

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 27 August 2015 at 1.00pm 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	1.00pm
2.	Questions from the public		Chris Millington	5 mins
3.	Declarations of Interest Relevant to the Agenda	Note	PCCC 15/08/03 Chris Millington	
4.	Minutes of the meeting held on 30 July 2015	Approve	PCCC 15/08/04 Chris Millington	1.05pm 5 mins
5.	Matters Arising Report	Approve	PCCC 15/08/05 Chris Millington	1.10pm 5 mins
Finance, Governance and Performance				
6.	Risk Register and Assurance Framework	Approve	PCCC 15/08/06 Vicky Peverelle	1.15pm 10 mins
7.	CCG Assurance: Delegates Functions Self – Certifications 2015/16	Note	PCCC 15/08/07 Vicky Peverelle	1.25 pm 10 mins
8.	Finance Update	Note	Verbal Neil Lester	1.35pm 5 mins
Strategy & Planning				
9.	No items for this meeting			
Quality and Patient Safety in Primary Medical Services				
10.	No items for this meeting			
Contracting, investment, and procurement				
11.	Brierley Medical Practice – Future service provision	Approve	PCCC 15/08/11 Jon Holiday	1.40pm 30 mins
Committee Reports and Minutes				
12.	No items for this meeting			
Other				
13.	Questions from the public			2.10pm
	Date and Time of the Next Meeting: The next meeting of the Primary Care	Information		2.15pm close

	Commissioning Committee will be held at 1.00pm on Thursday 24 September 2015 in the Boardroom, Hilder House, 49 – 51 Gawber Road, Barnsley, S75 2PY.			
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PRIMARY CARE COMMISSIONING COMMITTEE

27 August 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:
	<ul style="list-style-type: none"> • 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
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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	<ul style="list-style-type: none"> • 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
		<ul style="list-style-type: none"> A member of Barnsley GP Federation which may provide services to Barnsley CCG
Mehrban Ghani	Medical Director for Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> GP Partner at White Rose Medical Practice, Cudworth, Barnsley Directorship at SAAG Ltd, 15 Newham Road, Rotherham A member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Madhavi Guntamukkala	GP Member Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> GP partner at The Grove Medical Practice Member of British Medical Association and member of Royal College of General Practitioners A member of Barnsley Healthcare Federation which may provide services to Barnsley CCG
Chris Millington	Lay Member, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> Partner Governor Barnsley Hospital NHS Foundation Trust
Vicky Peverelle	Chief of Corporate Affairs, Barnsley Clinical Commissioning Group	<ul style="list-style-type: none"> No interests to declare
Lesley Smith	Chief Officer, Barnsley	<ul style="list-style-type: none"> Husband is Director of Ben Johnson Ltd a York based business offering office interiors

GOVERNING BODY		
Name	Position	Details of interest
	Clinical Commissioning Group	solutions, furniture, equipment and supplies for private and public sector clients.

CCG Staff		
Name	Position	Details of interest
Jade Francis-Rose		Nil declarations
Karen Martin		Partner Co-owner and Director of Appletree recruitment. Specialist Clinical Advisor seconded to the Care Quality Commission.
Neil Lester		Nil declarations

**Minutes of the Meeting of the BARNSELY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE held on Wednesday 30 July 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
Dr Mehrban Ghani

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

IN ATTENDANCE:

Ms Dawn Ginns
Ms Lynne Richards
Mr Jon Holliday
Ms Julia Burrows
Ms Margaret Dennison
Mr Neil Lester

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

APOLOGIES:

Ms Karen Martin

Head of Quality for Primary Care Commissioning of
General Medical Service

Ms Jane Francis Rose

Head of Commissioning for Partnerships and
Integration

Mr Matthew Jones

Head of Finance – Statutory Accounts &
Management Support

MEMBERS OF THE PUBLIC:

Ms Nichola Hawden

Member of the public

Agenda Item	Note	Action	Deadline
PCCC 15/07/01	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 they were members of the Barnsley GP Federation. It was agreed	LR	27.08.15

Agenda Item	Note	Action	Deadline
	<p>to ensure that all members who were part of the Federation updated their Declaration of Interests.</p> <p>The CCG Chairman also declared that he had recently been appointed as a Director on the LIFT board.</p>		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/07/02	QUESTIONS FROM THE PUBLIC		
	There were no questions received from the public as this point in the meeting.		
PCCC 15/07/03	MINUTES OF THE MEETING HELD ON 25 JUNE 2015		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 15/07/04	MATTERS ARISING REPORT		
	<p>The Committee received the matters arising report and updates were given as follows:</p> <ul style="list-style-type: none"> PCCC 15/03/04 – OPTIONS APPRAISAL FOR BRIERLEY PRACTICE (boundary map) The NHS England Primary Care Manager added that NHS England were working with the practice and the local council to establish and create a boundary map for Brierley Practice. Members raised concern over the length of time it had taken to establish a map and it was advised that the practice never had a map previously. PCCC 15/06/08 – VIOLENT PATIENT SCHEME (VPS) The Chief of Corporate Affairs advised that the Lead Service Development Manager for Primary Care was working with NHS England on options to provide the VPS scheme in Barnsley. The Medical Director queried if the NHS England could identify, historically, which area of Barnsley most violent patients were from to best locate the service. 	GC	27.08.15
	The Chair thanked members for providing updates on their actions and it was agreed to remove all completed items.		

