NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 26 November 2015 at 1.00pm in Meeting Room 1, Hillder House 49/51 Gawber Road, Barnsley, S75 2PY

AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	1.00pm
2.	Quorum			
3.	Questions from the public relevant to the agenda		Chris Millington	1.05pm 5 mins
4.	Declarations of Interest	Note	**PCCC 15/11/04** Chris Millington	1.10pm 5 mins
5.	Minutes of the meeting held on 29 October 2015	Approve	**PCCC 15/11/05** Chris Millington	1.15pm 5 mins
6.	Matters Arising Report	Approve	**PCCC 15/11/06** Chris Millington	1.20pm 5 mins
	Strategy & Planning			
7.	No items			
	Quality and Patient Safety in Primary Medical Services			
8.	Quality Report	Note	**PCCC 15/11/08** Karen Martin	1.25pm 10 mins
	Contracting, investment, and procurement			
9.	Procurement Report	Note	**PCCC 15/11/09** Vicky Peverelle	1.35pm 20 mins
	Finance, Governance and Performance			
11.	Risk Register and Assurance Framework	Approve	**PCCC 15/11/11** Vicky Peverelle	1.55pm 10 mins
	Committee Reports and Minutes			
12.	No items			
	Other			
13.	Questions from the public relevant to the agenda		Chris Millington	2.05pm 5mins
	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at 1.00pm on Thursday 17 December 2015 in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		

Barnsley Clinical Commissioning Group
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PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2015

Declarations of Interests Report

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with the Committee members declarations of interest.
2.	**EXECUTIVE SUMMARY**
	This report details all Committee members declared interests for members to update and to enable the Chair and members to foresee any potential conflicts of interests.
3.	**THE COMMITTEE IS ASKED TO:** • Review that their individual declared interests are up to date • Receive and note the Committee members declarations of interest

Agenda time allocation for report:	5 minutes

Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Lynne Richards

Designation: Governance, Assurance and Engagement Facilitator.

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
1.3	**Governance Arrangements Checklist**	**Has the area been considered (yes / no / not relevant)?**
	Financial Implications	Not relevant
	Contracting Implications	Not relevant
	Quality	Not relevant
	Consultation / Engagement	Not relevant
	Equality and Diversity	Not relevant
	Information Governance	Not relevant
	Environmental Sustainability	Not relevant
	Human Resources	Not relevant

REGISTER OF INTERESTS

NHS Barnsley Clinical Commissioning Group

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

GOVERNING BODY		
Name	**Position**	**Details of interest**
Nick Balac	Chair of Barnsley Clinical Commissioning Group	• Partner at St Georges Medical Practice (PMS) • Practice holds Barnsley Clinical Commissioning Group Vasectomy contract • Member Royal College General Practitioners • Member of the British Medical Association • Member Medical Protection Society

GOVERNING BODY		
Name	**Position**	**Details of interest**
		• The practice is a member of Barnsley GP Federation which may provide services to Barnsley CCG
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	• GP Partner at White Rose Medical Practice, Cudworth, Barnsley • Directorship at SAAG Ltd, 15 Newham Road, Rotherham • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	• GP partner at The Grove Medical Practice • Member of British Medical Association and member of Royal College of General Practitioners • The practice is a member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	• Partner Governor Barnsley Hospital NHS Foundation Trust
David O'Hara	Lay Member, Barnsley Clinical Commissioning Group	• Red Cross volunteer. Red Cross provides services to the NHS however I am not involved in any discussions between Red Cross and the NHS • Governor at Penistone Grammar School
Vicky Peverelle	Chief of Corporate	• No interests to declare

GOVERNING BODY		
Name	**Position**	**Details of interest**
	Affairs, Barnsley Clinical Commissioning Group	
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning Group	• Husband is Director of Ben Johnson Ltd a York based business offering office interiors solutions, furniture, equipment and supplies for private and public sector clients.

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Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE held on Thursday 29 October 2015 at 2pm in the Boardroom, Hillder House, 49 – 51 Gawber Road S75 2PY.

MEMBERS PRESENT:

Mr Chris Millington (in the chair)	Lay Member
Mrs Lesley Smith	Chief Officer
Mrs Vicky Peverelle	Chief of Corporate Affairs
Mr David O'Hara	Lay Member

IN ATTENDANCE:

Mr Dawn Ginns	NHS England Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Mr Jon Holliday	Lead Service Development Manager
Ms Penny Greenwood	BMBC Public Health Representative
Mr Richard Walker	Head of Assurance
Ms Margaret Dennison	Healthwatch Barnsley
Ms Carrianne Stones	Healthwatch Barnsley Manager
Ms Karen Martin	Head of Quality for Primary Care Commissioning of General Medical Services
Mr Neil Lester	Deputy Chief Finance Officer

APOLOGIES:

Dr Mehrban Ghani	Medical Director
Dr Nick Balac	CCG Chairman
Dr M Guntamukkala	Governing Body member
Ms Julia Burrows	Director of Public Health

MEMBERS OF THE PUBLIC:

No Members of the public were present.

UNADOPTED

Agenda Item	Note	Action	Deadline
PCCC 15/10/01	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	The Chair presented a report which detailed all members' current declarations of interest. The Chief of Corporate Affairs and Head of Quality for Primary Care Commissioning of General Medical Services declared that they were evaluators on behalf of		

Agenda Item	Note	Action	Deadline
	the CCG on the procurements which were on the agenda for discussion.		
PCCC 15/10/02	**QUORUM**		
	It was advised that the Committee was quorate.		
PCCC 15/10/03	**QUESTIONS FROM THE PUBLIC**		
	There were not any members of the public in attendance at the meeting.		
PCCC 15/10/04	**MINUTES OF THE MEETING HELD ON 24 SEPTEMBER 2015**		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 15/10/05	**MATTERS ARISING REPORT**		
	The Committee received the matters arising report and noted that all actions had been marked as complete: • **PCCC 15/09/07 – PRACTICE ESTATES REVIEW** The CCG were still awaiting information relating to the responsibility for back log maintenance of GP owned buildings. • **PCCC 15/09/08 – PRIMARY CARE DASHBOARD** It was advised that the Primary Care Dashboard would come back to the Committee as part of an Integrated Quality Report (IQR). It was stated that the IQR should not duplicate information and needed to add value and assurance. The Head of Planning and Performance was currently developing the IQR.	**NL**	**26.11.15**
	The Chair Committee noted the Matters Arising Report.		
QUALITY AND PATEINT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 15/10/06	**NURSE REVALIDATION**		

UNADOPTED

Agenda Item	Note	Action	Deadline
	The Committee received a briefing paper to inform the members of the Nursing and Midwifery Council's forthcoming requirements for nurses and midwifes to revalidate their professional registration every 3 years. The paper detailed the implications and risks to the CCG and the work to mitigate these risks. It was advised that the paper had previously been to the CCG's Governing Body but now a start date of April 2016 had been confirmed for the Nurse Revalidation programme. It was noted that a further change had been added into the guidance around the Confirmer Role relating to revalidation. A brief description on the Confirmer Role was given and it was stated that practices with only 1 Practice Nurse would be given extra support packages in order for them to obtain their revalidation. The Committee were informed that the responsibility of Nurse Revalidation was jointly for nurses and their employer. It was highlighted that if a nurses registration lapsed then there could be a 6 week wait to get re-validated. Members were informed that practices would already have systems and processes in place to support GPs in GMS registration and those similar processes could be adopted for Nurse Revalidation. It was noted that this had been raised at a Practice Manager Group meeting and would feature in a future edition of Closer magazine.		
	Agreed Actions - **Feature Nurse Revalidation in a future edition of the Closer magazine.**	**KM**	**26.11.15**
	The Committee thanked Head of Quality for Primary Care Commissioning of General Medical Services for the paper.		
PCCC 15/10/07	**CQC UPDATE**		
	The Head of Quality for Primary Care Commissioning of General Medical Services gave an update to the Committee in relation to CQC. It was advised that		

