NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 24 September 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.	Questions from the public relevant to the agenda		Chris Millington	5 mins
3.	Declarations of Interest	Note	**PCCC 15/09/03** Chris Millington	
4.	Minutes of the meeting held on 27 August 2015	Approve	**PCCC 15/09/04** Chris Millington	1.05pm 5 mins
5.	Matters Arising Report	Approve	**PCCC 15/09/05** Chris Millington	1.10pm 5 mins
	Finance, Governance and Performance			
6.	Risk Register and Assurance Framework	Approve	**PCCC 15/09/06** Richard Walker	1.15pm 5 mins
7.	Quarterly Finance Report	Note	**To Follow** Neil Lester	1.20 pm 10 mins
	Strategy & Planning			
8.	Practice Estates Review		**Presentation** Jon Holliday	1.30pm 15 mins
	Quality and Patient Safety in Primary Medical Services			
9.	Primary Care Dashboard		**PCCC 15/09/09** Jamie Wike	1.45 pm 10 mins
10.	Seasonal Flu Vaccination Briefing Paper		**PCCC 15/09/10** Mehrban Ghani	1.55pm 10 mins
	Contracting, investment, and procurement			
11.	No items for this meeting			
	Committee Reports and Minutes			
12.	No items for this meeting			
	Other			
13.	Questions from the public relevant to the agenda			2.05pm
	Date and Time of the Next Meeting: The next meeting of the Primary Care Commissioning Committee will be held at	Information		2.10pm close

	1.00pm on Thursday 29 October 2015 in the Boardroom, Hillder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.			

Barnsley Clinical Commissioning Group
Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 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: Richard Walker

Designation: Head of Assurance

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**
		• 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 • 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 • 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
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning Group	• No interests to declare

GOVERNING BODY		
Name	**Position**	**Details of interest**
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 27 August 2015 at 1pm 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
Dr M Guntamukkala	Governing Body member
Dr Mehrban Ghani	Medical Director

IN ATTENDANCE:

Ms Victoria Lindon	NHS England Primary Care Manager
Ms Lynne Richards	Governance Assurance and Engagement Facilitator
Mr Jon Holliday	Lead Service Development Manager
Ms Rebecca Sherry	Public Health
Ms Margaret Dennison	Healthwatch Barnsley
Mr Adrian England	Healtwatch Barnsley Chair
Mr Neil Lester	Deputy Chief Finance Officer

APOLOGIES:

Ms Karen Martin	Head of Quality for Primary Care Commissioning of General Medical Service
Dr Nick Balac	CCG Chairman
Ms Carrianne Stones	Healthwatch Barnsley Manager
Ms Julia Burrows	Director of Public Health

MEMBERS OF THE PUBLIC:

Ms Margaret Sheard	Patient
Ms Janet M Neville	Patient

Agenda Item	Note	Action	Deadline
PCCC 15/08/01	**DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA**		
	The Chief of Corporate Affairs presented a report which detailed all members' current declarations of interest. Dr Ghani and Dr Guntamukkala declared that their practices were members of the Barnsley GP Federation who could potentially be providing clinical cover at the		

Agenda Item	Note	Action	Deadline
	Brierley Practice. The Medical Director also declared that White Rose Practice was a neighbouring practice of Brierley and could be affected by the outcome of any re-procurement decision made relating Brierley Practice. The Chief of Corporate Affairs advised the Committee that she did not feel these declared interests was an issue for the discussion on this agenda as this related to a commissioning decision and not a procurement decision. The Chair agreed with the Chief of Corporate Affairs that the above members should stay present for the Brierley discussions on this agenda due to their expertise and required input and the Committee having a majority lay and executive membership.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/08/02	**QUESTIONS FROM THE PUBLIC**		
	There were no questions received from the public as this point in the meeting.		
PCCC 15/08/03	**MINUTES OF THE MEETING HELD ON 30 JULY 2015**		
	The minutes of the previous meeting were approved as a true record of the proceedings subject to the following amendment: • Correct the spelling of Jade Francis Rose within the apologies section of the minutes.		
PCCC 15/08/04	**MATTERS ARISING REPORT**		
	The Committee received the matters arising report and updates were given as follows: • **PCCC 15/07/04 – VIOLENT PATIENT SCHEME (VPS)** The Committee were informed that currently there are 3 Barnsley Patients on the VPS. It was acknowledged that there had been 19 Barnsley patients on the scheme within the last 3 years. These patients had been split into Barnsley localities as requested at the previous meeting.		

