

**NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 25 June 2015 at 9.30am in Meeting Room 1, Hilder House 49/51 Gawber Road, Barnsley, S75 2PY**

### AGENDA

Item	Session	Committee Requested to	Enclosure Lead	Time
1.	Apologies	Note	Chris Millington	9.30am
2.	Declarations of Interest Relevant to the Agenda	Note	<b>PCCC/15/06/02</b> Chris Millington	9.30am 5 mins
3.	Minutes of the meeting held on 28 May 2015	Approve	<b>PCCC/15/06/03</b> Chris Millington	9.35am 5 mins
4.	Matters Arising Report	Note	<b>PCCC/15/06/04</b> Chris Millington	9.40am 10 mins
<b>Finance, Governance and Performance</b>				
5.	Assurance Framework & Risk Register	Information and Approval	<b>PCCC 15/06/05</b> Richard Walker	9.50am 10 mins
<b>Strategy &amp; Planning</b>				
6.	Revised 15/16 Primary Care Plan	Information	<b>Verbal</b> Neil Lester	10.00am 10 mins
<b>Quality and Patient Safety in Primary Medical Services</b>				
7.	CQC Update	Note	<b>Verbal</b> Karen Martin	10.10am 10 mins
8.	Violent Patient Scheme	Note	<b>PCCC 15/06/08</b> Karen Martin/ Garry Charlesworth	10.20am 10 mins
<b>Contracting, investment, and procurement</b>				
9.	No Items for this meeting			
<b>Committee Reports and Minutes</b>				
10.	No items for this meeting			
<b>Other</b>				
11.	<b>Date and Time of the Next Meeting:</b>  The next meeting of the Primary Care Commissioning Committee will be held at 1.00pm on Thursday 30 July 2015 in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.	Information		Close 10.30am

## PRIMARY CARE COMMISSIONING COMMITTEE

25 June 2015

### Declarations of Interests Report

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	To provide the Primary Care Commissioning Committee with the Committee members declarations of interest.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	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.
<b>3.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>• Review that their individual declared interests are up to date</li> <li>• Receive and note the Committee members declarations of interest</li> </ul>

<b>Agenda time allocation for report:</b>	5 minutes
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**Report of:** Vicky Peverelle

**Designation:** Chief of Corporate Affairs

**Report Prepared by:** Lynne Richards

**Designation:** Governance, Assurance and Engagement Facilitator.

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
<b>1.2</b>	<b>Links to Objectives</b>	
	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 £.	
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	<b>Has the area been considered (yes / no / not relevant)?</b>
	<b>Financial Implications</b>	Not relevant
	<b>Contracting Implications</b>	Not relevant
	<b>Quality</b>	Not relevant
	<b>Consultation / Engagement</b>	Not relevant
	<b>Equality and Diversity</b>	Not relevant
	<b>Information Governance</b>	Not relevant
	<b>Environmental Sustainability</b>	Not relevant
	<b>Human Resources</b>	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
Anne Arnold	Lay Member - Barnsley Clinical Commissioning Group	No Interests to declare
Nick Balac	Chair of Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• Partner at St Georges Medical Practice (PMS)</li> <li>• Practice holds Barnsley Clinical Commissioning Group Vasectomy contract</li> <li>• Member of Barnsley People's First Limited Liability Partnership</li> </ul>

GOVERNING BODY		
Name	Position	Details of interest
		<ul style="list-style-type: none"> <li>• Member Royal College General Practitioners</li> <li>• Member of the British Medical Association</li> <li>• Member Medical Protection Society</li> <li>• A member of Barnsley GP Federation which may provide services to Barnsley CCG</li> </ul>
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• GP Partner at White Rose Medical Practice, Cudworth, Barnsley</li> <li>• Directorship at SAAG Ltd, 15 Newham Road, Rotherham.</li> </ul>
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• GP partner at The Grove Medical Practice</li> <li>• Member of British Medical Association and member of Royal College of General Practitioners</li> </ul>
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• Partner Governor Barnsley Hospital NHS Foundation Trust</li> </ul>
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>• No interests to declare</li> </ul>

GOVERNING BODY		
Name	Position	Details of interest
Lesley Smith	Chief Officer, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> <li>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.</li> </ul>