UNADOPTED

Agenda Item	Note	Action	Deadline
	Barnsley had been without a named Inspector for some time but a new area CQC Inspector named Zara Head had recently been appointed. Zara Head had advised that a further 4 practices within Barnsley would be receiving CQC visits within the next few weeks, 2 of these would be re-inspections. It was added that now Barnsley had a named inspector all CQC visit until September 2016 had been scheduled in, however practices would still only receive 2 weeks' notice prior to their visit.		
CONTRACTING, INVESTMENT AND PROCURMENT			
PCCC 15/10/08	**PROCUREMENT REPORT**		
	The Committee received an updated report which detailed the progress of the APMS procurement exercises in relation to the medical services at Brierley, Highgate and Lundwood. It was recalled that the Committee, at its last meeting, had delegated mandate to the Executive and Lay Members of the Committee to receive the Recommended Bidder Report outside of the meeting. The report was considered on the 15 October and the full report was appended for members information. It was highlighted that Bidder 2 was approved as the recommended bidder and the contract was awarded on 27 October 2015. The first mobilisation meeting with the approved bidder would take on 04 November and the contract would commence from the 01 December 2015. The Lay Member for PPE added that work had been undertaken to ensure the provider met a modern CCG Membership approach and would be delivering a better quality service for the patients of Brierley.		
	Members noted the Executive Summary and timeline in relation to the Lundwood and Highgate re-procurements.		
	The Committee thanked the Lead Service Development Manager for the Procurement Report.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/10/09	**QUARTERLY FINANCE REPORT**		

UNADOPTED

Agenda Item	Note	Action	Deadline
	The Deputy Chief Finance Officer presented the quarterly finance update. It was advised that the latest position reflected a request from NHS England to report on a break even position due to a number of concerns in the forecast regionally. It was added that next months finance report would be more accurate to the CCG's actual financial position. It was queried why the CCG had been requested to report a break even position when it was a CCG with full delegated responsibilities relating to Primary Care Commissioning. It was noted that this query had been raised with NHS England and the CCG was currently awaiting a response.		
	The Committee thanked the Deputy Chief Finance Officer for the Quarterly Finance Report.		
PCCC 15/10/10	**UPDATED TERMS OF REFERNCE**		
	The Head of Assurance presented the Committee with an updated version of the Committees Terms of Reference. Amendments were visible by using tracked changes but the minor changes were highlighted as follows: • Inclusion of a paragraph enabling urgent decisions to be taken between Committee meetings, subject to subsequent ratification by the full Committee; and • Amendments reflecting the decision of the Committee to take a monthly assurance report, as opposed to the minutes of the Committee, to the Governing Body (with minutes being made publicly available via the CCG's website). It was further clarified that urgent decisions would be delegated to at least 1 lay and 1 Executive Committee member and where possible a clinician from the Committee. It was also stated that this model followed a similar one adopted by the Governing Body. Committee members agreed the proposed changes to the Terms of Reference but agreed to share these changes with the Committee Clinicians outside the meeting, as none were currently present. It was then agreed that the updated TOR should go to Governing Body for formal approval.		

UNADOPTED

Agenda Item	Note	Action	Deadline
	The Lead Service Development Manager referred to a recent situation relating to a close list application where the Committee had to mandate members to make a decision out of the Committee to meet process deadlines set by NHS England. It was therefore agreed that it was not just urgent decisions that required delegated mandate but also decisions which were required when timescales were not in line with Committee meetings.		
	Agreed Actions • **The Terms of Reference were agreed subject to:** - **Ensuring the Committee Clinicians were comfortable with the proposed changes** - **Adding in an extra paragraph relating to mandated decision to be taken when the deadlines for decisions fell out of Committee timeframes** - **The TOR go to the full Governing Body for formal approval**	**RW**	**26.11.15**
	The Committee thanked the Head of Assurance for updating the Committees Terms of Reference.		
PCCC 15/10/11	**RISK REGISTER AND ASSURANCE FRAMEWORK**		
	The Chief of Corporate Affairs presented the Risk Register extract which detailed the risks that the Primary Care Commissioning Committee was responsible for. The Committee noted that there were not any risks in relation to Primary Care escalated to the Assurance Framework. It was agreed to provide a progress update on Risk Reference 15/10 relating to the re-procurement of Brierley Medical Practice. The update should include that the procurement process for Brierley was now complete and the contract had been awarded. The risk would be reviewed after the new contract commenced on 1 December 2015 as the mobilisation timescales were very challenging and the CCG would continue to monitor the situation closely to ensure any risks are identified and managed by the new provider.		
	The Committee discussed the issues in relation to Nurse		

UNADOPTED

Agenda Item	Note	Action	Deadline
	Re-validation programme which was discussed earlier in the meeting. It was queried if this required reflection on the CCG's Risk Register. It was agreed that the CCG should look to adding this a potential risk in March 2016 as the Nurse Revalidation process did not commence until April 2016.		
	Agreed Actions **The Head of Assurance to update Risk Reference 15/10 to reflect the above wording.**	**RW**	**26.11.15**
PCCC 15/10/12	**COMMITTEE DEVELOPMENT SESSIONS**		
	The Chief of Corporate Affairs queried if members thought it would be useful to reflect on the past 6 months and undertake a development session on how the Committee wished to operate in future and how it had discharged it duties. Members including Healthwatch and Public Health agreed that a development session would prove useful for future workings. Members were informed that a development session for Committee members would be scheduled and then from the outcome of this meeting a wider development session would be held to include non-voting members.		
OTHER			
PCCC 15/10/13	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Primary Care Commissioning Committee will be held on 26 November 2015 at 1pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

UNADOPTED

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2015

1. MATTERS ARISING

The table below provides an update on actions arising from the meeting of the Primary Care Commissioning Committee held on 29 October 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/10/05	**MATTERS ARISING REPORT** • **PCCC 15/09/07 – PRACTICE ESTATES REVIEW** The CCG were still awaiting information relating to the responsibility for back log maintenance of GP owned buildings.	**NL**	As with leased premises, the responsibility for back log maintenance is essentially the responsibility of the owner of the building.
PCCC 15/10/06	**NURSE REVALIDATION** Feature Nurse Revalidation in a future edition of the Closer magazine.	**KM**	KM has discussed producing an article for CLOSER newsletter relating to revalidation of nurses with Mike Austin and Andrea Parkin. Mike has agreed to take this forward
PCCC 15/10/10	**UPDATED TERMS OF REFERNCE** The Terms of Reference were agreed subject to: - Ensuring the Committee Clinicians were comfortable with the proposed changes - Adding in an extra paragraph relating to mandated decision to be taken when the deadlines for decisions fell out of Committee timeframes - The TOR go to the full Governing Body for formal approval	**RW**	COMPLETED

PCCC 15/10/11	**RISK REGISTER AND ASSURANCE FRAMEWORK** The Head of Assurance to update Risk Reference 15/10 to reflect the wording agreed within the Committee minutes.	**RW**	COMPLETED

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Primary Care Commissioning Committee

26 November 2015

Quality & Patient Safety Report

1.	**PURPOSE OF THE REPORT**
	This is the first Quality & Patient Safety Report presented to the Primary Care Commissioning Committee which reflects the quality achievements of our 36 GP practices and highlights areas for improvement.
2.	**EXECUTIVE SUMMARY**
	Since April 2015 Barnsley Clinical Commissioning Group (BCCG) has taken on additional responsibilities for Primary Care Medical Services as a result of Co-commissioning. Work is currently being taken forward to ensure a smooth transition of the management of quality and patient safety relating to these responsibilities from NHS England (NHSE) At present the CCG undertakes quality monitoring as a mechanism for assuring high quality care for the services it commissions utilising the NHSE framework of safe, effective and patient experience. This framework will be used to assure the quality of services provided from General Practice. Attached to this Report is the quality profile for Barnsley GP practices.
3.	**THE COMMITTEE IS ASKED TO:** • To note and agree the contents of the report. • To highlight any areas of concern which require further discussion or escalation to the Governing Body

Agenda time allocation for report:	10 minutes.

