

NHS Barnsley Clinical Commissioning Group Primary Care Commissioning Committee will be held on Thursday 30 July 2015 at 1pm 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	
2.	Declarations of Interest Relevant to the Agenda	Note	PCCC/15/07/02 Chris Millington	1.00pm
3.	Questions from the Public			5 mins
4.	Minutes of the meeting held on 25 June 2015	Approve	PCCC/15/07/04 Chris Millington	1.05pm 5 mins
5.	Matters Arising Report	Note	PCCC/15/07/05 Chris Millington	1.10pm 5 mins
Finance, Governance and Performance				
6.	Assurance Framework & Risk Register	Information and Approval	PCCC 15/06/06 Richard Walker	1.15pm 10 mins
Strategy & Planning				
7.	Finance Update	Information	PCCC 15/07/07 Neil Lester	1.25pm 10 mins
Quality and Patient Safety in Primary Medical Services				
8.	Quality Update	Note	Verbal Vicky Peverelle	1.35pm 10 mins
9.	Friends and Family Test (FFT)	Information	PCCC 15/07/09 Jon Holliday	1.45 pm 10 mins
Contracting, investment, and procurement				
10.	Procurement Update	Note	Verbal Garry Charlesworth	1.55pm 10 mins
Committee Reports and Minutes				
11.	No items for this meeting			
Other				
12.	Carers Accessing General Practice		Verbal Carrienne Stones	2.05pm 5 mins
13.	Questions from the Public			
14.	Date and Time of the Next Meeting: The next meeting of the Primary Care 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.	Information		2.10pm close

PRIMARY CARE COMMISSIONING COMMITTEE

30 July 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.
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
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 Clinical Commissioning Group	<ul style="list-style-type: none"> 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.

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
Richard Walker		Steering Group member for Dove Housing Counselling Service, Wakefield (not NHS funded)

**Minutes of the Meeting of the BARNSLEY CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE held on Wednesday 25 June 2015 at
9.30am 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 Mehrban Ghani

Lay Member
CCG Chairman
Chief Officer
Chief of Corporate Affairs
Medical Director

IN ATTENDANCE:

Mr Garry Charlesworth
Ms Lynne Richards
Ms Karen Martin
Ms Julia Burrows
Ms Carrienne Stones
Ms Margaret Dennison
Mr Neil Lester

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

APOLOGIES:

Ms Anne Arnold
Dr M Guntamukkala
Mr Jon Holliday
Mr Matthew Jones

Lay Member
Governing Body member
Lead Service Development Manager
Head of Finance – Statutory Accounts &
Management Support

MEMBERS OF THE PUBLIC:

Ms Margaret Sheard
Mr James Logan

Patient
Member of the public

Agenda Item	Note	Action	Deadline
PCCC 15/06/01	DECLARATIONS OF INTEREST RELEVANT TO THE AGENDA		
	The Chief of Corporate Affairs presented a report which detailed all members' current declarations of interest.		
	The Chair highlighted that he had recently been appointed as a Partner Governor for Barnsley NHS		

Agenda Item	Note	Action	Deadline
	Hospital Foundation Trust.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/06/02	QUESTIONS FROM THE PUBLIC		
	There were no questions received from the public as this point in the meeting.		
PCCC 15/06/03	MINUTES OF THE MEETING HELD ON 28 May 2015		
	The minutes of the previous meeting were approved as a true record of the proceedings.		
PCCC 15/06/04	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 <p>The Senior NHS England Primary Care Manager informed members that there had never been a boundary map established for Brierley Practice. Members agreed that there needed to be an accurate boundary map in place for the public consultation.</p> <p>It was further advised that Sheffield Health and Social Care Trust had stated that they did not want to extend their contract at Brierley Medical Centre from September. Quality issues highlighted at Brierley were discussed and Committee members discussed the possibility of implementing another emergency contract at the practice from September. The CCG Chairman highlighted that the focus needed to be on what was best for the patients at Brierley and Shafton practices and that patients at these practices needed continuity. Ms Carrienne Stones agreed to look into if Healthwatch had received any comments from patients regarding Brierley Medical Centre and feed this back to the CCG.</p> <p>It was queried if an emergency contract at Brierley Practice could run for 24 months as the last</p> 	<p>GC</p> <p>CS</p>	<p>30.07.15</p> <p>30.07.15</p>

