

Putting Barnsley People First

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 29 June 2017 at 3.00 – 4.00pm in the Boardroom, Hilder House 49/51 Gawber Road, Barnsley, S75 2PY

PUBLIC AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	3.00 pm
2.	Quoracy		Chris Millington	
3.	Declarations of Interest relevant to the agenda	Note	PCCC 17/06/03 Chris Millington	
4.	Questions from the public relevant to the agenda		Chris Millington	3.05 pm 5 mins
5.	Minutes of the meeting held on 23 March 2017	Approve	PCCC 17/06/05 Chris Millington	3.10 pm 5 mins
6.	Matters Arising Report	Note	PCCC 17/06/06 Chris Millington	3.15 pm 5 mins
Strategy, Planning, Needs Assessment and Co-ordination of Primary Care				
7.	GP Five Year Forward View and Co-Commissioning Update	Assurance & Information	PCCC 17/06/07 Catherine Wormstone	3.20 pm 5 mins
8.	GP Out of Hours Procurement update	Information	PCCC 17/06/08 Jamie Wike	3.25 pm 5 mins
Quality and Finance				
9.	Quality Monitoring Update	Information	PCCC 17/06/09 Catherine Wormstone	3.30 pm 5 mins
Contract Management				
10.	Practice Delivery Agreement (PDA) End of Year Report for 2016/17	Information	PCCC 17/06/10 Catherine Wormstone	3.35 pm 5 mins
Governance, Risk and Assurance				
11.	Risk and Governance Exception Report	Approval & Assurance	PCCC 17/06/11 Fran Wickham	3.40 pm 5 mins
12.	Committee Work-plan / Agenda Timetable	Information	PCCC 17/06/12 Fran Wickham	3.45 pm 5 mins
Other				

13.	Any other business			3.50 pm 5 mins
14.	Items for escalating to the Governing Body Assurance Report			
15.	Additional Room Utilisation at Roundhouse Medical Centre Lift Building	Decision	PCCC 17/06/15 Catherine Wormstone	3.55 pm 5 mins
16.	Date and time of the next meeting: Thursday 28 September 2017 at 3.00 – 4.00pm in the Boardroom, Hillder House, 49-51 Gawber Road, Barnsley, S75 2PY.			4.00 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

PRIMARY CARE COMMISSIONING COMMITTEE

29 June 2017

Declaration of Interests, Gifts, Hospitality and Sponsorship Report

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR												
	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>										
		<input type="checkbox"/>	<i>Assurance</i>										
		<input checked="" type="checkbox"/>	<i>Information</i>										
		<input type="checkbox"/>											
2.	REPORT OF												
		<i>Name</i>	<i>Designation</i>										
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance										
	<i>Author</i>	Fran Wickham	Governance, Assurance and Engagement Facilitator										
3.	EXECUTIVE SUMMARY												
<p>A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship.</p> <p>The table below details what interests must be declared</p> <table border="1"> <thead> <tr> <th>Type</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>Financial interests</td> <td>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;</td> </tr> <tr> <td>Non-financial professional interests</td> <td>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;</td> </tr> <tr> <td>Non-financial personal interests</td> <td>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;</td> </tr> <tr> <td>Indirect interests</td> <td>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.</td> </tr> </tbody> </table>				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.
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	<p>This report is to provide the Primary Care Commissioning Committee with all members' declarations of interest.</p> <p>Appendix 1 to this report details all Committee members' current declared interests for members to update and to enable the Chair and members to foresee any potential conflicts of interests relevant to the agenda. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict.</p> <p>Members should also declare if they have received any Gifts, Hospitality or Sponsorship.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of this report and declare if members have any declarations of interest relevant to the agenda or have received any Gifts, Hospitality or Sponsorship.
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix A – <i>Committee Members Declaration of Interest Report</i>

Agenda time allocation for report:	<i>5 minutes.</i>
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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:	2.1 and 5.2.
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	
	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 Groups constitution and the Clinical Commissioning Groups 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 regularly (at no more than 3-monthly intervals)

Register: Primary Care Commissioning Committee

Name	Current position (s) held in the CCG	Declared Interest
Nick Balac	Chairman	<ul style="list-style-type: none"> • Partner at St Georges Medical Practice (PMS) • Practice holds AQP Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society • The practice is a member of Barnsley Healthcare Federation which may provide services for Barnsley CCG
Mehrban Ghani	Medical Director	<ul style="list-style-type: none"> • GP Partner at 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

Name	Current position (s) held in the CCG	Declared Interest
Madhavi Guntamukkala	GP Governing Body Member	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Partner Governor Barnsley Hospital NHS Foundation Trust
Mike Simms	Secondary Care Clinician	<ul style="list-style-type: none"> • No interests to declare
Lesley Smith	Governing Body Member	<ul style="list-style-type: none"> • 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
Sarah Tyler	Lay Member for Accountable Care	<ul style="list-style-type: none"> • 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 • Interim Health Improvement Specialist for Wakefield Council

Name	Current position (s) held in the CCG	Declared Interest
Jamie Wike	Head of Planning, Delivery and Performance	• NIL
Richard Walker	Head of Governance & Assurance	• NIL
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.
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 23 March 2017 at 1.00pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY

MEMBERS PRESENT:

Mr Chris Millington (Chair)
 Dr Nick Balac
 Dr Mehrban Ghani
 Dr Madhavi Guntamukkala
 Mr Mike Simms
 Ms Lesley Smith
 Mr Richard Walker

Lay Member
 CCG Chairman
 Medical Director
 Governing Body Member
 Secondary Care Clinician
 Chief Officer
 Head of Governance & Assurance

IN ATTENDANCE:

Mr Garry Charlesworth
 Mrs Jackie Holdich

Ms Roxanna Naylor
 Ms Ruth Simms
 Mrs Fran Wickham
 Ms Catherine Wormstone

NHS England Primary Care Manager
 Head of Delivery (for Primary and Out of Hospital Care)
 Deputy Chief Finance Officer
 Assistant Finance Manager
 Governance, Assurance & Engagement Facilitator
 Senior Primary Care Commissioning Manager

APOLOGIES:

Ms Julia Burrows
 Mr Brian Roebuck

Director of Public Health
 Lay Member

MEMBERS OF THE PUBLIC:

Mrs Margaret Sheard
 Mrs Brigid Logan

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

Agenda Item	Note	Action	Deadline
PCCC 17/03/01	QUORACY - it was advised that the Committee was quorate.		
PCCC 17/03/02	QUESTIONS FROM MEMBERS OF THE PUBLIC RELEVANT TO THE AGENDA		
	The Committee Chairman asked if there were any questions from members of the public. No questions were raised.		
PCCC 17/03/03	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		

	<p>The Committee noted the Declarations of Interest Report. No new declarations relating to the agenda were received.</p> <p>The Head of Governance & Assurance noted that whilst the substance of members' declarations of interest is recorded, further detail is required and the CCG is currently going through a process to capture all the pertinent information.</p>		
PCCC 17/03/04	MINUTES OF THE MEETING HELD ON 22 DECEMBER 2016 - approved as a true record of the proceedings.		
PCCC 17/03/05	MATTERS ARISING REPORT		
	<p>The Committee noted that all items on the Matters Arising Report were complete.</p> <p>Dr Guntamukkala joined the meeting.</p>		
STRATEGY & PLANNING			
PCCC 17/03/06	INITIATIVES TO SUPPORT GENERAL PRACTICE		
	<p>Prior to the above report being considered the Chair introduced Catherine Wormstone, Senior Primary Care Commissioning Manager, to members.</p> <p>The Head of Delivery presented the report and the following items were discussed:</p> <ul style="list-style-type: none"> • Practice Delivery Agreement (PDA) and Health Inequalities Targeted Scheme (HITS), including work around medicines management • Focus on referral management, including Map of Medicine and clinical pathways • Clinical Pharmacists programme • First Port of Call • My Best Life • Medical Interoperability Gateway (MIG). 		
	The Committee noted the work being taken forward in Primary Care as part of the GP Forward View.		
QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 17/03/07	HIGH LEVEL CQC REPORT		
	The Head of Delivery presented the latest CQC Update		