Report of: Karen Martin
Designation: Head of Quality for Primary Care Commissioning

Report Prepared by: Karen Martin

Designation: Head of Quality for Primary Care Commissioning

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	This paper provides assurance against the following risks in the CCG's Governing Body Assurance Framework: 1.1, 1.4, and 5.1	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	Yes
	To commission high quality health care that meets the needs of individuals and groups	Yes
	Wherever it makes safe clinical sense to bring care closer to home	N/A
	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	N/A
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	Yes
2.	**Introduction**	
	This report gives an overview of the quality and patient safety issues that are currently being monitored and reviewed across NHS Barnsley Clinical Commissioning Group. There are a number of national policy drivers requiring healthcare organisations to continually measure and improve patient experience. The aim is to provide a patient-centred healthcare service which meets the physical and emotional needs of the population.	
3.	**Progress to Date** **Incident Reporting** GP practices are required to have their own significant event reporting processes in place. It should be noted that the number of serious incidents reported in Primary Care is historically low. Since April 2015 the CCG has been responsible for ensuring practices report patient safety incidents into the National Reporting and Learning system (NRLS). This was previously undertaken by NHS England. No data is currently available as to how many incidents have been reported by Barnsley GP practices. The Head of Quality for Primary Care will be reviewing the NRLS process through	

the Practice Managers meeting on the 1st December 2015. Several practices have asked that guidance is produced on the management of serious incidents and a working group will be set up to take this work forward.

Over the last three months 4 serious incidents have been reported to the CCG from NHSE (Public Health England) and are currently being investigated. Information on these incidents are shown in the table 1 below

Table 1 Incidents Reported August to October 2105

Date	Incident detail
August 2015	Cervical screening incident - Delayed diagnosis
September 2015	Diabetic Retinopathy- Delayed diagnosis due to validation concerns
October 2015	Antenatal and New-born screening –Incomplete blood spot test
October 2015	Vaccination/drug Incident

Complaints

NHS England remains the responsible body for dealing with Primary Care Contractor complaints. Under Co Commissioning NHS England are required to immediately notify Clinical Commissioning Groups if an amber red complaint is received. No complaints of this grade have been received.

No breakdown is currently available on the number of complaints specifically relating to Barnsley but work is being undertaken at NHSE to produce specific reports for the CCG but these will not be available until 2016. Discussion with NHS England`s lead for complaints confirmed that the team is currently working on dash board for CCGs which will be circulated during February /March 2016.

There were 33 complaints logged in July and August 2015 and allocated to the South Yorkshire and Bassetlaw Area Team. (6- Complaints were in relation to general practice administration 7 complaints related to communication/attitude and 20 complaints related to clinical concerns)

Concerns raised to the CCG Clinical Quality Team

The Clinical Quality Team at the CCG receives concerns from patients and where appropriate sign posts the patient to NHSE Complaints team. Six concerns have been raised relating to primary care during August to September 2015. See Quality profile for more information.

Infection Prevention and Control

From 1st October the Infection Prevention and Control (IPC) service is being delivered by an external contractor Infection Prevention Solutions. This service comprises of two nurse specialists with strategic support from the Clinical Director of the contracted company. The team works to provide cover to both BCCG and Barnsley Metropolitan Borough Council (BMBC) for infection prevention and control advice.

The transition of the service from South West Yorkshire Partnership Foundation Trust (SWYPFT) to the current service was undertaken by means of a comprehensive handover of current activity and workload. The focus will continue to be on advising and empowering GP practices to meet their Care Quality Commission statutory requirements.

The IPC team have circulated an Infection Prevention and Control questionnaire via email to practice managers to elicit the current position and requirements of each practice and are in the process of following returned questionnaires up with support and audit as required.

The infection Control team are continuing to monitor infection rates. The table below shows the total number of Cdiff cases reported since April this year.

Table 2 Total Number of C-diff Cases April – October

	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Total
BHNFT	1	0	1	1	4	2	0	9
Community /primary Care	1	2	2	3	2	3	3	16
Mount Vernon	0	0	0	2	1	0	0	3

C-diff target set for 2015/16

- SWYPFT – 6
- BHNFT - 13
- Community/Primary Care – 44
- Total for Barnsley - 63

There have been no reported cases of MSSA/E.coli or MRSA bacteraemia in October.

Estates

The 6 facet survey results have been disaggregated from the Survey Report and the information for each individual practice has been sent to all practices to share their data and asking for any comments on points of accuracy. Following this review the aim is to put together an overview of summary findings that could be shared with practices of the condition of primary care estate in Barnsley.

There are a small number of practices whose results show that in some facets condition Dx has been indicated which is used when the surveyors believe that the property could only be made to achieve Condition B by total rebuild or relocation. Given these findings we have given the practices the opportunity for representatives from the CCG to visit the practice to discuss their report.

Screening Update

The Diabetic Eye Screening Programme –
This programme relies on the return of timely notifications (every 3 months) and direct referrals for newly diagnosed diabetic patients from GP practices to ensure appropriate patients are invited for eye screening.

It has been identified recently by the Barnsley and Rotherham screening programme that this has not occurred for a number of patients; this is being dealt with as an incident with actions and investigations instigated with the support of Barnsley CCG, Screening and Immunisation Team and the Quality Assurance team in Public health England.

Currently 7 practices have not returned the notification lists in a timely manner, 51 patients have been identified across 19 practices that have not had appropriate referral for screening invite and have been invited urgently to attend for a screen.

The Cervical Screening Programme
Quality monitoring of cervical samples taken is undertaken quarterly by sample takers being supplied with a rag rate of their samples.

It is the responsibility of each sample taker and practice coordinator to monitor the scores and if the sample taker`s rag rating is amber or red and to investigate and seek support from the Screening and Immunisation Team. Currently support has been received by one sample taker.

Vaccination and Immunisation Update
Currently a small number of practices have practice nurse capacity issues which is impacting on offering the childhood vaccinations. Barnsley CCG and the Screening and Immunisation team have been supporting practices in identifying how this can be overcome with additional workforce capacity available within the health care system.

Cold chain failures and vaccine administration errors are reported directly to the Screening and Immunisation Team from practices and to Barnsley CCG.

The Pertussis Pregnant Women Vaccination Programme
It is the responsibility of practices to identify pregnant women and offer pertussis vaccination at 28 weeks, anecdotal information from practices has found this is difficult to complete due to delays in the notifications of Expectant Delivery Dates (EDDs) from maternity services.

Barnsley Hospital NHS foundation Trust (BHNFT) Maternity services are currently working to resolve the issue through electronic notifications, however in the interim it is important that GP practices make every effort to identify pregnant women's EDDs and invite patients to receive pertussis vaccination at 28 weeks.

Care Quality Commission (CQC) Inspections

A new CQC Inspector has been appointed solely for Barnsley and has taken up her

post following induction in October 2015. This is in an effort to standardise the inspection process.

A new schedule of inspections is in the process of being set up with the aim that all practices will have been inspected by September 2016.

Dr Kakoty`s practice was inspected on the 20th October, the report will be produced in the next 6-8 weeks.

Our two practices that were rated as inadequate at last year's inspection have been revisited in November feedback is awaited.

Joint working between CQC, NHSE and the CCG is required to ensure consistency and equity thereby reducing variations to the inspection process. Meetings between all 3 organisations are currently being set up.

Support visits have been undertaken by the Head of Clinical Quality to the 21 outstanding practices that have not yet been visited by CQC.

Practice Visits

Practice visits are in the process of being set up led by the Chair of CCG and the Chief Operating Officer. The purpose of the visits is to improve the interface between the practice and the CCG. This will ensure that that CCG understands current issues from the perspective of the Practice and their patients.

The visit will also ensure that our practice members are aware of any new developments being taken forward by the CCG and more importantly practices will be able to influence the commissioning of new initiatives. Feedback from the visits can be fed into the GPs appraisal process and will also provide an opportunity for discussion at the practices` Patient Participation Group.

Terms of engagement have been produced for the visits. Four Practices have been visited.

Friends and Family Test

The NHS Friends and Family Test (FFT) is an opportunity for patients to provide feedback on the services that are provided by General Practice in relation to care and treatment they receive.

The FFT does not provide results that can be used to directly compare Practices. There are no response rate targets or minimum response numbers for GP Practices. However NHS England publishes each Practice list size to put the number of responses collected into context

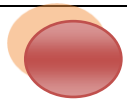
There are three requirements for GP Practices set out in the guidance.