Agenda Item	Note	Action	Deadline
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/07/05	ASSURANCE FRAMEWORK AND RISK REGISTER		
	<p>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.</p> <p>Members were also presented with two new risks to add to the Primary Care Commissioning Committee Risk Register. Members agreed that they were happy with the risk descriptions and scoring of the two new risks.</p> <p>There were also a further two risks which were currently assigned to the QPSC where it was suggested that they would fit more appropriately with this Committee. The CCG Chair queried if risk 14/10 relating to a shortage of GP's within Barnsley should lie with the Governing Body and not this Committee as the Committee would not be responsible for managing or addressing the risk. The Chief of Corporate Affairs added that she would look into the working arrangements of this as currently the Governing Body would only see the red risks and this risk was an amber rated risk. It was agreed to keep the risk owner as the Medical Director.</p> <p>The Committee discussed risk ref 13/17 relating to clinical accreditation of Local and Direct Enhanced Services. It was agreed that the number of accredited services had gone down and therefore the Committee would recommend to the Governing Body that the risk be removed.</p>	<p>VP</p> <p>VP</p>	<p>27.08.15</p> <p>27.08.15</p>
	The Committee noted the Risk Register Extract and thanked the Chief of Corporate Affairs for the updates risks.		
STRATEGY & PLANNING			
PCCC 15/07/06	FINANCE UPDATE		
	The Deputy Chief Finance Officer stated that further to the financial update that had been circulated with the meeting papers there would be more detailed		

Agenda Item	Note	Action	Deadline
	<p>information and forecasts expected over the next coming months. It was agreed that the finance information would be shared directly with Chair when the CCG received it and would include more narrative.</p> <p>It was highlighted that the year to date variation related to timings of invoices being paid and the variation in activity at different points of the year.</p> <p>The Deputy Chief Finance Officer confirmed that he was content that NHS England were effectively managing the Primary Care budgets and allocations but there was a time lag when information was available.</p> <p>The Lead Service Development Manager informed Committee members that he was meeting with Matt Jones to go through premises costs reimbursement. It was also stated that from this the CCG would know its position with regards to investment.</p> <p>Members agreed that the CCG needed a breakdown in Enhanced Services to enable the CCG to coordinate extended hours and I HEART Barnsley to make the best use of Prime Ministers Challenge Fund money.</p>		
	<p>The Committee agreed that it would be useful for the financial update to include sub headings to enable members to identify which financial elements were in which areas. It was agreed that the Deputy Chief Finance Officer would give a presentation which mirrored the budget report but detailed all the financial headings and individual elements.</p>	NL	27.08.15
	<p>The Committee thanked the Deputy Chief Finance Officer for this update.</p>		
QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 15/07/07	QUALITY UPDATE		
	<p>The Chief of Corporate Affairs stated that the Head of Quality for Primary Care Commissioning of General Medical Service was currently developing an Integrated Performance Report. It was also stated that the Head of Quality for Primary Care Commissioning of General Medical Service was looking at risk profiling in relation to</p>		

Agenda Item	Note	Action	Deadline
	all practices, the CCG Chairman highlighted that the risk profiling maybe of interest to the newly appointed Public Health Consultant.		
	Committee Members thanked the Chief Of Corporate Affairs for the update.		
PCCC 15/07/08	FRIENDS AND FAMILY TEST (FFT)		
	<p>The Committee received the update on the Friends and Family Test. The report detailed that locally, there had been issues with regards to practices not submitting data and also around the quality of data that had been submitted. Members noted that NHS England had been supporting practices but 3 local practices had been issued with a breach of contract following on from not submitting data.</p> <p>The CCG agreed that the Practice Managers needed to be contacted to discuss any issues in relation to submitting data. It was discussed that there needed to be significant levels of responses to draw conclusions. Members raised concerns that the FFT was too simple in that if a patient ticked that 'they would not recommend the service' and didn't comment why, it did not give the practice the tools to address negative responses.</p> <p>The CCG Chairman suggested having a target that practices should achieve as currently a target had not been set by NHS England which may result in the variation in submissions across practices. It was agreed that the FFT would be monitored by the Primary Care Working Group.</p>		
	<p>Members congratulated Healthwatch on winning the contract to support and monitor FFT in practices.</p> <p>Ms Dennison advised that Healthwatch would be visiting the practices which had the best uptake and share this best practice with other practices in Barnsley.</p>		
	The Committee thanked the Chief of Corporate Affairs and Healthwatch for their updates.		
CONTRACTING, INVESTMENT AND PROCURMENT			
PCCC	PROCUREMENT UPDATE		

Agenda Item	Note	Action	Deadline
15/07/08			
	<p>The NHS England Primary Care Manager advised that the Efficiency Controls Committee (ECC) had given approval to the procurement of the Highgate and Lundwood APMS contracts. She added that there had been lessons learnt from the ECC approval process and that the process had been raised as a risk on NHS England Risk Register.</p> <p>It was noted that the CCG would receive formal approval from the ECC shortly.</p>	GC	27.08.15
OTHER			
PCCC 15/07/09	QUESTIONS FROM THE PUBLIC		
	There were no questions from the public.		
PCCC 15/07/10	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Primary Care Commissioning Committee will be held on 27 August 2015 at 1pm in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY.		