	<p>Report. Members noted that the CQC ratings for the 35 GP practices within Barnsley were encouraging and thought that the findings showed a positive picture. A number of practices are demonstrating a rating of 'outstanding' in some indicators.</p> <p>Members were updated that the Barnsley Healthcare Federation practices are still to be visited by CQC, however it was noted that they are well prepared for the inspections.</p> <p>The Head of Delivery has recently met the CQC Inspector for the Barnsley region where the criteria for ratings was considered. The Committee discussed what was required to receive 'outstanding' ratings.</p> <p>Noted that whilst the aspiration is that all practices have an 'outstanding' rating, in reality this may be difficult to achieve for every indicator.</p> <p>It was noted that Barnsley has come out comparable with areas such as Wakefield.</p> <p>The Head of Delivery noted that where a practice receives a 'requires improvement' rating this can be for an isolated area and can give a false impression.</p> <p>The Chair declared that he was registered with Darton Health Centre.</p>		
	The Committee noted the report.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 17/03/08	FINANCE QUARTLERY UPDATE REPORT		
	<p>The Deputy Chief Finance Officer presented the financial monitoring statement for the Primary Care Commissioning (delegated budgets). It was noted that these budgets are reported through the Finance & Performance Committee on a monthly basis.</p> <p>Following discussion, it was agreed that in the future a focus on strategy should be included with the financial report.</p> <p>Agreed that an Equitable Funding Review should be undertaken; the NHS England Primary Care Manager to provide detail. This is to be reported back to the next committee meeting to close off this item.</p>	<p>RN</p> <p>GC/CW</p>	

	The CCG Chairman asked if all PMS variances had been levelled off. Confirmed yes. Noted that from 1 April 2017 £/population/head for practices will be the same.		
	The Committee noted the report.		
PCCC 17/03/09	OUTCOME OF 2017/18 GMS CONTRACT NEGOTIATIONS		
	<p>The report presented gave the 'headlines' from the 2017/18 GMS contract negotiations; there is more detail to come.</p> <p>The following items were discussed:</p> <ul style="list-style-type: none"> • Indemnity inflation • CQC registration • Avoiding Unplanned Admissions DES • QOF • Financial risks – i.e. sick leave • Vaccinations – is this for CCG or Public Health England to communicate to practices? Noted that practices had received the Chief Medical Officer's letter from LMC. Members agreed that need to confirm it has gone out and to re-send for clarity • Some items could present a financial risk to CCG. 	CW	
	Members considered and noted the potential implications from the 2017/18 GMS Contract changes.		
PCCC 17/03/10	RISK REGISTER AND ASSURANCE FRAMEWORK		
	<p>The Head of Governance & Assurance noted the Corporate Risk Register which had been shared. This has been updated; however it was asked if there were any further updates or amendments.</p> <p>It was noted that there is one 'red' score on the register relating to the 0-19 pathway. The Chief Officer updated members that the CCG Chairman and Chief Officer had met with the Director of Public Health and it was agreed that a workshop will be arranged for Governing Body members to look at the future models of the 0-19 pathway. Members agreed to keep the score as recorded.</p>		

	The Committee agreed that the risks identified were appropriately scored and considered that there were no new risks to be included on the Risk Register.		
PCCC 17/03/11	ANY OTHER BUSINESS - No further business was raised.		
PCCC 17/03/12	ITEMS FOR ESCALATING TO THE GOVERNING BODY ASSURANCE REPORT – No items to escalate.		
PCCC 17/03/13	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Primary Care Commissioning Committee will be held on 29 June 2017 at 3.00pm in the Boardroom, Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE**29 June 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 23 March 2017.

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	
PCCC 17/03/08	FINANCE QUARTERLY UPDATE REPORT An Equitable Funding Review update to be provided.	GC/CW	Complete
PCCC 17/03/09	OUTCOME OF 2017/18 GMS CONTRACT NEGOTIATIONS To confirm that the information has been sent to practices.	CW	Complete

PRIMARY CARE COMMISSIONING COMMITTEE

29 June 2017

GP Forward View & Co Commissioning Update

1. THIS PAPER IS FOR												
	<table border="1"> <tr> <td>Decision</td><td><input type="checkbox"/></td> <td>Approval</td><td><input type="checkbox"/></td> <td>Assurance</td><td><input checked="" type="checkbox"/></td> <td>Information</td><td><input checked="" type="checkbox"/></td> </tr> </table>	Decision	<input type="checkbox"/>	Approval	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input checked="" type="checkbox"/>			
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2. REPORT OF												
	<table border="1"> <tr> <td></td><td><i>Name</i></td><td><i>Designation</i></td></tr> <tr> <td><i>Executive Lead</i></td><td>Catherine Wormstone</td><td>Senior Primary Care Commissioning Manager</td></tr> <tr> <td><i>Author</i></td><td>Lynne Richards</td><td>Primary Care Commissioning and Quality Development Manager</td></tr> </table>				<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Catherine Wormstone	Senior Primary Care Commissioning Manager	<i>Author</i>	Lynne Richards	Primary Care Commissioning and Quality Development Manager
	<i>Name</i>	<i>Designation</i>										
<i>Executive Lead</i>	Catherine Wormstone	Senior Primary Care Commissioning Manager										
<i>Author</i>	Lynne Richards	Primary Care Commissioning and Quality Development Manager										
3. EXECUTIVE SUMMARY												
	<p>To provide the Primary Care Commissioning Committee with an update on the key issues and recent headlines relating to Primary Care.</p> <p>1. Next Steps on the NHS Five Year Forward View</p> <p>NHS England published a key document on 31 March 2017 relating to the Next Steps on the NHS Five Year Forward View. The document reviews the progress made since the launch of the Five Year Forward View and sets out next steps to deliver an improved and more joined up NHS.</p> <p>The document contains a short section (Page 18 onwards) around Primary Care. There are some key messages which build on information which has previously been trailed in the GP Forward View and subsequent NHS 17/19 Planning Guidance.</p> <p>Of particular note are the following two sections:</p> <p><i>“Contract reform. The 2004 GP contract linked a proportion of practice income to performance against detailed indicators – the Quality and Outcomes Framework (QOF). There is now wide agreement that this particular approach has run its course, and is now partly a tick-box exercise. We will seek to develop and agree with relevant stakeholders a successor to QOF, which would allow the reinvestment of £700 million a year into improved patient access, professionally-led quality improvement, greater population health management, and patients’ supported self-management, to reduce avoidable demand in secondary care.”</i></p> <p><i>“Encourage practices to work together in ‘hubs’ or networks. Most GP surgeries will</i></p>											

increasingly work together in primary care networks or hubs. This is because a combined patient population of at least 30,000-50,000 allows practices to share community nursing, mental health, and clinical pharmacy teams, expand diagnostic facilities, and pool responsibility for urgent care and extended access. They also involve working more closely with community pharmacists, to make fuller use of the contribution they make. This can be as relevant for practices in rural areas as in towns or cities, since the model does not require practice mergers or closures and does not necessarily depend on physical co-location of services. There are various routes to achieving this that are now in hand covering a majority of practices across England, including federations, 'super-surgeries', primary care homes, and 'multispecialty community providers'. Most local Sustainability and Transformation Plans are intending to accelerate this move, so as to enable more proactive or 'extensivist' primary care. Nationally we will also use funding incentives - including for extra staff and premises investments - to support this process."

The document as a whole supports the work which NHS Barnsley CCG has already embarked upon and sets a helpful framework for the foundation of further locality based working across a number of services, including primary care.

This information was shared with Barnsley practices on 5 April 2017 via the Practice Managers distribution list.

2. Implementing the 2017/18 GP Contract

The final [guidance](#) for implementing changes to GMS, PMS and APMS contracts for 2017/18 was published at the end of March 2017. This provides the detail behind the headlines of the national contract negotiation and will form the basis of core contract payments for the next financial year. There is a ready reckoner tool available for GMS practices via this [link](#).

As a fully delegated commissioner of primary medical care services, it is expected that NHS Barnsley CCG applies the guidance in full.

Key headlines from the guidance are

- Avoiding Unplanned Admissions Directed Enhanced Service ceasing on 31 March 2017
- Quality and Outcomes Framework – the pound per point value increases from £165.18 to £171.20 as a result of Contractor Population Index (CPI) adjustment
- A pay uplift of 1 percent;
- An increase in the payment for Learning Disabilities Health Check Scheme;
- Changes and increased payments to the GP Retention Scheme;
- Funding to cover expenses relating to additional Care Quality Commission (CQC) Business Improvement District (BID) levies costs that will be reimbursed, and
- Increased payments to cover costs and other increased business expenses.
- Continued reinvestment of Minimum Practice Income Guarantee (MPIG) and seniority payments

	GMS	PMS	APMS
	£/weighted patient	£/weighted patient	£/weighted patient
MPIG reinvestment	A [£0.48]	-	-
Seniority reinvestment	B [£0.31]	c [£0.31]	-
Elements of the deal	C [£0.21]	c [£0.21]	c [£0.21]
ES reinvestment	D [£2.69]	d [£2.69]	d [£2.69]
Inflation uplift	E [£1.06]	e [£1.06]	e [£1.06]
Total uplift	A+B+C+D+E [£4.76]	b+c+d+e [£4.27]	c+d+e [£3.97]

This information was shared with Barnsley practices on 5 April 2017 via the Practice Managers distribution list.