Agenda Item	Note	Action	Deadline
	• **PCCC 15/07/05 – ASSURANCE FRAMEWORK AND RISK REGISTER** The Chief of Corporate Affairs advised that she would discuss with the Chair of the CCG which Committee would be the appropriate owner of Risk Reference 14/10 – *Shortage of GPs within Barnsley*. The CCG Chairman had previously advised that the Governing Body should be the appropriate owner of the risk but this caused concerns due to the Governing Body being the assuring body for the Corporate Risk Register.	**VP**	24.09.15
	The Chair thanked members for providing updates on their actions and it was agreed to remove all completed items.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/08/05	**ASSURANCE FRAMEWORK AND RISK REGISTER**		
	The Chief of Corporate Affairs advised that the Risk Register Extract for Primary Care Commissioning had been updated. It was also highlighted that there were no risks escalated to the Assurance Framework as all of the risks were rated moderate or low risk. The Chief of Corporate Affairs updated members that in relation to Risk Reference 15/10 – *The absence of medical cover at Brierley and Shafton* the federation had agreed to provide clinical cover. It was highlighted there were currently issues at the practices due to not having enough clinical cover over the forthcoming days and therefore the risk score may require reviewing at the next meeting.		
	The Committee noted the Risk Register Extract and thanked the Chief of Corporate Affairs for the updated risks.		
PCCC 15/08/06	**CCG ASSURANCE: DELEGATED FUNCTIONS SELF – CERTIFICATION 2015/16**		
	The Committee received a paper which detailed NHS England's requirements for CCG's exercising delegated functions to provide a quarterly self-certification to support the CCG Assurance Framework in 2015/16.		

Agenda Item	Note	Action	Deadline
	It was added that an amalgamation of each quarter and a summary of work programme for the year would form the Annual Report required for NHSE as part of the CCG Assurance Framework.		
PCCC 15/08/07	**FINANCE UPDATE**		
	The Deputy Chief Finance Officer advised that full finance updates would come to the Committee quarterly and therefore this month there was a verbal update. It was noted that there was currently no phasing in some areas of spend which would be dealt with within the next few weeks. There were also meetings planned with NHS England's Assurance Team. Overall it was stated that the Deputy Chief Finance Officer did not have any concerns relating to the Primary Care Budget however More detailed information would be available next month when the month 5 Forecast Outturn would be available.		
	The Committee thanked the Deputy Chief Finance Officer for his finance update.		
CONTRACTING, INVESTMENT AND PROCURMENT			
PCCC 15/08/08	**BRIERLEY MEDICAL PRACTICE – FUTURE SERVICE PROVISION**		
	The Primary Care Lead Commissioning and Transformation Manager presented a paper on the next steps for Brierley Medical Practice. Members were given a re-cap on the issues faced by the Brierley Practice. It was noted that the public engagement / consultation had been completed and the outputs were detailed on page 3 of the report. The Chair stated that he was happy with the survey response of 165 returns as patient engagement was a challenging task. The future provision of the Brierley Medical Practices had three options: • Provide a GP Practice in Brierley and a branch in Shafton • Continue to provide a GP practice at the Brierley site only • Close the Brierley Practice and disperse the		