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE

27 August 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 30 July 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/07/01	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA Dr Ghani and Dr Guntamukkala declared that their practices were members of the Barnsley GP Federation. It was agreed to ensure that all members who were part of the Federation updated their Declaration of Interests.	LR	COMPLETED – All members of the Federation have had their DOI amended to reflect this.
PCCC 15/07/04	MATTERS ARISING REPORT <ul style="list-style-type: none"> PCCC 15/06/08 – VIOLENT PATIENT SCHEME (VPS) The Medical Director queried if the NHS England could identify, historically, which areas of Barnsley most violent patients were from to best locate the service. 	GC	COMPLETED - Below is the list of areas that have had a patient on the VPS scheme at any time : Kendray x3 Ward Green Barnsley Centre x6 Athersley North x2 Gawber Worsbrough Common x6 Measborough Dyke Royston Lundwood Cudworth Darfield Great Houghton Wombwell x2

<p>PCCC 15/07/05</p>	<p>ASSURANCE FRAMEWORK AND RISK REGISTER</p> <p>The CCG Chair queried if risk 14/10 relating to a shortage of GP's within Barnsley should lie with the Governing Body and not this Committee as the Committee would not be responsible for managing or addressing the risk. The Chief of Corporate Affairs added that she would look into the working arrangements of this as currently the Governing Body would only see the red risks and this risk was an amber rated risk. It was agreed to keep the risk owner as the Medical Director.</p> <p>The Committee discussed risk ref 13/17 relating to clinical accreditation of Local and Direct Enhanced Services. It was agreed that the number of accredited services had gone down and therefore the Committee would recommend to the Governing Body that the risk be removed.</p>	<p>VP</p> <p>VP</p>	<p>COMPLETED – Risk removed</p>
<p>PCCC 15/07/06</p>	<p>FINANCE UPDATE</p> <p>The Committee agreed that it would be useful for the financial update to include sub headings to enable members to identify which financial elements were in which areas. It was agreed that the Deputy Chief Finance Officer would give a presentation which mirrored the budget report but detailed all the financial headings and individual elements.</p>	<p>NL</p>	<p>COMPLETED – On the private agenda</p>
<p>PCCC 15/07/08</p>	<p>PROCUREMENT UPDATE</p> <p>The NHS England Primary Care Manager advised that the Efficiency Controls Committee had given approval to the procurement of the Highgate and Lundwood APMS contracts. She added that there had been lessons learnt from the ECC approval process and that the process had been raised as a risk on NHS England Risk Register.</p> <p>It was noted that the CCG would receive formal approval from the ECC shortly.</p>	<p>GC</p>	<p>COMPLETED - Approval received from the ECC</p>

PRIMARY CARE COMMISSIONING COMMITTEE

27 August 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
	<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 eight risks on the Corporate Risk register allocated to the PCCC, of which:</p> <ul style="list-style-type: none"> • None have been scored as red (extreme) • Five have been scored as amber (high) – these are included on the attached extract (Appendix 1) for consideration by the Committee • Three have been scored as moderate or low risks – these will be reported to the Committee for consideration twice a year. <p>No risks have been removed from the PCCC risk register since the last meeting.</p>
3.	THE COMMITTEE IS ASKED TO:
	<p>Review the risk register attached and:</p> <ul style="list-style-type: none"> • 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
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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 August 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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
15/10	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 Committee)	Risk Assessment	2	5	10	05/15	May 2015 Initial budget meetings have been held with NHSE and information	08/15

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			
		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				<p>representative from the CCG will support ongoing management of the budget. Regular network meetings will be held with NHSE.</p> <p>The financial position will be routinely reported to the PCCC going forward.</p>							shared with the PCCC	
15/11	1, 7	If the premises issues at Brierley and Shafon 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	<p>Patients at Shafon have been advised to use Brierley.</p> <p>There is also another practice in Shafon should patients not wish to use Brierley.</p> <p>A PPE exercise on future provision is currently underway.</p> <p>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.</p>	VP Primary Care Commissioning Committee	Risk Assessment	3	3	9	07/15		10/15

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 15/02		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	<p>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.</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>	KM (Primary Care Commissioning Committee)	CQC reviews	3	3	9	04/15		07/15
CCG 14/10	2, 5, 6	<p>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:</p> <p>(a) Some practices may not be viable,</p> <p>(b) Take up of LES / DES or other</p>	3	3	9	<p>NHS England's Primary Care Strategy includes a section on workforce planning</p> <p>The CCG's Primary Care Development Programme has a workforce workstream.</p> <p>Links have been developed with the Medical School to enhance attractiveness of Barnsley to students</p>	MG (Primary Care Commissioning Committee)	Governing Body	3	3	9	04/15	<p>April 2015</p> <p>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,</p>	07/15

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			
		<p>initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</p> <p>(d) Patients services could be further away from their home.</p>											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	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed delegated responsibilities.</p> <p>The CCG has an open</p>	VP Primary Care Commissioning Committee	Risk Assessment	2	4	8	05/15	<p>May 2015</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
						channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).								

