chairman asked whether there will be a forum for practices to be supported if there are areas for improvement noted. The Senior Primary Care Commissioning Manager explained that a group has been formed to sit under the Quality and Patient Safety Committee. Support will be provided to practices where there are variances by the Primary Care Team who will draw support from other officers in the CCG where required. The CCG Chairman asked that this be documented in the plans together with practice visits. The Medical Director asked whether the Mike Purvis model would be taken forward in relation to performance concerns; and proposed that GP nurses and HCA workforce per 100 patients above/below the Barnsley average are recorded. The Senior Primary Care Commissioning Manager took this on board and noted that this could be taken forward but not necessarily in the first wave. The Chief Officer noted that work is required in relation to the workforce element in attracting staff to Barnsley. However the significant investment in clinical pharmacists and HCAs was noted and the workforce position looks more favourable than it did 2 years ago.	**CW**	
	The Committee noted the progress made on the development of the Primary Care Quality Improvement Tool.		
PCCC 17/09/09	**GP PATIENT SURVEY RESULTS**		
	The GP Patient Survey Results were presented to the Committee. These are published annually. The Primary Care Team have broken the results down locally and will share with the localities. The Director of Public Health felt that the first few charts showing overall experience required more detail as it is not clear what is being reported. It was noted that the descriptors had not been pulled across with the data from the main figures, but could be added in. The Lay Member for Governance asked if there was a target percentage that should be aimed for. It was advised that there are no targets. The data can be analysed in different ways to look at whether there have been improvements since the last survey. The survey is sent to patients who have had contact with their practice.		

	The Medical Director noted that where conclusions are made there is a need to know what data was used and the numbers of patients involved against the practice list size to give a clearer picture.		
	The Committee noted the content of the 2017 GP Patient Survey and comparison with 2016 results.		
PCCC 17/09/10	**FINANCE MONITORING STATEMENT – PRIMARY CARE COMMISSIONING (DELEGATED BUDGETS)**		
	The Acting Chief Finance Officer presented the above report. The forecast outturn position as at Month 4 for the delegated Primary Care Commissioning budget is a balanced position. There were no significant issues with the budget to report. The CCG has received a £44k allocation to deliver Reception and Clerical – Care Navigation requirements. It is very important to ensure that the funding for Barnsley is realised. With respect to risks with PCSE that were raised in relation to duplicated payments to practices, the CCG is now checking all payments. In relation to current rent reviews, there is a potential risk that the rents could be increased which have not been captured in the financial position. These risks will be included in the Integrated Performance Report which goes to Governing Body.		
	The Committee noted the report.		
CONTRACT MANAGEMENT			
PCCC 17/09/11	**CONTRACTUAL ISSUES REPORT**		
	The Committee Chair noted that he had discussed conflicts of interest relevant to the agenda with the Head of Governance and Assurance prior to the meeting in relation to the 'ask' of the Committee at 4b. However it was advised by the Senior Primary Care Commissioning Manager that this has now been removed as the changes to the extended hours DES affects one practice across the CCG and is for the practice, not the CCG, to meet the criteria. The CCG Chairman noted a conflict of interest for this item but that it was not his practice; he asked if there would be a loss in payment to the practice. It was advised that the practice is fully aware of the situation and the Primary Care Team have offered to meet with them.		

	The CCG Chairman noted that the CCG must support the practice to deliver its services in a sustainable way and asked that full CCG support is offered. Members discussed the interpretation of half day closing. The Senior Primary Care Commissioning Manager took Members through the report which highlighted the following: **Practice Delivery Agreement 2017/18** – the Committee Chair noted that GP clinical advisors had an interest in this item, but it was decided to allow them to participate in the discussion as their clinical expertise was required to enable full and proper consideration of the issues. Members were advised that there are a number of KPIs that are difficult for practices to achieve due to the way the KPI was originally written or where information to evidence them is not achievable. Following discussion it was agreed that the KPI relating to COPD be discussed outside the meeting as there was a feeling that this may be able to be achieved with support from clinical pharmacists. **PDA Targeted Support** – this will be picked up through Locality discussions. **PMS to GMS Transfer (01/11/17) –** Members noted a change of contract for Dr Mellor and Partners from a Personal Medical Services contract to a General Medical Services contract with a change-over date of 1 November 2017. Members were assured that the practice has taken all legal and financial advice before making this decision. Members discussed the differences between the two types of contract; that GMS is in perpetuity, whereas with PMS a Commissioner can serve notice on a practice. Members were advised that there is no threat of the contract being removed from Dr Mellor and Partners. The CCG Chairman asked if a full breakdown of the differences could be detailed. **Hillbrow Surgery & Rotherham Road Merger** – the practices merged on 1 April 2017. Clinical systems will merge in November 2017 giving patients a seamless service. **GP contract variation notices and updated contracts 2016/17** – these are required to reflect changes to National regulations; the practices will essentially be signing the documentation to acknowledge the changes.	**CW** **CW** **CW**	

	The Committee: **Approved:** • The changes to the 2017/18 Practice Delivery Agreement as reported, with the exception of the KPI for COPD which will be looked at further outside this meeting. **Noted:** • The PMS to GMS change for Dr Mellor and Partners from 1 November 2017 • Noted the Hillbrow Surgery and Rotherham Road merger update • The pending action on GMS and PMS 2016/17 Variations.		
GOVERNANCE, RISK AND ASSURANCE			
PCCC 17/09/12	**RISK AND GOVERNANCE EXCEPTION REPORT**		
	The Head of Planning, Delivery and Performance presented the above report, noting the one risk on the Governing Body Assurance Framework and seven risks on the Risk Register which are allocated to this Committee. In relation to risk reference15/14(b) 0-19 pathway, the Director of Public Health noted that the risk was in her view scored too highly. She is meeting with the Committee Chairman tomorrow to discuss this item further. The CCG Chairman advised that the risk does sit with the Governing Body so any new data should flow through to this meeting. The Director of Public Health noted that there was no new data, but could give an explanation of the situation so far. Any changes to the risk score would be reported to Governing Body as usual through the Risk and Governance Report so Governing Body will have full oversight. The Director of Public Health advised that the 0-19 Service risk no longer features on the Barnsley Council's Risk Register and will provide further details to the CCG as to the mitigating actions.		
	The Committee reviewed: • The risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible • Reviewed the Risk Register and		

	○ Considered whether the risks identified were appropriately described and scored ○ Considered whether there were other risks which needed to be included on the Risk Register.		
PCCC 17/09/13	**ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT**		
	Members agreed to highlight: • GP Five Year Forward View – a stand-alone report would be taken to Governing Body in October. • That the Committee had received information from the Director of Public Health that the 0-19 Service risk no longer features on the Barnsley Council's Risk Register and was to be provided with further details as to the mitigating actions.		
PCCC 17/09/14	**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.		

Barnsley Clinical Commissioning Group

Putting Barnsley People First

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

21 December 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 28 September 2017.

Minute ref	Issue	Action	Outcome/Action
PCCC 17/09/06	**GP FIVE YEAR FORWARD VIEW AND CO-COMMISSIONING UPDATE** To demonstrate accountability for the various funding schemes coming through to show where allocated following LMC request.	**CW**	**Complete** – a letter has been sent to the LMC.
PCCC 17/09/06a	A GP Five year forward view report will be taken to Governing Body in October.	**CW**	**Complete –** item on Governing Body agenda 12 October 2017
PCCC 17/09/08	**PRIMARY CARE QUALITY IMPROVEMENT TOOL** Support available to practices where there may be variances to be documented in the plans.	**CW**	**Complete**
PCCC 17/09/11	**CONTRACTUAL ISSUES REPORT** Support to be offered to practice not meeting the criteria for the extended hours DES	**CW**	**Complete –** two practices have been visited
PCCC 17/09/11a	The COPD KPI in the PDA to be discussed further prior to approval by the Committee to remove/decline the proposal to remove it from the PDA 2017/18.	**CW**	**Complete**
PCCC 17/09/11b	A full breakdown of the differences between PMS and GMS contracts to be drafted for Members	**CW**	**In Progress** To cover at a future development session

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**	**Still in progress**

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PRIMARY CARE COMMISSIONING COMMITTEE

21 December 2017

ESTATES AND TECHNOLOGY TRANSFORMATION FUND UPDATE

PART 1A – SUMMARY REPORT

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

The purpose of this report is to provide members with an overview of the current position with the Estates and Technology Transformation Fund (ETTF) for Barnsley.

3.1 Estates and Technology Transformation Fund

Following submission of 7 bids against the ETTF fund in June 2016, 4 premises bids remain 'live' for Barnsley and are included in cohort 2 (due for completion by 31 March 2019). 1 bid remains live for mobile working under the technology section of the bid. Nationally, it is recognised that investment from this fund has been slow to reach General Practice and CCGs have 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).

Where practices have completed bids for extensions or work, it is recommended that the PIDs are worked up, ideally with additional financial support. Where practices had bid for feasibility studies, it may be that these are pended until a piece of work to determine locality based premises strategy has been completed.