MEMBERSHIP COUNCIL			
Name	Position	Date	Details of interest
Jim Logan	Elected Member Membership Council	26 March 2015	<ul style="list-style-type: none"> <li>Non GP Partner at Ashville Medical Practice, Barnsley</li> <li>Director of Logan Health Group, part ownership of 30%</li> <li>Director CEO and 100% owner of SJM Ltd. SJM is a development company that design, build, buy and own GP practices and healthcare related buildings</li> <li>Director of Chane Development part ownership of 50%</li> <li>Spouse Dr Scargill is also involved with Chane Developments</li> <li>Trustee of Barnsley Hospice</li> </ul>

MEMBERSHIP COUNCIL			
Name	Position	Date	Details of interest
			<ul style="list-style-type: none"> <li>A member of Barnsley GP Federation which may provide services to Barnsley CCG</li> </ul>

**Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP  
PRIMARY CARE COMMISSIONING COMMITTEE held on Wednesday 28 May 2015 at  
1pm in the Boardroom, Hilder House, 49 – 51 Gawber Road S75 2PY.**

**MEMBERS PRESENT:**

Mr Chris Millington (in the chair)  
Dr Nick Balac  
Mrs Lesley Smith  
Mrs Vicky Peverelle  
Dr M Guntamukkala

Lay Member  
CCG Chairman  
Chief Officer  
Chief of Corporate Affairs  
Governing Body member  
Medical Director

**IN ATTENDANCE:**

Mr Garry Charlesworth  
Ms Lynne Richards  
Ms Karen Martin  
Ms Julia Burrows  
Mr Adrian England  
Ms Margaret Dennison  
Mr Neil Lester  
Mr Jon Holliday

NHS England Primary Care Manager  
Governance Assurance and Engagement Facilitator  
Deputy Chief Nurse  
Director of Public Health  
Healthwatch Barnsley  
Healthwatch Barnsley  
Deputy Chief Finance Officer  
Lead Service Development Manager

**APOLOGIES:**

Ms Anne Arnold  
Ms Carianne Stones  
Dr Mehrban Ghani

Lay Member  
Healthwatch Barnsley  
Medical Director

**MEMBERS OF THE PUBLIC:**

Ms Margaret Sheard

Patient

Prior to the commencement of business the Chair reiterated that the Committee would function in line with the Nolan principals.

Agenda Item	Note	Action	Deadline
<b>PCCC 15/05/01</b>	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	The Chief of Corporate Affairs presented a report which detailed all members' current declarations of interest.		
	It was added that the Corporate Affairs Team were		

Agenda Item	Note	Action	Deadline
	looking into a form of standard wording around GP's within the Federation to add to their declarations of interests.	VP	28.05.15
	Dr M Guntamukkala declared a potential conflict of interest in item 6 due to her practice being located next to the Park Grove Surgery. She added that she had been approached regarding entering the Park Grove premises. The Committee Chair agreed that although the Premises Approval Process would relate to Park Grove Surgery the action for the meeting was to approve the broader principles in relation to Premises Approval therefore Dr Guntamukkala would stay present for this item.		
<b>FINANCE, GOVERNANCE AND PERFORMANCE</b>			
<b>PCCC 15/05/02</b>	<b>QUESTIONS FROM THE PUBLIC</b>		
	There were no questions received from the public.		
<b>PCCC 15/05/03</b>	<b>MINUTES OF THE PLANNING MEETING HELD ON 30 APRIL 2015</b>		
	<p>The minutes of the previous meeting were approved as a true record subject to:</p> <ul style="list-style-type: none"> <li>• <b>Page 5 - 15/03/06 TERMS OF REFERENCE</b> Third paragraph to read: the Committee required a Lay and Executive Member majority.</li> </ul>		
<b>PCCC 15/05/04</b>	<b>MATTERS ARISING REPORT</b>		
	<p>The Committee received the matters arising report and updates were given as follows:</p> <ul style="list-style-type: none"> <li>• <b>PCCC 15/04/01 – DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b> The Chief of Corporate Affairs advised that the Head of Assurance and Chair of the Practice Managers Group were currently seeking declarations of interest from all member practices and therefore common themes of declarations would be collated as part of this work. It was agreed to provide a further update at the next meeting.</li> <li>• <b>PCCC 15/03/04 OPTIONS APPRAISAL FOR</b></li> </ul>	VP	26.06.15