Work will be undertaken imminently within the CCG to calculate the impact on the delegated co-commissioning budget.

3. Support with general practice indemnity costs

An outcome from last summer's GP Indemnity Review was that a new short-term financial support scheme would start in 2016/17 and provide a special payment to practices, linked to unweighted patient population figures, to offset average indemnity inflation. £30 million is currently being distributed to practices, calculated at 51.6 pence per registered patient on practice lists as of 1 December 2016.

Payments for this support scheme have been made to Barnsley practices in the March 2017 payment runs.

4. GPFV – Progress with Implementation

NHS England is requesting regular information from CCGs on the delivery of plans to support GP Forward View. In Barnsley, this work is being progressed and monitored through Primary Care Development Work stream

Key headlines include:

a) Investment - Practice Delivery Agreement

The Barnsley Practice Delivery Agreement (PDA) was approved by the CCG's Governing Body on Thursday 13 April 2017. The PDA is contracted via an NHS Standard Contract (short form).

The development of the 2017/18 PDA has included engagement and involvement from the LMC, Practice Managers, Membership Council and a PDA

working group. The scheme represents a significant amount of investment (£4.2m) in General Practice for 2017/18.

The aim of the 2017/18 Barnsley Practice Delivery Agreement (PDA) is to invest in the capacity needed to deliver a consistently high standard of General Practice across Barnsley, as referenced in the Primary Care Strategy and the GP Forward View. This will be delivered through the provision of a guaranteed income for the delivery of four schemes:

- Demand Management
- Medicines Optimisation Scheme
- Health Inequalities Target Scheme (HITS)
- Workforce Analysis

Packs have been prepared to support practices with the implementation of this year's contract and was delivered to practices on 19 April 2017. Once practices have indicated their acceptance, two copies of the NHS Standard Contract (signed by the CCG) will be issued to practices for signature.

A 'Questions and Answers' document was prepared for practices and a two hour session delivered for Practice Managers to assist with clarification and implementation of the PDA.

b) Workforce

i) Event on 11 May 2017 – Tankersley Manor, Barnsley

A whole day GP Forward view Workforce Workshop took place on the 11 May 2017 for South Yorkshire GPs to explore the challenges and possible solutions to utilising the many different roles in practice to support their work. The event is being supported by RCGP, NHS England and Health Education England.

ii) Workforce Baseline

All Barnsley practices are working towards completion of a detailed workforce baseline on 30 June 2017. This will allow for planning future workforce requirements and will be followed up with a CCG wide event in September 2017 at which the baseline information will be shared with member practices.

c) Practice Manager Leadership Development

The CCG is very pleased to have secured £10k funding from NHS England during 2016/17 to support Practice Manager Leadership Development in 2017/18. A coach, Gail Jones, who has a wealth of experience in Practice Manager Development, has been identified to support the programme and attended Practice Managers meeting on the 4 April 2017 with a range of options for the managers to consider. This will be progressed with the leadership of Marie Hoyle. Marie Hoyle, (PM Governing Body representative) has recently been elected Chair of the Practice Managers Group following Mike Austin's decision to step down as Chair in February 2017.

d) Workload & Care Redesign

Project plans are in place and being monitored against the 10 high impact actions described within GPFV. This includes mapping existing work streams (e.g. Social prescribing – My Best Life) to initiatives within GPFV.

e) Infrastructure - Estates & Technology Transformation Fund (ETTF)

Following submission of 7 bids against the ETTF fund in June 2016, 4 bids remain 'live' and are included in cohort 2 (due for completion by 31 March 2019). The bids are at various stages within the process which includes bid submission, PID submission, due diligence and assessment of affordability (ongoing revenue consequence).

This work is being progressed by NHS England with assistance from Currie Brown. Currie Brown (formerly Sweet) have been appointed to provide technical advice and will liaise with the CCG and practices who are undertaking due diligence.

f) GP Resilience Fund

£99,000 was secured from NHS England as part of the GP Resilience Fund in 2016/17. This has been allocated to initiate work to support delivery of the GP Forward View and will be delivering:

- First Port of Call Plus (Active Signposting)
- Primary Care Capacity & Demand Management
- Project Management to assist in delivery of GPFV

These developments are being progressed with assistance from Barnsley Healthcare Federation (BHF). Arrangements will be made to discuss plans for these work streams and to monitor progress via the NHS Standard Contract issued to the Federation for 2017/18.

The CCG is now working with NHS England to develop plans for 2017/18 resilience funding. This work will be led through the Primary Care Development Workstream and will engage Barnsley Healthcare Federation and the Local Medical Committee in the deployment of funding.

5. Equitable Funding Review

Barnsley CCG is entering the final year of the PMS Equitable Funding Review. The 2017/18 will conclude the 'pace of change' process which was initiated by NHS England. Sharon Feather (NHS England, Finance) has confirmed that only 5 PMS practices were affected in Barnsley, i.e. had their budget reduced. All other practices were moved to the equitable funding rate straight-away.

6. Hill Brow Surgery/Rotherham Road Merger Update

The merger of the above two practices was approved by Primary Care Commissioning Committee in January 2017 to take effect from 1 April 2017. A letter of confirmation has been sent to the practice and followed up with a visit to the Hill

	<p>Brow site to discuss support for the operational aspect of the merger. This merger results in the number of Barnsley CCG practices being reduced to 33.</p> <p>Although the contractual and practice merger will take effect on 1 April, the operational merger of the clinical system is not scheduled to take place until 7 November 2017. This is due to the availability of TPP (SystemOne) to be able to merge the two systems. The practice is funding the cost of the TPP merger directly and EMBED will be available to offer business change planning and support to the practice via an estimated 2 'project days' which form part of the CCG's contract with EMBED.</p> <p>Work has commenced with the practice to plan patient engagement activity ahead of the clinical system merger.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the content of the report.

Agenda time allocation for report:	<i>5 minutes.</i>
---	-------------------

PART 1B – SUPPORTING INFORMATION

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

PRIMARY CARE COMMISSIONING COMMITTEE

29 June 2017

GP OOH Procurement Decision

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>					
2.	REPORT OF											
	<table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Jamie Wike</td> <td>Head of Planning, Delivery and Performance</td> </tr> <tr> <td><i>Author</i></td> <td>Jamie Wike</td> <td>Head of Planning, Delivery and Performance</td> </tr> </table>				<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Jamie Wike	Head of Planning, Delivery and Performance	<i>Author</i>	Jamie Wike	Head of Planning, Delivery and Performance
	<i>Name</i>	<i>Designation</i>										
<i>Executive Lead</i>	Jamie Wike	Head of Planning, Delivery and Performance										
<i>Author</i>	Jamie Wike	Head of Planning, Delivery and Performance										
3.	EXECUTIVE SUMMARY											
	<p>Following agreement at the Governing Body meeting on 8 September 2016 to delegate the procurement route decision for Integrated Urgent Care Services, to the Primary Care Commissioning Committee (29 September 2016), the Committee agreed a proposal to undertake a managed change process (transparent co-production) with existing providers working together and engaging patients and the public to drive the transformation and the integration required.</p> <p>Subsequent to this decision and the commencement of work to develop specifications and consider potential models of integrated services with the current providers, Care UK, the current provider of Out of Hours services served notice on the current contract and confirmed that they would not be looking to continue delivering services following the current contract period which ends on 21 July 2017.</p> <p>In order to enable the CCG and partners to continue to work towards delivering integrated services, the Primary Care Commissioning Committee agreed on 22 December 2016 a proposal to undertake a competitive tendering exercise for the Primary Medical Services, Out of Hours service. This would ensure continuation of the service following the expiry of the current contract and provide an opportunity for the CCG to specify the requirement for the new provider to fully engage in the ongoing managed change process with other providers to identify innovative solutions to deliver integrated services and work towards the establishment of alliance arrangements.</p>											

	<p>Following the conclusion of the procurement and evaluation processes, an extraordinary meeting of the Primary Care Commissioning Committee held on 11 April 2017 received the Primary Care Out of Hours Procurement Award Report and approved the outcome of the procurement process and the award of the contract to Barnsley Healthcare Federation. An extraordinary meeting of the Committee was held in order to deliver a decision in a timely manner and maximise the time available for a safe and effective mobilisation of the new service.</p> <p>The Award Recommendation Report attached at Appendix 1 provides an overview of the procurement process, the outcome of the evaluation process and the next steps in moving towards contract award and mobilisation.</p> <p>In the interest of openness and transparency this paper has been brought to the next available public meeting of the Committee for information.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the procurement decision approved at the private extraordinary meeting of the Primary Care Commissioning Committee held on 11 April 2017.
5.	APPENDICES
	<ul style="list-style-type: none"> Appendix A – Primary Care Out of Hours Procurement Award Report

Agenda time allocation for report:	<i>5 mins</i>
---	---------------

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 South Yorkshire Procurement Service

Award Recommendation Report

NHS Barnsley CCG

Primary Care Out Of Hours Service

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4	Tender Evaluation Team.....	5
5	Evaluation of Tenders and timetable	6
6	Provider Responses Scores and Standstill	8
7	Recommendation & Next Steps	10

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1 Introduction

- 1.1 This is a report detailing the tendering process that has been completed for the provision of Primary Care Out Of Hours Service for NHS Barnsley CCG.
- 1.2 This report describes the procurement approach and Invitation to Tender (ITT) documentation, the Potential Provider responses received and how tenders were evaluated in order to reach a recommendation.
- 1.3 A recommendation is provided in Section 7 of this report.