PRIMARY CARE COMMISSIONING COMMITTEE

27 August 2015

CCG Assurance: delegated functions self-certification 2015/16

1.	PURPOSE OF THE REPORT
	To inform the Primary Care Commissioning Committee of NHS England's requirement for CCG's exercising delegated functions to provide a quarterly self-certification to support the CCG Assurance Framework in 2015/16.
2.	EXECUTIVE SUMMARY
	<p>The CCG Assurance Framework for 2015 /16 sets out a new assurance process that takes account of the need for NHS England to have specific additional assurances from CCGs who have taken responsibility for the commissioning of primary medical care services under delegated authority ('Delegated Functions'). It also covers out of hours primary medical services, which is a directed rather than delegated function.</p> <p>The attached guidance paper from NHS England provides further details of this process. The CCG assurance framework considers the breadth of a CCG's responsibilities. Delegated Functions are one of the components to be assessed, at an overall system level, alongside whether a CCG is well led, and has robust, effective systems in place to meet performance, financial and planning requirements.</p> <p>Assurance of Delegated Functions will take place quarterly in the first year of CCGs taking on co-commissioning as a delegated authority. It is expected the emphasis will normally be on commissioners' progress in improving primary medical services and out-of-hours services for their patients and how they are using their Delegated Functions to deliver these and support their wider improvements.</p> <p>To support this process CCGs will need to complete and return the quarterly self-certification (Annex A of the guidance). This focuses on progress in the previous quarter against the five key areas (outcomes, governance and the management of potential conflicts of interest, procurement, expiry of contracts and availability of services).</p> <p>CCGs are under a duty to ensure the information reported in the self-certification is accurate and up to date. CCGs will need to ensure returns are reviewed by internal audit and report if any audit recommendations are made and implemented. The CCG Audit Chair and Accountable Officer will need to sign off the self-certification as accurate and to confirm the CCG's compliance with the conflict of interest guidance.</p>

	<p>An annual review between NHS England and the CCG will take place prior to the business planning process. The review will consider what has gone well over the last year, what has worked in practice, what has made a difference and progress to date, any key issues over the year, and a forward look setting up for the planning round 2016/17.</p> <p>The CCG is in discussion locally with NHS England to agree the detailed process and timetable for the self-certification.</p>
3.	<p>THE COMMITTEE IS ASKED TO:</p> <ul style="list-style-type: none"> Note this report.

Agenda time allocation for report:	10 minutes
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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

**CCG Assurance:
delegated functions
self-certification
2015/16**



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CCG assurance

Delegated Functions Self-Certification

Version number: 1.0

First published: August 2015

Prepared by: Planning and Assurance central team

Classification: OFFICIAL

The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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1 Introduction

The CCG Assurance Framework for 2015 /16 sets out a new assurance process that takes account of the need for NHS England to have specific additional assurances from CCGs who have taken responsibility for the commissioning of primary medical care services under delegated authority ('Delegated Functions') or a joint commissioning arrangement with NHS England. It also covers out of hours primary medical services, which is a directed rather than delegated function.

2 Principles

The principles governing the assurance process for delegated functions are that it:

- be part of the wider CCG 15/16 assurance process;
- looks at ways of reducing the burden of assurance on the service whilst implementing a robust process that is mindful of the legislative framework;
- be based on a supportive conversation
- will reflect the flexibility of NHS England to intervene differently in different circumstances;
- includes a mixture of soft intelligence and data;
- seeks to understand CCGs' processes for assuring the system and whether intended outcomes are being delivered;
- tests that core governance arrangements are working successfully, with specific attention to conflicts of interest; and,
- be specific about the achievement of local outcomes.

3 Components of assurance

The CCG assurance framework considers the breadth of a CCG's responsibilities. Delegated Functions are one of the components to be assessed, at an overall system level, alongside whether a CCG is well led, and has robust, effective systems in place to meet performance, financial and planning requirements.

In the first year of co-commissioning (subject to review) the Delegated Functions component will be concerned with compliance against five key areas:

- Outcomes
- Governance and the management of potential conflicts of interest
- Procurement
- Expiry of contracts
- Availability of services

4 Process overview

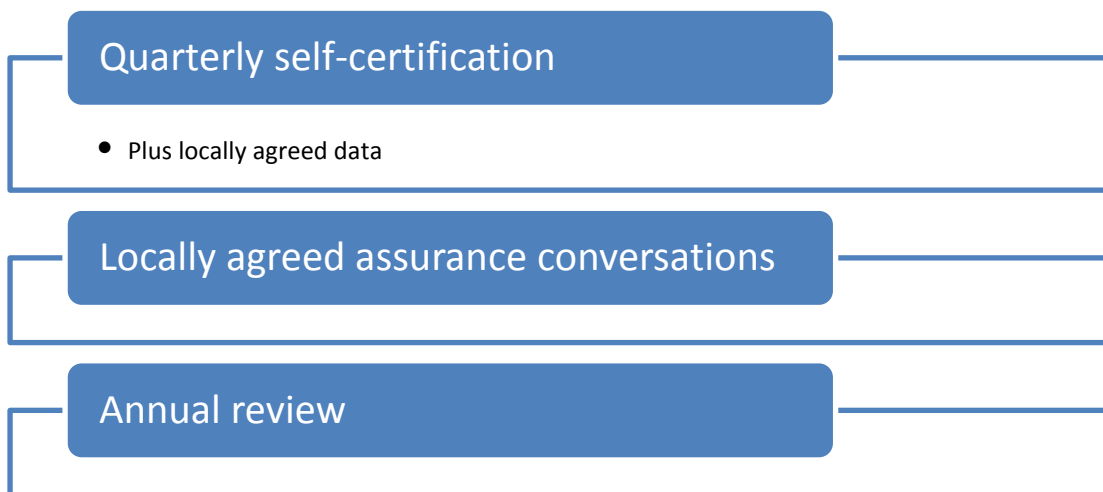
Assurance of Delegated Functions will take place quarterly in the first year of CCGs taking on co-commissioning as a delegated authority.

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This will be supported by CCGs fully or partially completing a quarterly self-certification alongside provision of other locally agreed information sources.