Agenda Item	Note	Action	Deadline
	<p>emergency contract at Brierley for 12 months had failed. It was commented that the 24 month emergency contract would best fit under the exceptional circumstances and would give patients more stability as well as gaining more interest from potential providers. The Senior NHS England Primary Care Manager advised that he would confirm back to the CCG what prevented, if anything, the CCG in exceptional circumstances for having an emergency contract above 12 months.</p> <p>It was also suggested that the Federation could be approached to discuss any potential interest in the emergency contract.</p>	GC	30.07.15
	The Chair thanked members for providing updates on their actions and it was agreed to remove all completed items.		
FINANCE, GOVERNANCE AND PERFORMANCE			
PCCC 15/06/05	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 added that there were not any risks escalated to the Assurance Framework as all of the related risks were rated moderate or low risk.		
	Members agreed that the Brierley Procurement needed to be added to the Risk Register as a red risk.	VP	30.07.15
	Committee members discussed NHS England and Healthwatch Barnsley's risk registers and it was agreed that if there were any risks identified on these registers that required escalation to the CCG this should be done through the Chief of Corporate Affairs.		
	The Committee noted the Risk Register Extract.		
STRATEGY & PLANNING			
PCCC 15/06/06	REVISED 15/16 CCG FINANCIAL PLAN		
	The Deputy Chief Finance Officer gave a verbal update on the Revised 15/16 CCG Financial Plan.		

Agenda Item	Note	Action	Deadline
	It was stated that there had not been any changes to the budget since the last meeting of the Committee but highlighted that Primary Care Commissioning did not have a requirement to produce a surplus from its budget. This meant that the CCG financial surplus would remain the same.		
	The Committee thanked the Deputy Chief Finance Officer for this update.		
QUALITY AND PATIENT SAFETY IN PRIMARY MEDICAL SERVICES			
PCCC 15/06/07	CQC UPDATE		
	<p>The Deputy Chief Nurse informed the Committee that further to the 2 Barnsley GP practices receiving inadequate reports from the CQC only one of the practices had opted for the support offer from the Royal College of General Practitioners (RCGP). It was stated that a GP and a Practice Nurse had spent an afternoon at the Wombwell Medical Centre and the practice had advised that the visit had been helpful and that they required no further help at this time.</p> <p>Members queried why the remaining GP Practice had not taken up to the support offer from RCGP, and it was agreed to get the practice to formally confirm that they did not take up the offer of support. The Deputy Chief Nurse added that the practice was addressing some of its issues and that she would continue to work with the practice to create an action plan. Committee members agreed that milestones within the action needed to be agreed to ensure that progress was being monitored.</p> <p>Members queried what the support package composed of from the Royal College of General Practitioners to enable the Committee to assess if the support package was value for money.</p>	<p>KM</p> <p>KM</p> <p>KM</p>	<p>30.07.15</p> <p>30.07.15</p> <p>30.07.15</p>
	Committee Members thanked the Deputy Chief Nurse for the CQC update.		
PCCC 15/06/08	VIOLENT PATIENT SCHEME		
	The Committee received a paper which detailed the		

Agenda Item	Note	Action	Deadline
	<p>background to the Violent Patient Scheme (VPS) in Barnsley. It was advised that the Violent Patient Scheme for Barnsley was currently provided by a Doncaster GP practice.</p> <p>The Senior Primary Care Manager for NHS England advised that NHS England had contacted all CCG's and practices to see if there were any interest in a local practice taking over the contract and there was no interest.</p> <p>The Committee discussed the potential for including this scheme as part of the re procurement of the Lundwood, Alternative Provider Medical Services (APMS) contract in order to provide a Barnsley service. Committee members felt that by including the Violent Patient Scheme as part of the APMS contract at Lundwood this may deter potential providers and it was therefore agreed to explore other options of providing this service in Barnsley.</p> <p>It was commented that patients from Barnsley on the VPS may be unwilling to travel to Doncaster for appointments and would more likely visit Barnsley A & E Department.</p>	VP/KM	30.07.15
	<p>Ms Carriane Stones advised that Vioceability had received comments from patients on the Violent Patient Scheme who had raised concerns that they had been put on the scheme and didn't know how to get back off the list. It was advised that currently there were not any patients from Barnsley on the scheme therefore these patients must have been removed when reviews had taken place.</p> <p>Members had a discussion that some practices were unaware of how to refer patients onto the VPS and it was stated that this was being pursued by the Quality and Patient Safety Committee. Patients could only be referred onto the VPS once the police had been notified and practices needed their own internal procedures for dealing with patients who may be aggressive or rude but did not require police action.</p> <p>Ms Dennison raised a concern in patients being removed from practice lists due to unacceptable behaviour and queried how the practice would inform the patient's new</p>		