2 Procurement Approach

- 2.1 A single stage 'Open' Procurement process was determined to be the best way to reach a recommendation for the provision of the required Services. Potential Providers were invited to submit tenders describing their organisation's suitability, approach to delivering the services, supporting infrastructure and associated commercial terms.
- 2.2 Accordingly, the tendering exercise was carried out as an Open procurement according to the OJEU guidelines, as outlined in the Public Contracts Regulations 2015.
- 2.3 An advertisement inviting the submission of tenders was published in the Supplement to the OJEU¹ and ContractsFinder²
- 2.4 The tendering process was carried out via the Bravosolutions e-tendering portal³. The AWARD⁴ system was used by the evaluation team to remotely and independently evaluate each tender.

¹ http://simap.europa.eu/index_en.htm

² www.contractsfinder.businesslink.co.uk

³ <https://www.nhssourcing.co.uk/web/login.shtml>

⁴ <https://award.bravosolution.co.uk>

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3 Tender Documentation

3.1 The Invitation to Tender (ITT) documentation made available to Potential Providers consisted of:

- Invitation to Tender (ITT) Instructions – How to Complete your ITT Response
 - ITT Response Document – For Completion
 - Service Specification
 - Conflict of Interest Declaration – For Completion
 - Activity Schedules
 - TUPE Information
-
- tender submission, split into the following sections:
 - Clinical and Service Delivery
 - Performance Management
 - Facilities Management
 - Assurance of Supply
 - Finance
 - IM & T
 - Sustainability
 - Interview and Presentation Stage

Throughout the Tender, Potential Providers were offered the opportunity to request clarification of the ITT documentation via a formal written question and answer process. Multiple clarification questions were asked and the answers were distributed to all Potential Providers.

4 Tender Evaluation Team

- 4.1 The bid submissions were evaluated by a multi-disciplinary team of subject matter experts. Each evaluator was assigned to score one or more sections of each submission.

Table 4.1: ITT Evaluation Team Matrix											
Name	Role	Section									
		Clinical and Service Delivery	Performance Management	Facilities Management	Assurance of Supply	Finance	I M & T	Sustainability	Interview and Presentation		
Katie Roebuck	Acting Head of Commissioning and Transformation	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Dr. Amir Afzal	GP	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Jamie Wike	Head of Planning and Performance	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Amanda Capper	Head Of Contracts	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes		
Roman Baig	Finance					Yes					

5 Evaluation of Tenders and timetable

- 5.1 The written tenders were subjected to a three stage evaluation process:
- i Preliminary Compliance Review – to check for completeness of the tender and compliance with procurement rules.
 - ii Initial Evaluation – to ensure that there were no mandatory grounds for the Potential Provider to be excluded from further consideration.
 - iii Detailed Evaluation – Assessing numerous areas of the Potential Provider’s proposal in response to the different sections of the ITT Response Document
- 5.2 For the third stage of the evaluation process, the evaluation team members independently evaluated their designated questions from the tender (as outlined above in the table 4.1). Scores were assigned to responses according to pre-determined, weighted evaluation criteria. Further details relating to the evaluation process, criteria and weightings can be found in the ITT documentation, copies of which are available upon request. At a high level, the following section weightings were agreed:

Clinical and Service Delivery	59%
Performance Management	6%
Facilities Management	4%
Assurance of Supply	14%
Finance	10%
IM & T	7%
Sustainability	Pass/Fail Basis
Interview and Presentation Stage	Not Scored*

*Interview and Presentation Stage. The interview and presentation was not scored but may be used to moderate a bidder’s score down if it was felt a bidder has been unable to substantiate any element of their tender submission at interview.

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5.3 Procurement Timetable

The following table sets out a summary of the procurement process timetable:

Procurement process summary and indicative timetable

No.	Stage	Due Date
	ITT Published	09/02/2017
	ITT Clarification Period	02/03/2017
	ITT Deadline	13/03/2017
	Interviews/Presentation	Week Commencing 27/03/2017
	Notification to Bidders of ITT evaluation outcome	13/04/2017
	Service Commencement Date	22/07/2017

6 Provider Responses and Scores

The following organisations accessed the tender documentation via the e-tendering portal:

Suppliers	City
Barnsley Healthcare Federation	Barnsley
Barnsley Hospital NHS FT	Barnsley
Healthcare at Home Ltd	Burton on Trent
Inntabiz	Melton Mowbray
Local Care Direct	Huddersfield
Northern Doctors Urgent Care	Newcastle upon Tyne
OneMedicalGroup Ltd	Leeds
PDS (Medical) Ltd	Blackpool
Primary Care People	Stevenage
Rhyson Resourcing LTD	Hull
Servisource Healthcare Ltd	Dundalk, Co Louth
South West Yorkshire Partnership NHS Trust	Wakefield
Stanwood Medical Services	Killybegs
UK Event Medical Services Ltd	Sheffield
Yorkshire Ambulance Service	Wakefield

When the tender closed on the 13th March 2017 only one bid was submitted from:

Barnsley Healthcare Federation

NHS Barnsley CCG
Restricted Commercial

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Scores:

Barnsley Healthcare Federation passed all the mandatory questions and achieved the following scores by section as table below:

Section	Score Awarded	Maximum Score
Clinical and Service Delivery	47.20%	59.00%
Performance Management	4.80%	6.00%
Facilities Management	3.20%	4.00%
Assurance of Supply	11.20%	14.00%
Finance	5.00%	10.00%
IM & T	5.60%	7.00%
Total	77.00%	100.00%

After the interview and presentation was held on the 29th March 2017 the evaluation panel agreed that the above scores were merited and that no further moderation to the scores was required.

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7 Recommendation & Next Steps

- 7.1 The outcome of this tender process, taking into account all questions asked and answered through all ITT submissions and Interview responses should result in the following recommended Provider:

Barnsley Healthcare Federation

- 7.2 Following ratification of the above, all parties who registered an interest in the procurement will be notified formally of the decision by NHS South Yorkshire Procurement Service.
- 7.3 A formal contract will be drafted by the CCG and negotiated with the recommended Provider. The contract will take the form of a NHS Standard Contract.
- 7.4 The Recommended Provider will be asked to mobilise at the earliest opportunity.

Author of Report:
Tony Squires
Procurement Manager
t.squires@nhs.net

PRIMARY CARE COMMISSIONING COMMITTEE

29 JUNE 2017

PRIMARY CARE QUALITY UPDATE

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR											
	<table border="1"> <tr> <td><i>Decision</i></td> <td><input type="checkbox"/></td> <td><i>Approval</i></td> <td><input type="checkbox"/></td> <td><i>Assurance</i></td> <td><input checked="" type="checkbox"/></td> <td><i>Information</i></td> <td><input checked="" type="checkbox"/></td> </tr> </table>			<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
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2.	REPORT OF											
	<table border="1"> <tr> <td></td> <td><i>Name</i></td> <td><i>Designation</i></td> </tr> <tr> <td><i>Executive Lead</i></td> <td>Catherine Wormstone</td> <td>Senior Primary Care Commissioning and Contracting Manager</td> </tr> <tr> <td><i>Author</i></td> <td>Lynne Richards</td> <td>Primary Care Commissioning and Quality Development Manager</td> </tr> </table>				<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Catherine Wormstone	Senior Primary Care Commissioning and Contracting Manager	<i>Author</i>	Lynne Richards	Primary Care Commissioning and Quality Development Manager
	<i>Name</i>	<i>Designation</i>										
<i>Executive Lead</i>	Catherine Wormstone	Senior Primary Care Commissioning and Contracting Manager										
<i>Author</i>	Lynne Richards	Primary Care Commissioning and Quality Development Manager										
3.	EXECUTIVE SUMMARY											
	<p>The purpose of this report is to provide the Committee with updates and information relating to Primary Care Quality. This will ensure that members are kept informed of the quality agenda in relation to making contracting decisions.</p> <p><u>CQC Update</u></p> <p>Kingswell Surgery Members will recall that the CQC carried out an announced comprehensive inspection on 18 April 2016 and the overall rating for the practice was 'requires improvement' and the practice was rated 'inadequate' for being safe.</p> <p>The CQC re-visited the practice on 3 April 2017 and the new overall rating for the practice is now rated as good. The full report can be found here: http://www.cqc.org.uk/sites/default/files/new_reports/AAAG4095.pdf</p> <p>Overall, 29 of Barnsley CCG Member practices are now rated as 'Good' with the 4 Barnsley Healthcare Federation Practices still to be inspected.</p>											