- All CCGs will need to complete all 6 sections of the self-certification for out of hours services.
- CCGs that have taken on fully delegated commissioning functions will need to complete all 6 sections of the self-certification for co-commissioning .
- Those CCGs undertaking joint commissioning with NHS England will need to complete section 3 only of the self-certification for co-commissioning.
- Where a number of CCGs have entered in to a joint commissioning arrangement one full self-certification should be completed and signed off by the chair of the joint committee.

It is expected the emphasis will normally be on commissioners' progress in improving primary medical services and out-of-hours services for their patients and how they are using their Delegated Functions to deliver these and support their wider improvements. NHS England and CCGs will annually review progress and forward plans.



5 Quarterly self-certification

CCGs will need to complete and return the quarterly self-certification at Annex A which focuses on progress in the previous quarter against the five key areas (outcomes, governance and the management of potential conflicts of interest, procurement, expiry of contracts and availability of services).

The quarterly self-certification will support NHS England's assurance assessments of CCGs, however its assessments will not be determined solely by it. This recognises there are a number of sources of additional primary care data and information that may be prioritised and considered locally (e.g. local plans, performance against GP High Level Indicators, OOH National Quality Requirements etc.)

CCGs are under a duty to ensure the information reported in the self-certification is accurate and up to date. CCGs will need to ensure returns are reviewed by internal audit and report if any audit recommendations are made and implemented.

The CCG Audit Chair and Accountable Officer will need to sign off the self-certification as accurate and to confirm the CCG's compliance with the conflict of interest guidance.

Timescale for completion – this will be agreed locally with the CCG's DCO team, to align with their assurance cycle. Completion will be required during the quarter following that which is being self-certificated.

The self-certification should also be copied to england.primarycareops@nhs.net using the email subject 'Delegated functions self-certification.'

6 Locally agreed assurance conversations

The assurance process for delegated functions is to be based on a supportive conversation and the process will reflect the flexibility of NHS England to intervene differently in different circumstances.

If available data suggests emerging issues or that support is required in relation to the Delegated Functions outside the quarterly assurance conversations, the 2015/16 continuous assurance process allows for on-going conversations between NHS England and CCGs.

7 Annual review

An annual review between NHS England and CCGs will take place prior to the business planning process.

The review will consider the following areas in relation to Delegated Functions:

- what has gone well over the last year, what has worked in practice, what has made a difference and progress to date;
- any key issues over the year; and
- a forward look setting up for the planning round 2016/17. This will include the plan for the local primary care strategy.

Particular themes to be explored within these areas should include:

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Increasing capacity to deliver more and better care

- Increasing existing provider workforce, improving skill mix
- Improving support to general practice through utilisation of other primary care professions
- Premises improvement and use of IM&T

Improving quality of care to patients

- Addressing current variability in delivery and the services offered between providers
- Improving care for the elderly and the vulnerable (reducing breakdown in care and urgent care admissions)
- Prevention – increasing screening, take-up of vaccinations as well as addressing rising obesity and avoidable diseases/ill health

Improving patient access to services

- Addressing variability in core hours provision
- Extending patient provision towards 8-8, 7-day service
- Increasing awareness of out of hours GP services

Maximising investment in and through the delegated services

- Achieving vfm from investment based on measurable improvements in health and outcomes for the population
- Strategy for ensuring equitable funding within general practice

CCG Assurance Framework 2015/16 Delegated Functions - Self-certification

CCG Name or joint committee of CCGs	
Quarter/year to which certification applies	

1. Assurance Level

To support ongoing dialogue, CCGs are asked to provide a self-assessment of their level of assurance for each Delegated Function (as appropriate) .		
	Assurance Level	Change since last period
Delegated commissioning	Choose an item.	Choose an item.
OOH commissioning	Choose an item.	Choose an item.

2. Outcomes

Briefly describe progress in last quarter towards the objectives and benefits the CCG set out in taking on delegated functions, in particular the benefits for all groups of patients <maximum 200 words>

3. Governance and the management of potential conflicts of interest in relation to primary care co-commissioning (this section should be completed by those CCGs which undertake joint commissioning with NHS England as well as those that have delegated commissioning arrangements)

	Co-commissioning	OOH commissioning
Have any conflicts or potential conflicts of interest arisen during the last quarter?	Choose an item.	Choose an item.
If so has the published register been updated?	Choose an item.	Choose an item.
Is there a record in each case of how the conflict of interest has or is planned to be managed?	Choose an item.	Choose an item.
Please provide brief details below and include details of any exceptions during the last quarter where conflicts of interest have not been appropriately managed <maximum 200 words>		

4. Procurement and expiry of contracts

Briefly describe any completed procurement or contract expiry activity during the last quarter in relation the Delegated Functions and how the CCG used these to improve services for patients (and if and how patients were engaged).
<maximum 250 words per Delegated Function>

Local Incentive Schemes

Is the CCG offering any Local Incentive Schemes to GP practices?	Choose an item.
Was the Local Medical Committee consulted on each new scheme?	Choose an item.
If any of those schemes could be described as novel or contentious did the CCG seek input from any other commissioner, including NHS England, before introducing?	Choose an item.
Do the offered Local Incentives Schemes include alternatives to national QOF or DES?	Choose an item.
<i>If yes, are participating GP practices still providing national data sets?</i>	Choose an item.

What evidence could be submitted (if requested) to demonstrate how each scheme offered will improve outcomes, reduce inequalities and provide value for money?