	A further bid was submitted for 'mobile working' and this was considered under the 'technology' part of the scheme. Where previously the technology schemes had not been prioritised, it is likely that NHS England will encourage these to be re-focussed with a view to utilising the national allocation effectively. **3.2 Task and Finish Meeting – October 2017** On 12 October 2017 and following the same governance arrangements adopted for the initial review of bids, a Task and Finish Group met with delegated authority from Primary Care Commissioning Committee to review the approach to the 'live' bids. The meeting consisted of: Chris Millington – Chair of Primary Care Commissioning Committee Lesley Smith – Chief Officer Roxanna Naylor – Acting Chief Finance Officer Jackie Holdich – Head of Delivery (Integrated Primary and Out of Hospital Care) Dr Mark Smith - GP Dr Mehrban Ghani – Medical Director Catherine Wormstone – Senior Primary Care Commissioning Manager The recommendation of the Task and Finish group was to continue to support bids for: a) iHeart Barnsley Third Hub (Dearne area) b) Extension to premises at Brampton Health Centre c) Mobile Working (Technology) The following new build feasibility schemes would be considered lower priority or paused until further work is completed on Primary Care Estates Strategy. d) Monk Bretton e) Brierley The Strategy Light documents have now been completed by Community Ventures, amended and updated by the CCG and funding will be sought to further develop Project Initiation Documentation (PID) for bids a) and b). A draft PID has been produced for Mobile Working in conjunction with EMBED and NHS England, however this requires further work and a review of costings prior to submission. In all of these schemes, there is no formal commitment to recurrent revenue consequence for NHS Barnsley CCG at this stage of the process. Given the pace of the national scheme overall, it appears highly likely that the original ETTF deadline will be extended for a further year with a final date for completion of March 2020.
4.	**THE COMMITTEE IS ASKED TO:**
	a) Note the contents of the ETTF update

	b) Note the recommended approach to the remaining 'live' schemes for NHS Barnsley CCG
5.	**APPENDICES**
	None

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:	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*

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PRIMARY CARE COMMISSIONING COMMITTEE

21 December 2017

WINTER PLANNING ARRANGEMENTS – PRIMARY CARE

PART 1A – SUMMARY REPORT

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

3.1 Purpose

The purpose of this report is to:

a) Update Primary Care Commissioning Committee on the plans for primary care over the winter period 2017/18.

3.2 Background

In line with the A&E Delivery Board Strategic Winter Plan for 2017/18, Primary care forms a key part of system resilience. All NHS commissioned services are required to maintain clear business continuity plans and escalation procedures, to maintain the quality of service we provide to the public whilst managing the increase in patient activity whenever it arrives and however it has been caused. Primary Care is no exception to this.

Unlike during previous years A&E Delivery Board Chairs will be asked to take greater ownership of primary care plans to ensure there is a range of GP deployments and fully extended access programmes available over winter.

This update has also supported the process for informing the A&E Delivery Board of primary care availability and capacity.

3.3 Availability of Services for Primary Care

Access to primary care services can be categorised in terms of

a) Core Hours
b) Extended Hours DES
c) GP Access Fund - Extended Hours (iHeart Barnsley)
d) Out of Hours Service Provision
e) A&E Streaming
f) Online access
g) Flu and Pneumococcal Vaccination

a) Core Hours

Core Hours are commissioned via 33 PMS, GMS and APMS contracts. All primary care contracts require practices to provide essential primary medical services between 8:00am and 6:30pm.

This means that the practice retains responsibility for ensuring that the care provided during core hours is appropriate to meet the reasonable needs of patients. It is not acceptable to close the doors and rely on an answer machine message advising patients to contact another provider where no prior arrangements have been made (e.g. contact 111 or attend A&E).

b) Extended Hours Directed Enhanced Service (DES)

19 out of 33 Barnsley CCG practices have elected to provide services outside of core hours to routine pre-bookable appointments. There is a national specification for this service underpinned by DES Directions and participation is optional.

c) GP Access Fund - Extended Hours (iHeart 365)

Barnsley CCG commissions extended hours services from Barnsley Healthcare Federation (BHF) on behalf of ALL Barnsley practices through an NHS Standard Contract. This service offers urgent and routine appointments. Telephone and email consultations are also available with a nurse or GP.

This provides access for patients as follows:

Day	Phone Access	Appointments Available
Monday to Friday	9am to 10pm	6pm to 10pm
Saturday & Sunday	9am to 1pm	10am to 1pm

d) Out of Hours Service Provision (iHeart 365)

Barnsley CCG commissions Out of Hours GP Services from BHF. This covers the time period

Day	Contractual period covered
Monday to Thursday	6:30pm to 8am on the following day
Friday Saturday Sunday	6:30pm until 8am on the following Monday
Good Friday, Christmas Day and Bank holidays	Full cover provided

The care provided in the OOH time period is **unscheduled**, i.e. there has been no forward planning (either by Service Users or professional) or appointment made in advance. OOH is a critical component of emergency and urgent care, enabling people to receive the right level of care in the right location, which will reduce hospital attendances and admissions. It should work seamlessly with NHS111

e) A&E Streaming (iHeart365)

Enhanced Primary Care Streaming commenced on 4 September 2017 replacing the previous ANP led model with a GP providing streaming in ED. From 30 November 2017, following completion of capital works, BHNFT with Barnsley Healthcare Federation will provide a fully co-located and integrated primary care offer at the front door with A&E. The service will bring together ED Primary Care Streaming, GP Out of Hours, IHEART Barnsley and the Emergency Department. The primary care stream will operate a clinical model where patients are rapidly streamed between primary care and ED on arrival against robust clinical criteria. The process will aim to stream up to 30% of patients away from ED to primary care on a daily basis, operating a rapid service without access to imaging and diagnostic testing at the outset.

From July 2017 when BHF became responsible for Out of Hours provision, the two services listed above have been branded as IHEART 365 an integrated primary care extended hours and out of hours service which, together with the streaming service, will ensure 24/7 availability of primary care 365 days per year, enhancing the core services offered in Primary Care

f) Online access

Initiatives and plans are in place to increase the uptake of online services with a view to managing demand.

All 33 Barnsley practices are enabled to accept on-line ordering of repeat prescriptions and booking of appointments. In addition to the services described above, the following services can also support delivery of primary care help to effectively manage demand over winter and to help avoid admission to hospital.

g) Flu and Pneumococcal Vaccination

All Barnsley CCG practices are commissioned to deliver an Influenza and Pneumococcal Immunisation Scheme. This is supported by increased access through local pharmacies and should assist with avoiding admissions to hospital as well as reducing demand on primary care services. Uptake information based on uptake at 31 October 2017 shows that this year's flu campaign is progressing well.

h) Social prescribing – My Best Life

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.

This links to work on High Intensity Users of A&E as well as relieving pressure on primary care appointments.

i) Right Care Barnsley

Single 'front-door' service introduced to support healthcare professions including GP's and other primary care professionals, Community Nurses, Paramedics and Emergency Department staff to identify alternative packages of care for patients at risk of an urgent hospital admission, thereby avoiding admission where this is not the most appropriate care for the individual

3.4 Additional Assurance During the Christmas and New Year Bank Holiday Period

a) Communication with Practices

A letter setting out arrangements for cover during the Christmas and New Year Bank Holiday period was shared with practices on 10 November 2017.

This is based on a template letter from NHS England but this has been amended to work for Barnsley CCG and for the first time under delegated authority, the CCG is taking on an active role in approving changes to DES hours. This will be managed within the primary care team and practices who ask to change their DES hours have been requested to re-provide these services during the period from Monday 18 December 2017 to Monday 8 January 2018. This is to ensure that access is not compromised or reduced during the busy period. If practices opt to not provide any of the expected sessions, payments will be reduced to reflect this.

b) Assurance of delivery

A spreadsheet has been created by the primary care team to monitor expected opening hours (including DES extended hours) together with a documented process recording requests to change DES hours.

In addition, the NHS England assurance process has incorporated primary care opening hours and capacity on each day over the Christmas and New Year period.

A further detailed request has been directed to Barnsley Healthcare Federation which monitors utilisation rates for 'hub' appointments every day from the start of business on **Monday 18th December** to close of business on **Sunday 24th December 2017**

c) Spotter practices – Locality model

Following a peak in demand for A&E week on Sunday 15th October 2017, a requirement was established to assess whether primary care was experiencing increased demand.

The primary care team adopted the approach of emailing all practices and ringing one "spotter practice" from each locality to determine whether the pressures faced by the acute trust were being experienced in practice.

Should this be necessary through the winter period, a similar approach would be adopted and information fed back to the Head of Commissioning and Transformation in order to feed the daily SITREP Calls.

d) Daily 10am SITREP calls

A call takes place daily at 10am. Therefore the proposal is that information is fed to and from the Primary Care Team and cascaded through Distribution Lists from:
Senior Primary Care Commissioning Manager
Primary Care Commissioning and Quality Development Manager

3.5 Communication Plan

All practices have been directed to ensure their Christmas and New Year opening hours are clearly advertised to patients in their practice and on websites. If practices use social media, this has also been encouraged to promote the use of GP practice appointments in an attempt to relieve pressure on A&E.

A national media campaign has been initiated which gives a clear message to patients that

"This year GP appointments are available over the Christmas holidays - From 22nd December to 7th January, urgent appointments are available for the first time from 8am to 8pm, at your GP or one nearby, excluding Christmas Day"

Pharmacy opening times have also been shared with practices and will be promoted by the CCG. The Stay Well this Winter campaign promotes the use of pharmacies as the first line of healthcare support for minor illnesses.

The CCG will be updating local media and using social media to reiterate these important messages.

There is a possibility that additional funding may be released by NHS England to specifically support the communications campaign and if that is released, it is likely to be used to support targeted (paid for) social media.

3.6 Proposal to Increase Capacity to Support 8-8 Primary Care

NHS Barnsley CCG has submitted a proposal to NHS England in partnership with Barnsley Healthcare Federation to provide additional capacity over the busiest days of the holiday period.

The proposal would allow for BHF to utilise available clinical rooms at Barnsley Hospital to open a temporary third i-HEART Hub, for pre-bookable and 'on the day' appointments across the Christmas period.