Agenda Item	Note	Action	Deadline
	patient list to neighbouring practices The Committee noted that the previous premises at Shafton could no longer be used due to issues with the current landlord. It was noted that only 14% of Brierley practice patient list lived in Shafton. The Chief of Corporate Affairs advised that there was a purpose built CQC complaint GP Practice in Shafton although this practice was managed by a different provider, they had the capacity for the additional patients and this practice was also on a bus route. The Brierley Practice had recently been sold to a new landlord but it was understood that the landlord wished to keep the premises as a GP Practice. Members noted that the premises were CQC complaint and feedback from patients within the consultation exercise indicated that there was a strong desire to keep a GP practice in Brierley. Taking the above information into account members agreed to go to a vote on the future provision of the Brierley Medical Practice. Option B was the preferred option receiving 5 out of 5 votes from Committee members; the Chair, Chief Officer, Chief of Corporate Affairs, The Medical Director and Dr Guntamukkala.		
	The Committee thanked the Primary Care Lead Transformation and Commissioning Manager for his report and agreed to progress with Option B – re-procure at Brierley Practice only.		
OTHER			
PCCC 15/08/09	**QUESTIONS FROM THE PUBLIC**		
	Ms Margaret Sheard queried if NHS hospitals should be sending patients home in a taxi after a major operation? The Chief of Corporate Affairs advised that currently there was a review of the Patient Transport Service and Ms Sheard's comments would be welcomed as part of this review. Post Meeting Note: The Chief of Corporate Affairs has contacted Mrs Sheard to discuss this specific case .		
	The Chair expressed thanks to the members of the		

Agenda Item	Note	Action	Deadline
	public for attending the meeting.		
PCCC 15/08/10	**DATE AND TIME OF THE NEXT MEETING**		
	The next meeting of the Primary Care Commissioning Committee will be held on 24 September 2015 at 1pm in the Boardroom Hillder House, 49/51 Gawber Road, Barnsley S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

24 September 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 27 August 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/08/04	**MATTERS ARISING REPORT** **PCCC 15/07/05 – ASSURANCE FRAMEWORK AND RISK REGISTER** The Chief of Corporate Affairs advised that she would discuss with the Chair of the CCG which Committee would be the appropriate owner of Risk Reference 14/10 – *Shortage of GPs within Barnsley*. The CCG Chairman had previously advised that the Governing Body should be the appropriate owner of the risk but this caused concerns due to the Governing Body being the assuring body for the Corporate Risk Register.	**VP**	**COMPLETED** – it has been agreed that the Primary Care Commissioning Committee would be the owners of this risk.

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PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2015

Assurance Framework & Risk Register

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with a register of its key risks.
2.	**EXECUTIVE SUMMARY**
	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. There are currently nine risks on the Corporate Risk register allocated to the PCCC (see Appendix), of which: • None have been scored as red (extreme) • Six have been scored as amber (high) • Three have been scored as moderate or low risks Following a discussion and decision at the August meeting of the PCCC one risk has been removed from the PCCC risk register – reference 13/17 "Capacity to effectively fulfil national requirements for clinical accreditation of Local and Directly Enhanced Services."
3.	**THE COMMITTEE IS ASKED TO:** Review the risk register attached and: • Consider whether the risks identified are appropriately described and scored • Consider whether there are other risks which need to be included • 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**.**

Agenda time allocation for report:	10 minutes

Report of:	Richard Walker
Designation:	Head of Assurance
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 – September 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)	11	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	1	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**	07/15		10/15
CCG 15/01		If the CCG is unable to deliver the delegated responsibilities within the financial allocation provided for this purpose (given	5	5	**25**	Assurances were received as to the sufficiency of the financial allocation during the application process. A designated financial	VP (Primary Care Commissioning	Risk Assessment	**2**	**5**	**10**	05/15	**May 2015** Initial budget meetings have been held with NHSE and information	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**
		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				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.	Committee)						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**	07/15		10/15