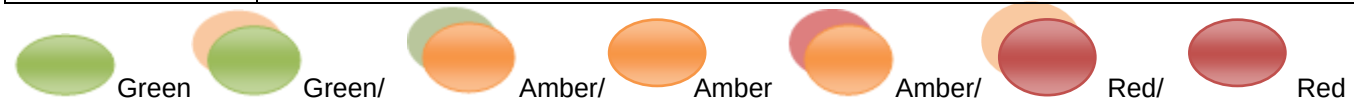
- To make the opportunity to provide feedback through the FFT available to **all** patients at **any** time

	• To submit FFT data via the Calculating Quality Reporting Service (CQRS) each month • To publish the data locally To date only 2 practices have failed to submit responses resulting in a remedial notice being issued by NHSE. Another two practices are currently under review. **Audit** As a result of several incidents relating to the administration and storage of Vaccines over the past year, the Head of Quality for Primary Care has been working with the Medicines Management Team to produce information for GP practices in relation to cold chain and the storage of vaccines. Quality standards for cold chain storage have been sent out to practices and practices have been encouraged to undertake a self-assessment audit. The results will be fed back to the CCG in January 2016. The quality of the Electronic Child Protection Conference reports which GPs complete is currently being audited by the safeguarding Children's Named Nurse. A booklet on "what good looks like" will be produced for all Gps. This will be shared at the December GP Safeguarding Leads meeting. **Policy and Procedures** Immunisation and Vaccination Policy for qualified nursing staff produced by the Primary Care Trust in 2010 has been updated following discussions with NHSE , Public Health England and Public Health Local Authority . This has been sent out to practices following ratification at the Quality and Patient Committee. The updated policy will be available on the CCG website. **Quality Monitoring** Work is underway to produce a Primary Care quality dash board. It is proposed that the Head of Quality for primary Care will work with the practice managers to take this forward. A quality profile for primary care has been developed for Primary Care and can be seen in Appendix I.
4.	**RISKS TO THE CLINICAL COMMISSIONING GROUP**
	Any risks arising from matters covered within report will be added to the Risk Register and/or Assurance Framework as appropriate. In particular these are likely to include: • Reputational risks • Financial risks • Patient Safety issues

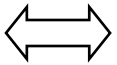
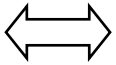
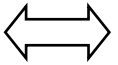
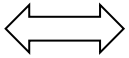
5.	**APPENDICES TO THE REPORT** • **Quality Profile**
6.	**Recommendations**
	The Primary Care Co –Commissioning Committee is asked to note the contents of this paper and the work currently being undertaken to ensure there are robust systems and processes are in place for the quality assurance of primary care.

Primary Care Quality Profile Summary – November 2015

Focus	Commentary	RAG rating	Trend	Cross reference of actions
CQC inspection	New CQC Inspector appointed for Barnsley -21 practices will be visited during October 2015 and September 2016		⇔	Support visits undertaken by the Head of Quality of Quality for primary Care have been undertaken prior to the CQC inspection.
Friends and Family Test	2 practices have not submitted returns for July and August 2015		⇔	Discussions ongoing with NHS England and CCG regarding possible breach
Serious Incidents	Cervical screening incident-delayed diagnosis August 2015 Diabetic Retinopathy – delayed diagnosis September –Validation concerns Antenatal and New-born screening –Barnsley Baby born in Leeds- incomplete blood spot October 2015 Vaccination Incident October 2015		⇔	.
Staffing	Recruitment of clinical staff remains a challenge with practices highlighting concerns regarding recruitment of partners and salaried GPs. This is being partly addressed by the implementation of the GP Fellowship. The Federation is also looking at creating a GP/Practice bank of staff.		⇔	The CCG has appointed, on behalf of the 5 South Yorkshire CCGs, a Workforce Project Manager for Primary Care who will be working with LETB to improve on recruitment
Infection Prevention & Control	The CCG has appointed a private provider, Infection Prevention Solutions (IPS), to provide clinical advice into the commissioning process. A short questionnaire has been sent out to practices to ascertain their needs and the team are following this up with advice, visits and where required audits to further empower GP practices to meet their Care Quality Commission statutory requirement. Six practices have been visited and further visits are scheduled. The IPC team have also taken the opportunity to introduce the new service at the October BEST event and will be doing likewise at the Practice Nurse Forum and Practice Managers Forum. 16 case of C difficile have been reported from the Community. All cases have been		⇔	1 practice potentially below the essential standards outlined in CQC. Infection Control Team working with the practice



⇔ Static ⇧ Improving ⇩ Deteriorating

	investigated and presented at the Post Infection Review Group (PIR) No Cases reported of MSSA or Ecoli during October No Cases of MRSA bacteraemia April- October			
Patient Experience	National Patient Survey July 2015. Response rate was at the National average of 33%. 65% of patients stated it was very easy or fairly easy to get through to the practice on the telephone, the national average is 71%. 53% of patients were not aware of the availability of online services which in line with National average which is also 53% 67% of patients were able to get an appointment or speak to someone; this is lower than the national average of 73% and also the lowest within the South Yorkshire region.			
Estates	There are a small number of practices whose 6 facet survey results show that in some facets condition Dx has been indicated which is used when the surveyors believe that the property could only be made to achieve Condition B by total rebuild or relocation.			Given these findings we have given the practices the opportunity for the CCG to visit the practice to discuss their report.
Safeguarding	No safeguarding referrals from Primary Care			
Complaints	Complaints received by the CCG Quality Team from patients and signposted to NHS England – August x2 complaints – relating to Administration of Vitamin D injection Access to holiday injections September x1 Concerns raised re access to medical records October x2 complaints relating to medication being stopped			

NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2015

Procurement Report

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with a report on the progress of the Alternative Provider of Medical Services (APMS) procurement exercises in relation to the medical services at Brierley, Highgate and Lundwood.
2.	**EXECUTIVE SUMMARY**
	Brierley Medical Practice Following the award of the contract a mobilisation review meeting was held between the CCG, NHS England and Barnsley Healthcare Federation to consider each element of the provider mobilisation plan (Appendix 1). All parties were satisfied that mobilisation was on track for a service commencement on 1st December 2015. Highgate and Lundwood Procurements Procurement Checklist for Highgate and Lundwood APMS Contracts - Monitor's *Procurement, Patient Choice and Competition Regulations* place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. The regulations set out that commissioners must: • manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been, or appears to have been, affected by a conflict; and • keep appropriate records of how they have managed any conflicts in individual cases. The most obvious area in which conflicts could arise is where a CCG commissions healthcare services, including GP services, in which a member of the CCG has a financial or other interest. This may most often arise in the context of co-commissioning of primary care. NHS England's *Managing Conflicts Of Interest: Statutory Guidance For CCGs* includes a procurement template setting out the factors CCGs are advised to address. The template supports CCGs in fulfilling their duty in relation to public involvement. It further provides appropriate assurance: • that the CCG is seeking and encouraging scrutiny of its decision-making

	process; • to Health and Wellbeing Boards, local Healthwatch and to local communities that the proposed service meets local needs and priorities; • to the audit committee and, where necessary, external auditors, that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts; and • To NHS England in their role as assurers of the co-commissioning arrangements. In the light of the guidance, and for the purposes set out above, procurement templates have been completed for the ongoing procurements of APMS contracts in Lundwood and Highgate (Appendix 2). Recommended Bidder Report - North of England Commissioning Support Unit (NECS) has facilitated an open tender exercise to identify a new provider capable of ensuring continuity of services in Lundwood and Highgate from 1 April 2016. This exercise is at a stage of contract award which is identified in the Recommended Bidder Report (Appendix 3) which will be tabled at the Meeting.
3.	**THE COMMITTEE IS ASKED TO:** • **Note progress on the Alternative Provider of Medical Services Contract, Brierley Medical Practice** • **Note the Procurement Checklist for Highgate and Lundwood at Appendices 2** • **Receive the Recommended Bidder Report for Highgate and Lundwood and approve the outcome of the procurement process.**

Agenda time allocation for report:	20 minutes.

Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Jon Holliday

Designation: Lead Commissioning and Transformation Manager

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	This report directly relates to risk 1.4 and 5.2 and the Governing Body Assurance Framework.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	x
	To commission high quality health care that meets the needs of individuals and groups	x
	Wherever it makes safe clinical sense to bring care closer to home	x
	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 £.	x
1.3	**Governance Arrangements Checklist**	**Has the area been considered (yes / no / not relevant)?**
	Financial Implications	Covered in report
	Contracting Implications	Covered in report
	Quality	Covered in report
	Consultation / Engagement	Covered in report
	Equality and Diversity	Not applicable
	Information Governance	Not applicable
	Environmental Sustainability	Not applicable
	Human Resources	Not applicable

Barnsley Healthcare Federation Implementation Mobilisation Plan - Brierley Medical Centre Service

Task Name	Nov-15				Dec-15				Jan-16			
Pre-Service Go Live	**09-Nov**	**16-Nov**	**23-Nov**	**30-Nov**	**07-Dec**	**14-Dec**	**21-Dec**	**28-Dec**	**04-Jan**	**11-Jan**	**18-Jan**	**25-Jan**
Appoint work stream leads												
Develop full practice service specification												
Confirmation of funding												
Advertise new practice managment in Barnsley Chronicle												
Contact local health and social care providers of new practice arrangements												
Contact third sector agencies with new practice management												
Workforce												
Review and confirm organisational structure												
Review and confirm job descriptions and existing skill mix												
Review existing skill mix of staff against organisational structure												
Meet with existing practice staff - discuss TUPE												
Contact Human Resources - TUPE arrangements												
Establish links with locum and agency providers												
Advertise all vacant posts												
Appoint successful Candidates												
Review and develop Staff training and induction policies												
Review training and development requirements for all staff												
Review workforce policies to ensure compliance with current legislation												
Patient Involvement and Engagement												
Meet and maintaing regular contact with Patient Participation Group												
Meet and maintain regular contact with HealthWatch												
Develop communication and engagement plan												
Review Practice Leaflet												
Review Practice website												
Review and develop NHS Choices page												
Arrange feedback sessions with stakeholders and patients												
Governance												
IG Toolkit compliance												
Review and develop policies and protocols to ensure compliance with CQC essential standards for quality and patient safety												
Information Management and Technology (IM&T)												
Review telephony infrastructure SLA and contact provider												
Review clinical system supplier SLA and contact supplier - EMIS												
Review IT infrastructure and SLA - contact provider												
Review and develop IM&T policies and procedures to meet current legislative requirements												
Review and develop shared information protocols												
Develop NHS Choices page												
Develop practice website												
Practice Premises												

Evaluation of current premises and equipment												
Purchase of any additional or replacement equipment												
Explore premises options in Shafton												
Service Mobilisation												
Finalisation and negotiation with Barnsley CCG/NHS England												
Set up Practice Board meetings												
Sevice Go live												
Sustainability												
Review of services offered and potential workstreams												
Six month service Review												
Share six month evaluation report with Barnsley CCG/NHS England												

Federation Workstream	**Lead**
Pre Service Go Live	Operational Manager
Workforce	Operational Manager
Patient Involvement and Engagement	Communications and Engagement Manager
Governance	Clinical Lead and Operational Manager
Information Management and Technology	Estates and Facilities Manager
Practice Premises	Estates and Facilities Manager
Service Mobilisation	Operational Manager
Sustainability	Estates and Facilities Manager

Feb-16					Mar-16				Apr-16			
01-Feb	08-Feb	15-Feb	22-Feb	29-Feb	07-Mar	14-Mar	21-Mar	28-Mar	04-Apr	11-Apr	18-Apr	25-Apr

Checklist to be used when commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest

NHS Barnsley Clinical Commissioning Group

Service: Alternative Providers of Medical Services Contracts for GP Practices in the Barnsley area one at Lundwood (Lot 1) and one at Highgate (Lot 2). Interested parties can contract for one contract or both Lots. (Tender Ref: NHSE138a)

<table>
<tr><th>Question</th><th>Comment/Evidence</th></tr>
<tr><td colspan="2">Questions for all three procurement routes</td></tr>
<tr><td>How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG's proposed commissioning priorities?</td><td>The procurement ensures the ongoing provision of primary medical services at practices in Lundwood and Highgate. It is anticipated that the procurement will ensure high quality resilient services that fit with the ambition to deliver Primary Care at scale within Barnsley.

The contract requires the winning bidder to commit to signing the Practice Delivery Agreement (PDA) and therefore to delivering all locally commissioned services in accordance with the CCG's Commissioning Strategy.

The contracts will run for 15 years with effect from 1st April 2016 with an optional break clause every 5 years within the 15 year period for both commissioner and provider.

<table>
<tr><th></th><th>Max value per annum £</th><th>Total value over 15 yrs £</th></tr>
<tr><td>Lundwood</td><td>323,924.47</td><td>4,858,867</td></tr>
<tr><td>Highgate</td><td>302,878.43</td><td>4,543,176</td></tr>
</table>
</td></tr>
<tr><td>How have you involved the public in the decision to commission this service?</td><td>A full programme of public consultation and engagement was undertaken by NHS England prior to Barnsley CCG taking on its delegated responsibilities for primary medical services.</td></tr>
<tr><td>What range of health professionals have been involved in designing the proposed service?</td><td>This is a reprocurement of an existing level of service under an APMS contract which is due to expire.</td></tr>
<tr><td>What range of potential providers have been involved in considering the proposals?</td><td>The tender was open to the market via OJEU.</td></tr>
</table>

Checklist to be used when commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest

How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	Members of the Health and Wellbeing Board are represented on the Primary Care Commissioning Committee (CCG Chair and Chief Officer, and Director of Public Health). The CCG's Strategic Commissioning Plan was agreed by the Health & Wellbeing Board.
What are the proposals for monitoring the quality of the service?	The quality of the service delivered by the winning provider will be monitored in accordance with the CCG's approach to ensuring quality in primary care – the Head of Quality in Commissioning Primary Medical Services maintains an overview of quality based on incidents reported, complaints, results of CQC and other regulatory inspections, indicators of performance and any other available intelligence. Support will be provided where there are indications of poor quality but contractual mechanisms (breach notices) will be applied where issues are serious or prolonged.
What systems will there be to monitor and publish data on referral patterns?	The CCG is currently developing systems to monitor a range of metrics, including referral patterns, across all practices in Barnsley.

Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?	The 3 clinical members of the PCCC had all disclosed in the Register of Interests that they were partners in practices affiliated to the Barnsley GP Federation which is a potential bidder. The CCG Chair has also declared that his Practice may be interested in bidding for the contract(s). These interests have been appropriately declared in meetings and recorded in the minutes, as well as being recorded in the CCG's Register of Interests which is available on the CCG's website. Clinical members may participate in general commissioning discussions regarding Lundwood and Highgate, but will play no part in the tendering process or evaluation discussions. In addition bidders and evaluators are required to disclose any potential conflicts of interest to NECS as part of the tender process. NECS requires all actual or potential conflicts of interest to be resolved to their satisfaction prior to the delivery of a bid in response to this ITT. Failure to declare such conflicts and/or failure to address such conflicts to the reasonable satisfaction of NECS could result in a bidder being disqualified. Barnsley CCG's Medical Director was listed to evaluate but had a conflict of interest and was therefore disqualified. A non conflicted GP from Sheffield CCG was secured to support clinical commissioner input to the evaluation process

Why have you chosen this procurement route?[1]	The ITT states: "The new Public Contracts Regulations 2015 are now in force however there is a delay in application of the Light Touch Regime (LTR) to the commissioning of health services for the purposes of the NHS. Draft regulation 118 provides that the LTR will only apply to the procurement ("commissioning") of health services for the purposes of the NHS from the 18th April 2016. The current Part B regime and NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 2013 will continue to apply to the commissioning of those services until that date. In line with the above, a process that mirrors the open procedure will be used to commission this service."
What additional external involvement will there be in scrutinising the proposed decisions?	There will be a range of external oversight and challenge throughout the process. NHS England's Efficiency Controls Committee (ECC) has given approval to the procurement of the Highgate and Lundwood APMS contracts. Expert advice and support continues to be provided to the PCCC by employees of NHS England in terms of evaluating options, consulting the public and stakeholders etc. Commissioning decisions have been and will continue to be taken by the PCCC, which meets in public and which is attended by representatives from Healthwatch Barnsley, Public Health, and NHSE in a non-voting capacity. Any procurement decisions taken in private due to issues of commercial confidentiality will be reported back through a public meeting of the PCCC in order to ensure transparency, although it is intended that the final decision regarding contract award will be taken in a public session of the PCCC at its November 2015 meeting informed by an anonymised preferred bidder report supplied by NHS England.