	<p>Internal Audit Primary Care Quality Monitoring Report</p> <p>Following a review by Internal Audit into the CCG's Primary Care Quality Monitoring Processes Internal Audit have published the final report with a rating of 'Limited Assurance'. The full report is attached at appendix 1. The CCG initially responded to each of the 7 recommendations with a Lead Officer, Action and implementation date to address each of the recommendations, all recommendations and actions must be implemented within 6 months.</p> <p>A task and finish group has been established to progress and implement the 7 recommendations and excellent progress has been made. A draft quality improvement process/ dashboard has been developed which will go for engagement with member practices within the next month, initially at a Membership Council meeting. The Terms of Reference for a Quality and Performance Review Group have also been developed which will monitor the quality dashboard and any variation. Progress against the 7 recommendations is being monitored via the CCG's Quality and Patient Safety Committee.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Consider and note the Primary Care Quality update.

Agenda time allocation for report:	<i>5 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

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

Barnsley CCG

Primary Care Quality Monitoring

Final Report

April 2017
1617/BCCG/09/R

Internal Audit



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Distribution

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

Key Dates

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

Contact Information

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

Reports prepared by 360 Assurance and addressed to Barnsley CCG (BCCG) directors or officers are prepared for the sole use of BCCG, and no responsibility is taken by 360 Assurance or the auditors to any director or officer in their individual capacity. No responsibility to any third party is accepted as the report has not been prepared for, and is not intended for, any other purpose and a person who is not a party to the agreement for the provision of Internal Audit between BCCG and 360 Assurance dated 1st April 2016 shall not have any rights under the Contracts (Rights of Third Parties) Act 1999.

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

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

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

Introduction and Background

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

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

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

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

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

Audit Objectives and Scope

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

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

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

Limitations of scope:

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

Audit Opinion

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

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

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

Summary Findings

Areas of Good Practice

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

Areas for Improvement

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

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

Summary of Recommendations

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

Follow-Up

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

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

1. Strategic Aims for Primary Care Quality Monitoring

Areas of Good Practice

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

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

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

2. Controls Arrangements in Place for Primary Care Quality Monitoring

2.1 Contracts

Areas of Good Practice

- ✓ Barnsley CCG has 16 GMS, 17 PMS and 3 APMS practices and all are on the standard NHS contracts. There is a local QOF in place as through the 'Delivering Primary Care at Scale' project with the aim of addressing inequalities and delivering better quality through a local quality framework to enable all practices to provide quality services across the range of its contracts.
- ✓ 2016-17 is Phase 3 of the Barnsley Quality Framework and builds on the requirements of Phase 1 and Phase 2 in terms of the practice participation in the delivery of the service elements, key commitments to local and national priorities and continued engagement and flexibility. The key elements of Phase 3 are;
 - Sustainable Capacity
 - Improved Outcomes
 - Developing wider primary care at "bigger" scale
 - Practice participation in the delivery of the service elements
- ✓ The Framework has 5 outcomes with 3 KPIs for each, these are:
 - Patient, Public and Practice Engagement
 - Safeguarding for GP practices
 - CQC Compliance
 - Addressing Health Inequalities
 - Practice Learning, Training and Development
- ✓ The practices signed up to Phase 3 in April 2016 when 50% of the funding was paid. A mid year report was produced by the practices and they in the process of submitting their year-end reports. There were a number of clinical elements that the practices needed to deliver on:
 - Health Inequalities
 - End of Life Registers
 - Providing Electrocardiograph (ECG) Recordings and interpretation in General Practice
 - Providing an extended (Level 4) primary care based anticoagulation monitoring service
 - Lower Urinary Tract Symptoms in Men
 - Improvements to COPD Management
 - Developing and promoting effective engagement with the practice population
 - Implementation of the Year of Care Model in diabetes and Chronic Obstructive Pulmonary Disorder

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

2.2 Standard Operating Procedures

Areas of Good Practice

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

Areas for Improvement

No.	Findings	Risk and Score (Impact x Likelihood)	Agreed Action
2.2.1	<p>The CCG has had delegated responsibility for primary care commissioning since April 2015. As part of this function the statutory framework includes:</p> <ul style="list-style-type: none"> • Duty as to improvement in quality of services (section 14R); • Duty in relation to quality of primary medical services (section 14S). <p>To date the CCG has not documented in standard operating procedures how they are going to fulfil this role.</p> <p>The CCG needs to identify and document their approach to primary care quality monitoring, what will be measured, how it will be measured, trigger points for escalation and how this will take place. This should include methods of communication with the practices.</p>	<p>Failure to monitor quality of service delivery could lead to quality issues not being identified.</p> <p>Medium (3x4)</p>	<p>Going forward the CCG will build on the NHS England Routine Quality Monitoring Tool for Primary Care by taking into account what the tool recommends is monitored through routine quality monitoring and build on this to adapt a local tool. The tool will specify trigger points to escalate concerns and document a clear process to follow with practices to address the concerns identified. The Q&PS Committee will be asked to formally adopt the tool for utilisation going forward as it does already by principle with all providers.</p> <p>Responsible officer: Head of Delivery (Integrated Primary and Out of Hospital Care)</p> <p>Implementation date: 31/10/17</p>

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

Areas of Good Practice

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

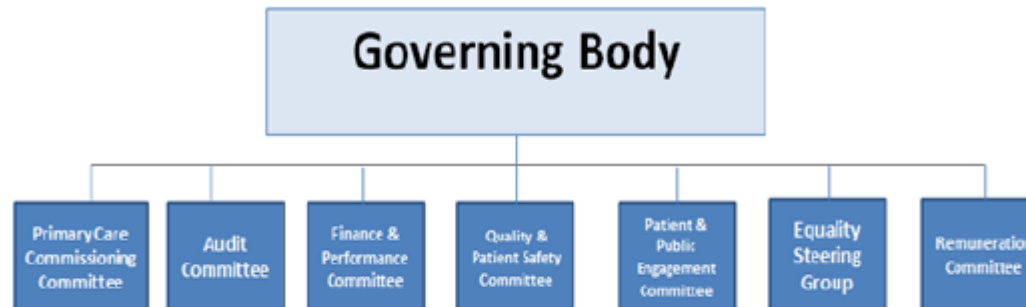
Areas for Improvement

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

3. Governance Arrangements for Primary Care Quality Monitoring

Areas of Good Practice

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



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

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

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

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

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

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

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

Audit Opinions

Full Assurance can be provided that the system of internal control has been effectively designed to meet the system's objectives, and controls are consistently applied in all areas reviewed.

Significant Assurance can be provided that there is a generally sound system of control designed to meet the system's objectives. However, some weakness in the design or inconsistent application of controls put the achievement of particular objectives at risk.

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

No Assurance can be provided as weaknesses in control, or consistent non-compliance with key controls, could result [*have resulted*] in failure to achieve the system's objectives in the areas reviewed.

Putting Barnsley People First

29 JUNE 2017

Year End Achievement against the 2016/17 Practice Delivery Agreement

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR									
	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"><i>Decision</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Approval</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><input type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Assurance</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> <td style="border: 1px solid black; padding: 2px;"><i>Information</i></td> <td style="border: 1px solid black; width: 30px; text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>	
<i>Decision</i>	<input type="checkbox"/>	<i>Approval</i>	<input type="checkbox"/>	<i>Assurance</i>	<input checked="" type="checkbox"/>	<i>Information</i>	<input checked="" type="checkbox"/>			
2.	REPORT OF									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 25%;"></th> <th style="width: 35%; text-align: left;"><i>Name</i></th> <th style="width: 40%; text-align: left;"><i>Designation</i></th> </tr> <tr> <td style="text-align: left;"><i>Executive Lead</i></td> <td>Catherine Wormstone</td> <td>Senior Primary Care Commissioning and Contracting Manager</td> </tr> <tr> <td style="text-align: left;"><i>Author</i></td> <td>Lynne Richards</td> <td>Primary Care Commissioning and Quality Development Manager</td> </tr> </table>		<i>Name</i>	<i>Designation</i>	<i>Executive Lead</i>	Catherine Wormstone	Senior Primary Care Commissioning and Contracting Manager	<i>Author</i>	Lynne Richards	Primary Care Commissioning and Quality Development Manager
	<i>Name</i>	<i>Designation</i>								
<i>Executive Lead</i>	Catherine Wormstone	Senior Primary Care Commissioning and Contracting Manager								
<i>Author</i>	Lynne Richards	Primary Care Commissioning and Quality Development Manager								
3.	EXECUTIVE SUMMARY									
	<p>The purpose of this report is to provide the Committee with the year-end achievement against the 2016/17 Practice Delivery Agreement and Barnsley Quality Framework.</p> <p><u>Practice Delivery Agreement</u></p> <p>The 2016/17 Barnsley Practice Delivery Agreement (PDA) was Co-produced by the Clinical Commissioning Group and its Member Practices in order to:-</p> <ol style="list-style-type: none"> 1. Invest in the Primary Care infrastructure to deliver high quality equitable services for the registered population of Barnsley as close to home as possible 2. Support Primary Care sustainability through a longer-term investment profile 3. Deliver a targeted approach to the demographic health challenges on a Barnsley footprint and on a local practice basis 									