			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**
CCG 15/02		If there is not an 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.	**3**	**3**	**9**	The CCG has provided 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.	KM (Primary Care Commissioning Committee)	CQC reviews	**3**	**3**	**9**	04/15		07/15
CCG 14/10	2, 5, 6	If the Barnsley area continues to experience a lack of GPs in comparison with the national average, due to GP retirements, inability to recruit etc there is a risk that: (a) Some practices may not be viable, (b) Take up of LES / DES or other	**3**	**3**	**9**	NHS England's Primary Care Strategy includes a section on workforce planning The CCG's Primary Care Development Programme has a workforce workstream. Links have been developed with the Medical School to enhance attractiveness of Barnsley to students	MG (Primary Care Commissioning Committee)	Governing Body	**3**	**3**	**9**	04/15	**April 2015** The CCG continues to invest in primary care capacity. The PDA enables practices to invest in the sustainability of their workforce. The innovation Fund saw £0.25m invested in developing new,	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**
		initiatives could be inconsistent (c) The people of Barnsley will receive poorer quality healthcare services (d) Patients services could be further away from their home.											more efficient and flexible ways of working. The PMCF bid will see additional capacity made available outside normal hours. The CCg is also looking at creating 4 GP fellowships in partnership with SWYPFT.	
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	VP Primary Care Commissioning Committee	Risk Assessment	2	4	**8**	05/15	**May 2015** The CCG and NHSE have already met with a number of practices to manage the equalisation agenda.	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**
						channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).								
CCG 15/04		If the CCG is unable to secure sufficient operational & strategic capacity to fulfil the delegated functions this may impact on the ability of the CCG to deliver its existing delegated statutory duties, for instance in relation to quality, financial resources and public participation.	**3**	**5**	**15**	CCG considered its strategic capacity & capability as part of the successful application process. The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement. In addition the CCG is recruiting a Head of Quality for Commissioning Primary Medical Services. The CCG is undertaking a review of management capacity including delegated responsibilities.	VP Primary Care Commissioning Committee	Risk Assessment	**2**	**3**	**6**	05/15	**May 2015** BCCG working closely with NHSE to deliver the required capacity and capability to fulfill delegated responsibilities	11/15
CCG 15/05	1, 3, 8	If the CCG does not comply in a fully transparent way with the statutory Conflicts of Interest guidance issued in December 2014 there is a risk of	**3**	**3**	**9**	Conflicts of Interest Policy updated. Register of Interests extended to incorporate GP practice staff.	VP Primary Care Commissioning Committee	Risk Assessment	**2**	**3**	**6**	05/15	**May 2015** Mike Austin is working with all practices to update all practices' Registers of	11/15

			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**
		reputational damage to the CCG and of legal challenge to the procurement decisions taken.				Declarations of interest to be tabled at start of every meeting to enable updating. PCCC has Lay Chair and Lay & Exec majority. Register of Procurement decisions to be established to record how any conflicts have been managed. Guidance to be provided to minute takers on recording decisions re managing conflicts of interest.							Interest in line with enhanced COI guidance and the CCG's delegated commissioning primary medical services responsibilities Register of Procurement decisions has been established	
CCG 15/06		There is a risk that if the CCG does not effectively engage with the public, member practices and other stakeholders on matters relating to the delegated commissioning of primary care (including redesign of service delivery), the CCG's reputation with its key stakeholders could	**2**	**3**	**6**	The CCG has a well-established and effective PPE function currently commissioned from CSU, as well as robust governance supporting the function. Arrangements going forward are being reviewed. The existing primary care commissioning resource and expertise within the Area Team can be accessed by the CCG. The CCG considered its	VP Primary Care Commissioning Committee	Risk Assessment	1	3	**3**	05/15	**May 2015** PPE remains central to delivery of the CCGs plans a full Workplan of activity has been agreed with the PPE Committee; to include PRG work, An engagement Week and 30 videos of the CCGs achievements.	05/16

			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**
		therefore be affected.				strategic capacity & capability as part of the successful application process.							The AGM has also been established to be held in June 2015	

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PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2015