[1] Taking into account S75 regulations and NHS Commissioning Board guidance that will be published in due course, Monitor guidance, and existing procurement rules.

How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process?	The closing date for tenders was 12 noon on 26 October 2015. The PCCC's final commissioning decision will be based on the recommendations of an evaluation panel following the conclusion of this open tender process. The PCCC mandated the Chief of Corporate Affairs and Lead Commissioning and Transformation Manager to sign off the APMS contract, financial model template, questions and weighting, and procurement and evaluation strategy on the CCG's behalf. This had been completed. North East Commissioning Support were engaged to administer the tender and to ensure a fair and transparent process is followed. Tenders were evaluated by a panel comprising an NHSE representative, the Chief of Corporate Affairs, the Head of Quality in Commissioning Primary Medical Services, and other CCG or CSU staff on specific questions where they had particular insight or expertise. On receipt of the bids the Chief of Corporate Affairs considered whether there were any conflicts of interest related to the composition of the evaluation panel and dealt with them appropriately. An independent clinical advisor was also included on the panel. All evaluation panel members were required to complete a Conflict of Interest Declaration and Confidentiality Agreement form prior to the start of the evaluation. This form requires evaluation panel members to disclose any actual or potential conflicts of interest and agree to treat all information regarding bidders, bidder members and information contained within bid responses as confidential. All conflicts of interest must be resolved to the satisfaction of NECS; where conflicts of interest cannot be resolved, or the panel member will not agree to treat information as confidential, the representative cannot participate in the evaluation of bids. Clinical members of the PCCC were not included in the evaluation as they are all conflicted (since they are partners in practices affiliated to the Federation or which intend to bid independently for the contract(s)). Following the evaluation panel there will be a bidder presentation event on 10 November following which NECS will prepare the preferred bidder report. This will be presented at the public session of the PCCC in November 2015 for consideration and decision.

Additional question for AQP or single tender (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	N/A

Additional questions for AQP only (where GP practices are likely to be qualified providers)	
How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	N/A

Additional questions for single tenders from GP providers	
What steps have been taken to demonstrate that there are no other providers that could deliver this service?	N/A – this is an open tender
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	N/A – this is an open tender
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	N/A – this is an open tender

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Recommended Bidder Report

Alternative Provider of Medical Services Contract for Lundwood and Highgate GP Surgeries

For and on behalf of: NHS England, Yorkshire and the Humber

Michael Robertson

Procurement Officer

1. Purpose

The purpose of this paper is to:

1.1 Advise the NHS England, Yorkshire and the Humber (Y&H) Direct Commissioning Management Team (DCMT) of the outcome of the tender evaluations for the Alternative Provider of Medical Services (APMS) Lundwood GP Surgery (LS) and Highgate GP Surgery (HS)

1.2 Request approval of the Recommended Bidder in order to award the APMS contract for LS and HS.

1.3 Request that the minutes of this meeting for this agenda item are forwarded to North of England Commissioning Support Unit (NECS) for audit purposes to the following address: necsu.neprocurement@nhs.net.

2. Background

2.1 LS and HS currently deliver essential services under an Alternative Provider of Medical Services (APMS) for the population of Barnsley. The contract is due to expire on the 31st March 2015.

2.2. Y&H undertook a 4 week patient engagement period from the 16th January 2015 to the 25th February 2015 for both LS and HS. As part of the engagement process a paper and on-line questionnaire was made available to patients, as well as drop in sessions whereby patients could speak directly to Y&H about any concerns in relation to the re-commissioning of LS and HS. The outcome of the engagement is that patients have been extremely positive about the services they are currently receiving and do not wish to see either of the practices close.

2.3. In order to develop the specification and establish the best method for securing services a project group was established made up of the relevant subject matter experts which included:

- Senior Primary Care Manager, Y&H
- Primary Care Business Manager, Y&H
- Procurement Project Lead, NECS
- IM&T Lead, Yorkshire and Humber Commissioning Support Unit
- Senior Finance Manager, Y&H
- Lead Commissioning and Transformation Manager, Barnsley Clinical Commissioning Group (CCG)
- Patient Engagement Lead, Yorkshire and Humber Commissioning Support Unit
- Head of Quality for Primary Care Commissioning, Barnsley Clinical Commissioning Group
- Chief Officer, Barnsley Clinical Commissioning Group
- Chief of Corporate Affairs, Barnsley Clinical Commissioning Group

3. Procurement Objectives

3.1 The procurement strategy was developed to ensure, in line with the National Health Service (Procurement, Patient Choice and Competition) (No.2) Regulations 2013, that the service was procured with a view to:

3.2 Regulation 2(a) - Securing the needs of the people who use the services:

- LS and HS will continue to deliver services to those patients currently registered with the services therefore securing a mainstream medical service for those patients and providing a choice of provider for other patients to access.

3.3 Regulation 2(b) - Improving the quality of the services:

- The contract will feature National Key Performance Indicators as indicated in the national APMS contract to improve the quality of medical services; and
- Provision of a sustainable service which will offer choice of medical services for patients in Barnsley.

3.4 Regulation 2(c) - Improving efficiency in the provision of the services:

- The service specification for LS and HS will require the provider to develop a service which will encourage skill mix and working with other services to provide medical services in an effective and efficient way for the current registered patients and to give other patients the opportunity to register with these medical practices.

4. Procurement Timetable

4.1 Table 1 shows the key milestones and timescales for the procurement process.

Table 1

Milestone	Description	Date
OJEU Advert	Date advert published on OJEU	24/09/2015
Tender deadline	Date by which bids need to be submitted	26/10/2015
Consensus scoring	Evaluator panel meeting to agree scores	04/11/2015
Recommended bidder report to DCMT and CCG	Report to Y&H DCMT and CCG for recommended bidder approval	26/11/2015
Standstill period	Notification to bidders of outcome, allowing 10 days for any challenges to be raised	27/11/2015 – 07/12/2015
Contract award	Official offer of contract sent to successful bidder	08/12/2015
Contract signature and mobilisation	Mobilisation of contract	09/12/2015 – 31/03/2016
Service commencement	Service start date	01/04/2016

5. Evaluation Strategy

5.1 The evaluation model sought to identify the Most Economically Advantageous Tender (MEAT), which is interpreted as affordable Value for Money (VfM), was determined by the evaluation criteria outlined in Table 2:

Table 2 – Evaluation Criteria

Type	Section	Question Ref	Micro Weighting %	Macro Weighting %
Quality	Section 1 Clinical and Service Delivery	CSD01 **[RED FLAG]**	5	46
		CSD02	4	
		CSD03	4	
		CSD04	4	
		CSD05	7	
		CSD06 **[RED FLAG]**	10	
		CSD07	3	
		CSD08	4	
		CSD09	4	
		CSD10	1	
	Section 2 Performance Management	PF01	3	7
		PF02	2	
		PF03	2	
	Section 3 Workforce	WF01	5	12
		WF02 **[RED FLAG]**	3	
		WF03	4	
	Section 4 Information Management and Technology (IM&T)	IMT01	1	4
		IMT02	1	
		IMT03	1	
		IMT04 **[RED FLAG]**	1	
	Section 5 Mobilisation	MB01 **[RED FLAG]**	5	5
Subtotal for Quality				74
Presentation	Section 6 Presentation	PR01	6	6
Subtotal for Presentation				**6**
Finance	Financial Risk			20
Subtotal for Finance				**20**
Grand Total				**100**

The evaluation of bids was carried out in three stages:

5.2 Stage 1 – Compliance

The preliminary compliance review checked that submissions:

- included a bid price that did not exceed the specified affordability threshold;
- answered all questions (or explained satisfactorily if considered not applicable); and;
- included all documents as set out in the Invitation to Tender (ITT), in the format, and named, as requested.