	Appointments would be made available through the local i-HEART Barnsley telephone number which is already advertised on all 33 Barnsley practice websites. If successful, this proposal would increase the capacity of routine pre-bookable primary care appointments across Barnsley by 1,368 GP appointments. It is anticipated that the busiest days of the Christmas period will be 27, 28 and 29 December 2017. Across these three days BHF would offer an additional 172 GP appointments. By extending the operating hours of pre-bookable GP appointments across the Christmas period, it is anticipated that this will ease pressure across the Barnsley Healthcare System including all GP Practices and A&E.
4.	**THE COMMITTEE IS ASKED TO:**
	a) Note and approve the Winter Planning arrangements for Primary Care
5.	**APPENDICES**
	None

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:	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*

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

21 December 2017

FINANCE UPDATE

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	Roxanna Naylor	Acting Chief Finance Officer

3. EXECUTIVE SUMMARY

This report provides an update on the financial position for delegated Primary Care Commissioning budgets as at 31 October 2017 (Month 7).

The forecast outturn position as at Month 7 is an overspend of £97k. Movements from budget that are reported in Appendix A.

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.

National allocations for Online Consultations and £1 per head funding, have not yet been released to CCGs and are currently held at the ACS until bids are completed and evaluated. Further updates will be provided to the committee once allocations are received.

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*

PROGRAMME COST AREAS	ANNUAL BUDGET RECURRENT £000	ANNUAL BUDGET NON RECURRENT £000	TOTAL ANNUAL BUDGET £000	FORECAST OUTTURN £000	FORECAST VARIANCE OVER / (UNDER) £000	VARIANCE ANALYSIS
General Practice - PMS	12,812	0	12,812	12,703	(110)	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 into forecast.
General Practice - GMS	9,859	0	9,859	9,849	(10)	
General Practice - APMS	1,170	0	1,170	1,171	1	
Premises Cost Reimbursement	5,005	0	5,005	4,764	(241)	Premises costs reimbursements are underspending due to GL Hearn Rates review & 16/17 under utilisation of accruals
QOF	3,398	0	3,398	3,683	285	£62k cost pressure from 16/17 actuals & forecast £223k overspend on 2017/18 based on 16/17 achievement.
Enhanced Services	750	0	750	725	(25)	Enhanced Services underspend relates to 16/17 under utilisation of accruals
Other GP Services (Excluding Contingency)	1,630	0	1,630	1,560	(70)	Underspend due to removal of forecast for BT Invoices as they did not relate to Primary Care Co Commissioning.
GP Services - Contingency	(286)	0	(286)	0	286	The overspend in Primary Care Co Commissioning is due to the Primary Care Co-Commissioning QIPP being released.
Other Premises Costs	370	0	370	350	(19)	
TOTAL PRIMARY MEDICAL SERVICES (CO-COMMISSIONING)	**34,708**	**0**	**34,708**	**34,805**	**97**	

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

21 December 2017

CONTRACTUAL ISSUES REPORT

PART 1A – SUMMARY REPORT

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**		

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 Policy and Guidance Manual (PGM) Published

NHS England has recently published the Policy and Guidance Manual (November 2017). A link to the document can be found here.

This is a key document for the Committee to be aware of and replaces the Primary Care Policy Book (January 2016). This document sets out key requirements and duties for CCGs operating under delegated authority for the commissioning of primary medical care services. Key elements of guidance have been updated around contract management, branch closures, remedial/breach notices, managing patient lists and practice boundaries. Of particular note are changes to the renamed Special Allocation Scheme (Violent Patient Service).

The CCGs Primary Care Team will be required to follow national policy in these areas and future decisions brought to committee should adhere to the new guidance.

Changes to the Special Allocation Scheme will be considered against current contractual arrangements and any necessary negotiation held with the current provider of the contract (Barnsley Healthcare Federation).

3.2 E-Declaration Process

Each year, GP practices holding core contracts for the provision of primary medical services are required to complete an electronic declaration or "e-Dec" where they provide assurance of compliance with their core Personal Medical Services (PMS), General Medical Services (GMS) and Alternative Provider Medical Services (APMS) contracts.

Practices had to complete the e-Dec between 16 October 2017 and 29 November 2017

This is a mandated data collection and all 33 Barnsley practices completed the return in advance of the deadline. Weekly reminders were issued to practices in the Primary Care News email together with targeted email prompts. NHS England has just released the raw data and it is anticipated that an analysis and an exception report (where practices have declared non- compliance with an element of their contract) will be available for the next Primary Care Commissioning Committee meeting. It is highly likely that there will close scrutiny around access and GP opening times within this years' return. This is in response to the 2016 e-Dec results where a number of practices nationally had declared that they were not compliant with core contractual opening times of 8:00am to 6:30pm.

3.3 GP Access Commissioner Guidance - expectations in respect of extended and core hours

As stated above, in 2017, a number of CCGs and practices have had lengthy conversations regarding practice opening times with a view to clarifying expectations for extended and core hours. Final guidance is expected imminently and together with the 2017 e-Dec results, is likely to prompt further discussion with member practices that may not be fully compliant.

NHS England has collated the legal/contractual requirements and there is a particular focus on subcontracting, for example to an Out of Hours provider. Subcontracting arrangements must be notified to the commissioner and a review of these arrangements undertaken. In addition, patient groups and representatives have given their views and the following points identified as a 'measure' of the practice being open.

- Ability to attend a pre-bookable appointment (face to face)
- Ability to book / cancel appointments
- Ability to collect/order a prescription
- Access urgent appointments / advice as clinically necessary
- Home visit (where clinically necessary)
- Ring for telephone advice
- Ability to be referred to other services where clinically urgent. (including for example suspected cancer)
- Ability to access urgent diagnostics and take action in relation to urgent results

A further report will be prepared for the Committee once e-Dec results are analysed for Barnsley and final commissioner guidance released.

3.4 GP Workload Tool

The Committee will recollect that NHS England is in the process of developing and testing a GP Workload Tool and a deadline for the roll out of this tool was set at December 2017. This is part of a number of measures to improve access and it is intended to assist with planning capacity and demand for primary care services. Practices on EMIS clinical systems are now technically able to activate this tool and two practices now have this installed in Barnsley

C85033	Victoria Medical Centre	NHS Barnsley CCG
C85022	Hoyland Medical Practice	NHS Barnsley CCG

No data has been produced to date but feedback will be shared amongst Practice Managers in January.

3.5 Premises Relocation Request – Cope Street Surgery

Following prior approval at the PCCC meeting held on 28 September 2017, Park Grove Surgery has commenced an eight week period of patient and stakeholder engagement regarding the proposed relocation of Cope Street branch surgery into the planned new build at Burleigh Street during Autumn 2017. The engagement period will close on 22 December 2017.

The practice has produced an Engagement Plan with support from the CCG and is working to this. Staff and doctors held a number of drop-in sessions at the practice during November. These have been supported by information displays within the practice, coverage in the Barnsley Chronicle, staff having proactive conversations with patients and a questionnaire which is available in paper form as well as on line. 50 responses had been received (as at 27 November 2017) and a good mix of patients attended the drop in sessions. GPs have passed information to the nearby care homes and have had good feedback to date. They are also involving patients regularly during home visits.

A full report will be prepared for Committee following completion of the engagement period. It is anticipated that this will be brought to Committee for a decision in January 2018.

3.6 Extension of Flu Programme and Flu uptake to end of October 2017

As we are well into the 2017 flu campaign, a preliminary report is now available setting out the uptake position at the end of October 2017. The report can be found at Appendix 1. This shows that there has been a positive start to the campaign in Barnsley with more people having been vaccinated at this point in the campaign than in previous years.

The Barnsley Seasonal Flu Vaccination Local Operational Group meets regularly to review progress and identify areas for further focus. This group brings together representatives from all key elements of the campaign (Primary Care, School Nursing, Local Authority, Midwifery Service and SWYPFT).

On 22 November 2017 it was announced that there was an extension to the flu campaign. Social care workers that offer direct patient/client care, working in England, are now eligible for free vaccination as part of the extension to the seasonal flu immunisation programme in 2017/18. Eligible staff are being directed to their registered GP practice or local community pharmacy. This enhanced service has now been offered to practices and uptake is being monitored locally.

3.7 QRISK payments made to SystmOne Practices

On Thursday 9 June 2016, GP practices with patients potentially affected by historic code mapping errors in the integrated QRISK2 calculator on SystmOne were provided with lists of these patients and clinical recommendations for identifying patients for call/recall and support reviews.

Practices were asked to undertake work to identify patients who were potentially given incorrect readings because of the mapping errors and a payment was offered via an enhanced service at £6.50 per affected patient. The CCG will receive an allocation to support this payment and practices have been paid for the additional work.

3.8 Winter indemnity

On 4 October 2017, NHS England announced a winter indemnity scheme for GPs, beginning on 1st October 2017 and concluding on 2 April 2018 (to include the Easter bank holiday)

https://www.england.nhs.uk/gp/gpfv/investment/indemnity/winter-indemnity/

It is designed to meet the costs of personal professional indemnity for any additional out of hours work undertaken by GPs this winter to enable the freedom to work additional sessions without having to pay additional subscriptions to their medical defence organisation (MDO).
Information was shared with practices and Barnsley Healthcare Federation.

3.9 PMS to GMS Contract Change – Dr Mellor and Partners

The Committee was previously informed of an intention for a change of contract for Dr Mellor and Partners. This was a change from a Personal Medical Services (PMS) contract to General Medical Services (GMS) contract with a change-over date of 1 November 2017.

The practice 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.

This transaction has now taken place. There was an initial error by PCSE on the first payment run but this has since been corrected and should work correctly going forward.

	3.10 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 was unable to merge clinical systems (SystmOne) until November 2017. This has now taken place with support from eMBED in the form of project days. The database merger appears to have gone smoothly and will give the practice greater flexibility to operate a single service.
4.	**THE COMMITTEE IS ASKED TO:**
	a) Note the contents of the contractual issues report for December 2017
5.	**APPENDICES**
	October Flu Uptake Report

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:	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*

Seasonal influenza vaccine uptake in Barnsley (1 September 2017 to 31 October 2017)

Key Points:

65 years and over:

- Barnsley's over 65 uptake rate, up to 31 October 2017 (58.6%) is **slightly lower** than **regional** and **national** rates (62.2% and 60.0% respectively).
- It is **higher** than at the same time point last year (55.3%) (see Figure 1).