Agenda Item	Note	Action	Deadline
	<p>practice of these issues. It was stated that notes of any incidents would be kept within the patient's records for the new GP practice to see.</p> <p>Member noted the importance of ensuring patients with mental health issues or substance misuse issues received full care packages and were not placed on the Violent Patient Scheme. Clinical members stated that this was not likely to be the case and that currently Barnsley did not have any patients on the VPS.</p>		
	<p>The Committee thanked the Deputy Chief Nurse for the update and it was agreed that the Deputy Chief Nurse and the Chief of Corporate Affairs would work together to look at options of providing the VPS in Barnsley.</p>	KM/VP	30.07.15
OTHER			
PCCC 15/05/09	QUESTIONS FROM THE PUBLIC		
	<p>Ms Margaret Sheard queried why Lundwood had been initially chosen for the host of the VPS? It was advised that the surgery had been chosen as it was the next APMS contract which was due for renewal and its location was easily accessible. Ms Margaret Sheard also requested more information on how patients were referred to the VPS.</p> <p>Mr James Logan raised the following points:</p> <ul style="list-style-type: none"> • The declarations of interest relating to the GP Federation was not just for GPs' to declare. • There was a possibility for Brierley Medical Centre to form a branch surgery or close and disburse the patient list to neighbouring practices. • The APMS practice at Lundwood had recently signed a 15 year lease. The NHS England Senior Primary Care Manager added that the practice had done this at their own risk. • When the VPS was originally developed there were close links with the police and the scheme was fully utilised. He added that the police links needed to be re-established. It was also added 		

Agenda Item	Note	Action	Deadline
	that the VPS needed to clearly define what was meant by a violent patient.		
PCCC 15/05/11	DATE AND TIME OF THE NEXT MEETING		
	The next meeting of the Primary Care Commissioning Committee will be held on 30 July 2015 at 1pm in the Boardroom Hilder House, 49/51 Gawber Road, Barnsley S75 2PY.		

UNADOPTED

MATTERS ARISING REPORT TO THE PRIMARY CARE COMMISSIONING COMMITTEE**30 July 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 25 June 2015

Minute ref	Issue	Action	Outcome/Action
PCCC 15/06/04	MATTERS ARISING REPORT		
	PCCC 15/03/04 – OPTIONS APPRAISAL FOR BRIERLEY PRACTICE		
	<p>The Senior NHS England Primary Care Manager informed members that there had never been a boundary map established for Brierley Practice. Members agreed that there needed to be an accurate boundary map in place for the public consultation.</p> <p>Ms Carrienne Stones agreed to look into if Healthwatch had received any comments from patients regarding Brierley Medical Centre and feed this back to the CCG.</p> <p>The Senior NHS England Primary Care Manager advised that he would confirm back to the CCG what prevented, if anything, the CCG in exceptional circumstances for having an emergency contract above 12 months.</p>	<p>GC</p> <p>CS</p> <p>GC</p>	<p>ONGOING</p> <p>COVERED UNDER ITEM 9 ON THE AGENDA</p>
PCCC 15/06/05	ASSURANCE FRAMEWORK AND RISK REGISTER		
	Members agreed that the Brierley Procurement needed to be added to the Risk Register as a red risk.	VP	COMPLETED

