Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
shadow Governing Body held in public on 6 December 2012
in the Boardroom at 722 Prince of Wales Road, Darnall, Sheffield, S9 4EU

Present:
Dr Tim Moorhead, GP Locality Representative, West (Chair (Designate))
Dr Amir Afzal, GP Locality Representative, Central (for part of the meeting)
Ian Atkinson, Chief Officer (Designate)
Dr Margaret Ainger, GP Elected City-wide Representative
John Boyington, CBE, Lay Member (Designate)
Kevin Clifford, Chief Nurse (Designate)
Dr Richard Davidson, Secondary Care Doctor (Designate)
Amanda Forrest, Lay Member (Designate)
Tim Furness, Chief of Business Planning and Partnerships (Designate)
Dr Anil Gill, GP Elected City-wide Representative
Idris Griffiths, Chief Operating Officer (Designate)
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Dr Zak McMurray, Joint Clinical Director
Julia Newton, Chief Finance Officer (Designate)
Dr Richard Oliver, Joint Clinical Director
Dr Marion Sloan, GP Elected City-wide Representative
Dr Leigh Sorsbie, GP Locality Representative, North (for part of the meeting)

In Attendance:
Katrina Cleary, Locality Manager, Hallam and South
Carol Henderson, Committee Administrator (Designate)
Sophie Jones, Communications Officer
Simon Kirby, Locality Manager, North
Mike Smith, Chair, Sheffield Local Involvement Network (LINk)
Linda Tully, Company Secretary / CCG Authorisation Project Director
Dr Jeremy Wight, Director of Public Health
Richard Webb, Executive Director – Communities, Sheffield City Council
Paul Wike, Locality Manager, Central

Members of the public:

37 members of the public were in attendance.
A list of members of the public who have attended CCG Committee / Shadow Governing
Body meetings is held by the Company Secretary

289/12 Welcome ACTION

The Chair (Designate) welcomed members of the NHS Sheffield Clinical Commissioning Group (CCG) shadow Governing Body, those in attendance and observing, and members of the public to the meeting.

The Chair (Designate) also welcomed Mr John Boyington, CBE, NHS Sheffield CCG Lay Member (Designate), and Ms Amanda Forrest NHS Sheffield CCG Lay Member (Designate), to the meeting.
On behalf of the Governing Body, the Chair (Designate) thanked Mohammed Ismail, Malcolm Lindley, and Professor Malcolm Whitfield, for their invaluable advice, expertise and support to the CCG and other groups and meetings they had attended in their roles as Lay Advisors and as Non Executive Directors of the NHS Sheffield PCT.

290/12 **NHS Heroes Awards Ceremony**

The Chair (Designate) advised members that NHS Heroes is a new national recognition scheme led by NHS North of England and supported by the Department of Health. It is intended to give recognition to those individuals and teams identified by their patients and colleagues as going ‘the extra mile’ over and above their everyday duties.

In recognition of this accolade, he presented Dr Amir Afzal, GP, Duke Medical Centre, Clare Flanagan, Sheffield Stop Smoking Service, and Dr Margaret McKenna, GP, Norfolk Park Health Centre, with individual certificates signed by David Nicholson, NHS Chief Executive. He advised members that Dr Nigel Mathers, GP, Bluebell Medical Centre, had also been nominated, but was unable to attend the meeting to collect his award in person. This would be sent to him with an expression of thanks from the Governing Body.

Dr Afzal left the meeting at this stage.

291/12 **Apologies for Absence**

Apologies for absence had been received from Dr Ted Turner, GP Elected City-wide Representative.

Apologies for absence from those who were normally in attendance had been received from Rachel Dillon, Locality Manager, West, and Dr Mark Durling, Chairman, Sheffield Local Medical Committee

292/12 **Declarations of Interest**

There were no declarations of interest.

293/12 **Minutes of the CCG Committee meeting held in public on 1 November 2012**

The minutes of the Committee held in public on 1 November 2012 were agreed as a true and correct record and were signed by the Chair, subject to the following amendment.