6 months to under 65 years: at risk:

- Barnsley's uptake rate in the 6 months to under 65 years: at risk group, up to 31 October 2017 (35.7%) is **slightly lower** than the **regional** rate (36.5%) and **higher** than the **England** rate (34.1%).
- The uptake rate is **slightly higher** than it was at 31 October 2016 (35.1%) (see Figure 2).

6 months to under 65 years: at risk (by condition):

- **Almost half** (48.1%) of at risk patients aged 6 months to under 65 years with **diabetes** have been vaccinated, up to 31 October 2017; this is the **highest uptake** rate within the at risk patients under 65 by individual conditions (see Table 7).
- The condition with the **lowest** uptake rate in the at risk patients under 65, is patients with **morbid obesity** (BMI>=40) **with NO other clinical risk group(s)** (22.3%) (see Table 12).
- For all conditions apart from Chronic Liver Disease, uptake is higher in the 16 to under 65 age group.

Pregnant Women:

- Barnsley's flu vaccine uptake rate in all pregnant women, up to 31 October 2017 (38.1%) is **slightly lower** than the **regional** rate of 39.9% but **higher** than the **England** rate of 35.3%.
- Compared to the same time point last year, uptake is **higher**; 38.1% against 33.8% at 31 October 2016 (see Figure 3).

2-4 year olds:

- Barnsley's uptake rates in the **two** and **three** year old population, up to 31 October 2017 are **higher** than the **regional** and **national** rates.
- Uptake rates for two, three and four year olds are **higher** than they were at the same time point last year (see Figure 4).

School Delivery (Reception to Year 4):

- Barnsley's uptake rates in Reception, Year 1, Year 2, Year 3 and Year 4 up to 31 October 2017 are 33.5%, 35.3%, 34.1%, 31.9% and 33.7% respectively (see Table 15).

Produced by the Business Improvement & Intelligence Team: BusinessImprovment&Intelligence@barnsley.gov.uk

BARNSLEY
Metropolitan Borough Council

Seasonal influenza vaccine uptake in Barnsley (1 September 2017 to 31 October 2017)

Summary:

For most healthy people, flu is an unpleasant but usually self-limiting disease with recovery generally within a week.

However, the following people are at particular risk of severe illness if they catch flu:

- Older people
- The very young
- Pregnant women
- Those with underlying disease, particularly chronic respiratory or cardiac disease
- Those who are immunosuppressed

NHS England's flu programme is a co-ordinated and evidence based approach to planning for the demands of flu across England. The aim is to increase vaccine uptake rates, particularly among those who are most vulnerable to the effects of flu. This season, the roll-out of immunisation to more primary school-aged children continues with the addition of children in school year 4 and reception children added to the school based programme.

The report details the national flu data collection for seasonal influenza uptake rates in Barnsley, up to 31st October 2017. This is the first report produced for the season and shows an encouraging picture with more people vaccinated in the over 65s, 6 months to 65 years at risk, pregnant women and those aged 2 and 3 years compared to the previous year.

The primary school programme is working well with all primary schools engaged in the programme and on track for all schools to be completed by Christmas, and uptake reported between 70-90% per school with additional catch up clinics organised.

Barnsley hospital maternity services continue to offer vaccination in the maternity hubs in various locations across Barnsley, as well as through the hospital setting, giving women multiple opportunities.

Seasonal influenza vaccine uptake in Barnsley (1 September 2017 to 31 October 2017)

Local Priorities/Activity:

The priorities for Barnsley this season are children (aged from 2 years to 9 years), 6 months to under 65 at risk groups and pregnant women; these groups had lowest uptake reported in the previous year.

Prior to the commencement of the flu vaccination season a collaborated approach was agreed by all stakeholders at the Barnsley Seasonal Flu Vaccination Local Operational Group. This included the continued work programme to establish flu vaccination champions across teams in organisations across Barnsley such as 0-19 years' workforce, health trainers and residential/care home workforce, also media briefings disseminated to a number of voluntary/charity organisations and all early years settings across Barnsley. The aim to encourage them to raise the importance of flu vaccinations, dispel myths and signpost eligible cohorts to appropriate providers for flu vaccination.

A comprehensive communication plan between Barnsley CCG and Barnsley LA is developed reflecting the Winter Well campaign, with focus to the priority groups.

The Barnsley Flu Vaccination Programme Local Operational Group continues to monitor uptake throughout the season and agree targeted activities for those groups with lower uptake.

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Chair Barnsley Flu Vaccination Programme Local Operational Group

BARNSLEY Metropolitan Borough Council

Seasonal influenza vaccine uptake in Barnsley (1 September 2017 to 31 October 2017)

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65 years and over

Key Points:

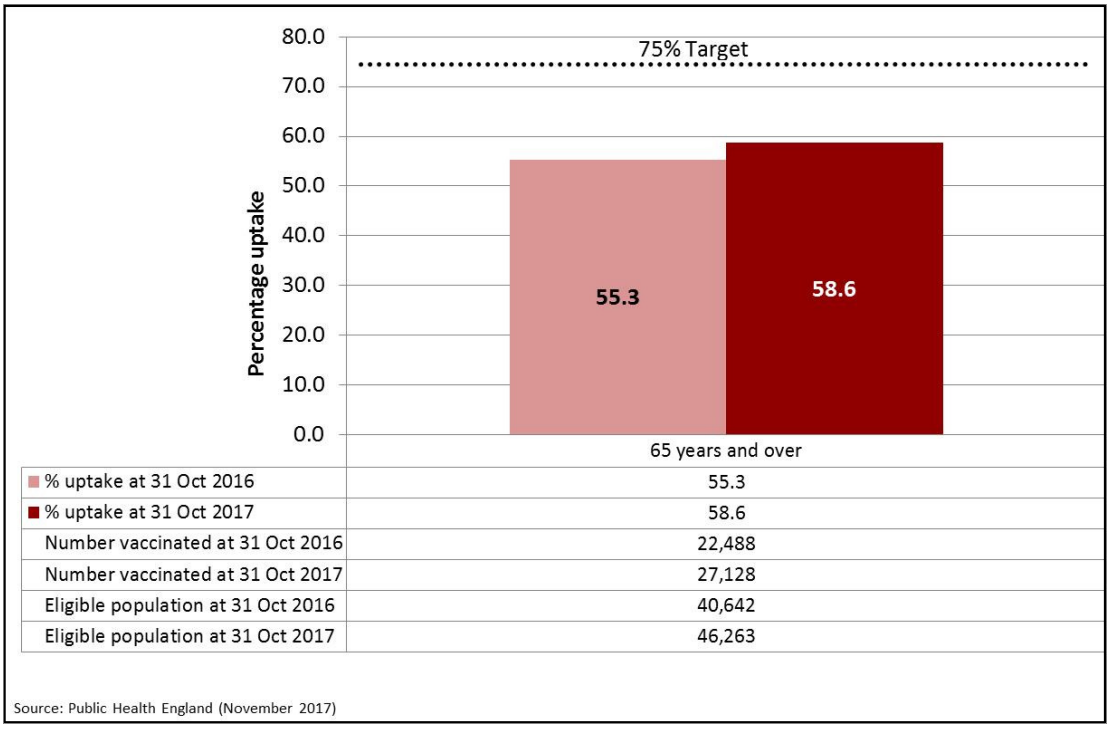
- Barnsley's over 65 uptake rate, up to 31 October 2017 (58.6%) is **slightly lower** than the South Yorkshire and Bassetlaw (SY&B) Area Team and England rates of 62.2% and 60.0% respectively.
- To achieve the 75% target, **7,569** more patients aged 65 and over need to be vaccinated (see Table 1).
- Compared to the same time point last year, Barnsley's uptake rate is **higher**; 58.6% compared to 55.3% (see Figure 1).
- In terms of the number of people aged 65 and over in Barnsley, **27,128** have been vaccinated at 31 October 2017, compared to **22,488** at 31 October 2016. The **eligible population** at 31 October 2017 is also **higher** than at 31 October 2016. (see Figure 1).
- Of the 27,128 people aged 65 and over who have been vaccinated in Barnsley, 2,770 (10.2%) have received the vaccine in Pharmacies or other healthcare providers.

Table 1. Uptake of seasonal influenza vaccine: Patients aged 65 years and over, Barnsley CCG (1 September 2017 to 31 October 2017)

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (75% of eligible population)	Number of patients left to vaccinate to achieve target
Barnsley CCG	46,263	27,128	19,135	58.6	34,697	7,569

Source: Public Health England (Seasonal influenza vaccine uptake amongst GP Patients in England: Provisional monthly data for 1 September 2017 to 31 October 2017)

Figure 1. Uptake of seasonal influenza vaccine: Patients aged 65 years and over, Barnsley CCG (1 September 2017 to 31 October 2017, compared to 1 September 2016 to 31 October 2016)



% uptake at 31 Oct 2016	55.3
% uptake at 31 Oct 2017	58.6
Number vaccinated at 31 Oct 2016	22,488
Number vaccinated at 31 Oct 2017	27,128
Eligible population at 31 Oct 2016	40,642
Eligible population at 31 Oct 2017	46,263

Source: Public Health England (November 2017)

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6 months to under 65 years: at risk

Key Points:

Total combined: 6 months to under 65 years: at risk

- Barnsley's flu vaccine uptake rate in the 6 months to under 65 years: at risk group, up to 31 October 2017 (35.7%) is **slightly lower** than the SY&B Area Team rate of 36.5% and **higher** than the **England** rate of 34.1%.
- To achieve the 55% target, **5,924** more patients aged 6 months to under 65 years: at risk need to be vaccinated (see Table 2).
- Compared to the same time point last year, Barnsley's uptake rate is **slightly higher**; 35.7% compared to 35.1% (see Figure 2). In terms of numbers, 2,238 **more** people aged 6 months to under 65 years: at risk have been vaccinated (10,920 at 31 October 2017, compared to 8,682 at 31 October 2016. The **eligible population** at 31 October 2017 is also **higher** than at 31 October 2016 (see Figure 2).
- Of the 10,920 people aged 6 months to under 65 years: at risk who have been vaccinated in Barnsley, 1,080 (9.9%) have received the vaccine in Pharmacies or other healthcare providers.