4. Build a mutually accountable relationship that is centred on improving health outcomes in Barnsley

To deliver this practices were required to sign up to deliver on 5 specific outcomes around:

- Patient and Public Engagement
- Safeguarding
- CQC compliance
- Addressing Health Inequalities
- Practice Learning, Training and Development

At least 80% of the funding available to each practice was required to be spent on practice infrastructure.

All 34 Barnsley GP Practices signed up to deliver the PDA and all practices have achieved 100% of the 2016/17 PDA.

Barnsley Quality Framework

(Please note that two practices are omitted from this report as they have not yet submitted their 16/17 returns, therefore this report only refers to 32 practice's achievements)

Marked inequalities in health and health care exist between Barnsley and the rest of England. The Five Year Forward View placed a high emphasis on prevention and reducing health inequalities. This focus was strengthened in the recently published 2016/17 – 2020/21 NHS Planning guidance, which asked for plans for a 'radical upgrade in prevention' and noted that local NHS systems would only become sustainable if they accelerate their work on prevention and care redesign.

Primary Care is in a unique and privileged position to be able to help to decrease health inequalities and has a major role to play. Therefore, the CCG developed a Barnsley Quality framework with the aim to support primary care to close some of the gaps in health inequalities and to maximize the health and wellbeing of Barnsley residents.

The Barnsley Quality Framework 2016/17 specification included indicators on a range of areas. For each element of the BQF practices were given an expected outcome and activity to be delivered and reporting requirements.

A list of the topic areas covered in the 16/17 BQF are given below:

- Dementia Friendly Practice
- GP and Nurse Dementia learning
- Other staff Dementia learning
- Increasing access to non-medical support
- Alcohol Awareness Training
- Alcohol Screening and Brief Advice Delivery
- Atrial Fibrillation Case Finding
- Hypertension Training

	<ul style="list-style-type: none"> - Diagnosing Hypertension - Hypertension Case Finding - Annual Review of High Risk of CVD - End of Life Registers - Provide ECG recording and interpretations in General Practice - Providing an extended (Level 4) Primary Care based anticoagulation monitoring service - LUTS Management - COPD Care Plans - Effective Patient Reference Group - Year of Care Diabetes <p>Appendix 1 to this report details how practices achieved as a whole against the delivery of the 16/17 Barnsley Quality Framework.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Consider and note the achievement against the 16/17 Practice Delivery Agreement and Barnsley Quality Framework.

Agenda time allocation for report:	<i>5 minutes.</i>
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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:	<i>1.4 and 5.2</i>
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	Y
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Y
3.	Governance Arrangements Checklist	
3.1	Financial Implications	
	Has a financial evaluation form been completed, signed off by the Finance Lead / CFO, and appended to this report?	NA

3.2	Consultation and Engagement <table border="1"> <tr> <td data-bbox="279 174 1169 212">Has Comms & Engagement Checklist been completed?</td><td data-bbox="1169 174 1412 212">NA</td></tr> </table>	Has Comms & Engagement Checklist been completed?	NA
Has Comms & Engagement Checklist been completed?	NA		
3.3	Equality and Diversity <table border="1"> <tr> <td data-bbox="279 275 1169 349">Has an Equality Impact Assessment been completed and appended to this report?</td><td data-bbox="1169 275 1412 349">NA</td></tr> </table>	Has an Equality Impact Assessment been completed and appended to this report?	NA
Has an Equality Impact Assessment been completed and appended to this report?	NA		
3.4	Information Governance <table border="1"> <tr> <td data-bbox="279 412 1169 486">Have potential IG issues been identified in discussion with the IG Lead and included in the report?</td><td data-bbox="1169 412 1412 486">NA</td></tr> </table>	Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA
Have potential IG issues been identified in discussion with the IG Lead and included in the report?	NA		
3.5	Environmental Sustainability <table border="1"> <tr> <td data-bbox="279 571 1169 645">Are any significant (positive or negative) impacts on the environment discussed in the report?</td><td data-bbox="1169 571 1412 645">NA</td></tr> </table>	Are any significant (positive or negative) impacts on the environment discussed in the report?	NA
Are any significant (positive or negative) impacts on the environment discussed in the report?	NA		
3.6	Human Resources <table border="1"> <tr> <td data-bbox="279 707 1169 810">Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?</td><td data-bbox="1169 707 1412 810">NA</td></tr> </table>	Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA
Are any significant HR implications identified through discussion with the HR Business Partner discussed in the report?	NA		

PDA 16/17 Achievement

Element:	Requirement	Points available	Percentage of practices that achieved the element
Element 1: HITS			
Dementia	All practices are now a Dementia Friendly Practice and have a register for carers living with Dementia	8	100%
	Clinical staff completed the BMJ Dementia E-Learning and read the Alzheimer's Society 'How to help people with Dementia: A guide for customer-Facing Staff	8	85%
	All other practice staff read the Alzheimer's Society 'How to help people with Dementia: A guide for customer-facing Staff, watched the Dementia Friends video and undertook the Social Care Institute of Excellence Dementia e-learning course.	4	85%
Social Prescribing	Engaged with the Social Prescribing Advisor, developed a referral pathway and referred patients where appropriate.	5	97%
Alcohol Awareness Training	All Clinical Staff completed PHE e-learning package All staff attended in house alcohol awareness and brief intervention training	10 – 20	19% achieved 10 points 81% achieved 20 points
Alcohol Screening Advice	Patient 18-39yrs screened with AUDIT tool	20 points if 18% or more 10 points if 12% or more	9% Did not achieve 13% Achieved 10 points 78% Achieved 20 points
Atrial Fibrillation case finding	To submit GRASP-AF summary outputs x2 via CHART.	15	100%
Hypertension Training	GP to attend CVD BEST event and cascade learning to the practice team. All nurses, HCA's and Pharmacists to assess their hypertension training needs.	10	100%

Hypertension case-finding / register revalidation	Confirm that the practice has considered their predicted actual prevalence of hypertension and sought to identify patients with previously un-recorded hypertension diagnosis.	8	100%
CVD	Annual Review of High Risk Groups	Up to 33 points: >45% = 18 points 55% - 65% = 25 points <65% = 33 points	38% practices achieved 0% 12% achieved 18 points 50% achieved 100%
Element 2	End of Life Registers	25	60% part achieved 40% achieved 100%
Element 3	Provide ECG recording and interpretations in General Practice	17	97%
Element 4	Providing an extended (Level 4) Primary Care based anticoagulation monitoring service	27	69%
Element 7	LUTS Management The practice has used the pathway as clinically appropriate and has followed the protocol for the management of LUTS in Primary Care which contains guidance on the pathway	15	100%
Element 9	COPD Care Plans COPD care plans include access to medications to prevent exacerbations & promote sound doctor	4	94%
Element 12	Effective Patient Reference Group	20	94%
Element 14	Year of Care Diabetes Engaged in Motivational Interviewing Reviewed current delivery of COPD care and developed and implemented an action plan for the YOC	50	100%

PRIMARY CARE COMMISSIONING COMMITTEE

29 June 2017

RISK AND GOVERNANCE REPORT

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision <input type="checkbox"/>	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>
		Information <input type="checkbox"/>	
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Richard Walker	Head of Governance & Assurance
	<i>Author</i>	Kay Morgan	Governance and Assurance Manager
3.	EXECUTIVE SUMMARY		
	<p>Introduction</p> <p>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</p> <p>Assurance Framework</p> <p>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.</p> <p>As part of the annual refresh GBAF risks have been directly related to the key priorities and deliverables in the Next Steps on the NHS Five Year Forward View. As a result the 2017/18 GBAF is now built around the following 'Priority Areas':</p> <ol style="list-style-type: none"> 1. Urgent & Emergency Care 2. Primary Care 3. Cancer 4. Mental Health 5. STP & Accountable Care 6. Efficiency Plans 		