**Updates from the Locality Executive Groups: HASC (minute 279/12 (c) refers)**

Second sentence to read as follows:

She also advised members that HASC would be appointing four community support workers, funded through the RFT programme.
Matters arising from the minutes of the meeting held in public on 1 November 2012

There were no matters arising that were not on the agenda.

Chair’s Report

The Chair (Designate) presented his report and offered to expand on any issues if members so wished. In addition to his report, he advised members that he and other CCG colleagues had attended the NHS Alliance Conference, at which the CCG had been awarded the position of runner up to the CCG of the Year at the NHS Alliance Acorn Awards.

The shadow Governing Body received and noted the report.

Chief Officer’s Report

The Chief Officer (Designate), informed members of the following matters:

- He recognised the pressures that staff were working under and complimented staff on their continued professionalism during this difficult period of transitional change.
- He recommended that all members of the Governing Body, staff, and members of the public, take a few moments to read the NHS Mandate for the Commissioning Board (NCB). He drew members’ attention to section 2.9, and the five key areas where the Government expected the NCB to make improvements.

The shadow Governing Body received and noted the report.

Finance Report

The Chief Finance Officer (Designate) presented this paper which provided members with information on the financial position to the end of October 2012 and an assessment of the possible outturn position against plan. She advised members that the CCG was broadly on plan to deliver the planned £0.5 million surplus at year end, and there should be enough flexibility in the system to achieve this. Although October had been a busy month at both acute hospitals, she had been able to release some reserves to cover this additional expenditure, due to further reductions in expenditure on prescribing and pharmacy budgets. A discussion would take place in the private session on how to manage activity and financial pressures in Quarter 4.

The Chair (Designate) commented that it was a testament to the effort made across the whole system that the CCG was in such a favourable position moving forward into the winter period.

The shadow Governing Body:
- Noted the position at Month 7.
- Endorsed the actions to manage the risks and challenges to secure deliver of the financial plan.
• Approved the budget changes made since the last report.

298/12 Delivery and Quality Report

The Chief Operating Officer (Designate) presented the key performance issues as at Month 7. He drew members’ attention to the following key highlights.

a) There had been some improvement in performance on delivery of 18 weeks and children's dental surgery.

b) QIPP efficiency savings: There was a slightly worsened position, with the end of year shortfall now predicted to be c.£700k.

c) 4 Hour A&E: The good performance at Sheffield Children’s NHS Foundation Trust (SCHFT) continued, however, A&E at Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) had been under considerable pressure recently, leading to a year to date performance just below 95%. We were working closely with the trust on residual actions to address this, including promoting patient use of pharmacies and the Walk in Centre. The intention was to get back up to 95% and achieve this average for the entire year.

Members asked if deeper analysis was available especially with regard to what proportion of people were seen within what time. The Chief Operating Officer (Designate) responded that although there was a broad range of measures available, some areas did not have comparative data. With regard to confidence in the trust achieving the 95% target, there were initiatives that the trust, along with the Local Authority, had taken that would give us greater confidence they were prepared, as well as a reminder from us that contract penalties would apply if they failed to achieve the target.

The Chief Operating Officer (Designate) advised members that in the past a study on the impact of messages advising people of the level of unnecessary use of A & E, and the cost of this, had been undertaken, which did not demonstrate that putting money into these messages resulted in a significant reduction of people going to A&E. However, we would continue to try and educate and inform the public of alternatives such as pharmacies and primary care.

Dr Oliver, Joint Clinical Director, also advised members that the work he was doing with NHS111 would help streamline people into knowing which part of the system they should go to

In addition to his report, the Chief Operating Officer (Designate) also advised members that he was expecting the NHS Mandate, rights, pledges and outcomes from the forthcoming NHS Plan to be reflected in his next report.

d) Quality

The Chief Nurse (Designate) drew the shadow Governing Body's attention to the following:
(i) Regulation: The final report from the Care Quality Commission's (CQC) unannounced inspection of Sheffield Children's NHS Foundation Trust on 16 October had confirmed that the Trust was compliant against all standards.

In addition to his report, the Chief Nurse (Designate) also advised members that the CQC had undertaken an unannounced inspection of Alpha private psychiatric hospital, which had resulted in a notice warning being issued. He advised members that although the PCT and the CCG did not use the hospital routinely, it was expected that the PCT had a quality oversight responsibility for any provider in its patch, whether it contracted with them or not.