6 months to under 65 years: at risk (individual age cohorts)*

- Uptake is **greater** in Barnsley in the **16 to under 65 years**: at risk age band (36.4%).
- The **6 months to under 2 years**: at risk age band has the **lowest** uptake rate (11.8%).

*Note: No data are available for individual age cohorts for the area team and England, as we are only able to access Barnsley data on ImmForm.

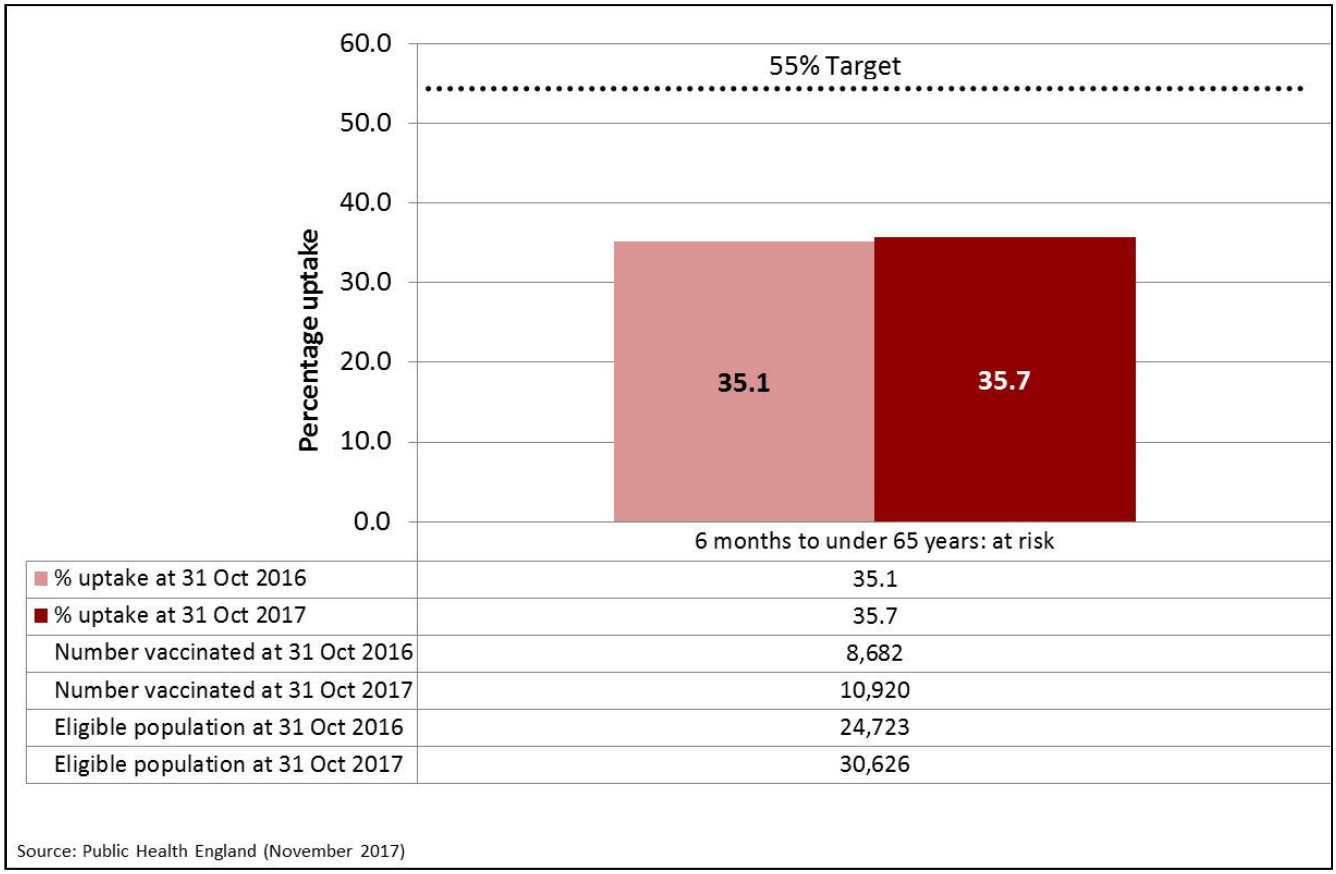
Table 2. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk, Barnsley CCG (1 September 2017 to 31 October 2017)

		Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 2 years: at risk	Barnsley CCG	51	6	45	11.8	28	22
2 years to under 5 years: at risk	Barnsley CCG	224	64	160	28.6	123	59
5 years to under 16 years: at risk	Barnsley CCG	1,927	505	1,422	26.2	1,060	555
16 years to under 65 years: at risk	Barnsley CCG	28,424	10,345	18,079	36.4	15,633	5,288
Total combined: 6 months to under 65 years: at risk	Barnsley CCG	30,626	10,920	19,706	35.7	16,844	5,924

Source: Seasonal influenza vaccine uptake amongst GP Patients in England: Provisional monthly data for 1 September 2017 to 31 October 2017) and ImmForm (November 2017).

6 months to under 65 years: at risk

Figure 2. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk, Barnsley CCG (1 September 2017 to 31 October 2017, compared to 1 September 2016 to 31 October 2016)



	6 months to under 65 years: at risk
% uptake at 31 Oct 2016	35.1
% uptake at 31 Oct 2017	35.7
Number vaccinated at 31 Oct 2016	8,682
Number vaccinated at 31 Oct 2017	10,920
Eligible population at 31 Oct 2016	24,723
Eligible population at 31 Oct 2017	30,626

Source: Public Health England (November 2017)

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6 months to under 65 years: at risk (by condition)

Key Points:

Chronic Heart Disease

- **More than a third** (39.8%) of patients in Barnsley aged between 6 months and under 65 years with chronic heart disease have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **849** more patients need to be vaccinated (see Table 3).

Chronic Respiratory Disease

- **More than a third** (37.5%) of patients in Barnsley aged between 6 months and under 65 years with chronic respiratory disease have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **2,318** more patients need to be vaccinated (see Table 4).

Chronic Kidney Disease

- **More than a third** (41.9%) of patients in Barnsley aged between 6 months and under 65 years with chronic kidney disease have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **190** more patients need to be vaccinated (see Table 5).

Chronic Liver Disease

- **Less than a third** (31.1%) of patients in Barnsley aged between 6 months and under 65 years with chronic liver disease have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 6 months to under 16 years age group. To achieve the 55% target, **204** more patients need to be vaccinated (see Table 6).

Diabetes

- **Almost half** (48.1%) of patients in Barnsley aged between 6 months and under 65 years with diabetes have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **460** more patients need to be vaccinated (see Table 7).

Immunosuppression

- **More than a third** (37.4%) of patients in Barnsley aged between 6 months and under 65 years with immunosuppression have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **313** more patients need to be vaccinated (see Table 8).

Chronic Neurological Disease (including Stroke/TIA, Cerebral Palsy or MS)

- **More than a third** (39.9%) of patients in Barnsley aged between 6 months and under 65 years with chronic neurological disease (including Stroke/TIA, Cerebral Palsy or MS) have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **679** more patients need to be vaccinated (see Table 9).

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6 months to under 65 years: at risk (by condition)

Key Points (continued):

Asplenia or dysfunction of the spleen

- **Less than a third** (32.2%) of patients in Barnsley aged between 6 months and under 65 years with Asplenia or dysfunction of the spleen have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **200** more patients need to be vaccinated (see Table 10).

Morbid obesity (BMI>=40) AND in one or more clinical risk group

- **More than two in five** (42.9%) of patients in Barnsley aged between 6 months and under 65 years who are morbidly obese AND in one or more clinical risk group have been vaccinated for seasonal flu, up to 31 October 2017. Uptake is highest in the 16 to under 65 years age group. To achieve the 55% target, **275** more patients need to be vaccinated (see Table 11).

Morbid obesity (BMI>=40) with NO other clinical risk group(s)

- **Just over one in five** (22.3%) of patients in Barnsley aged between 6 months and under 65 years who are morbidly obese with NO other clinical risk group have been vaccinated for seasonal flu, up to 31 October 2017. To achieve the 55% target, **1,779** more patients need to be vaccinated (see Table 12).

*Note: No data are available for condition cohorts for the area team and England, as we are only able to access Barnsley data on ImmForm.

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6 months to under 65 years: at risk (by condition)

*Table 3. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Chronic Heart Disease**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	374	84	290	22.5	206	122
16 years to under 65 years	5,212	2,139	3,073	41.0	2,867	728
Total: 6 months to under 65 years	5,586	2,223	3,363	39.8	3,072	849

*Table 4. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Chronic Respiratory Disease**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	1,445	406	1,039	28.1	795	389
16 years to under 65 years	11,772	4,545	7,227	38.6	6,475	1,930
Total: 6 months to under 65 years	13,217	4,951	8,266	37.5	7,269	2,318

*Table 5. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Chronic Kidney Disease**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
Total: 6 months to under 65 years*	1,457	611	846	41.9	801	190

*To avoid disclosure of low numbers, data for the individual age cohorts have not been illustrated.

