



Durham Dales, Easington and Sedgefield Clinical Commissioning Group
North Durham Clinical Commissioning Group

**NHS DURHAM DALES, EASINGTON AND SEDGEFIELD
(DDES) CCG AND NORTH DURHAM CCG
PRIMARY CARE COMMISSIONING COMMITTEES
IN COMMON**

**Tuesday 21 May 2019
13:15 – 14:30**

**Main Hall, Lanchester Community Centre, Newbiggin Lane,
Lanchester, DH7 0NT**

CONFIRMED MINUTES

DDES CCG Primary Care Commissioning Committee

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| Present: | Andrew Atkin | (AA) | Lay Member |
| | Sarah Burns | (SB) | Director of Commissioning Strategy and Delivery |
| | Amanda Healy | (AH) | Director of Public Health, Durham County Council |
| | Feisal Jassat | (FJ) | Lay Member, Patient and Public Involvement (Chair) |
| | Mark Pickering | (MPi) | Chief Finance Officer |
| | Dr Jonathan Smith | (JS) | Clinical Chair |

North Durham CCG Primary Care Commissioning Committee:

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| Present: | Andrew Atkin | (AA) | Lay Member |
| | Mike Brierley | (MB) | Director of Commissioning Strategy and Delivery |
| | Joseph Chandy | (JC) | Director of Primary Care |
| | Richard Henderson | (RH) | Chief Finance Officer |
| | Feisal Jassat | (FJ) | Lay Member, Patient and Public Involvement (Chair) |
| | Dr Pat Wright | (PW) | GP Clinical Lead Representative, North Durham CCG |

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| In attendance: | Neil Bunney | (NBu) | Practice Manager, Skerne Medical Group |
| | Joseph Chandy | (JC) | Director of Primary Care (in attendance for DDES CCG) |
| | Amanda Healy | (AH) | Director of Public Health, Durham County Council (in attendance for North Durham CCG) |
| | Dr Christine Hearman | (CH) | GP, Practice Partner, Skerne Medical Group |
| | Helen Letts | (HL) | Finance Manager, Skerne Medical Group |
| | Sue Parr | (SP) | Executive Assistant, North Durham CCG |

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(minutes)

Marianne Patterson (MPa) Healthwatch County Durham Representative
 David Steel (DSt) Primary Care Business Manager, NHS England

Apologies:

Nicola Bailey (NB) Chief Officer
 Dr Ian Davidson (ID) Medical Director
 Dr Stewart Findlay (SF) Chief Officer
 Gill Findley (GF) Director of Nursing
 Dr David Smart (DSm) Clinical Chair
 Dr Dilys Waller (DL) Locality Lead, Durham Dales

Please note these minutes were recorded in the order in which the items were discussed.

| | Items | Action |
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| PCCCiC/19/37 | <p>Apologies for absence</p> <p>As recorded above.</p> | |
| PCCCiC/19/38 | <p>Declarations of conflicts of interest</p> <p>The Chair reminded members of the Committees of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of Durham Dales, Easington and Sedgfield (DDES) CCG and / or North Durham CCG.</p> <p>Declarations made by members of the Committees are listed in the CCGs' Registers of Interests. The Registers are available either via the secretary to the Primary Care Commissioning Committees or the CCG websites at the following links:</p> <p>https://www.durhamdaleseasingtonsedgfieldccg.nhs.uk/documents/declarations-conflict-interest</p> <p>http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/</p> <p>The following interests were noted or declared with regard to the items on the agenda:</p> <p>PCCCiC/19/43 Primary Care Networks – applications for approval and next steps</p> <p>Although there had been no significant conflicts of interest that had been addressed as part of the preparation of the report, it was acknowledged that some members of the Primary Care Commissioning Committees were partners of practices submitting applications to form networks and would have a non-financial professional interest in this item.</p> | |

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The following members of the Primary Care Commissioning Committees were in attendance and conflicted:

- Joseph Chandy, Director of Commissioning Strategy and Delivery
- Patrick Wright, GP Clinical Lead, North Durham CCG
- Jonathan Smith, Clinical Chair, DDES CCG

It had been agreed prior to the meeting that conflicted members could receive the report, attend the meeting and take part in the discussion but should not be involved with any decision making.