(ii) Clostridium Difficile (C.Diff): A review had been undertaken of the 111 community cases that had occurred, which had also identified that if antibiotics had been prescribed, these had been prescribed appropriately. We had a slightly different pattern within South Yorkshire to the North of England, where community cases more closely correlate with cases in hospital and would be working with them on this.

(iii) Never Events: The Department of Health (DH) had updated its Never Events Policy, which now had an emphasis on zero tolerance of never events. We will be required to provide data on any never events that occur, both as commissioners and as providers.

(iv) Friends and Family Test: From April 2013, Trusts are asked to survey patients with the following question: "How likely are you to recommend ‘our ward/A&E department’ to friends and family if they needed similar care or treatment?" We are working with STHFT and Claremont Hospital in relation to them implementing this, which has to be asked on discharge, or within 48 hours of discharge, and not by someone directly involved in a patient's care, although it would be up to the provider as to how it was asked. He advised members that we would be monitored on how the survey was implemented.

In addition to his report, the Chief Nurse (Designate) also advised members that a new strategy for nursing care had been launched. A paper would be presented to a future meeting on what this meant for the CCG.

He also drew members' attention to the outcome of the DH's consultation: Contractual ‘duty of candour’ to drive a more open NHS culture, which was available on the DH website (http://www.dh.gov.uk/health/2012/12/duty-candour/).

The Chief Nurse (Designate) clarified that further information on the performance of our other providers, was presented to the CCG's Quality Assurance Committee. Ms Forrest asked if the third sector providers should be reported too, in order to raise their profile. The Chief Nurse (Designate) explained that the report only covered the major providers and, given the number of providers, it would not be possible to cover all providers individually and that he would be happy to discuss with Ms Forrest how these smaller contracts were
The shadow Governing Body:

- Noted progress relating to delivering the 2012/13 QIPP.
- Noted the key performance issues for Month 7.
- Noted the contracting performance as at Month 7.
- Noted the issues relating to quality.

299/12 Compliments, Complaints and MP Enquiries for Quarters 1 and 2 2012/13

The Chief Nurse (Designate) presented this report. He drew members' attention to the key issues which included a new section on compliments and an overview of all complaints received, the numbers of which were similar to the same period in 2011/12. He advised members that complaints relating to Continuing Health Care (CHC) were an issue as we were not always achieving the 25 day response rate target due to the complexity of some cases. He also advised members that complainants were kept informed if there were known delays in responding.

A discussion took place about how equality impact assessments of complaints could help give us indicative information about a service. Although, as the numbers of complaints are quite low, this may not provide statistically significant information, it would still provide intelligence about potential problems.

The shadow Governing Body approved the Compliments, Complaints and MP Enquiries Report for Quarters 1 and 2 2012/13.

300/12 2012/13 Business Plan Quarter 2 Update

The Chief of Business Planning and Partnerships (Designate) presented an update on progress and risks to delivery of business plan objectives. He advised members that performance had improved since Quarter 1 and the report showed better progress against the higher priority objectives.

The shadow Governing Body received and noted the report.

301/12 Introduction of Revalidation for Doctors

Dr Oliver presented a report outlining the progress on establishing systems to support revalidation of doctors in Sheffield. This had become an official requirement from 3 December 2012. All doctors have been allocated to a responsible officer and have had dates notified to the General Medical Council (GMC) for their revalidation. Responsibility for revalidation of Public Health doctors in Sheffield will remain the responsibility of the PCT. The GMC would be writing to all doctors confirming their individual revalidation dates over the next two months. From April 2013 the role of responsible officer and with it the responsibility for appraisal and revalidation of doctors will transfer to the Local Area Team (LAT).
The process of revalidation requires doctors to undergo an annual appraisal and on at least one occasion over a five year cycle to have completed a multi-source feedback involving patients and peers. The GMC provide guidance on what this must cover. Dr Oliver thanked Link for their comments on the questions which might be asked in relation to the MSF and confirmed he had sent these to the Local Area Team, which are making decisions on the MSF on behalf of Sheffield doctors.