Agenda Item	Note	Action	Deadline
	<b>BRIERLEY PRACTICE</b> The Committee reiterated that the locality map within the Brierley Options appraisal needed to be accurate when the options went out to public consultation. The NHS England Primary Care Manager stated that NHS England were currently working on an accurate map and that this would be available when the process went out to public consultation.	<b>GC</b>	<b>26.06.15</b>
	<b>The Chair thanked members for providing updates on their actions and it was agreed to remove all completed items.</b>		
<b>FINANCE, GOVERNANCE AND PERFORMANCE</b>			
<b>PCCC 15/05/05</b>	<b>ASSURANCE FRAMEWORK AND RISK REGISTER</b>		
	The Chief of Corporate Affairs advised that the Risk Register Extract for Primary Care Commissioning had been updated following on from the Governing Body Development Session. It was also added that there were not any risks escalated to the Assurance Framework as all of the related risks were rated moderate or low risk.		
	<b>The Committee noted the Risk Register Extract and no amendment were made.</b>		
<b>STRATEGY &amp; PLANNING</b>			
<b>PCCC 15/05/06</b>	<b>PREMISES APPROVAL PROCESS</b>		
	<p>The Lead Service Development Manager advised that at its April meeting the Committee was informed that under delegated commissioning the CCG would need to undertake decisions on capital developments.</p> <p>A report was provided which detailed the following:</p> <ul style="list-style-type: none"> <li>• The Committee would be responsible for fulfilling the CCG responsibilities associated with this delegated agreement including the sign-off of approval for Premises Developments.</li> <li>• It is proposed to undertake operational work associated with premises through the Primary Care Development Team overseen by the newly established Primary Care Commissioning</li> </ul>		

Agenda Item	Note	Action	Deadline
	<p>Working Group.</p> <ul style="list-style-type: none"> <li>In support of the strategic input a multi-facet survey of all GP occupied premises would be undertaken between June and August which would assist the production of a CCG Estates Strategy.</li> </ul>		
	<p>The Chair queried what the completion date for the multi-facet survey was. It was stated that the final report would be presented to the CCG in August. It was highlighted that the report would need to be presented to the Membership Council as well as this Committee.</p> <p>It was noted that the multi facet survey was only for the total estates of GP occupied areas and that there was another survey being undertake which incorporated the wider LIFT estates. It was agreed that to get an accurate picture and to avoid any issues with notional rent the CCG would need to merge the findings from both surveys.</p>		
	<p>It was queried who would handle the due diligence process. It was advised that this was handled through the CCG as the CCG were responsible for providing support for capital bids as the CCG could be left with notional rents.</p>		
	<p>The Chair queried if the CCG would see any monetary benefits. It was stated that the CCG would see a monetary benefit as currently the CCG was paying for void space out of the Primary Care budget.</p> <p>The Chief Officer added that these costs could be picked up through tariffs such as community diabetes and COPD.</p>		
	<p><b>The Committee approved the Premises Approval Process.</b></p>		
<p><b>PCCC 15/05/07</b></p>	<p><b>PRIME MINISTERS CHALLENGE FUND</b></p>		
	<p>The Lead Service Development Manager gave the Committee an overview of the Prime Ministers Challenge Fund, PMCF, bid and its proposal.</p> <p>The Committee discussed the MIG system which was an integration system across practices clinical systems to</p>		

Agenda Item	Note	Action	Deadline
	enable to HUB to access patients medical records. It was highlighted that appropriate signage would need to be displayed within the HUB advising patients that their medical records would be accessed. Members were informed that the MIG system was currently working successfully in other parts of the UK.		
	Members noted that the Primary Care Team were currently looking at how funding could be sustained beyond the first year of the PMCF project. It was agreed that monthly progress reports would come to the Committee.		
	<p>The Director of Public Health queried if there had been a selection and evaluation process around the locations and premises of the HUBs. The Lead Service Development Manager advised that there had been a selection process which comprised of geography, transport links, A &amp; E data and IG Toolkit compliancy which indicated that the HUB's needed to be located within the east and central areas of Barnsley. It was added that 4 practices had expressed an interest in hosting the HUB within their premises.</p> <p>Ms Margaret Sheard asked for clarity around which locations were the east and central of Barnsley. The Lead Service Development Manager advised that the east referred to the Dearne area and central was the town centre.</p>		
	It was queried if all GP's within Barnsley were happy with the Prime Ministers Challenge Fund Bid. The Committee noted that the Bid was from the Federation on behalf of all Barnsley GP Practices and their patients.		
	The Lead Service Development Manager added that the pilot was currently out to public consultation. He stated that surveys had been released and events were planned to gain public views and opinions on the HUB's. Concerns were raised in that the surveys may not be reaching hard to reach people and it was added that hard copy surveys had been distributed as well as electronic and Healthwatch also had contact with 800 voluntary groups who could access the survey.		
<b>PCCC 15/05/08</b>	<b>ANY OTHER BUSINESS</b>		

Agenda Item	Note	Action	Deadline
	The Deputy Chief Nurse updated members in that at the last Committee meeting members were informed that 2 practices within barnsley would be served with remedial contract breaches following on from their CQC visits. It was highlighted that these breaches would be sent out imminently.		
<b>PCCC 15/05/09</b>	<b>DATE AND TIME OF THE NEXT MEETING</b>		
	The next meeting of the Primary Care Commissioning Committee will be held on 25 June 2015 at 9.30am in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY.		

## MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

25 June 2015

## 1. MATTERS ARISING

The table below provides an update on actions arising from the planning meeting of the Primary Care Commissioning Committee held on 28 May 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/04/01	<b>DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA</b>		
	Members agreed that it would be useful to have a list of declarations relating to specific interests that the CCG would expect from a GP.	<b>RW</b>	In progress
	It was added that the Corporate Affairs Team were looking into a form of standard wording around GP's within the Federation to add to their declarations of interests.	<b>VP</b>	COMPLETE
PCCC 15/05/04	<b>MATTERS ARISING REPORT</b>  <b>PCCC 15/03/04 OPTIONS APPRAISAL FOR BRIERLEY PRACTICE</b> The Committee reiterated that the locality map within the Brierley Options appraisal needed to be accurate when the options went out to public consultation. The NHS England Primary Care Manager stated that NHS England were currently working on an accurate map and that this would be available when the process went out to public consultation.	<b>GC</b>	In progress

**PRIMARY CARE COMMISSIONING COMMITTEE**

**25 June 2015**

**Assurance Framework & Risk Register**

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	To provide the Primary Care Commissioning Committee with a register of its key risks.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	<p>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.</p> <p>There are currently no risks on the GBAF allocated to the PCCC.</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. There are currently five risks on the Corporate Risk register allocated to the PCCC, of which:</p> <ul style="list-style-type: none"> <li>• None have been scored as red (extreme)</li> <li>• Three have been scored as amber (high) – these are included on the attached extract for consideration by the Committee</li> <li>• Two have been scored as moderate or low risks – these will be reported to the Committee for consideration twice a year.</li> </ul> <p>No risks have been added to or removed from the PCCC risk register since the last meeting. All risks will be monitored and managed by the CCG's officers on an ongoing basis.</p>
<b>3.</b>	<b>THE COMMITTEE IS ASKED TO:</b>
	<p>Review the risk register attached and:</p> <ul style="list-style-type: none"> <li>• Consider whether the risks identified are appropriately described and scored</li> <li>• Consider whether there are other risks which need to be included</li> <li>• Consider whether any risks are sufficiently serious to warrant escalation to the GBAF as gaps in control or assurance against the CCG's strategic objectives.</li> </ul>

<b>Agenda time allocation for report:</b>	10 minutes
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**Report of:** Vicky Peverelle

**Designation:** Chief of Corporate Affairs

**Report Prepared by:** Richard Walker

**Designation:** Head of Assurance

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	The report is especially relevant to the following risks on the Gb Assurance Framework: 2.1 and 5.2.	
<b>1.2</b>	<b>Links to Objectives</b>	
	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 £.	
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	<b>Has the area been considered (yes / no / not relevant)?</b>
	<b>Financial Implications</b>	Not relevant
	<b>Contracting Implications</b>	Not relevant
	<b>Quality</b>	Not relevant
	<b>Consultation / Engagement</b>	Not relevant
	<b>Equality and Diversity</b>	Not relevant
	<b>Information Governance</b>	Not relevant
	<b>Environmental Sustainability</b>	Not relevant
	<b>Human Resources</b>	Not relevant

## RISK REGISTER – PCCC June 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)	23	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	13	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			
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 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	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 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.	VP  (Primary Care Commissioning Committee)	Risk Assessment	2	5	10	05/15	May 2015 Initial budget meetings have been held with NHSE and information shared with the PCCC	08/15
CCG 15/02		If there is not an adequate response to	3	3	9	The CCG has provided resources and support to the	KM	CQC reviews	3	3	9	04/15		07/15

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		the 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.				<p>affected practices to ensure robust action plans were provided to CQC in accordance with their required timescales.</p> <p>The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary improvements.</p>	(Primary Care Commissioning Committee)							
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 &amp; approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed</p>	VP  Primary Care Commissioning Committee	Risk Assessment	2	4	8	05/15	<p><b>May 2015</b></p> <p>The CCG and NHSE have already met with a number of practices to manage the equalisation agenda.</p>	08/15