PCCCiC/19/45

Primary Care Budgets

Any members as general practitioners and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham would have an interest in the related contract and budget values for primary care, although these were based on national agreements. Those members of the Committees in attendance and conflicted were:

- Joseph Chandy, Director of Commissioning, Strategy and Delivery
- Patrick Wright, GP Clinical Lead, North Durham CCG
- Jonathan Smith, Clinical Chair, DDES CCG

No further action was required, the information summarised in the paper was based on national contractual agreements which had already been confirmed and no decisions were required from the committees.

PCCCiC/19/46

Joint Primary Care Quality Report (Quarter 4, 2018/19)

Any member as general practitioners and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had a non-financial professional interest in this item. Those members that were in attendance and conflicted were Joseph Chandy, Dr Jonathan Smith, and Dr Patrick Wright,

The conflicted members had received the report and could attend because there was no financial information included in the paper that could influence or benefit any conflicted member. The paper was for discussion and no decisions were to be made.

PCCCiC/19/50

Phoenix Medical Group Breach Outcome

Joseph Chandy, Director of Commissioning Strategy and Delivery, is a partner of East Durham Medical Group which merged with Phoenix Medical Group on 1 April 2019 and as such had a non-financial professional conflict of interest in this item.

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| | <p>It was agreed prior to the meeting that Joseph can receive the report, attend the meeting and take part in the discussion but should not be involved with any decision making.</p> | |
| PCCCiC/19/39 | <p>Identification of any other business</p> <p>PCCCiC/19/39-1 Skerne Medical Practice Pre-engagement <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> - Joseph Chandy <i>In attendance to provide the update</i> <i>Practice Manager</i> - Neil Bunney <i>Practice Partner</i> - Dr Christine Hearman <i>Practice Finance Manager</i> - Helen Letts</p> <p>JC opened this item by explaining that following the decision made by the Primary Care Commissioning Committee in December 2018 to support the closure of the Trimdon Village surgery but keep open the Fishburn Village surgery, the CCG had received complaints from Councillor John Robinson, who had raised his concern that the Fishburn site was not providing the general medical services (GMS) that it should be, especially during the holiday period. John Robinson had sought assurance for the Durham County Council Overview and Scrutiny Committee that Fishburn Village surgery could respond to the needs of its patients.</p> <p>NB, CH and HT introduced themselves for the benefit of the committee and members of the public.</p> <p>CH said that it had been explained during the previous engagement process that Skerne Medical Group (SMG) would struggle to secure enough GPs and Locum cover to look after patients for the period February 2019 to August 2019. Cover was particularly difficult during the school holidays when GPs wanted to take leave but Locums could choose not to work; in these circumstances one of the three practice partners would work from the Fishburn Village surgery if there was sufficient staff to do so. CH advised that SMG did provide a full, five day GP service at its other two sites (Sedgefield and Trimdon Village) and, when it had adequate staff to do so, it would provide GP cover at the Fishburn Village surgery.</p> <p>CH was keen to highlight that Fishburn Village surgery was open five days per week for patient appointments with the Practice Nurse, Nurse Practitioners and Health Care Assistants, and for phlebotomy services, but not a five day GP service.</p> | |