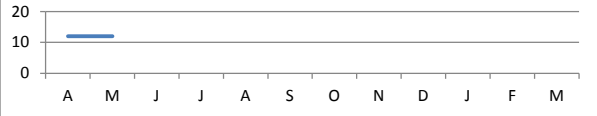
	<p>7. Patient Safety.</p> <p>The GBAF maps each of these priority areas onto the CCG's corporate objectives (highest quality governance, high quality health care, care closer to home, safe & sustainable local services, strong partnerships, effective use of £) in order to provide assurance that, in delivering the Priority Areas, we will also be delivering the CCG's corporate objectives.</p> <p>The refreshed Draft GBAF 2017/18 was approved by the Governing Body on 15 June 2017.</p> <p>There is currently one risk (rated Amber) on the GBAF allocated to the PCCC.</p> <ul style="list-style-type: none"> • Risk ref 2.1 - 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: <ul style="list-style-type: none"> ○ 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. <p>Risk Register</p> <p>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.</p> <p>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.</p> <p>There are currently six risks on the Corporate Risk Register allocated to the PCCC for which the Committee is responsible for managing. Of the six risks, there is one red (extreme) rated risk, one amber risk (high), three yellow risks (moderate) and one green (low) risk.</p> <p>Members are asked to review the risks detailed on Appendix 2 to ensure that the risks are being appropriately managed and scored.</p> <p><i>Additions / Removals</i></p> <p>There have been no new risks identified or removed since the previous meeting of the Primary Care Commissioning Committee.</p>
4.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> • Review the risk on the Assurance Framework for which the Primary Care Commissioning Committee is responsible

	<ul style="list-style-type: none"> • Review the Risk Register attached and: <ul style="list-style-type: none"> ○ 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
	<ul style="list-style-type: none"> • Appendix 1 – GBAF Extract risk 2.1 • Appendix 2 – Risk Register (red and amber risks)

Agenda time allocation for report:	5 mins
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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

PRIORITY AREA 2: PRIMARY CARE				Delivery supports these CCG objectives:		PRINCIPAL THREATS TO DELIVERY		
Delivery of 'GP Forward View' and 'Forward View - Next Steps for Primary Care' to: a) deliver investment into Primary Care b) improve Infrastructure c) ensure recruitment/retention/development of workforce d) Address workload issues using 10 high impact actions e) Improve access particularly during the working week, more bookable appointments at evening and weekends.				Highest quality governance		There is a risk to the delivery of Primary Care priorities if the following threat(s) are not successfully managed and mitigated by the CCG: • Engagement with primary care workforce • Workforce and capacity shortage, recruitment and retention • Under development of opportunities of primary care at scale, including new models of care • Not having quality monitoring arrangements embedded in practice • Inadequate investment in primary care • Independent contractor status of General Practice.		
				High quality health care	✓			
				Care closer to home	✓			
				Safe & sustainable local services	✓			
				Strong partnerships, effective use of £	✓			
Links to SYB STP MOU								
8.3. General Practice and primary care								
Committee Providing Assurance		PCCC	Executive Lead		JH	Clinical Lead		NB
Risk rating	Likelihood	Consequence	Total				Date reviewed	May-17
Initial	3	4	12				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.	
Current	3	4	12					
Appetite	3	4	12					
Approach	TOLERATE							
Key controls to mitigate threat:				Sources of assurance			Rec'd?	
1. Incentivise practices to complete HEE Workforce Analysis tool				HEE baseline to be produced by end of July 17 (monitored by Primary Care Development)				
2. Additional investment above core contracts through PDA delivers £4.2 to Barnsley practices				Ongoing monitoring of PDA (contractual / QIPP aspects via FPC, outcomes via PCCC)				
3. Optimum use of BEST sessions				BEST programme and Programme co-ordination				
4. Development of locality working				GP Clinical Leads and PMs allocated to each locality				
5. BHF - Existence of strong federation				BHF contract monitoring, oversight by PCCC				
6. Practices increasingly engaging with voluntary and social care providers (e.g. My Best Life)				Monitor through PDA (contractual / QIPP aspects via FPC, outcomes via PCCC)				
7. Programme Management Approach of GPFV & Forward View Next steps				Assurance through PCCC and Primary Care Development Workstream, Programme Plan				
8. Care Navigation roll out - First Port of Call Plus				BHF contract monitoring, oversight by PCCC				
9. Engagement and consultation with Primary Care (Membership Council, Practice Managers etc)				360 Stakeholder Survey results reported to Governing Body				
Gaps in assurance				Positive assurances received				
None identified								
Gaps in control				Actions being taken to address gaps in control / assurance				
RR 15/14(b): In relation to the 0-19 pathway procurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity				October 2016 CCG Chair & Chief Nurse met with colleagues from the LA. CCG Chair is part of the transition Board, meeting fortnightly overseeing the change.				
RR 14/10: If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of LES / DES 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.				October 2016 HCA Apprentices and Clinical Pharmacists have started				
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 – June 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)	18	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	7	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/14(b)	4	In relation to the 0-19 pathway procurement 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	05/17	May 2017 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 April 2017 Workshop to be held on 27/4/17 March 2017 Chairman & Chief Officer met with	06/17

			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
													Director of Public Health and agreed that a workshop would be held with GB Members Re future models of the 0-19 pathway.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>	JH (Primary Care Commissioning Committee)	Risk Assessment	2	4	8	05/17	<p>June 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</p> <p>May 2017 The CCG is currently managing its delegated responsibility for contract performance</p>	09/17

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
													effectively. This is supported by the CCG's Primary Care Team and the NHS England Area Team. April 2017 The CCG is currently managing it's delegated responsibility for contract performance effectively. The management of contract performance has been further enhanced by the Primary Care Senior Commissioning and Contracting Manager commencing in post within the CCG's Primary Care Team.	
CCG		If the CCG is unable to	3	5	15	CCG considered its strategic	JH	Risk	2	3	6	06/17	June 2017	12/17

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/04		secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.				<p>capacity & capability as part of the successful application process.</p> <p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services.</p> <p>The CCG is undertaking a review of management capacity including delegated responsibilities.</p>	(Primary Care Commissioning Committee)	Assessment					<p>The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.</p> <p>May 2017 The CCG has a Primary Care Team to support management of delegated commissioning; this includes individuals with the responsibility for Primary Care Contracting and Quality.</p> <p>January 2017 The Head of Delivery (Integrated Primary & Out of Hospital Care) is</p>	

			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
													now in post, as is the Primary Care Commissioning and Quality Development Manager. The Primary Care Senior Commissioning and Contracting Manager has been recruited and will take up her post in March 2017.	
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in June 2016 there is a risk of reputational damage to the CCG and of legal challenge to the procurement decisions taken.	3	3	9	<p>Standards of Business Conduct Policy and procurement Policy updated.</p> <p>Registers of Interests extended to incorporate relevant GP practice staff .</p> <p>Declarations of interest tabled at start of every meeting to enable updating.</p> <p>Minutes clearly record how any declared conflicts have been managed.</p>	RW (Primary Care Commissioning Committee)	Risk Assessment	2	3	6	06/17	<p>June 2017 Third lay member now in post and attending meetings of PCCC.</p> <p>March 2017 Third Lay now recruited and will commence on 1.4.17 . Internal Audit has found CCG fully or partially compliant</p>	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
						<p>PCCC has Lay Chair and Lay & Exec majority, and GP members are non voting.</p> <p>Register of Procurement decisions established to record how any conflicts have been managed.</p> <p>Guidance provided to minute takers on recording decisions re managing conflicts of interest.</p>							<p>across all areas.</p> <p>January 2017 A third Lay Member is in the process of being recruited – once appointed they will join the PCCC as Vice Chair. Internal Audit is currently reviewing the CCG's degree of compliance with the statutory C of I Guidance.</p> <p>November 2016 The CCG has continued to embed the requirements of the revised statutory conflicts of interest guidance. NHSE has agreed in principle to the CCG appointing an Associate Lay Member to add additional Lay</p>	

			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
													capacity – thgis person once recruited will become a member of the PCCC.	
CCG 16/02		If GP Practices opt to cease provision under their Primary Medical Services Contract there is a risk that the CCG could not source appropriate provision of services in all localities in Barnsley.	2	4	8	Impact could be mitigated by local provision e.g. BHF APMS Contracts allow increased diversity of provision.	JH (Primary Care Commissioning Committee)		1	4	4	05/17	May 2017 Individual contracts are monitored through the Primary Care Commissioning Committee's Contractual Issues Report	11/17