The shadow Governing Body received and noted the report.

302/12 Commissioning Intentions for 2013/14

The Chief of Business Planning and Partnerships (Designate) gave an oral update on the process for developing commissioning intentions for 2013/14. He reported that he was working through the process of collating responses from practices and using Governing Body members’ portfolios. The Planning and Delivery Group (P&D) and Commissioning Executive Team (CET) were in the process of prioritising the long list, which would be followed by a review of any contractual implications. Further information, expansion and clarification had been requested on some proposals. The Health and Wellbeing Board meeting taking place on 20 December would also review these in terms of the Health and Wellbeing Strategy.

He advised members that he would put together a summary of all the proposals received from practices, which would be sent to them as part of the paper presented to the Governing Body in public in January.

The shadow Governing Body noted the report.

303/12 Research Management and Governance Arrangements

Dr McGinty, Locality Representative, Hallam and South, presented this report which advised members of the good progress that was being made on implementing the CCG’s research management and governance arrangements. He advised members that he had been invited to represent the CCG on the boards of the South Yorkshire Comprehensive Local Research Network (SYCLRN) and the Collaboration for Leadership in Health Research and Care (CLAHRC). He would circulate a paper he had found useful in understanding the research structure in South Yorkshire.

The Director of Public Health advised members that the School of Health and Related Research (ScHARR), which was a centre of excellence in research, teaching and consultancy across health services research, health economics and public health, held funding for public health research, some of which was unallocated and was looking for suggestions as to how this could be utilised. The Chief Officer (Designate) asked Dr McGinty and the Chief Nurse (Designate) to explore further at the event they would be attending with CLAHRC that evening as to how to bring some of that funding in.

The shadow Governing Body:
- Noted the progress achieved to date.
• Endorsed the further actions to be taken.
• Requested an update report to the February 2013 Governing Body meeting.

304/12 **Audit and Integrated Governance Committee (AIGC)**

The Chief Finance Officer (Designate) advised members that the next meeting of the shadow AIGC would take place on the afternoon of 13 December.

305/12 **Quality Assurance Committee (QAC)**

a) **Shadow Quality Assurance Committee 15 November 2012**

The Chief Nurse (Designate) presented the unadopted minutes of the meeting held on 15 November 2012. Discussions had focused in particular on the report on Sheffield Clostridium Difficile (C.Diff) Community Cases for Quarters 1 and 2 (Appendix 1) and the future actions that would be taken to reduce the number of incidences.

The shadow Governing Body:
• Received and noted the minutes.
• Endorsed the recommendations in the Clostridium Difficile report.

Professor Malcolm Whitfield, who had attended his last meeting of the group, was thanked by the shadow Governing Body for his contribution to the group over the past few years.

b) **Clinical Policies**

The Chief Nurse (Designate) presented the Clinical Audit Policy and NICE Implementation Policy, which had been reviewed in preparation for 1 April 2013.

The shadow Governing Body approved the policies.

306/12 **Updates from the Locality Executive Groups (LEG)**

a) **Hallam and South (HASC)**

The Locality Manager advised members that discussions at the last meeting had focused on the virtual ward project, and low morale in practices, which she felt could have an impact on the CCG’s planned / assumed engagement with them. This would be a standing agenda item for HASC LEG meetings from now on.

b) **North**

The Locality Manager advised members that the Practice Managers’ Group was proactively exploring the setting up of patient engagement groups. They had also asked for more feedback and a steer from discussions at Governing Body meetings.
c) Central

The Locality Manager advised members that discussions had focused on Practice Associations, the integrated team work they were trying to implement with Social Services and Age UK, patient representatives groups and getting them involved, and on changes to the Quality Outcomes Framework (QoF). He also advised members that two new LIFT buildings at Darnall and Norfolk Park had opened.

d) West

The Chair (Designate) advised members that the LEG was looking at commissioning intentions as a locality, and at Practice Associations work, which was a priority and had plans to accelerate. He also advised members that there were plans underway to replace the West Locality Manager, who was currently on secondment to the Locality from the Department of Health.

The shadow Governing Body received and noted the reports.