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| | <p>NB described the opening hours as: NB to send</p> <p>The Chair said that the pressures in recruiting GPs had been recognized as profiled recently in the national media, and fully understood the challenges the practice faced.</p> <p>JC advised that the Durham County Council Overview and Scrutiny Committee had requested an update on the outcome of the discussions today, and it was agreed that JC would draft this response which would include a recognition of the challenges SMG faced.</p> <p>Action: <i>JC to prepare a response to Councillor John Robinson, Chair of Durham County Council’s Adults Wellbeing and Health Overview and Scrutiny Committee.</i></p> <p>NB, CH and HT then left the meeting.</p> | <p>JC</p> |
| <p>PCCCiC/19/40</p> | <p>Minutes from the Primary Care Commissioning Committees in Common held on 21 March 2019</p> <p>The minutes were agreed as a correct record of the meeting.</p> | |
| <p>PCCCiC/19/41</p> | <p>Matters arising from the Primary Care Commissioning Committees in Common held on 21 March 2019</p> <p>There were no matters arising.</p> | |
| <p>PCCCiC/19/42</p> | <p>Action Log</p> <p>The action log was updated.</p> | |
| | <p><u>ITEMS FOR DECISION</u></p> | |
| <p>PCCCiC/19/43</p> | <p>Primary Care Networks – applications for approval and next steps</p> <p><i>Although there had been no significant conflicts of interest that had been addressed as part of the preparation of the report, it was acknowledged that some members of the Primary Care Commissioning Committees were partners of practices submitting applications to form networks and would have a non-financial professional interest in this item. The following members of the Primary Care Commissioning Committees were in attendance and conflicted, Joseph Chandy, Director of Commissioning Strategy and Delivery, Patrick Wright, GP Clinical Lead, North Durham CCG, Jonathan Smith, Clinical Chair, DDES CCG</i></p> <p><i>It had been agreed prior to the meeting that conflicted members could receive the report, attend the meeting and take part in the discussion</i></p> | |

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but should not be involved with any decision making.

The Chair explained that this was a significant agenda item covering a major development opportunity for GP practices. The role of the Primary Care Commissioning Committees was to receive the applications for approval and discuss next steps.

JC explained that Primary Care Networks (PCNs) were a new requirement through the GP Contract for practices to formally group together to consider the needs for the whole patient population and not just their own practice patients. The population size for each PCN would be between 30,000 and 50,000 patients. The guidelines stipulated that a PCN could not be below 30,000 unless an exception was made for 'rurality' and agreed by the CCG. The ceiling of 50,000 could be exceeded. In time it was expected that PCNs would work with Public Health colleagues on particular needs for the people they served, and work collaboratively with other practices to provide stretch services.

JC then took the committee through the paper paying particular attention to the following areas:

2.1: National Timescales. The national timescales for applying to become a network was 15 May 2019, with CCGs to confirm and approve all network areas by 31 May 2019 in a single process in order to ensure 100% patient population coverage. As could be seen, these were tight timescales and it was important that the Primary Care Committees received each application.

2.2: Network Direct Enhanced Services (DES). JC explained that the DES was a mechanism for general practices to commission other services (stretch services) over and above the General Medical Services (GMS).

3.2: Local Timescales. This section described that, in recognition of the amount of work that practices would need to do within the very tight national timescales, the CCG had offered an incentive of 50p per head of population, non-recurrent money, to those practices able to meet the deadlines.

4.2: Network Application Summary – DDES CCG. The table in this section listed all the practices within the DDES Networks and presented the patient list size prior to the initiative and as a PCN.

JC explained that the County Durham practices were currently configured into Primary Care Homes (PCH) within the DDES CCG geography and Teams Around Patients (TAPs) for North Durham CCG geography. For DDES CCG this configuration remained the same and was therefore a straight forward transition into PCNs.

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With regard to clinical leadership, it was noted that all the PCH Leads had become the PCN Clinical Directors, with the addition of Dr Matt Shield as the Clinical Director for Sedgefield 2. The full list of PCN Directors was included in the table.

JC highlighted that two PCNs were below the hard bottom of a 30,000 patient population. The CCG had followed the guidance in these two instances and had concluded that they would be allowed under the national criteria for rurality.

4.3: Network Application Summary – North Durham CCG.

The table in this section listed all the practices within the North Durham Networks and presented the patient list size prior to the initiative and as a PCN.

JC mentioned that Derwentside was an amalgamation of two TAPs into one large PCN. The patient list size of 93,870 was allowable and four GPs had agreed to a job share arrangement for the PCN Clinical Director role.

The Chester-le-Street practices had previously been grouped into one TAP covering the whole community but had decided that, for the benefit of patients, it would form two PCNs. This arrangement did, however, leave one PCN below the hard bottom and therefore did not fit the national criteria.

A second PCN, Durham East, was also below the hard bottom of 30,000.

The applications for these two PCNs had therefore been reported to the CCGs' Executive in Common (EiC) on 14 May 2019 for further discussion.