			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>delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>								

**Primary Care Co- Commissioning Committee**

**Thursday, 25 June 2015 at 9.30am**  
**Board Room, Hilder House, Barnsley**

**BRIEFING PAPER**  
**VIOLENT PATIENT SCHEME**

<b>1.</b>	<b>PURPOSE OF THE REPORT</b>
	The purpose of this briefing paper is to provide an update to the Primary Care Co-Commissioning Committee on the Violent Patient Scheme.
<b>2.</b>	<b>EXECUTIVE SUMMARY</b>
	<p>The Violent Patient Scheme (VPS) was introduced as a Directed Enhanced Service in 2004, with the aim of providing a secure environment in which patients who had been violent or aggressive in their GP practice could receive general medical services.</p> <p>The VPS is a Directed Enhanced Service to provide general medical services to patients who meet the criteria for inclusion into the scheme and cannot be used for any other circumstance.</p> <p>The VPS for Barnsley is currently provided by Doncaster CCG from September 2015 the service will be provided at Lundwood through the re-procurement of services from this site under a -Alternative Provider Medical Services (APMS) contract.</p>
<b>3.</b>	<b>THE PRIMARY CARE COMMISSIONING COMMITTEE IS ASKED TO:</b>
	<ul style="list-style-type: none"> <li>Note the contents of this Briefing Paper.</li> </ul>

**Agenda time allocation for report:** 10 minutes

**Report of:** Karen Martin, Head of Primary Care Commissioning of General Medical Services, Barnsley CCG

**Report Prepared by:** Karen Martin, Head of Primary Care Commissioning of General Medical Services, Barnsley CCG and Sara Hartley Primary Care Business Manager, NHS England

<b>1.</b>	<b>SUPPORTING INFORMATION</b>	
<b>1.1</b>	<b>Links to the Assurance Framework</b>	
	This report provides assurance in respect of risks 1.1 and 1.5 on the Governing Body Assurance Framework.	
<b>1.2</b>	<b>Links to Objectives</b>	
	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	Not Applicable
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	✓
<b>1.3</b>	<b>Governance Arrangements Checklist</b>	
	<b>Financial Implications</b>	✓
	<b>Contracting Implications</b>	Not Applicable
	<b>Quality</b>	✓
	<b>Consultation / Engagement</b>	Not applicable
	<b>Equality and Diversity</b>	Not Applicable
	<b>Information Governance</b>	Not Applicable
	<b>Environmental Sustainability</b>	Not Applicable
	<b>Human Resources</b>	Not Applicable

<b>2.</b>	<b>INTRODUCTION/ BACKGROUND INFORMATION</b>
	<p>The Violent Patient Scheme (VPS) was introduced as a Directed Enhanced Service in 2004, with the aim of providing a secure environment in which patients who have been violent or aggressive in their GP practice can receive general medical services.</p> <p>The VPS is a Directed Enhanced Service to provide general medical services to patients who meet the criteria for inclusion into the scheme and cannot be used for any other circumstance.</p> <p>This scheme allows NHS England, to balance the rights of patients to receive services from GPs with the need to ensure that GPs, their staff, patients and bystanders deliver and receive those services without the threat or occurrence of violence or who might otherwise have reasonable fears for their safety.</p> <p>Removing a patient under the terms of this scheme should only be used as a last resort when all other ways of managing the patient's behaviour have been exhausted.</p> <p>The practice will be required to show that verbal and written warnings have been given to the patient. Records of verbal warnings should be placed in the patient's notes in line with the NHS England's Standard Operating Policy and Procedure for managing patient assignments.</p> <p>In cases of physical violence and serious non-physical violence, a patient may be placed directly onto the Violent Patient Scheme without prior warnings being issued. This will be done after consultation with the practice and based on the seriousness of the incident.</p> <p>The incident leading to the removal of the patient from the practice list, whether it be through actions, threats or inappropriate behaviour and onto the Violent Patient Scheme must be of sufficient gravity to justify the immediate removal of the patient in accordance with GMS Contracts Regulations 2004, Schedule 6, Part 2, paragraph 21: That (a) the patient has committed an act of violence against any of the persons specified in sub paragraph (2) or behaved in such a way that any such person has feared for his safety; and (b) it has reported the incident to the Police; (thus obtaining a log number for the incident when it occurred).</p> <p>Management of the VPS in Barnsley was transferred over to NHS England in 2013 from Dr Kakoty practice who hosted the service on behalf of all GP practices in Barnsley. Dr Kakoty continued to provide the service until March 2014.</p> <p>In Barnsley payment was claimed by the practice each time they saw the patient, with clinics running on a fortnightly basis. Practice directly referred patients to Dr Kakoty, and there was no evidence of annual reviews taking place for these patients with regards to their placement on the scheme.</p> <p>At the time of NHS England taking over the VP scheme, there were 28 patients on the scheme, some of which had been on there since 2005 - 2008. The annual cost of the scheme was in excess of £40k per year plus security company costs.</p>