Where a bid response was deemed to be non-compliant, the bidder was disqualified (subject to approval by the Commissioners). In this event, the respective bidder's submission was not taken any further in the procurement process.

5.4 Stage 2 – Capability and Capacity

The capability and capacity assessment was undertaken to determine whether each bidder:

- was eligible to be awarded a public contract, as detailed in Regulation 23 of the Public Contracts Regulation 2006;
- was in a sound economic and financial position to participate in the procurement; and
- had the necessary resources and core competencies available to them.

Any bidders who failed to meet any of the criteria outlined above would not proceed any further in the procurement of this service.

5.5 Stage 3 – Technical Evaluation

This stage of the evaluation assessed the bidder(s) in relation to the service-specific questions. As a minimum, bidders must have:

- achieved a minimum score of 50% for all questions identified as being 'Red Flag' questions.
- achieved a minimum score of 50% of the 80% available for quality. Therefore bidders were required to achieve a minimum of 40%.

Following the evaluation process, which was carried out by a team of subject-matter experts, a consensus score was agreed for each question to inform the outcome of the procurement process.

6. Evaluation

Table 3 provides a summary of the outcome of the evaluation for LS (Lot 1)

Table 3 – Outcome of Evaluation for LS

Question	Weighting (%)	Bidder A Score	Bidder A % Score	Bidder B Score	Bidder B % Score
CSD01 – RED FLAG	5	3.75	75	2.50	50
CSD02	4	2.00	50	3.00	75
CSD03	4	1.00	25	3.00	75
CSD04	4	3.00	75	2.00	50
CSD05	7	7.00	100	3.50	50
CSD06 – RED FLAG	10	7.50	75	7.50	75
CSD07	3	2.25	75	1.50	50
CSD08	4	3.00	75	3.00	75
CSD09	4	2.00	50	3.00	75
CSD10	1	0.50	50	0.75	75
PF01	3	1.50	50	2.25	75
PF02	2	1.00	50	1.50	75
PF03	2	1.00	50	1.50	75
WF01	5	2.50	50	3.75	75
WF02 – RED FLAG	3	1.50	50	2.25	75
WF03	4	2.00	50	3.00	75
IMT01	1	0.75	75	0.75	75
IMT02	1	0.50	50	0.75	75
IMT03	1	0.50	50	0.75	75
IMT04 – RED FLAG	1	0.50	50	0.75	75
MB01 – RED FLAG	5	2.50	50	3.75	75
PR01	6	6.00	100	1.50	25

Quality Total	80	52.25	52.25
Finance Total	20	20	20
Tender Total	100	72.25	72.25

Table 4 provides a summary of the outcome of the evaluation for HS (Lot 2)

Table 4 – Outcome of Evaluation for HS

Question	Weighting (%)	Bidder A Score	Bidder A % Score	Bidder B Score	Bidder B % Score
CSD01 – RED FLAG	5	3.75	75	2.50	50
CSD02	4	2.00	50	3.00	75
CSD03	4	1.00	25	3.00	75
CSD04	4	3.00	75	2.00	50
CSD05	7	7.00	100	3.50	50
CSD06 – RED FLAG	10	7.50	75	7.50	75
CSD07	3	2.25	75	1.50	50
CSD08	4	3.00	75	3.00	75
CSD09	4	2.00	50	3.00	75
CSD10	1	0.50	50	0.75	75
PF01	3	1.50	50	2.25	75
PF02	2	1.00	50	1.50	75
PF03	2	1.00	50	1.50	75
WF01	5	2.50	50	3.75	75
WF02 – RED FLAG	3	1.50	50	2.25	75
WF03	4	2.00	50	3.00	75
IMT01	1	0.75	75	0.75	75
IMT02	1	0.50	50	0.75	75
IMT03	1	0.50	50	0.75	75

IMT04 – RED FLAG	1	0.50	50	0.75	75
MB01 – RED FLAG	5	2.50	50	3.75	75
PR01	6	6.00	100	1.50	25
Quality Total	80	52.25		52.25	
Finance Total	20	20		20	
Tender Total	100	72.25		72.25	

6.1 A recommended bidder must have submitted a compliant bid, passed all elements of the capability and capacity assessment, achieved a score of at least 50% for all red flag questions, and offered the most economically advantageous tender, i.e. achieved the highest overall percentage score for both quality (including presentation) and finance in line with the evaluation criteria.

Summary of Evaluation:

LS (Lot 1)

6.2 Bidder A submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder A scored 52.25% of the available marks. Bidder A scored 20% in respect of finance. Bidder A achieved an overall score of 72.25% for both quality and finance combined.

6.3 Bidder B submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder B scored 52.25% of the available marks. Bidder B scored 20% in respect of finance. Bidder B achieved an overall score of 72.25% for both quality and finance combined.

HS (Lot 2)

6.4 Bidder A submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder A scored 52.25% of the available marks. Bidder A scored 20% in respect of finance. Bidder A achieved an overall score of 72.25% for both quality and finance combined.

6.5 Bidder B submitted a compliant bid and passed all elements of the capability and capacity assessment and successfully scored 50% in relation to the red flag questions. In respect of quality (including presentation), Bidder B scored 52.25% of the available marks. Bidder B scored 20% in respect of finance. Bidder B achieved an overall score of 72.25% for both quality and finance combined.

6.6 The ITT states that when both bidders score the same for finance and quality combined (including presentation) that the bidder with the highest overall score for the clinical and service delivery section of the quality evaluation will be awarded the contract. In the case for both lot 1 and lot 2, Bidder A achieved a score of 32.00% and Bidder B achieved a score of 29.75%, therefore Bidder A should be awarded the contract.

6.7 This procurement has delivered the stated procurement objectives in line with Regulation 2(a) (Securing the needs of the people who use the services), Regulation 2(b) (Improving the quality of the services) and Regulation 2(c) (Improving efficiency in the provision of the services) of the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013, in providing a single provider for the contract who submitted a bid that proposes to deliver all of the elements outlined in 3.1.1, 3.1.2 and 3.1.3.

7 Recommendations

The Y&H DCMT is requested to:

7.1 Note the contents of this report

7.2 Approve that Bidder A is the recommended bidder for LS (Lot 1), as their submission was the MEAT received. The contract value of the recommended bidder's submission is £5,261,157.63 (Net Present Value) over the maximum duration of 15 years

7.3 Approve that Bidder A is the recommended bidder for HS (Lot 2), as their submission was the MEAT received. The contract value of the recommended bidder's submission is £4,825,966.50 (Net Present Value) over the maximum duration of 15 years.

7.4 Note the request for minute references.

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

26 November 2015

Assurance Framework & Risk Register, Urgent Decisions and Quorum

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with a register of its key risks, and to allow further discussion regarding amending the Committee's terms of reference to allow urgent decision making and to clarify the rules on quoracy.
2.	**EXECUTIVE SUMMARY**
	Assurance Framework & Risk Register In common with all committees of the CCG the Primary Care Commissioning Committee (PCCC) 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. There are currently no risks on the GBAF allocated to the PCCC. 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. Members' attention is drawn to Appendix 1 of this Report which provides the Committee with an extract from Barnsley CCG Risk Register of the red ('extreme') and amber ('high') risks associated with Primary Care Commissioning Committee. Risks with lower risk scores will be reported to the Committee twice a year for review. At its meeting in November 2015 the Governing Body approved the inclusion of the following risk in the Risk register, and nominated the Primary Care Commissioning Committee as the responsible committee: • Risk 15/14(b) (scored as 16 – extreme): "In relation to the 0-19 pathway reprocurement by Public Health, if there is any reduction in service (or failure to improve outcomes) there is a risk that there will be a negative impact on primary care workforce and capacity." This risk has been escalated as a gap in control or assurance against risk 2.1 on the CCG's Governing Body Assurance Framework. In addition to the above there are currently eight risks on the Corporate Risk register allocated to the PCCC, of which: • Five have been scored as amber (high) – see Appendix • Three have been scored as moderate or low risks.