<p>PCCC 15/06/07</p>	<p>CQC UPDATE</p> <p>Members queried why the remaining GP Practice had not taken up to the support offer from RCGP, and it was agreed to get the practice to formally confirm that they did not take up the offer of support. The Deputy Chief Nurse added that the practice was addressing some of its issues and that she would continue to work with the practice to create an action plan. Committee members agreed that milestones within the action needed to be agreed to ensure that progress was being monitored.</p> <p>Members queried what the support package composed of from the Royal College of General Practitioners to enable the Committee to assess if the support package was value for money.</p>	<p>KM</p> <p>KM</p> <p>KM</p>	<p>COMPLETED – The practice has been formally emailed and visits have been undertaken to discuss support from the RCGP. The practice does not feel as though it requires support from the RCGP.</p> <p>Milestones have been set as part of the Remedial Breach notice.</p> <p>The package consists of senior clinical advise and a visit from the RCGP consisting pf a GP and Practice Manager</p>
<p>PCCC 15/06/08</p>	<p>VIOLENT PATIENT SCHEME</p> <p>The Committee discussed the potential for including this scheme as part of the re procurement of the Lundwood, Alternative Provider Medical Services (APMS) contract in order to provide a Barnsley service. Committee members felt that by including the Violent Patient Scheme as part of the APMS contract at Lundwood this may deter potential providers and it was therefore agreed to explore other options of providing this service in Barnsley.</p>	<p>VP/KM</p>	<p>Options for the provision of the Violent Patient Scheme are currently being explored.</p>

PRIMARY CARE COMMISSIONING COMMITTEE

30 July 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 six 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) • Three 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> <p>There are a number of new risks which the Committee is asked to consider adding to its risk register (see Appendix 2):</p> <ul style="list-style-type: none"> • Two risks have been drafted relating to the issues at Brierley and Shafton Practice, and • The Quality and Patient Safety Committee, having undertaken a thorough review of risks currently on the risk register and allocated to it, has identified two risks (references 14/10, relating to GP capacity in Barnsley, and 13/17, relating to clinical accreditation) which it feels would more properly fall to the Primary Care Commissioning Committee for monitoring going forward.
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• Consider whether the four risks at Appendix 2 should be added to the Primary care Commissioning Committee risk register..
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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 – July 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		<u>Scoring Description</u>			<u>Current Risk No's</u>	<u>Review</u>
Almost Certain	5	Catastrophic	5	Red	Extreme Risk	(15-25)	5	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	23	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	13	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	2	Yearly
Rare	1	Negligible	1	Total = Likelihood x Consequence				

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

Ref	Domain	Risk Description	Initial Risk Score			Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Residual Risk Score			Date Risk Assessed	Progress/ Update	Date for re-assessment
			Likelihood	Consequence	Score				Likelihood	Consequence	Score			
CCG 15/01		If the CCG is unable to deliver the delegated responsibilities within the financial allocation provided for this purpose (given Barnsley is the only area in South Yorkshire to be below target in terms of primary care expenditure (5%)) there is a risk to the CCG's ability to make investments during 2015/16 and to the delivery of its statutory financial duties	5	5	25	Assurances were received as to the sufficiency of the financial allocation during the application process. A designated financial representative from the CCG will support ongoing management of the budget. Regular network meetings will be held with NHSE. The financial position will be routinely reported to the PCCC going forward.	VP (Primary Care Commissioning Committee)	Risk Assessment	2	5	10	05/15	May 2015 Initial budget meetings have been held with NHSE and information shared with the PCCC	08/15
CCG 15/02		If there is not an adequate response to	3	3	9	The CCG has provided resources and support to the	KM	CQC reviews	3	3	9	04/15		07/15

			Initial Risk Score						Residual Risk Score					
Ref	Domain	Risk Description	Likelihood	Consequence	Score	Mitigation/Treatment	Lead Owner of the risk	Source of Risk	Likelihood	Consequence	Score	Date Risk Assessed	Progress/ Update	Date for re-assessment
		the CQC reports in respect of those practices deemed to be inadequate, there is a risk that when they are re-inspected the practices will not meet the requirements potentially leading to poor quality or unsafe services; reputational damage to the CCG; and the practices involved not maintaining their registration.				<p>affected practices to ensure robust action plans were provided to CQC in accordance with their required timescales.</p> <p>The Head of Quality for Primary Care Commissioning will continue to work with the practices as they work to deliver the necessary improvements.</p>	(Primary Care Commissioning Committee)							
CCG 15/03		If the CCG does not effectively discharge its delegated responsibility for contract performance management there is a risk that the CCG's reputation and relationship with its membership could be damaged.	3	4	12	<p>The CCG has access to existing primary care commissioning resource within the Area Team under the RASCI agreement.</p> <p>The CCG will seek to integrate Area team resources to ensure that the role is carried out consistently with the CCG's culture & approach.</p> <p>The CCG is also undertaking a review of management capacity which will incorporate proposed</p>	VP Primary Care Commissioning Committee	Risk Assessment	2	4	8	05/15	<p>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
						<p>delegated responsibilities.</p> <p>The CCG has an open channel of communication with the Membership Council regarding commissioning and contracting arrangements (eg equalisation).</p>								