Primary Care Dashboard

1.	**PURPOSE OF THE REPORT**
	To provide the Primary Care Commissioning Committee with an overview of proposals to develop a Primary Care Dashboard as part of the quality assurance arrangements for Primary Care, and to seek views from the committee on the content and use of the dashboard.
2.	**EXECUTIVE SUMMARY**
	Whilst each GP practice as the provider is accountable for the quality of services it delivers, NHS England and the Clinical Commissioning Group as the commissioners have a shared responsibility for quality assurance. This covers the three domains of quality : • patient safety • clinical effectiveness and • patient experience These will be monitored through routine contractual processes, clinical governance structures and external sources e.g. CQC, Peer reviews, national surveys and performance measures. In order to provide the committee with an overview of the performance and risks associated with all practices, it is proposed to bring together a range of performance, quality and patient experience data into a high level dash board which will be presented to the Primary Care Commissioning Committee on a monthly basis. It is proposed that the dashboard includes information in relation to: • **Patient Experience** – Measures from the patient survey (latest available results – currently July to Sept 2014 and Jan to Mar 2015) around access and quality and Friends and Family Test results. • **QOF Score** • **CQC Ratings** (Where available) • **Indicators linked to CCG Strategic Plan** e.g. No of patients with X number of A&E attendances, Emergency Admissions per 1000 population, Dementia Diagnosis – Information from National Reporting (latest info is to June 2015) • **Workforce** – Information available from HSCIC including GP's per 1000 patients, Nurses per 1000 population.

	• **Webtool Outliers** – Indicators from the Primary Care Webtool (See appendix 1 for full list of indicators) The dashboard will include a RAG rating system based on variance from the Barnsley average which will help identify practices that may have performance concerns and will enable prioritisation for further quality review activity. It will however only provide an indicative, high level overview of each practice and will therefore only be used to identify potential areas of concern and help to prioritise quality assurance activity. It would not be appropriate to use the dashboard as a performance management tool. Where a practice is flagged up on the dashboard and prioritised for further review, work will take place with the practice to identify any areas for improvement and to develop an action plan where appropriate. It is anticipated that the dashboard will be produced and begin to be reported to the committee from October 2015
3.	**THE COMMITTEE IS ASKED TO:**
	Review the proposal to develop a Primary Care Dashboard and: • Consider whether the proposed content of the dashboard is appropriate • Consider whether there is any other information which should be included
4	**APPENDICES**
	Appendix 1 - Primary Care Webtool – GP Higher Level Indicators

Agenda time allocation for report:	10 minutes

Report of: Jamie Wike

Designation: Head of Planning and Performance

Report Prepared by: Jamie Wike

Designation: Head of Planning and Performance

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	Yes
	Consultation / Engagement	Not relevant
	Equality and Diversity	Not relevant
	Information Governance	Yes
	Environmental Sustainability	Not relevant
	Human Resources	Not relevant

Appendix 1

Primary Care Webtool – GP Higher Level Indicators

- Cancer Admissions
- Two Week Wait
- Emergency Admissions
- A+E Attendances
- CHD Admissions
- Asthma Admissions
- Diabetes Admissions
- COPD Admissions
- Dementia Admissions
- ACS Admissions
- Diabetes BP monitoring
- AF on anticoagulation
- Cervical Smears
- Diabetes Cholesterol monitoring
- Diabetes HbA1C monitoring
- CHD cholesterol monitoring
- Health checks for mental illness
- Flu Vaccination (Over 65s)
- Flu Vaccination (at risk)
- Diabetes Retinal Screening
- AF Prevalence
- CHD Prevalence
- COPD Prevalence
- Asthma Prevalence
- Diabetes Prevalence
- COPD Diagnosis
- Asthma Diagnosis
- Exception Rate
- Antidepressants
- Insulin Prescribing
- Ezetimibe Prescribing
- Antibacterial prescribing
- Cephalosporins and Quinolones
- Hypnotics prescribing
- NSAIDS prescribing
- Patient experience
- Getting through by phone
- Making an Appointment
- Assessment of Depression Severity
- SMI and a BP check
- SMI and a Cholesterol Check
- SMI and a BM Check