<maximum 250 words for each Delegated Function>

5. Availability of services

Briefly describe any issues raised during the last quarter impacting on availability of services to patients (include if and how patients were engaged).
<maximum 250 words for each Delegated Function>

	Delegated commissioning	OOH commissioning
How many providers are currently identified by the CCG for review for contractual underperformance?	[number]	[number]
And of those providers, how many have been reviewed and there is action being taken to address underperformance?	[number]	[number]
During the last quarter were any providers placed into special measures following CQC assessment?	Choose an item.	Choose an item.

If yes, please provide brief details of each case and how the CCG is supporting remediation of providers in special measures
 <maximum 50 words per case>

In the last 12 months has the CCG published benchmarked results of providers OOH performance (including Patient experience)

Choose an item.

If yes, please provide link to published results:

6. Internal audit recommendations

	Co-commissioning	OOH commissioning
Has internal audit reviewed your processes for completing this self-certification since the last return?	Choose an item.	Choose an item.
If so, what was their conclusion and recommendations for improvement? <maximum 200 words for each Delegated Function>		

Use this space to detail any other issues or highlight any exemplar practice supporting assurance as outstanding

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7. CCG declaration

I hereby confirm that the CCG has completed this self-certification accurately using the most up to date information available and the CCG has not knowingly withheld any information or misreported any content that would otherwise be relevant to NHS England assurance of the Delegated Functions undertaken by the CCG.

I confirm that the primary medical services commissioning committee remains constituted in line with statutory guidance.

I additionally confirm that the CCG has in place robust conflicts of interest processes which comply with the CCG's statutory duties set out in the NHS Act 2006 (as amended by the Health and Social Care Act 2012), and the NHS England statutory guidance on managing conflicts of interest.

Signed by [insert name] CCG Accountable Officer / Chair of joint committee (delete as appropriate)

Name:

Position:

Date:

Signed by [insert name] Audit Committee Chair

Name:

Position:

Date:

Please submit this self-certification to your local NHS England team and copy to england.primarycareops@nhs.net using the email subject 'Delegated functions self-certification.'

PRIMARY CARE COMMISSIONING COMMITTEE

27 August 2015

Brierley Medical Practice – Future Service Provision

1.	PURPOSE OF THE REPORT
	The purpose of this report is to ask the Committee to receive and consider Brierley Medical Practice - Future Service Provision, receive any verbal update and consider and decide next steps.
2.	EXECUTIVE SUMMARY
	<p>Last July, Sheffield Health and Social Care NHS Foundation Trust entered into a 1 year emergency contract with NHS England to provide GP services in Brierley and Shafton. This contract included the use of both surgery buildings in Shafton and Brierley until 30 June 2015.</p> <p>There have been recent discussions between NHS England, Barnsley Clinical Commissioning Group and Sheffield Health and Social Care NHSFT to continue to support the practice on an interim basis with the long term plan being for the contract to be tendered to contract with a new provider to manage the patient list/practice. During these last two months these discussions have also included issues around the use of both of the buildings in which the practice is based which has brought the sustainability of the practice into question.</p> <p>Unfortunately in late June the provider was unable to reach agreement to continue to use the Shafton premises beyond 1 July because the building lease was held with the previous tenant.</p> <p>In addition the Brierley surgery building was put up for sale and it was agreed that the CCG would investigate alternative premises for the medium and long term in this area if this was required. The premises have now been sold and it is understood the new owners have a preferred option to continue to lease the premises as a GP surgery.</p> <p>The CCG asked for a review of options for the future accommodation of the GP services provided from Brierley Medical Practice at Brierley and Shafton which was undertaken through Community Health Partnerships, the CCG strategic estates advisers. The continued availability of the Brierley premises now appears more likely. However, Shafton is a predominantly residential area with little commercial offering and there are no current opportunities in Shafton for new premises other than the possible conversion of a residential property.</p> <p>A period of patient and public engagement took place to seek the views on the provision of GP services in Brierley and Shafton area.</p>

	<p>The consultation period was opened up on the 29 July running for a period of three weeks.</p> <p>A follow up letter was again sent to 2458 patients (16+) to ask for their views on three commissioning proposals, as well as their concerns and/or further comments. People could feedback via an online questionnaire, paper copies in the practice, attend one of the three drop-in sessions or contact NHS England or the CCG team directly.</p> <p>The results of the questionnaire and general comments are covered comprehensively in the report for the Committee to consider in making their decision.</p> <p>Patients and the public have been informed that we have identified below the three options which can be considered for the future:</p> <ol style="list-style-type: none"> Commission (or purchase) services in Brierley and Shafton to ensure that services continue to be provided in both localities Commission services at Brierley only and permanently close the provision at Shafton Patients register with neighbouring practices and the practices at Brierley and Shafton close. <p>The decision as to which option should be taken is to be made by Barnsley Commissioning Group as they have delegated responsibility for co-commissioning.</p> <p>Any further developments received after the issue of the Committee papers will be reported to the committee verbally.</p>
3.	<p>THE COMMITTEE IS ASKED TO:</p> <ol style="list-style-type: none"> Receive and consider the Brierley Medical Centre Future Service Provision and determine next steps from the three options identified which can be considered for the future: The Committee is asked to confirm the option to be progressed to tender. <ul style="list-style-type: none"> Commission (or purchase) services in Brierley and Shafton to ensure that services continue to be provided in both localities. Commission services at Brierley only and permanently close the provision at Shafton. Patients register with neighbouring practices and the practices at Brierley and Shafton close.