PRIMARY CARE COMMISSIONING COMMITTEE

29 June 2017

Primary Care Commissioning Committee Work Plan/Agenda Timetable 2017/18

PART 1A – SUMMARY REPORT

1.	THIS PAPER IS FOR		
	Decision	<input type="checkbox"/>	Approval
		<input type="checkbox"/>	Assurance
		<input type="checkbox"/>	Information
		<input checked="" type="checkbox"/>	x
2.	REPORT OF		
		<i>Name</i>	<i>Designation</i>
	<i>Executive Lead</i>	Richard Walker	Head of Governance and Assurance
	<i>Author</i>	Fran Wickham	Governance, Assurance and Engagement Facilitator
3.	EXECUTIVE SUMMARY		
	<p>This report is to provide the Primary Care Commissioning Committee with the Committee Work-plan/agenda timetable for 2017/18.</p> <p>As part of governance and assurance processes the Committee is required to have a timetable of agenda items and plan of its work.</p> <p>Further to previous years' work-plans, the following items have been added:</p> <ul style="list-style-type: none"> • GP Five Year Forward View Implementation • Practice Delivery Agreement • Estates and Technology Transformation Fund (ETTF) • Summary of Contractual decisions taken in private 		
4.	THE COMMITTEE IS ASKED TO:		
	<ul style="list-style-type: none"> • Note the Primary Care Commissioning Committee Work-plan/agenda timetable for 2017/18 		
5.	APPENDICES		
	<ul style="list-style-type: none"> • Appendix A – Public Work-plan/ agenda Timetable 2017/18 		

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:	5.2.
2.	Links to CCG's Corporate Objectives	Y/N
	To have the highest quality of governance and processes to support its business	Y
	To commission high quality health care that meets the needs of individuals and groups	Y
	Wherever it makes safe clinical sense to bring care closer to home	
	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
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

**PRIMARY CARE COMMISSIONING COMMITTEE PUBLIC
ASSURANCE WORK PLAN/AGENDA TIMETABLE 2017/2018**

AGENDA ITEMS	June 2017	September 2017	December 2017	March 2018
STANDING AGENDA ITEMS				
Declarations of Interest	✓	✓	✓	✓
Questions from the Public	✓	✓	✓	✓
Minutes of previous meeting	✓	✓	✓	✓
Matters Arising Report	✓	✓	✓	✓
Engagement Activity Update		✓	✓	✓
STRATEGY, PLANNING, NEEDS ASSESSMENT AND COORDANATION OF PRIMARY CARE				
Primary Care Briefings (as required)				
GP Five Year Forward View – Implementation (incorporating GP Access Fund)	✓	✓	✓	✓
Practice Delivery Agreement Outcomes				
Estates and Technology Transformation Fund (ETTF) Update				

AGENDA ITEMS	June 2017	September 2017	December 2017	March 2018
Procurement Updates (as required)	Update on GP OOH Procurement	✓	✓	✓
Primary medical care service reviews (as required)				
Consultation and engagement exercises (as required)				
Review of primary care business cases and investments (as required)				
QUALITY AND FINANCE				
Update on Quality Dashboard		✓		
Care Quality Commission Updates		✓	✓	✓
Finance Update		✓	✓	✓
CONTRACT MANAGEMENT				
Summary of Contractual Decisions taken in private session				
LES, DES, local incentive schemes (as required)				

AGENDA ITEMS	June 2017	September 2017	December 2017	March 2018
GMS, PMS and APMS Contractual Decisions (e.g. mergers, list closures, boundary changes, GP choice) (as required)	✓	✓	✓	✓
GOVERNANCE, RISK, AND ASSURANCE				
Assurance Framework and Risk Register	✓	✓	✓	✓
Terms of Reference			✓	
Updating of Work Plan / Agenda Timetable	✓		✓	
Self- Assessment of Committee's effectiveness				✓
COMMITTEE REPORTS AND MINUTES				
REPORTING THE WORK OF THE COMMITTEE				
Annual Assurance Report				✓
Matters for highlights / escalation report to the Governing Body	✓	✓	✓	✓

AGENDA ITEMS	June 2017	September 2017	December 2017	March 2018
ADHOC				

KEY	
Cells shaded blue	Documents providing assurance
Cells shaded Red	Documents requiring decision

29 June 2017

PART 1A – SUMMARY REPORT

1

incur recurrent revenue costs. PCCC asked the practice to demonstrate the need for the additional room and to confirm the Gross Internal Area for the practice.

This paper reviews the request from the practice and alignment with key strategic documents and best practice guidance relating to the utilisation of premises.

Location of Premises

St George's Medical Practice is located within a LIFT building at:

Roundhouse Medical Centre
Langsett Road
Barnsley
South Yorkshire
S71 1RY



Figure 1 – Exterior of the premises at Roundhouse Medical Centre

The practice has 6753 patients (April 2017) and four GP partners, Dr N Balac, Dr M F Alvarez Escurra, Dr W Farhan and Dr Emily Watson. The practice became a training practice in 2014 and registers patients from within the catchment area depicted in the map below.



Figure 2 – catchment area of the St George's Medical Practice

Practice Request

The St George's Medical Practice has requested access to an extra room in the Roundhouse Medical Practice; the practice is full to capacity and struggles to accommodate people. The practice is now advertising for a new Chronic Disease Nurse due to increased patient numbers.

The list size of the practice is increasing steadily and has grown by 150 patients over the last 12 months. The practice is looking to extend its workforce and has already extended the skill mix of practice staff by taking on an apprentice Health Care Assistant, a Clinical Pharmacist and a Health Trainer. They are now looking to find space to accommodate an additional Practice Nurse to focus on management of long term conditions but have indicated they are at full capacity. The practice recently closed a branch surgery located in Mapplewell Health Centre, Barnsley and this decision was approved by PCCC in September 2016.

Utilisation Study

A utilisation study was carried out at all Barnsley CCG practices in October 2015. The study at Roundhouse Medical Centre pre-dates the branch closure at Darton Health Centre but indicated that clinical average utilisation was below 50% each day. The survey has not been repeated since this time so may have changed.

Six Facet Survey

No recommendations were made to this practice building following on from the Six Facet Survey.

Principles of Best Practice Guidance

Principles of best practice for the design of primary medical care facilities can be found in *Health Building Note 11-01: Facilities for primary and community care services and associated documents* and Health Building note 11-01 Supplement A: *Resilience and emergency planning in primary and community care*. Both can be found at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148509/HBN_11-01_Final.pdf

This schedule provides principles of best practice when assessing size requirements to accommodate overall facility space common to all primary medical care premises. These principles of best practice have been previously adopted by Barnsley CCG and Primary Care Commissioning Committee.

A check of the practice's current Gross Internal Area (GIA) indicates that they are well within current space for the list size. The additional consulting room would add 18.1 m² to the GIA and even with the additional room, the practice would still be within the recommended area.

Alignment with key strategic documents

NHS Barnsley CCG has an Estates Strategy. The strategy promotes is an identified need to improve the quality, utilisation and efficiency of the Primary Care

Estate, which plays an important role in the future configuration of assets. The CCG has a strong financial and quality incentive to improve the utilisation of LIFT assets. Further, the CCG helps shape the assets deployed by all providers when commissioning services, and will co-ordinate bids against the Primary Care Transformation Fund.

In addition, [Estates and Technology Transformation Fund Guidance](#) published by NHS England in 2016 promotes increasing clinical capacity where this would support the ability to train clinical staff, increase access for patients and deliver primary care at scale.

The request from Roundhouse Medical Centre would be in accordance with these key strategic documents.

Barnsley Strategic Estates Forum

Barnsley CCG has a number of groups which meet regularly to ensure the estate is utilised and transformed to facilitate delivery of healthcare to meet the needs of an ageing population.

Opportunities exist to:

- Reduce running and holding costs
- Reconfigure the estate to better meet commissioning needs
- Share property (particularly with social care and the wider public sector)
- Generate capital receipts for reinvestment
- Ensure effective future investment
- Facilitate primary care at scale or enable patient access to a wider range of services

The request from Roundhouse Medical Centre would support increased utilisation of existing space and increased utilisation of LIFT buildings and therefore is in accordance with principles adopted locally.

Implications for the delegated budget

In utilising an additional vacant room at Roundhouse Medical Centre, the impact on the CCG's delegated budget must be considered.

The CCG finance team has confirmed that this would be cost neutral to the CCG as void space is already being funded at these premises.

There would therefore be no increased recurrent revenue consequence to the CCG.

District Valuer

The District Valuer is aware of the request from St George's medical practice and has indicated that this would not have any adverse implications.

4.	THE COMMITTEE IS ASKED TO:
	<p>It is recommended that Primary Care Commissioning Committee:</p> <ul style="list-style-type: none">• Note the request for an additional consulting room• Supports the request for the practice to utilise an additional room

Agenda time allocation for report:	<i>5 minutes.</i>
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PART 1B – SUPPORTING INFORMATION

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