RISK REGISTER

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)	4	Monthly
Likely	4	Major	4	Amber	High Risk	(8- 12)	13	3 mthly
Possible	3	Moderate	3	Yellow	Moderate Risk	(4 -6)	15	6 mthly
Unlikely	2	Minor	2	Green	Low Risk	(1-3)	3	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

RISKS RELATING TO THE SHAFTON AND BRIERLEY PRACTICE

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/X	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
15/Y	1, 7	If the premises issues at Brierley and Shafton Practice associated with the previous contract holder are not adequately	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.	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			
		resolved there is a risk to the reputation of the CCG and the potential for patients to move to other practices.				<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>								

FORMER QUALITY AND PATIENT SAFETY COMMITTEE RISKS FOR POSSIBLE TRANSFER TO PRIMARY CARE COMMISSIONING COMMITTEE

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 initiatives could be inconsistent</p> <p>(c) The people of Barnsley will receive poorer quality healthcare services</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, more efficient and flexible ways of working. The PMCF bid will see additional capacity made available outside normal hours.</p>	07/15
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		(d) Patients services could be further away from their home.											The CCG is also looking at creating 4 GP fellowships in partnership with SWYPFT.	
CCG 13/17	1, 5, 6	Capacity to effectively fulfill national requirements for clinical accreditation of Local and Directly Enhanced Services. Added 16.05.2013 by BR Clinical Risk	3	3	9	Accreditation Panel established AQP for carpal tunnel and vasectomies means these do not need re-accrediting as this happens as part of the contract award. The workload of the accreditation panel over the last 12 months has not been great.	MG (Primary Care Commissioning Committee)	Risk Assessment	3	3	9	06/15	<p>June 2015 Accreditation of the 2 practices extended for a further month.</p> <p>May 2015 Accreditation panel has met and accredited 2 practices for 1 month. AQP tender currently underway.</p> <p>April 2015 Risk remains as described. Review of vasectomy accreditation currently underway.</p> <p>October 2014 The CCG currently has 3 GP local enhanced services where it is the CCG's responsibility to ensure that the national requirements for clinical accreditation are fulfilled. The</p>	09/15

														services to which this applies are Vasectomies, Carpal Tunnel and DMARDS. The CCG will ensure that practitioners provide appropriate evidence which supports their clinical accreditation to provide these services.	
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PRIMARY CARE COMMISSIONING COMMITTEE**30 July 2015****Finance Report**

1.	PURPOSE OF THE REPORT
	To provide the Committee with the financial position of delegated primary care budgets for the period ending 30 June 2015.
2.	EXECUTIVE SUMMARY
	<p>This report is based upon information received from NHS England in relation to expenditure and forecasts for delegated Primary Care budgets.</p> <p>The information received to date indicates that the full level of funding will be utilised with no overspend, however, work is ongoing between the CCG Finance Team and NHS England to fully understand the likely outturn expenditure against these budgets.</p> <p>More detailed information and robust forecasts are expected over the coming months and variations will be discussed with the Budget Holder and reported to the committee</p>
3.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of the report

Agenda time allocation for report:	10 minutes.
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Report of:	Neil Lester
Designation:	Deputy Chief Finance Officer
Report Prepared by:	Neil Lester
Designation:	Deputy Chief Finance Officer