307/12 Reports for Noting

The shadow Governing Body received and noted the following reports:

- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings
- Summary report on Specialised and Collaborative Commissioning
- Progress report on Local Improvement Finance Trust (LIFT) Schemes
- Progress report on the Right First Time Programme
- Progress report on the implementation of the new NHS111 Service in South Yorkshire and Bassetlaw
- Minutes of the CBSS Advisory Group meetings held on 18 September 2012

308/12 Feedback from GPs and Lay Advisers

There was no further feedback from GPs and Lay Advisors this month.

309/12 Questions from the Public

A number of questions had been submitted prior to or at the meeting. The CCG's responses to these are attached at Appendix A.

The Chief Officer (Designate) reported that as well as responding to Questions from members of the public, the CCG complied with Freedom of Information requests and held its Governing Body meetings in public, which should give reassurance to the public that CCG business was being conducted in an open and transparent way in line with its constitution and the principles set out in the prospectus.

286/12 Confidential Session

The Committee resolved that representatives of the press and other
members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, section (2) Public Bodies (Admission to Meetings) Act 1960.

287/12  Any Other Business

There was no further business to discuss this month.

288/12  Date and Time of Next Meeting

The next meeting would take place on Thursday 10 January 2013 at 2.30 pm in the Boardroom, 722 Prince of Wales Road.
# NHS Sheffield Governing Body meeting 6 December 2012

## Questions from Members of the Public

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<tr>
<th>Name</th>
<th>Organisation</th>
<th>Question</th>
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<tr>
<td>Dr Gerald Penny</td>
<td>38 Degrees</td>
<td>Over and above those outlined in its constitution what practical proactive measures the CCG will take to inform the public of, and involve the public in, its decision making processes (for example publicising CCG meetings and decisions in the local press, media and in GP surgeries).</td>
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<td>B T Ogley</td>
<td>Sheffield Pensioners Action Group</td>
<td>In order to comply with its intention to take decisions in an open and transparent way will the CCG commit to disclose upon request all information that can be lawfully disclosed, rather than simply all information that must be disclosed?</td>
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<td>Sheila Abdullah</td>
<td>Keep Our NHS Public</td>
<td>Will the CCG commit to proceed to competitive tendering only where there is clear evidence that local NHS services would not be able to satisfy the requirement?</td>
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## CCG Response:

We are currently reviewing our systems and have introduced a Patient Engagement Advisory Panel. Traditionally, we have held annual general meetings for the public, but intend to hold more frequent meetings starting early in 2013. We regularly publicise decisions through the local press, both print and broadcast media. All our Governing Body meetings are held in public and are advertised on the public facing website, sometimes up to a year in advance. We are also developing mechanisms for patient and public feedback and input which will be widely advertised when they become available (community bulletins etc).

The CCG responds to requests for information through a framework that ensures quality and ethical standards are followed. This ensures we follow good practice and are compliant with the standards for confidentiality, data protection, Caldicott guidance, data quality, records management, information security and Freedom of Information. The framework stipulates that all information must be handled in a lawful manner.

The CCG is committed to ensuring high quality care for patients. As such it will consider for each service area how best this will be achieved. This may be through working in partnership with existing providers or through competitive tendering depending on the specific circumstances involved. In making decisions on procurement, the CCG will follow Department of Health guidance such as that set out in “Principles and rules for co-operation and competition”. The CCG is committed to delivering the NHS Constitution.
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| Ray Jackson    |                      | Will the CCG ensure that contractual provisions, procurement procedures and selection and award criteria are designed to ensure that contractors and providers are good employers who:  
- comply with all relevant employment legislation;  
- maintain acceptable standards of health and safety and comply with all legal obligations;  
- meet all tax and national insurance obligations;  
- practice effective equal opportunities policies and diversity strategies;  
- recognise trade unions.  
If so, how will the CCG ensure these obligations are complied with in practice? |
| Alison Brown   | Sheffield Save Our NHS | Will the CCG ensure that contractual provisions, procurement procedures and selection and award criteria are designed to ensure that contractors and providers are ethical organisations that:  
- meet all tax obligations and are transparent in their corporate tax affairs;  
- respect the environment and take appropriate steps to ensure that they minimise their environmental impact?  
If so, how will the CCG ensure these obligations are complied with in practice? |