*Table 6. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Chronic Liver Disease**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	17	6	11	35.3	9	3
16 years to under 65 years	837	260	577	31.1	460	200
Total: 6 months to under 65 years	854	266	588	31.1	470	204

Source: ImmForm (November 2017).

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6 months to under 65 years: at risk (by condition)

*Table 7. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Diabetes**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	81	32	49	39.5	45	13
16 years to under 65 years	6,537	3,148	3,389	48.2	3,595	447
Total: 6 months to under 65 years	6,618	3,180	3,438	48.1	3,640	460

*Table 8. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Immunosuppression**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	70	13	57	18.6	39	26
16 years to under 65 years	1,704	650	1,054	38.1	937	287
Total: 6 months to under 65 years	1,774	663	1,111	37.4	976	313

*Table 9. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Chronic Neurological Disease (including Stroke/TIA, Cerebral Palsy or MS)**, Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	185	37	148	20.0	102	65
16 years to under 65 years	4,323	1,763	2,560	40.8	2,378	615
Total: 6 months to under 65 years	4,508	1,800	2,708	39.9	2,479	679

*Table 10. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **Asplenia or dysfunction of the spleen**), Barnsley CCG (1 September 2017 to 31 October*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
6 months to under 16 years	76	21	55	27.6	42	21
16 years to under 65 years	802	262	540	32.7	441	179
Total: 6 months to under 65 years	878	283	595	32.2	483	200

Source: ImmForm (November 2017).

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6 months to under 65 years: at risk (by condition)

*Table 11. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - **morbid obesity (BMI>=40) AND in one or more clinical risk group**), Barnsley CCG (1 September 2017 to 31 October 2017)*

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
Total: 6 months to under 65 years*	2,276	977	1,299	42.9	1,252	275

*To avoid disclosure of low numbers, data for the individual age cohorts have not been illustrated.

Table 12. Uptake of seasonal influenza vaccine: Patients aged 6 months to under 65 years: at risk (by condition - morbid obesity (BMI>=40) with NO other clinical risk group(s)), Barnsley CCG (1 September 2017 to 31 October 2017)

	Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
Total: 6 months to under 65 years	5,438	1,212	4,226	22.3	2,991	1,779

Source: ImmForm (November 2017).

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Pregnant Women

Key Points:

All pregnant women

- Barnsley's flu vaccine uptake rate in all pregnant women, up to 31 October 2017 (38.1%) is **slightly lower** than the SY&B Area Team rate of 39.9% but **higher** than the **England** rate of 35.3%.
- To achieve the 55% target, **321** more pregnant women need to be vaccinated (see Table 13).
- Compared to the same time point last year, Barnsley's uptake rate is **higher**; 38.1% compared to 33.8% at 31 October 2016 (see Figure 3). In terms of numbers, 166 **more** pregnant women have been vaccinated (721 at 31 October 2017, compared to 555 at 31 October 2016. The **eligible population** at 31 October 2017 is 251 **higher** than at 31 October 2016 (see Figure 3).
- Of the 721 pregnant women who have been vaccinated in Barnsley, 59 (8.2%) have received the vaccine in Pharmacies or other healthcare providers.

Pregnant women NOT in a clinical risk group and IN a clinical risk group

- In Barnsley, **almost half** (45.7%) of pregnant women **IN a clinical risk group** have been vaccinated, compared to **over a third** (37.4%) of pregnant women **NOT in a clinical risk group** (see Table 13).
- Similarly, uptake rates are higher in the **IN a clinical risk group** in the SY&B Area Team and England.

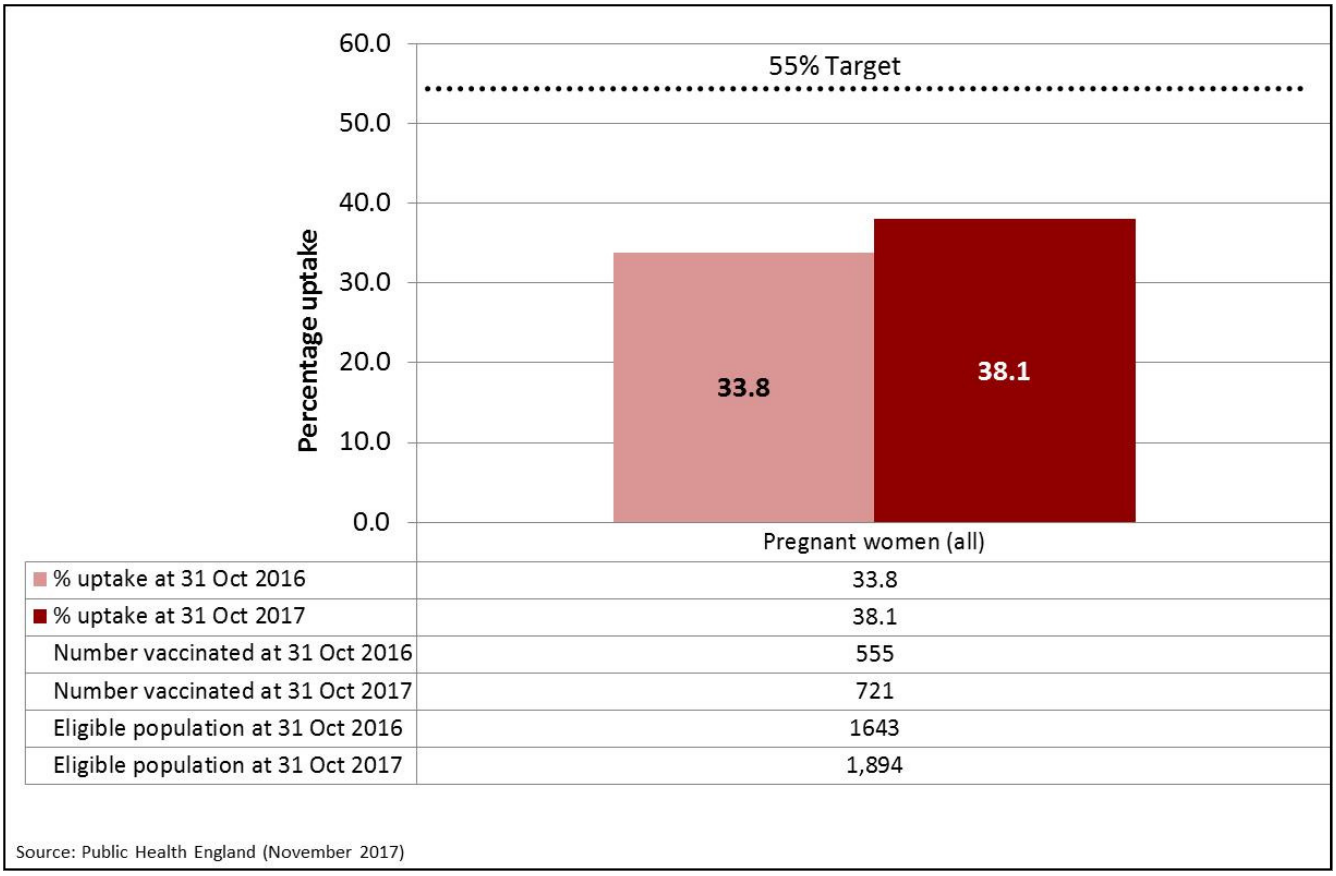
Table 13. Uptake of seasonal influenza vaccine: Pregnant women, Barnsley CCG (1 September 2017 to 31 October 2017)

		Number eligible	Number vaccinated	Number not vaccinated	% uptake	Target number (55% of eligible population)	Number of patients left to vaccinate to achieve target
Pregnant women and NOT in a clinical risk group	Barnsley	1,743	652	1,091	37.4	959	307
Pregnant women and IN a clinical risk group	Barnsley	151	69	82	45.7	83	14
All pregnant women	Barnsley	1,894	721	1,173	38.1	1,042	321

Source: Public Health England (Seasonal influenza vaccine uptake amongst GP Patients in England: Provisional monthly data for 1 September 2017 to 31 October 2017)

Pregnant Women

Figure 3. Uptake of seasonal influenza vaccine: Pregnant women (all), Barnsley CCG (1 September 2017 to 31 October 2017, compared to 1 September 2016 to 31 October 2016)



	Pregnant women (all)
% uptake at 31 Oct 2016	33.8
% uptake at 31 Oct 2017	38.1
Number vaccinated at 31 Oct 2016	555
Number vaccinated at 31 Oct 2017	721
Eligible population at 31 Oct 2016	1643
Eligible population at 31 Oct 2017	1,894

Source: Public Health England (November 2017)

Children aged 2-4

All two year olds

- Barnsley's flu vaccine uptake rate in the two year old population, up to 31 October 2017 (25.7%) is **higher** than the SY&B Area Team and England rates of 22.2% and 21.9% respectively.
- To achieve the 65% expectation target, **1,063** more two year olds need to be vaccinated (see Table 14).
- Compared to the same time point last year, Barnsley's uptake rate is **higher**; 25.7% compared to 23.3% (see Figure 4). In terms of numbers, 44 **more** two year olds have been vaccinated (697 at 31 October 2017, compared to 653 at 31 October 2016. The **eligible population** at 31 October 2017 is **slightly lower** than at 31 October 2016 (see Figure 4).

Two year olds NOT in a clinical risk group and IN a clinical risk group

- In Barnsley, **almost a third** (30.5%) of two year olds **IN a clinical risk group** have been vaccinated, compared to **just over a quarter** (25.6%) of two year olds **NOT in a clinical risk group** (see Table 14). Similarly, uptake rates are higher in the **IN a clinical risk group** in the SY&B Area Team and England.