1.	SUPPORTING INFORMATION	
1.1	Links to the Assurance Framework	
	This report directly relates to risk 1.4 and 5.2 and the Governing Body Assurance Framework.	
1.2	Links to Objectives	
	To have the highest quality of governance and processes to support its business	✓
	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	
	Financial Implications	Yes
	Contracting Implications	Yes
	Quality	Yes
	Consultation / Engagement	Not relevant
	Equality and Diversity	EIA not undertaken
	Information Governance	Yes
	Environmental Sustainability	No
	Human Resources	Not relevant

NHS BARNSLEY CLINICAL COMMISSIONING GROUP

PRIMARY CARE COMMISSIONING COMMITTEE - FINANCE REPORT

FOR THE PERIOD ENDING 30 JUNE 2015

PRIMARY MEDICAL SERVICES	TOTAL ANNUAL BUDGET (£)			YEAR TO DATE (£)			FORECAST (£)			
(CO-COMMISSIONING - DELEGATED BUDGETS) BY TYPE	RECURRENT	NON RECURRENT	TOTAL BUDGET (£'000)	BUDGET	ACTUAL	VARIANCE OVER / (UNDER)	OUTTURN	VARIANCE OVER / (UNDER)	VARIANCE AS % OF TOTAL BUDGET	MOVEMENT FROM PREVIOUS MONTH
GENERAL PRACTICE - PMS	11,572,467	0	11,572,467	2,893,117	2,881,600	(11,517)	11,572,467	0	0.00%	0
GENERAL PRACTICE - GMS	8,594,892	0	8,594,892	2,148,723	2,139,645	(9,078)	8,594,892	0	0.00%	0
GENERAL PRACTICE - APMS	1,465,197	0	1,465,197	366,299	432,164	65,865	1,465,197	0	0.00%	0
PREMISES COST REIMBURSEMENT	5,082,145	0	5,082,145	1,270,536	1,282,820	12,283	5,082,145	0	0.00%	0
QOF	3,526,577	0	3,526,577	881,644	905,171	23,526	3,526,577	0	0.00%	0
ENHANCED SERVICES	1,523,982	0	1,523,982	380,996	381,824	829	1,523,982	0	0.00%	0
OTHER GP SERVICES (EXCLUDING CONTINGENCY)	887,255	0	887,255	221,814	58,189	(163,624)	887,255	0	0.00%	0
GP SERVICES - CONTINGENCY	306,650	0	306,650	76,663	76,663	0	306,650	0	0.00%	0
OTHER PREMISES COSTS	251,643	0	251,643	62,911	31,806	(31,105)	251,643	0	0.00%	0
DISPENSING AND PRESCRIBING DOCTORS	198,192	0	198,192	49,548	29,681	(19,867)	198,192	0	0.00%	0
TOTAL PRIMARY MEDICAL SERVICES	33,409,000	0	33,409,000	8,352,250	8,219,562	(132,688)	33,409,000	0	0.00%	0

Primary Care Co-Commissioning Committee

Thursday 30 July 2015

BRIEFING PAPER ON THE FRIENDS AND FAMILY TEST IN GP PRACTICES

1.	PURPOSE OF THE REPORT
	<p>The purpose of this briefing paper is to update the Primary Care Co Commissioning Committee on the Friends and Family Test which has been undertaken in GP Practices for the last 6 months.</p> <p>The paper also includes the current requirements for GP Practices</p>
2.	EXECUTIVE SUMMARY
	<p>The NHS Friends and Family Test (FFT) is an opportunity for patients to provide feedback on the services that are provided by General Practice in relation to care and treatment.</p> <p>It was initially introduced in 2013 on hospital wards, A&E departments and maternity services so that every patient on these wards and departments was able to give quick feedback on the quality of the care they received, giving hospitals a better understanding of the needs of their patients therefore enabling improvements to be made.</p> <p>In order to roll this initiative out across the health community, in July 2014 NHS England published implementation guidance for GPs. The formal process for Friends and Family Test was introduced to practices on the 1st December 2014.</p> <p>NHS England have been monitoring the data submitted from practices since January 2015 and feeding back the results to individual practices and CCGs.</p> <p>The FFT results show a wide variation in response rates, percentage of patients recommending and not recommending their GP Practice.</p>
3.	THE COMMITTEE IS ASKED TO:
	<ul style="list-style-type: none"> Note the contents of this Briefing Paper.