	<p>NHS England inherited 5 different schemes from South Yorkshire and a decision was taken to develop one scheme for all 5 areas to work to. This changed the payment mechanisms for practices delivering the scheme, offering a retainer fee for the delivery of the scheme (as per the original DES) and an amount per patient on the scheme in each financial year - £350 (4.5 times the proposed GMS contract payment per patient of £78.53). This was paid on a pro-rata basis across the year and as patients were removed from the scheme the figure paid to the practice would reduce.</p> <p>The specification for delivery was also strengthened, with practices expected to provide services in line with GMS expectations i.e. patients could expect to be seen within 3 days (to allow for security to be arranged) with telephone triage made available. Provider Practices were expected to participate in the annual review process, by completing a template for the review team to consider, and supply quarterly audit information regarding usage of the scheme.</p> <p>No practices in Barnsley signed up to deliver the service and therefore since April 2014 patients have had to use the service provided in Doncaster. This will continue until September 2015, when the newly procured APMS contract for Lundwood commences.</p>
<b>3.</b>	<b>DISCUSSION</b>
	<p><b>Referral Process</b></p> <p>Practices now need to formally refer patients on to the scheme via a process which includes a reporting template. The minimum requirements for patients to be considered include police attendance at the practice as well as getting an incident number and provision of a formal written statement to the police, details of the incident and history of medical conditions including mental health. This template is then reviewed by a panel and a decision is made as to whether the patient is placed on the scheme.</p> <p>Since April 2013, when NHS England took over the management of the scheme, only 3 patients from the Barnsley area have been added. At present the panel is made up of a medical adviser, patient engagement lead and Primary Care Contracting Manager, all from NHS England.</p> <p><b>Annual Review Process</b></p> <p>Patients should be reviewed on an annual basis to see whether they remain on the scheme. The VP provider completes a template stating</p> <ul style="list-style-type: none"> <li>• Whether the patient has used the scheme appropriately</li> <li>• if there have been any incidents and</li> <li>• If their behaviour has changed over the past 12 months.</li> </ul> <p>Due to the large number of patients transferred onto the NHS England scheme, these reviews have taken time to work through, however, all patients on the scheme have either had a review and remained on the scheme or have not been on the scheme for 12 months.</p> <p>At present, no Barnsley patients are on the scheme.</p>

	<p>The VP scheme has been agreed as part of the new specification for the re-procurement of the Lundwood (APMS) contract. It will be communicated to practices once the new provider is agreed via the tender process, but the referral pathway will remain the same for now in that they will not refer directly to the practice but via a panel.</p>
<b>4.</b>	<b>IMPLICATIONS</b>
	<p>The new service will need to be monitored for quality and patient safety. Quality returns will need to be sent to the CCG for analysis. An Annual Report detailing the number of referrals from Practices and time on the scheme will need to be included.</p> <p>Discussions will need to take place with NHS England regarding the membership of the VPS Panel and how this Panel will operate once the service has been transferred to Lundwood in September 2015.</p>
<b>5.</b>	<b>RISKS TO THE CLINICAL COMMISSIONING GROUP</b>
	<p>The risks to the CCG are:</p> <ul style="list-style-type: none"> <li>• The ECC process is currently a risk to delivering a timely procurement for the Lundwood APMS contract and could risk a delay to the VPS scheme being delivered locally</li> <li>• GP Practices not aware of the scheme and how to refer – although changes to the scheme have been communicated to all Practices on a number of occasions</li> <li>• Patients not being regularly reviewed and referred back to General Practice</li> <li>• Practices reluctant to take back patients who have been on the Violent Patient Scheme.</li> </ul>
<b>6.</b>	<b>CONCLUSION</b>
	<p>This report is written to provide an update on the VPS and for the Primary Care Commissioning Committee to be aware of the changes in September when the service transfers from Doncaster to Lundwood. Communication will need to be set up across Practices. Barnsley CCG will need to ensure that there is input into the VPS Panel decision making process.</p>