With regard to Clinical Leadership, it was noted that the Clinical Lead for the former Durham West TAP Dr Ellen Osborne had been replaced by Dr Sushil Ambrose Purushothaman for the Durham West PCN

With regard to the former Durham East TAP, it was noted that Claypath & University Medical Group had split off as a separate PCN (Claypath) with Dr Jan Panke as the Clinical Director. With a practice list size of 33,308 Claypath qualified to be a PCN in its own right. Dr Jack Bond was the Clinical Director for the remaining five practices forming Durham East PCN.

5.1: Exceptional circumstances. This section provided more detail with regard to the two DDES CCG and the two North Durham CCG PCNs that fell below the 30,000 threshold. It explained that in exceptional circumstances CCGs may 'waive' the 30,000 minimum population requirement.

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For the DDES CCG the two PCNs could demonstrate that they covered a large geographical area and were of a rural / remote nature with a low population density.

For the two North Durham CCG PCNs rurality could not be used as local exception criteria.

To demonstrate its eligibility the Durham East PCN, in conjunction with their neighbour Claypath PCN, had given written assurance to the CCG that they would be able to jointly provide GP extended hours and wrap staff around their populations in a meaningful way.

With regard to the Chester-le-Street area, four of the seven practices had declared that they wished to become a PCN on their own. This left the remaining three practices with a population of 23,444 which was significantly below the 30,000. At a meeting on 7 May 2019 the seven GP practice partners had agreed the configuration of the PCNs but had provided the CCG with assurance that they would be able to jointly provide GP extended hours and wrap staff around their populations in a meaningful way. An exceptional case proforma had consequently been completed for the Chester-le-Street (3 practice) PCN to assist the CCG in making its assessment and was attached to the report as Appendix 5. It was recommended that the Primary Care Commissioning Committees (PCCCs) considered the information provided.

5.7: Clinical Director Development. As PCNs were such a new initiative it had been recognised that some GPs would need help developing into their new role as PCN Clinical Directors. Four national training events would commence June 2019 and PCN Clinical Directors would be encouraged to participate in this key opportunity. Because DDES CCG and North Durham CCG had mature PCH and TAPs arrangements their Clinical Leaders had been approached by NHS England to provide some of the national training.

It was noted that for DDES CCG it has been a straight forward transition for the PCH Leads to PCN Clinical Directors, however, for North Durham CCG there had been a significant change to the clinical leadership structure.

JC then explained that the CCGs had worked very closely with Local Authority and Community colleagues with the support of Lesley Jeavons, Director of Integration. This engagement was important as it was expected that Community colleagues would become non-core members of the PCNs.

The Chair opened up the table for discussion.

AA asked if North Durham CCG had been assured that all mitigating arrangements would work effectively for the two Chester-le-Street

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PCNs, including the one that was below the 30,000 threshold. JC advised that the CCG had been assured the arrangement would work; in addition, a Memorandum of Understanding (MoU) would be developed between the two PCNs to work collaboratively in areas such as social care and adult community services.

LJ requested that, when the PCCCs considered the recommendations to approve the PCN configurations that the approval would be subject to every PCN signing up to a MoU with the County Durham Integration Board that would ensure the continuation of support for the TAPs model. It was noted that this was not an issue for other parts of the country as their TAPs had not been developed as far as the two Durham CCGs.

It was asked if patients would see anything different to the way they received primary care services. In response it was highlighted that, for County Durham patients, they would already be familiar with TAPs and PCH arrangement that put them at the centre of a support team. This process would be carried forward into PCNs. The key benefit of PCNs was that GPs felt they had been central to their development and that it was a tangible change and not just a change in name or logo. PCNs brought GP practices, social workers, community staff etc. together to talk about patients to ensure seamless patient care.

It was noted that patients would be informed of the changes to the way in which their care and treatment was delivered in PCNs via the Networks, with support from the CCGs' communications and marketing via the usual channels (eg social media, CCG web pages). Chris Cunnington-Shore, the Sedgefield Patient Reference Group Chair and member of Healthwatch County Durham, and Dr James Carlton, Medical Director for DDES CCG, were looking at this.

JC assured the Committees that the information missing from the two Primary Care Network Exceptional Case forms (Appendix 5) had been received by the CCG.