Agenda time allocation for report: 10 minutes

Report of: Jon Holiday Lead Service Development Manager

Report Prepared by: Gillian Pepper Head of Patient Experience and Designated Nurse for Safeguarding Adults and Karen Martin Head of Quality for Primary Care Commissioning General Medical Services

1.	SUPPORTING INFORMATION	
1.1	Links to the Assurance Framework	
	This report provides assurance in respect of risks 1.4 and 5.2 on the Governing Body Assurance Framework.	
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	n/a
	To support a safe and sustainable local hospital, supporting them to transform the way they provide services so that they are as efficient and effective as possible for the people of Barnsley	n/a
	To develop services through real partnerships with mutual accountability and strong governance that improve health and health care and effectively use the Barnsley £.	n/a
1.3	Governance Arrangements Checklist	
	Financial Implications	NR
	Contracting Implications	✓
	Quality	✓
	Consultation / Engagement	✓
	Equality and Diversity	✓
	Information Governance	N/R
	Environmental Sustainability	N/R
	Human Resources	N/R

2.	INTRODUCTION/ BACKGROUND INFORMATION
	<p>The FFT is a tool for patients to give feedback about their experiences of the service. A simple question asks how likely, on a scale ranging from extremely likely to extremely unlikely, a person is to recommend the service to a friend or family if they needed similar care or treatment.</p> <p>The real strength of the FFT lies in the follow-up questions that can be attached to the initial question, and is a rich source of patient feedback. The information can be used locally to highlight and address concerns much faster than more traditional survey methods.</p> <p>The comments can be fed into the Patient participation groups and also allows the Practice to action themes and trends.</p> <p>The FFT does not provide results that can be used to directly compare Practices. There are no response rate targets or minimum response numbers for GP Practices. However NHS England publishes each Practice list size to put the number of responses collected into context.</p>
3.	DISCUSSION
	<p>There are three requirements for GP Practices set out in the guidance.</p> <ul style="list-style-type: none"> • To make the opportunity to provide feedback through the FFT available to all patients at any time • To submit FFT data via the Calculating Quality Reporting Service (CQRS) each month • To publish the data locally <p>No submission</p> <p>Where the data is not submitted, this will be reflected in the publication with the words 'no data'. Commissioners should contact Practices that do not submit data to remind them that FFT is a contractual requirement.</p> <p>If a Practice fails to submit a second time a further letter can be sent or follow up phone call.</p> <p>If a Practice fails to submit a third time Commissioners will consider issuing a Breach of Contract Notice.</p> <p>Concerns about data quality</p> <p>Where NHS England Analytical Team has concerns about the data (because the number of responses is significantly higher than would be expected) then a review of the methodology can be undertaken.</p> <p>GP Practices that consistently send zero responses may be of interest as this may indicate a lack of process in place for data collection.</p> <p>Incorrect data submitted</p> <p>The CQRS system does not allow Practices to re-submit data once it has been submitted. Practices that realise they have submitted incorrect data, before the deadline for submitting data, can ask for their data to be removed by completing a simple pro-forma. In this case NHS England Analytical Team will</p>

	<p>replace the data with the words data submitted but not published due to issues with the data entry processes.</p> <p>Healthwatch are now available to support Practices in embedding the FFT within Practices.</p>
4.	IMPLICATIONS
	<p>There will be implications for Practices who fail to submit data for a third month in terms of a Breach of Contract Notice.</p> <p>Going forward, results from Practices across the Borough will be available which may have implications for patient choice and also could highlight areas where there concerns regarding quality of the service.</p>
5.	RISKS TO THE CLINICAL COMMISSIONING GROUP
	<p>The risks to are:</p> <ul style="list-style-type: none"> • Possible patient safety concerns in relation to quality of service • Potential risk of Practices been issued with a Breach of Contract Notice • Reputational risk of Practices with no submission, zero submission, poor response rates and a high percentage not recommending the Practice to friends and family.
6.	CONCLUSION
	<p>The FFT data collection is required from all GP Practices on an on-going monthly basis and the results will be analysed for trends as the FFT is a crude measurement of patient experience. Practices will be supported to ensure FFT is embedded however remedial action will be taken if there is a failure to comply.</p>