All three year olds

- Barnsley's flu vaccine uptake rate in the three year old population, up to 31 October 2017 (26.4%) is **higher** than the SY&B Area Team and England rates of 22.3% and 22.4% respectively.
- To achieve the 65% expectation target, **1,010** more three year olds need to be vaccinated (see Table 14).
- Compared to the same time point last year, Barnsley's uptake rate is **higher**; 26.4% compared to 22.7% (see Figure 4). In terms of numbers, **18** more three year olds have been vaccinated (690 at 31 October 2017, compared to 672 at 31 October 2016. The **eligible population** at 31 October 2017 is 339 **lower** than at 31 October 2016 (see Figure 4).

Three year olds NOT in a clinical risk group and IN a clinical risk group

- In Barnsley, **over a third** (35.6%) of three year olds **IN a clinical risk group** have been vaccinated, compared to **just over a quarter** (26.1%) of three year olds **NOT in a clinical risk group** (see Table 14). This reflects the regional and national trend, where uptake rates are higher in three year olds IN a clinical risk group.

All four year olds

- There are no data available for SY&B Area Team and England for four year olds.
- In Barnsley, to achieve the 65% expectation target, **1,215** more four year olds need to be vaccinated (see Table 14).
- Compared to the same time point last year, Barnsley's uptake rate is **higher**; 21.3% compared to 19.7% (see Figure 4). In terms of numbers, 19 **less** four year olds have been vaccinated (591 at 31 October 2017, compared to 610 at 31 October 2016. The **eligible population** at 31 October 2017 is 325 **lower** than at 31 October 2016 (see Figure 4).

Four year olds NOT in a clinical risk group and IN a clinical risk group

- In Barnsley, just under a third (30.0%) of four year olds **IN a clinical risk group** have been vaccinated, compared to just over one in five (20.9%) of four year olds NOT in a clinical risk group (see Table 14).

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Children aged 2-4

Table 14. Uptake of seasonal influenza vaccine: two, three and four year olds, Barnsley CCG (1 September 2017 to 31 October 2017)

		Number eligible	Number vaccinated	Number not vaccinated	% uptake	Expectation target number (65% of eligible population)	Number of patients left to vaccinate to achieve target
Aged 2 and NOT in a clinical risk group	Barnsley	2,649	679	1,970	25.6	1,722	1,043
Aged 2 and IN a clinical risk group	Barnsley	59	18	41	30.5	38	20
All 2 year olds	Barnsley	2,708	697	2,011	25.7	1,760	1,063
Aged 3 and NOT in a clinical risk group	Barnsley	2,542	664	1,878	26.1	1,652	988
Aged 3 and IN a clinical risk group	Barnsley	73	26	47	35.6	47	21
All 3 year olds	Barnsley	2,615	690	1,925	26.4	1,700	1,010
Aged 4 and NOT in a clinical risk group	Barnsley	2,678	561	2,117	20.9	1,741	1,180
Aged 4 and IN a clinical risk group	Barnsley	100	30	70	30.0	65	35
All 4 year olds	Barnsley	2,778	591	2,187	21.3	1,806	1,215

Source: ImmForm November 2017)

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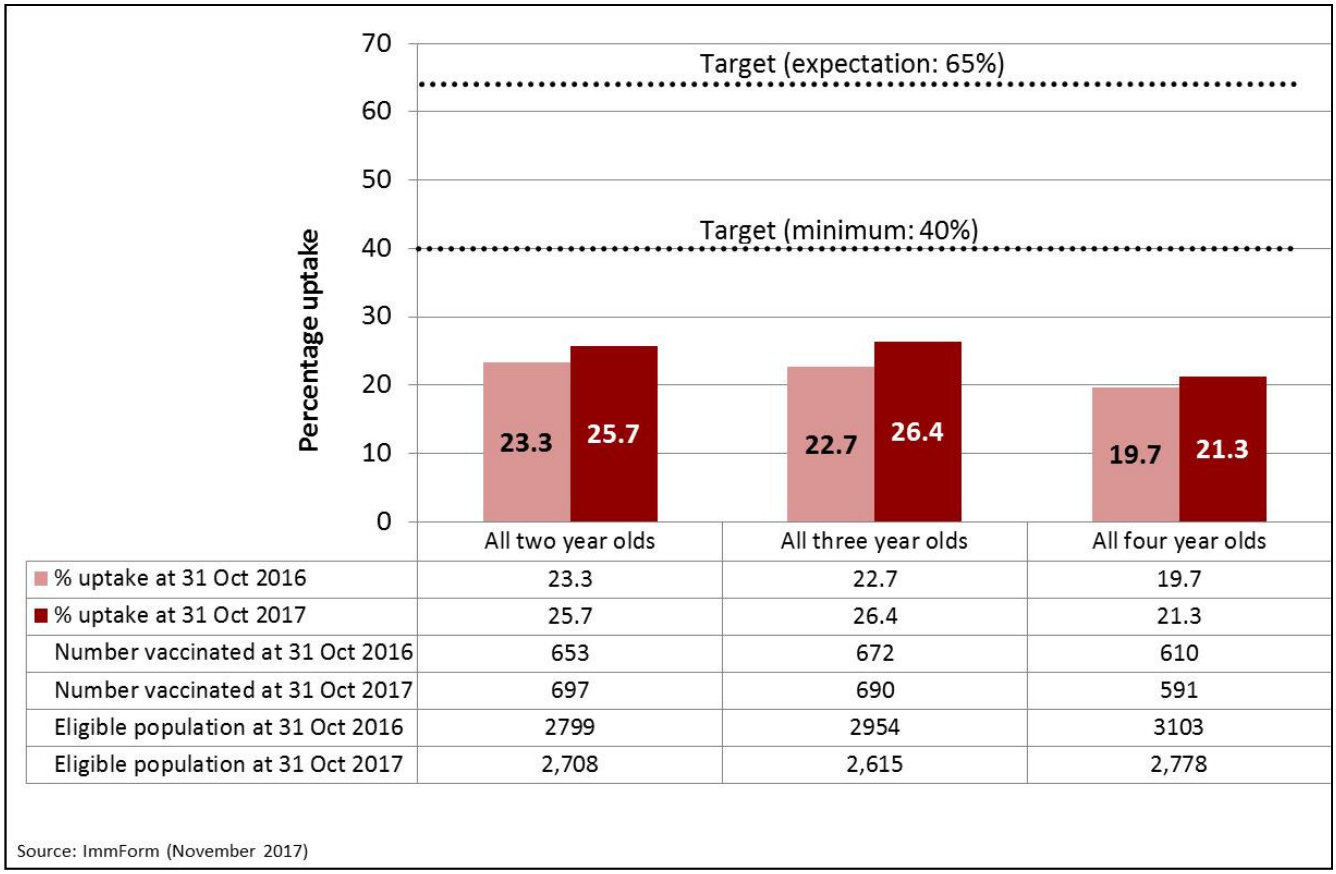
Children aged 2-4

Figure 4. Uptake of seasonal influenza vaccine: two, three and four year olds, Barnsley CCG (1 September 2017 to 31 October 2017, compared to 1 September 2016 to 31 October 2016)



	All two year olds	All three year olds	All four year olds
% uptake at 31 Oct 2016	23.3	22.7	19.7
% uptake at 31 Oct 2017	25.7	26.4	21.3
Number vaccinated at 31 Oct 2016	653	672	610
Number vaccinated at 31 Oct 2017	697	690	591
Eligible population at 31 Oct 2016	2799	2954	3103
Eligible population at 31 Oct 2017	2,708	2,615	2,778

Source: ImmForm (November 2017)

School Delivery: Reception to Year 4

Key Points:

Reception: 4-5 Year Olds Birth Cohort: 1 September 2012 - 31 August 2013

- **Just over a third** (33.5%) of Reception children in Barnsley have been vaccinated, up to 31 October 2017 (see Table 15).
- To achieve the 65% expectation target, **947** more Reception children need to be vaccinated (see Table 15).

Year 1: 5-6 Year Olds Birth Cohort: 1 September 2011 - 31 August 2012

- **Just over a third** (35.3%) of Year 1 children in Barnsley have received the flu vaccination (see Table 15).
- To achieve the 65% expectation target, **893** more Year 1 children need to be vaccinated (see Table 15).

Year 2: 6-7 Year Olds, Birth Cohort: 1 September 2010 - 31 August 2011

- **Just over a third** (34.1%) of Year 2 children in Barnsley have been vaccinated, up to 31 October 2017 (see Table 15).
- To achieve the 65% expectation target, **931** more Year 2 children need to be vaccinated (see Table 15).

Year 3: 7-8 Year Olds, Birth Cohort: 1 September 2009- 31 August 2010

- **Less than a third** (31.9%) of Year 3 children in Barnsley have been vaccinated, up to 31 October 2017 (see Table 15).
- To achieve the 65% expectation target, **962** more Year 3 children need to be vaccinated (see Table 15).

Year 4: 8-9 Year Olds, Birth Cohort: 1 September 2008 - 31 August 2009

- **Just over a third** (33.7%) of Year 4 children in Barnsley have been vaccinated, up to 31 October 2017 (see Table 15).
- To achieve the 65% expectation target, **871** more Year 4 children need to be vaccinated (see Table 15).

Note: No data are available for school delivery for the area team and England, as we are only able to access Barnsley data on ImmForm.

Also, no trend data are available.