**CCG Response:**

*When letting any contracts for the supply of goods and services the CCG will follow the requirements of its Standing Orders and Prime Financial Policies which are based on the model format issued by the Department of Health and intended to reflect best practice. Both documents have been incorporated into its Constitution.*

*In contracting for healthcare services the CCG will use the standard national contracts relevant to the type of healthcare being procured.*

*When issuing invitations to quote or to tender for the supply of goods and services and when selecting a preferred supplier as part of the procurement process the CCG will expect all parties to comply with relevant laws and regulations. The CCG will also follow the latest DH guidance. In awarding contracts it will use criteria for assessing contractor offers which are most appropriate for the service being procured.*
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When issuing invitations to quote or to tender for the supply of goods and services and when selecting a preferred supplier as part of the procurement process the CCG will expect all parties to comply with relevant laws and regulations. The CCG will also follow the latest DH guidance. In awarding contracts it will use criteria for assessing contractor offers which are most appropriate for the service being procured.

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<th>Question 6</th>
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<tr>
<td>Romola Guiton</td>
<td></td>
<td>Will the CCG ensure that any approved contractors or providers are transparent regarding any surplus income and profit margins included in tenders and procurement bids?</td>
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CCG Response:

When letting any contracts for the supply of goods and services the CCG will follow the requirements of its Standing Orders and Prime Financial Policies which are based on the model format issued by the Department of Health and intended to reflect best practice. Both documents have been incorporated into its Constitution.

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<tr>
<td>Geoffrey Turner</td>
<td></td>
<td>What was the total cost, including staff and legal costs, across the South Yorkshire Cluster, of conducting the most recent AQP process, covering Cardiology Diagnostics + 24 hour ECG; Carpal Tunnel and Flexible Sigmoidoscopy?</td>
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CCG Response:

The recent AQP process was managed collaboratively across South Yorkshire, with NHS Sheffield leading on the cardiology element, and NHS Doncaster and Rotherham on carpal tunnel and flexible sigmoidoscopy respectively. The main input required to the AQP process has been staff and clinical time from such as GPs. We do not keep detailed records of the amount of staff time which is spent on individual projects such as these AQP procurements so we cannot provide an estimate of the notional cost in terms of staff time and we have had no specific claims for such as locum cover for the GPs who were involved in the process. No additional staff were needed to allow the AQP procurements to take place. Equally, there was no external expenditure on such as legal costs as a result of the AQP procurement.
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<td>Mike Simpkin</td>
<td>Sheffield Save Our NHS</td>
<td>What is the current breakdown of ownership of estate and buildings in the LIFT scheme?</td>
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**CCG Response:**

The land and buildings for all LIFT properties built in Sheffield are owned by Community 1st Sheffield Ltd, which is established as a ‘LIFT Company’. A share in the LIFT company is owned by Sheffield PCT who hold a place on the Board of the company. It is expected that the ownership of this shareholding will transfer to the Department of Health on 31 March 2013, ownership of the land and buildings will remain with the LIFT company.

Sheffield PCT has a 25 year lease agreement with the ‘LIFT company’ which entitles it exclusive occupancy and use of all the LIFT properties in Sheffield, the PCT sub-lets all or part of LIFT premises to other occupants via under leases. The rights associated with the head lease and the rights and liabilities contained in the under leases are anticipated to transfer to NHS Property Services (NHS PS) on 31 March 2013.

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<td>Mike Simpkin</td>
<td>Sheffield Save Our NHS</td>
<td>What will be the ownership structure after April 2013? Will the NHS part of the estate (or any other ownership) be transferred to the new NHS PropCo? What body will determine rent levels and the required rate of return?</td>
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**CCG Response:**

The part of the estate relating to LIFT premises which will transfer to NHS PS is the lease agreement between Sheffield PCT and Community 1st Sheffield Ltd. The rent levels for these leases are governed by the Lease agreement. The responsibility for any under leases agreed by Sheffield PCT will also transfer to NHS PS, which will be the organisation responsible for setting rent levels within these agreements on the basis of the existing contracts.