Barnsley Clinical Commissioning Group

Putting Barnsley People First

PRIMARY CARE COMMISSIONING COMMITTEE

Thursday 24 September 2015

Briefing Paper on Seasonal Flu Vaccination

1.	**PURPOSE OF THE REPORT**
	To provide an update on the Seasonal Flu Vaccination Programme uptake for the Primary Care Co-Commissioning Committee Meeting.
2.	**EXECUTIVE SUMMARY**
	Each winter hundreds of thousands of people see their GP and tens of thousands are hospitalised because of flu. This does not account for the many deaths where flu is not recognised or reported. For most healthy people; flu is an unpleasant but usually self-limiting disease with recovery taking up to a week. However for older people, the very young, pregnant women and those with a health condition - particularly chronic respiratory conditions such as asthma, diabetes or heart disease or those with a weakened immune system - are at particular risk from the more serious effects of flu. Immunisation is one of the most successful and cost effective health protection interventions and is a cornerstone of public health. High immunisation rates are key to preventing the spread of infectious disease. Complications and possible early death among individuals and protecting the population's health through both individual and herd immunity means that individuals who cannot be vaccinated will still benefit from the routine vaccination programme. Flu is commissioned via a Directed Enhanced Service by Public Health England.
3	**THE COMMITTEE IS ASKED TO:** • Note the contents of this Briefing Paper

Agenda time allocation for report:	**10 minutes**
Report of:	**Dr Mehrban Ghani**
Designation:	**Medical Director**
Report prepared by:	**Tracey Turner & Karen Martin**
Designation:	**Screening & Immunisation Coordinator NHS England** **Head of Quality for Primary Care Commissioning**

1.	**SUPPORTING INFORMATION**	
1.1	**Links to the Assurance Framework**	
	This report provides assurance in respect of risks 5.2.	
1.2	**Links to Objectives**	
	To have the highest quality of governance and processes to support its business	Not Applicable
	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 £.	✓
1.3	**Governance Arrangements Checklist**	
	Financial Implications	✓
	Contracting Implications	✓
	Quality	✓
	Consultation / Engagement	✓
	Equality and Diversity	✓
	Information Governance	Not applicable
	Environmental Sustainability	Not Applicable
	Human Resources	Not Applicable

1.4 BACKGROUND INFORMATION

Following the implementation of the Health and Social Care Act 2012; The Secretary of State for Health and NHS England agreement (NHS Public Health Functions Agreement 2015-16) enabled NHS England to commission certain public health services that will drive improvements in population health, through provision of the services (7A services) of which Vaccination and Immunisation Programmes including the Seasonal Flu Vaccination programme are part..

Flu is a key factor in NHS winter pressures. It impacts on those who become ill, the NHS services that provide direct care as a result, and on the wider health and social care system that supports people in at risk groups. The annual immunisation programme helps to reduce unplanned hospital admissions and pressure on A&E and is therefore a critical element of the system-wide approach for delivering robust and resilient health and care services during winter.

1.5 Discussion

The Seasonal Flu Vaccination programme 2014/15 uptake for Barnsley using the Public Health Outcome Framework measures for the over 65s, shows a decrease from previous years.

Barnsley 2 year old cohort uptake was lower than in the previous year, however 3 year old cohort increased slightly similar to across all areas in South Yorkshire and Bassetlaw except Doncaster, and implementation for the 4 year old cohort saw a similar uptake across South Yorkshire and Bassettlaw (SYB).

The table below details Barnsley Flu Vaccination Uptake to date since 2011/12 compared to South Yorkshire and Bassetlaw and the England average.

	65 and Over	Under 65 at risk only	All Pregnant women
Barnsley 2011/12	72.7%	53.7%	40.4%
Barnsley 2012/13	75.9%	53.8%	35.6%
England 2012/13	73.4%	51.3%	40.3%
Barnsley 2013/14	72.5%	52.2%	46.8%
SY&B Area Team 2013/14	74.6%	52.6%	45%
England 13/14	73.2%	52.3%	39.6%
Barnsley 2014/15	72%	50.5%	54.3
SYB Area	74.3%	51.2%	49.6%

Team 2014/15			
England 2014/15	72.7%	50.3%	44.1%

In addition to the above populations, frontline health and social care workers have a duty of care to protect their patients and service users from infection. Doctors are reminded of the General Medical Council's (GMC) guidance on Good Medical Practice (2013), which advises immunisation 'against common serious communicable diseases (unless otherwise contraindicated)' in order to protect both patients and colleagues.