Agenda time allocation for report:	30 minutes.
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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 provides assurance to the Committee for primary care development associated with the Assurance Framework Strategic Objectives 1, 2, 4 & 5 and associated principal risks and sections 2.16 and 2.2a (February 2014 Framework document)	
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
	Financial Implications	
	Contracting Implications	
	Quality	X
	Consultation / Engagement	X
	Equality and Diversity	To be undertaken
	Information Governance	
	Environmental Sustainability	
	Human Resources	

2.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>In July 2015, Sheffield Health and Social Care NHS Foundation Trust entered into a 1 year contract with NHS England to provide GP services in Brierley and Shafton. This contract included the use of both buildings in Shafton and Brierley until 30 June 2015.</p> <p>There have been recent discussions between NHS England, Barnsley Clinical Commissioning Group and Sheffield Health and Social Care NHS FT to continue to support the practice on an interim basis with the long term plan being for the contract to be tendered to secure a new provider to manage the patient list/practice. During these last two months these discussions have also included issues around the use of both of the buildings in which the practice is based which has brought the sustainability of the practice into question. .</p>
3.	DISCUSSION/ISSUES
	<p>Unfortunately in early July the provider was unable to reach agreement to continue to use the Shafton premises beyond 1 July because the lease was with the previous tenant.. The tenant chose to exercise their legal right to occupy this building and, therefore, the use of the building had to end with very little notice. Steps were put in place to ensure patients had continued access to primary care services.</p> <p>Separate, but related to this issue, we were advised that the Brierley Medical Centre practice building, owned by Drs Selim, Chowdhary and Baig and leased to Sheffield Health and Social Care NHS FT, was with the Receivers. The building was put up for sale and it was agreed to investigate alternative premises for the medium and long term in this area if this was required.</p> <p>Through Community Health Partnerships the CCG strategic estates advisers the CCG asked for a review of options for the future accommodation of the GP services provided from Brierley Medical Practice. The report was considered at the July PCCC private meeting. This was an independent report for the CCG to be used to inform decision making.</p> <p>The premises have now been sold and it is understood the new owners have a preferred option to continue to lease the premises as a GP surgery. The continued availability of the Brierley premises now appears more likely which makes the option of the contract to be put out to tender for a new provider to manage the practice more achievable.</p> <p>Shafton is a predominantly residential area with little commercial offering and there are no current opportunities in Shafton for new premises other than the conversion of a residential property. The costs of acquiring a residential property and conversion costs to make them suitable for use as a GP surgery and meet legislative requirements and to comply with Care Quality Commission Essential Standards have not been estimated but would be substantial.</p>
4.	IMPLICATIONS

	<p>Discussions with the Sheffield Health & Social Care Trust have established they would be prepared to continue with an extended contract to 30 November 2015 to enable decisions to be made regarding re-procurement, providing arrangements for clinical staff are jointly agreed and funding confirmed. Barnsley CCG has held discussions with the GP Federation regarding the provision of clinical staff.</p> <p>If a decision is taken to re-procure Brierley Medical Practice at Brierley only or Brierley and Shafton the following would be the draft Re-procurement timeline as at 20th August 2015:</p> <ul style="list-style-type: none"> ○ Issue of ITT – 1st September 2015 ○ Close of ITT – 15th September 2015 ○ C&C checks and Financial Evaluation, Technical Evaluation – 16th – 18th September ○ Consensus – 18th September 2015 ○ Agreement of recommended bidder – W/C 28th September 2015 ○ Contract Award and mobilisation commences – W/C – 5th October ○ Contract commences 1st December 2015
5.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<p>The Brierley Medical Practice situation has been added to the CCG's risk register on the basis that if the premises issues at Brierley and Shafton associated with the previous contract holder are not adequately resolved there is a risk to the continuity of service provision and to the reputation of the CCG.</p> <p>The CCG has mitigated these risks by:</p> <ul style="list-style-type: none"> a) Patients at Shafton have been advised to use Brierley. b) There is also another practice in Shafton should patients not wish to use Brierley. c) A Patient and Public Engagement exercise on future provision has been undertaken. d) 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.
6.	CONSULTATION
	<p>Keeping patients informed</p> <p>A period of patient and public engagement took place to seek the views on the provision of GP services in Brierley and Shafton area.</p> <p>A first letter was sent to all patients, aged 16 and above, on 13 July 2015 to inform them of the unplanned closure of the Shafton branch, offer assurance that services would continue at the Brierley site and offering details of alternative practices where patient could register, if that was more convenient. The letter also notified patients that the CCG would be opening up a period of patient consultation.</p>

The consultation period was opened up on the 29 July running for a period of three weeks.

A follow up letter was again sent to 2458 patients (16+) to ask for their views on three commissioning proposals, as well as their concerns and/or further comments. People could feedback via an online questionnaire, paper copies in the practice, attend one of the three drop-in sessions or contact NHS England or the CCG team directly.

Results of the questionnaire

We asked people a range of questions to understand both their patterns of use of the practice and what their preferences were on the future of GP services in the area.

How many people responded?

A total of **169 questionnaires** were returned, representing 7% of those people written to.

- 64% of people of people said they mostly attended Brierley
- 16% of people of people said they mostly attended Shafton (when open)
- 19% of people said they attended both Brierley and Shafton
- 1% didn't answer this question

56 people attended the three drop-in sessions, which were held at both locations spread over a morning, afternoon and early evening.

- Shafton 10th = 19 people
- Brierley 14th = 25 people
- Brierley 18th = 12 people (inc. 1 after 6pm)

We asked people how they currently travel to either the Brierley Medical Centre or the branch site at Shafton (when it was open).

- 46% travel by car
- 47% walk
- 6% by public transport
- 1% other (taxi/lift)

Which commissioning option did people want?