Urgent Decisions

At its meeting in October 2015 the Committee considered some proposed wording for inclusion in the Terms of reference to enable urgent decisions to be taken between Committee meetings, subject to subsequent ratification by the full Committee. The Committee requested that the wording be amended slightly to allow mandated decisions to be taken when the deadlines for decisions fell out of Committee timeframes. The proposed amended wording is set out below:

*"**Urgent decisions***

26. Where urgent decisions are required to be made outside Committee meetings, including where decisions must be taken in accordance with externally-driven timescales, these can be made by a minimum of two voting members of the Committee, including at least one of the Chair or Vice Chair, and at least one of the executive members. ~~In addition, wherever possible~~ One of the clinical members will be involved unless all clinical members are prevented from participating as a result of declared conflicts of interest. Decisions taken under these provisions ~~should~~ will be reported back to the next meeting of the Committee for ratification."

Since the last meeting the proposed wording has been shared with the clinical members of the Committee, none of whom were present at the last meeting. The clinical members requested that the wording be brought back for further consideration, in particular whether the proposal was consistent with the urgent decision making process set out in the CCG's Constitution. For ease of reference the urgent decision making provisions in the Constitution state:

"For urgent decisions that are required to be made outside Governing Body or Committee meetings these can be made by two of the Chair, Medical Director, Chief Officer and Chief Finance Officer one of whom should be a clinician. Wherever possible these members should consult with other voting members of the Governing Body before making decisions. Decisions taken under these provisions should be reported back to the relevant decision making body for ratification."

Committee members should note that the wording in the Constitution may be problematic to apply directly to the PCCC given that the CFO is not a member of the PCCC and that the rules for the PCCC require a Lay & Exec majority to be preserved for its decision making.

Quoracy of the Primary Care Commissioning Committee

The CCG's internal auditor, 360 Assurance, is undertaking a review of the CCG's arrangements for primary care co-commissioning during 2015-16. The first phase of this work is nearing completion. The audit has identified from the Terms of Reference that a quorum is a minimum of four members provided that either the Chair or Vice Chair is present, and there is a majority of Lay/Executive members. In the meetings examined during the period April to August 2015, there were two (out of five) meetings where there was an equal number of Lay/Executive members and Elected Practice Representatives which would suggest the meetings were not quorate. These were not considered inquorate at the time, on the basis that the agreed voting process would allow a casting vote from the Chair or Vice Chair.

	The auditor has recommended that the Committee confirms its intention that meetings of the PCCC are quorate with a minimum of four members present, including the Chair or Vice Chair, provided that there is not a majority of Elected Practice Representatives. This will require an amendment to the Terms of Reference.
3.	**THE COMMITTEE IS ASKED TO:** Review the risk register attached and: • Note the inclusion of risk 15/12(b) in the CCG's corporate risk register • Consider whether the risks identified are appropriately described and scored • Consider whether there are other risks which need to be included • Consider whether any of the risks are sufficiently serious to warrant escalation to the GBAF as gaps in control or assurance against the CCG's strategic objectives. With respect to the Committee's Terms of Reference: • Consider and approve the proposed amendment to the Committee's terms of Reference regarding urgent decision making • Confirm its intention that meetings of the PCCC are quorate with a minimum of four members present, including the Chair or Vice Chair, provided that there is not a majority of Elected Practice Representatives, and authorise the Head of Assurance to amend the Terms of Reference to reflect this.

Agenda time allocation for report:	10 minutes

Report of: Vicky Peverelle

Designation: Chief of Corporate Affairs

Report Prepared by: Richard Walker

Designation: Head of Assurance

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	✓
	To commission high quality health care that meets the needs of individuals and groups	
	Wherever it makes safe clinical sense to bring care closer to home	
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	
1.3	**Governance Arrangements Checklist**	**Has the area been considered (yes / no / not relevant)?**
	Financial Implications	Not relevant
	Contracting Implications	Not relevant
	Quality	Not relevant
	Consultation / Engagement	Not relevant
	Equality and Diversity	Not relevant
	Information Governance	Not relevant
	Environmental Sustainability	Not relevant
	Human Resources	Not relevant

RISK REGISTER – PCCC November 2015

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)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	26	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	10	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1					
				Total = Likelihood x Consequence				

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

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
15/10	5, 6	The absence of medical cover at Brierley and Shafton Practice, due to the departure of a GP and the Practice Nurse, could result in increasing pressure on existing staff to cover patient care leading to inadequate care for patients at this practice.	4	4	**16**	Sheffield Health & Social Care Trust is working with the Barnsley GP Federation to provide clinical support.	VP (Primary Care Commissioning Committee)	Risk Assessment	3	4	**12**	10/15	**October 2015** The procurement process for Brierley is nearing completion. The Barnsley GP Federation continues to work with the existing provider to ensure the appropriate medical cover is maintained.	01/16
CCG 15/01		If the CCG is unable to deliver the delegated responsibilities within the financial allocation provided for this purpose (given Barnsley is the only	5	5	**25**	Assurances were received as to the sufficiency of the financial allocation during the application process. A designated financial representative from the CCG	VP (Primary Care Commissioning Committee)	Risk Assessment	**2**	**5**	**10**	10/15	**October 2015** A year end forecast position is being prepared as part of the Mid-Year Financial Review and first	01/16

			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**
		area in South Yorkshire to be below target in terms of primary care expenditure (5%)) there is a risk to the CCG's ability to make investments during 2015/16 and to the delivery of its statutory financial duties				will support ongoing management of the budget. Regular network meetings will be held with NHSE. The financial position will be routinely reported to the PCCC going forward.							cut of this position appears favorable. **May 2015** Initial budget meetings have been held with NHSE and information shared with the PCCC	
15/11	1, 7	If the premises issues at Brierley and Shafton Practice associated with the previous contract holder are not adequately resolved there is a risk to the reputation of the CCG and the potential for patients to move to other practices.	5	3	**15**	Patients at Shafton have been advised to use Brierley. There is also another practice in Shafton should patients not wish to use Brierley. A PPE exercise on future provision is currently underway. The CCG has written directly to all patients, as well as to the Overview and Scrutiny Committee and the local MPs advising them of the situation.	VP (Primary Care Commissioning Committee)	Risk Assessment	3	3	**9**	10/15	**October 2015** The Shafton premises have closed and it would appear that the risk at Brierley re premises has been reduced. As the new owner wished to lease the premises to the GP Provider of the contract.	01/16
CCG		If there is not an	**3**	**3**	**9**	The CCG has provided	KM	CQC reviews	**3**	**3**	**9**	10/15	**October 2015**	01/16

			Initial Risk Score						Residual Risk Score					
Ref	**Domain**	**Risk Description**	**Likelihood**	**Consequence**	**Score**	**Mitigation/Treatment**	**Lead Owner of the risk**	**Source of Risk**	**Likelihood**	**Consequence**	**Score**	**Date Risk Assessed**	**Progress/ Update**	**Date for re-assessment**
15/02		adequate response to the CQC reports in respect of those practices deemed to be inadequate, there is a risk that when they are re-inspected the practices will not meet the requirements potentially leading to poor quality or unsafe services; reputational damage to the CCG; and the practices involved not maintaining their registration.				resources and support to the affected practices to ensure robust action plans were provided to CQC in accordance with their required timescales. The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary improvements. Practice visits have been undertaken to all GP practices who have not yet had a CQC inspection. This has provided an opportunity to share best practice and to help practices put systems and processes in place to meet the regulations. An information matrix on what contributes “good” and” outstanding” practice has been developed and shared with all practices. CQC is a main agenda item at the practice manager forum.	(Primary Care Commissioning Committee)						Two practices are currently in special measures following the CQC visit last December. Work has been ongoing to support both practices with the Royal College of General Practitioner providing peer support to one practice. The CQC have recruited a lead inspector for Barnsley who will now be on all visits to ensure a standardised approach across the locality. Inspection timetable for visits will be implemented by the end of October . The Head of Quality for Primary Care	

			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**
													has been liaising with the CQC and regular meetings will be set up as a result this should improve communication to practices.	
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	**3**	**4**	**12**	The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach. The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities. The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).	VP Primary Care Commissioning Committee	Risk Assessment	2	4	**8**	10/15	**October 2015** The CCG continues to work internally and with NHSE partners to discharge the delegated functions. **May 2015** The CCG and NHSE have already met with a number of practices to manage the equalisation agenda.	01/16