Flu immunisation should be offered by NHS organisations to all employees directly involved in delivering care. This is not an NHS service, but part of the wider infection control responsibilities of the organisation delivered through occupational health services.

Social care providers and independent primary care providers such as GP, dental and optometry practices, and community pharmacists, also have a duty to offer vaccination to staff.

The Table below demonstrates Health Care worker uptake across organisations in Barnsley.

Organisation	Target	2013/14	2014/15	Increase/Decrease
Frontline Health Care Staff SYB Area Team		63	56.5	6.5
Frontline Health/social care staff – BHNFT	75	62.2	71.9	9.7
Frontline Health/social care staff – SWYFPT	75	39.6	36	3.6
Frontline Health/social care staff – BMBC	75	No data available	No data available	

The Seasonal Flu Vaccination programme for 2015/16 eligible cohorts are:

- those aged 65 years and over
- those aged six months to under 65 in clinical risk groups
- pregnant women
- all two, three and four-year-olds (on 31 August 2015)
- all children of school years 1 and 2 age:
    - Year 1 school age: 5 year olds, rising to 6 year olds (i.e date of birth between 1st September 2009 and on or before 31st August 2010)
    - Year 2 school age: 6 year olds, rising to 7 years olds (i.e date of birth between 1st September 2008 and on or before 31st August 2009)
- those in long-stay residential care homes
- carers
- primary school-aged children in areas that previously participated in

	primary school pilots in 2014/15 Health and social care workers who are in direct contact with patients or service users are expected to be offered flu vaccinations by their employer, including GP practice staff. The Seasonal Flu Vaccine Uptake Ambitions for 2015/16 outlined in the Seasonal Flu letter states an ambition that all eligible individuals are offered flu vaccine and every effort is made to ensure as high an uptake rate as possible in those aged 65 years and over, with the aim of reaching a minimum 75% uptake rate. For healthcare workers, trusts must ensure that a 100% offer of flu vaccination is made for all frontline staff, reaching a minimum uptake of 75%. Vaccine uptake for those in clinical risk groups needs to improve, particularly for those who are at the highest risk of severe disease and mortality from flu but have low rates of vaccine uptake, including those with chronic liver and neurological disease, and people with learning disabilities. For the children's flu immunisation programme there should be a 100% offer of immunisation to eligible children. A minimum uptake of 40% has been shown to be achievable in pilots conducted to date. As a minimum, we would expect uptake levels between 40-60% to be attained. Uptake levels should be consistent across all localities and sectors of the population. A consideration for 2015/16 is unfortunately in 2014/15 the flu vaccine only provided limited protection against infection caused by one particular strain of flu A, H3N2 due to a mismatch between the A(H3N2) strain selected for the vaccine and the main A(H3N2) strain that circulated. It is crucial that the above does not discourage people in any of the eligible groups from having flu vaccination this coming flu season. The communications strategy supporting the programme, and the associated materials and other patient information have been updated to reassure people, including those in at-risk groups and healthcare workers, that the flu vaccine remains their best protection against flu, and that a mismatch of this type is an unusual event.
1.6	**Risks to CCG**
	• Patient not being vaccinated which could cause an epidemic • Increased medical admissions and pressure on Accident and emergency departments and general practice • Reputational risk to the CCG
1.7	**Recommendations**
	• Encourage and influence all cohort populations to be vaccinated, with particular focus on at risk cohorts, housebound and residential care home residents. • Encourage 100% offered by all providers. • Encourage and influence health and social care worker uptake within the health and social care organisations within Barnsley. • CCG and Primary Care representative to liaise with South Yorkshire and Bassetlaw Screening and Immunisation Team to closely monitor practice

	populations uptake and discuss actions to be taken to influence poor performance/uptake. • CCG and primary Care representative to attend SYB and local Flu Planning meetings and cascade information/actions appropriately. • CCG and Primary Care representative to support Screening and Immunisation team in alerting Barnsley Health Protection Board of concerns/issues and support actions recommended. • Support and fund where appropriate media campaigns