The majority of people, **70%**, chose 'commission services at Brierley and Shafton practices to ensure that services continue to be provided within both localities'.

28% of people chose 'commission services at Brierley only and to close the branch site at Shafton'.

Nobody opted for 'patients to register with neighbouring practices and the practices at Brierley and Shafton close'.

What are people concerned about

People were asked what concerns they had. In addition to those listed below, there was a strong theme running through many of the comments, which was related to the age of people in the area with lots of references to 'the elderly'.

Closure of the practice (talked about 35 times)

People fed back that they are concerned that the provision and/or the practice at both Brierley and Shafton will close all together.

Travel (38)

Concerns around travelling came through consistently for a range of reasons. The main one was the number of people who said they walk and do not have a car and/or referencing that there are lots of elderly and frail people, who would find it difficult to go out of the villages.

This was supported by references to poor public transport links in relation to accessing appointments. Many people also referenced the need for taxis and the prohibitive cost of this for people who need to use services regularly and/or for people on low incomes.

Of those people who did reference other areas, Cudworth and Grimethorpe were referenced (not the other practice in Shafton).

Growing population & community asset (22)

There was feedback on the growth in new housing and the local population, linking this with a need for a GP service in these communities. There was also a strong sense that the GP practice in Brierley was a community asset and the closure of services in this area would impact more widely on the local community. Many people referenced that there had been a practice in this area for decades.

Positive attitude to current practice team (19)

There were a number of concerns around the loss of the current practice team. There were many positive comments about the quality of service and friendliness and people's general familiarity with the staff there. There were two negative comments about the team.

Continuity of GPs (15)

Both on the questionnaires and at the drop-in sessions, the continuity of GPs was raised. People are unhappy that they aren't able to see the same GP on subsequent visits, or that the 'locums' do not offer the same quality of care that they have previously received.

Access to appointments (14)

There were a number of concerns around timely access to appointments at alternative practices, based on their experience of their current practice. They were also concerned that if the practices were to close, the surrounding practices would not be able to cope and/or provide an equal service.

Changing practices (12)

There were a range of concerns specifically around changing practices. In addition to some of the themes listed above, people said that they would have to get to know all new GPs/practice team, they would feel unhappy and also unsafe and unsecure in new surroundings. People talked about the benefits of a smaller practice and this would be lost if they had to join the bigger practices in neighbouring areas.

There were also a number of comments asking if the same/full range of services would be available somewhere else.

What is important to you in receiving a Primary Care Service?

	<p>We asked people to highlight which of the following elements were important when receiving services from their GP and nurse team. The response was similar across all options, which the majority of people choosing all options. Overall, appointment times were referenced by most people.</p> <p>Appointment times, opening times, distance to travel, easy access, range of services, other.</p> <p>We also asked people how far they currently travelled from their home to either the Brierley Medical Centre or the branch site at Shafton (when open) and how far they would be willing to travel.</p> <p>There is a slight shift in the percentage of people who would be willing to travel up a mile more than they currently do.</p> <table><thead><tr><th></th><th>Currently</th><th>Willing to travel</th></tr></thead><tbody><tr><td>Up to half a mile</td><td>50%</td><td>27%</td></tr><tr><td>½ mile to 1</td><td>18%</td><td>27%</td></tr><tr><td>1 mile to 2</td><td>19%</td><td>33%</td></tr><tr><td>Above 2 miles</td><td>14%</td><td>13%</td></tr></tbody></table> <p><u>General comments</u></p> <p>We asked people if they had any other comments they would like to provide. Some of this feedback has been fed back into and reflected in the concerns section. In addition, some people fed back on the following:</p> <ul style="list-style-type: none">• potential locations for any buildings in the future,• some people commented that they felt this process was a ‘foregone conclusion’,• some people thanked the CCG/NHS England for holding the drop-in sessions, <p>When asked what more information would be helpful in this process the overwhelming response was ‘just keep us informed’.</p> <p>Next steps</p> <p>The committee is now asked to consider the feedback provided in making their decision.</p>		Currently	Willing to travel	Up to half a mile	50%	27%	½ mile to 1	18%	27%	1 mile to 2	19%	33%	Above 2 miles	14%	13%
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7.	APPENDICES TO THE REPORT															
	None															
8.	CONCLUSION															
	Last July, Sheffield Health and Social Care NHS Foundation Trust entered into a 1 year contract with NHS England to provide GP services in Brierlev and															

Shafton. This contract included the use of both buildings in Shafton and Brierley until 30 June 2015.

There have been recent discussions between NHS England, Barnsley Clinical Commissioning Group and Sheffield Health and Social Care NHS FT to continue to support the practice on an interim basis with the long term plan being for the contract to be put out to tender for a new provider to manage the practice. During these last two months these discussions have also included issues around the use of both of the buildings in which the practice is based which has brought the sustainability of the practice into question.

A period of patient and public engagement took place to seek the views on the provision of GP services in Brierley and Shafton area. The consultation period was opened up on the 29 July running for a period of three weeks.

The results of the questionnaire and general comments are covered comprehensively in the report for the Committee to consider in making their decision.

We have identified below the three options which can be considered for the future:

- a. Commission (or purchase) services in Brierley and Shafton to ensure that services continue to be provided in both localities
- b. Commission services at Brierley only and permanently close the provision at Shafton
- c. Patients register with neighbouring practices and the practices at Brierley and Shafton close.

The Committee is asked to confirm the option to be progressed to tender.