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Children aged 5-7

Table 15. Uptake of seasonal influenza vaccine: Reception to Year 4, Barnsley CCG (1 September 2017 to 31 October 2017)

		Number eligible	Number vaccinated	Number not vaccinated	% uptake	Expectation target number (65% of eligible population)	Number of patients left to vaccinate to achieve target
Reception, 4-5 Year Olds Birth Cohort: 1 September 2012 - 31 August 2013	Barnsley	3,001	1,004	1,997	33.5	1,951	947
Year 1, 5-6 Year Olds Birth Cohort: 1 September 2011 - 31 August 2012	Barnsley	3,001	1,058	1,943	35.3	1,951	893
Year 2, 6-7 Year Olds, Birth Cohort: 1 September 2010 - 31 August 2011	Barnsley	3,012	1,027	1,985	34.1	1,958	931
Year 3, 7-8 Year Olds, Birth Cohort: 1 September 2009- 31 August 2010	Barnsley	2,904	926	1,978	31.9	1,888	962
Year 4, 8-9 Year Olds, Birth Cohort: 1 September 2008 - 31 August 2009	Barnsley	2,781	937	1,844	33.7	1,808	871

Source: ImmForm (November 2017)

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References/Data Sources

Public Health England: Annual flu programme:

https://www.gov.uk/government/publications/national-flu-immunisation-programme-plan

Public Health England: Seasonal influenza vaccine uptake amongst GP Patients in England, provisional monthly data for 1 September 2017 to 31 October 2017 and Seasonal influenza vaccine uptake amongst GP Patients in England, provisional monthly data for 1 September 2016 to 31 October 2016 . Accessed 30 November 2017 from:

https://www.gov.uk/government/statistics/seasonal-flu-vaccine-uptake-in-gp-patients-monthly-data-2017-to-2018

ImmForm (November 2017):
ImmForm is a secure website used by the Department of Health, Public Health England, the National Health Service and NHS England to collect data on vaccine uptake for immunisation programmes.
www.**immform**.dh.gov.uk

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

21 December 2017

PROCUREMENT UPDATE –AQP CONTRACTS

PART 1A – SUMMARY REPORT

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

The purpose of this report is to provide members with an overview of the current procurement issues for Barnsley GP Practices and primary medical care services and to make decisions where necessary.

3.1 Background

There are a number of services commissioned by NHS Barnsley CCG where there is a need to consider the requirements to plan and undertake procurement activity. These are the Any Qualified Provider (AQP) contracts for Vasectomy (non scalpel) and Carpal Tunnel.

3.2 Re-opening of Any Qualified Provider Contracts

NHS Barnsley CCG commissions two services from primary care providers via Any Qualified Provider (AQP) Contracts.

These are

a) Primary Care Vasectomy Service (non scalpel)
b) Carpal Tunnel with Nerve Conduction Studies (NCS)

The original NHS Standard Contracts were awarded to commence 1 April 2016 and have a contract term of 3 years. The contracts expire on 31 March 2019.

	The services are currently delivered as follows: **Vasectomy** B87026 - Grange Medical Practice (out of area provider) C85619 - St George's Medical Practice C85028 - Lundwood Medical Centre **Carpal Tunnel** C85028 - Lundwood Medical Centre The contract is paid on an actual activity basis. In 2016/17 spend on these services was: Vasectomy - £67,954 Carpal Tunnel - £120,405 The contracts are paid based on local prices which are lower than national tariff prices. It is a requirement that these contracts are "re-opened" mid-way through the contract term and the Committee is asked to note this requirement. "The CCG will advertise every 12 months for a period of 28 days for new entrants who wish to become an accredited provider for an Any Qualified Provider contract. The advert will be placed on the CCG internet and on Contracts Finder". (Monitor Guidance) This does not mean that existing providers have to submit a new bid and their contracts continue as originally written. Advice and guidance has been sought from South Yorkshire Procurement Service (SYPS) and a timeline has been produced to conduct this process. This timeline is attached at Appendix 1. On behalf of the CCG, SYPS reopened the AQP contracts on Monday 4 December with a closing date of 8 January 2018. A decision to award these contracts will be brought back to Primary Care Commissioning Committee in January 2018.
4.	**THE COMMITTEE IS ASKED TO:** a) Note the contents of the report and the requirement to re-open the AQP contracts for Primary Care Vasectomy (non scalpel) **b)** Note the timescales required for managing this process
5.	**APPENDICES**
	Appendix 1 – Final Procurement Timeline – AQP Contracts

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:	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*

NHS BARNSLEY CCG
AQP VASECTOMY and CARPAL TUNNEL

Action	Date from	Date to	Responsibility (e.g. Programme Lead, Procurement, Finance)	Progress
Preparation				
Complete Specification	22.11.2017	23.11.2017	Programme Lead	
Draw Up AQP Documentation	22.11.2017	24.11.2017	Vickie Riley	
Confirm evaluation team	22.11.2017	24.11.2017	CCG/Vickie Riley	
CCG review and approval	24.11.2017	24.11.2017	CCG	
ITT				
Issue AQP Notice to OJEU & Contracts Finder	04.12.2017	04.12.2017	Vickie Riley	
Respond to Clarification Questions	05.12.2017	02.01.2018	CCG/Vickie Riley	
Closing Date for receipt of completed submissions	08.01.2018	08.01.2018		
Evaluator Training (if required)	w/c 02.01.2018		Vickie Riley/ Evaluators (I am on AL on the 4th/5th Jan)	
Undertake evaluation	09.01.2018	16.01.2018	Evaluators	
Evaluation Consolidation Meeting	18.01.2018 am		Evaluators/ Vickie Riley	
Compile recommendation report for ratification	18.01.2018		Vickie Riley	
PCCC Approval	25/01/2018	25/01/2018	Vickie Riley/ Programme Lead	
Award and Mobilisation				
Compile & Issue Standstill Notices	26/01/2018	26/01/2018	Vickie Riley	
Stand Still Period	29/01/2018	08/02/2018		
Contract Award Notice in OJEU (mandatory)	TBC		Vickie Riley	
Contract initiation meetings	After 08/02/2018		CCG	
Contract commences	ASAP after 08/02/2018			

Not Started
Underway, on time
Completed
Overdue
Fixed Date

NHS
Barnsley Clinical Commissioning Group

Putting Barnsley People First

PRIVATE - PRIMARY CARE COMMISSIONING COMMITTEE

21 December 2017

RISK AND GOVERNANCE 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 & 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 ○ Not having quality monitoring arrangements embedded in practice ○ Inadequate investment in primary care ○ 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: ○ Consider whether all risks identified are appropriately described and scored ○ 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

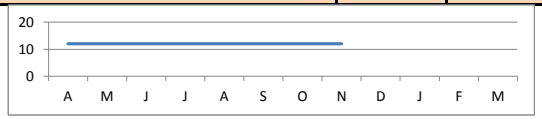
1.	Links to the Governing Body Assurance Framework	Risk ref(s)
	This report provides assurance against the following risks on the Governing Body Assurance Framework:	All
2.	**Links to CCG's Corporate Objectives**	**Y/N**
	To have the highest quality of governance and processes to support its business	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*

13/12/2017 **NHS Barnsley CCG Governing Body Assurance Framework 2017-18**

PRIORITY AREA 2: PRIMARY CARE	*Delivery supports these CCG objectives:*		PRINCIPAL THREATS TO DELIVERY
• Increase the number of children and young people receiveing evidence-based treatment to improve their emotional health and wellbeing • Improve access to psychological therapies (IAPT) from 15% of the local population suffering from depression to 25% by 2020 and improve the IAPT recovery rate to achieve national targets as a minimum; Improve pre and post mental health crisis care support • Crisis care: extend the Liaison Mental Health service in A&E to include children and young people; Implement the Police and Crime Act 2017; Reduce the numbers of suicides in Barnsley to the national average as a minimum • Improve perinatal mental health	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	**Nov-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 has been presented to September BEST meeting supported by Mark Purvis from HEE. Awaiting figures from second workforce return 30/9/17. All practices have submitted their workforce dada via the HEE Tool. This continues to be incentised through the PDA.	Ongoing
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)	Ongoing
3. Optimum use of BEST sessions	BEST programme and Programme co-ordination	Ongoing
4. Development of locality working	GP Clinical Leads and PMs allocated to each locality. First meeting 16 August 2017 and bi-	Ongoing
5. BHF - Existence of strong federation supports Primary Care at Scale	BHF contract monitoring, oversight by PCCC	Ongoing
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)	Monitored through PDA Contract monitoring of the My Best Life Service - Reports to F&P??	Ongoing
7. Progamme Management Approach of GPFV & Forward View Next steps	Report to GB in November 2017. Potentially look to review delivery across Footprint.	Ongoing
8. Care Navigation roll out - First Port of Call Plus	BHF contract monitoring, oversight by PCCC	Ongoing
9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc)	NHS England 360 Stakeholder Survey results reported to Governing Body. 16/17 results reported to Membership Council Spring 2017.	Ongoing

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	November 2017 - A meeting held with CCG representatives and representatives from Public Health actions to initiate future cohesive working between the 0-19 Service and primary care. An Action Plan from BMBC received on 25 October 2017 details the progress. The Action Plan will be shared with the Primary Care Workstream (PCWS) for them to consider whether the actions mitigate the risks recorded in the CCG's Risk Register .
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. Practices encourage to look at skill mix with innovative recrtuitment.
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.

RISK REGISTER – December 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)	7	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	19	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	7	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
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**	11/17	**November 2017** A meeting has been held with CCG representatives and representatives from Public Health which identified actions to initiate future cohesive working between the 0-19 Service and primary care. An Action Plan from BMBC was received on 25 October 2017 detailing the progress. BMBC	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 Practice Managers Group are being regularly updated with the 0-19 pathway							have been asked to firm up next two meeting dates. The Action Plan will now be shared with the Primary Care Workstream (PCWS) for them to consider whether the actions mitigate the risks recorded in the CCG's Risk Register .	
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	**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	MG (Primary Care Commissioning Committee)	Governing Body	**4**	**4**	**16**	11/17	**November 2017** Position remains the same **October 2017** Position remains the same **September 2017** Position remains the same	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**
		(c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.				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 in partnership with SWYPFT. The Workforce Summit Plan**.** GP Forward View								
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.	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	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 has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).							**May 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**.**	