MP mentioned that the financial element for each application would need to be fully understood, as well as full details of a nominated bank account for each network.

The PCCCs noted that both the Integrated Care Partnership (ICP) and the Local Medical Committee (LMC) had given their approval for the PCNs. The PCNs were building blocks for the Integrated Care System (ICS) therefore the ICS was a key stakeholder. The decision made today by the PCCCs would need to go to the ICS however it was unknown if the ICS had the power to veto the decision. JC would update the PCCC on the outcome of the submission at the July PCCC meeting.

Action: JC to report on the outcome of the discussions at the

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| | <p align="center"><i>Integrated Care System meetings at the July PCCC meeting.</i></p> <p>The Chair brought attention to the recommendations outlined in the report which were:</p> <p>DDES CCG networks:</p> <ul style="list-style-type: none"> • All Network applications for DDES CCG be approved as outlined in Appendix 1; • The DDES Networks reconfirm their nominated bank account for the DES funding to be paid into. <p>North Durham networks:</p> <ul style="list-style-type: none"> • The Network applications for North Durham CCG be approved as outlined in Appendix 2. • The North Durham Networks reconfirm their nominated bank account for the DES funding to be paid into. <p>With regard to the second point, MP clarified that the CCGs were asking PCNs to reconfirm their nominated bank accounts as there had been some uncertainty in the guidance. It was noted that it was the practice's choice regarding which specific practice/federation account was nominated.</p> <p>The Chair summarised the amendments to the recommendations as discussed above and asked for a show of hands by the voting members of the DDES CCG PCCC for the DDES PCNs and similarly a show of hands by the voting members of the North Durham CCG PCCC for the North Durham PCNs.</p> <p>The Primary Care Commissioning Committees approved all Primary Care Network applications for DDES CCG and North Durham CCG subject to the additional recommendations that:</p> <ul style="list-style-type: none"> • all PCNs reconfirmed their nominated bank accounts, • all PCNs signed up to a Memorandum of Understanding with the County Durham Integration Board to support the TAPs configuration. | |
| | <p><u>ITEMS FOR DISCUSSION</u></p> | |
| <p>PCCCiC/19/44</p> | <p>Combined Risk Management Update Report <i>Chief Finance Officer, DDES CCG – Mark Pickering</i> <i>Chief Finance Officer, North Durham CCG – Richard Henderson</i></p> <p>MPI presented the report which was the first report for the new financial year 2019/20.</p> <p>MPI brought attention to the red risk for this financial year relating to the delivery of Constitutional Standards for both CCGs. The report captured the actions being taken with regard to Ambulance and</p> | |

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| | <p>Accident and Emergency (A&E) services. It was noted that no new risks had been added to either of the CCG's risk registers; no risks had been closed in DDES CCG's risk register and one risk has been closed in North Durham CCG's risk register.</p> <p>MPI advised that the potential risks associated with EU Exit would continue to be part of report for the time being.</p> <p>The PCCCs noted that an updated Assurance Framework would be presented to Executive Committees and Governing Bodies w/c 27 May 2019.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • received the report and appendices, • noted the current risks facing the CCGs, • received assurance that mitigating actions were in place to ensure that the risks of the CCGs' were being appropriately managed. | |
| <p>PCCCiC/19/45</p> | <p>Primary Care Budgets <i>Chief Finance Officer, DDES CCG – Mark Pickering</i> <i>Chief Finance Officer, North Durham CCG – Richard Henderson</i></p> <p><i>Any members as general practitioners and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham would have an interest in the related contract and budget values for primary care, although these were based on national agreements. Those members of the Committees in attendance and conflicted were Joseph Chandy, Director of Commissioning Strategy and Delivery, Patrick Wright, GP Clinical Lead, North Durham CCG and Jonathan Smith, Clinical Chair, DDES CCG</i></p> <p><i>No further action was required, the information summarised in the paper was based on national contractual agreements which had already been confirmed and no decisions were required from the committees.</i></p> <p>RH spoke to the report which set out the position for delegate primary care budgets for 2019/20, the movement of funding allocations and changes to the nationally negotiated contract changes for 2019/20.</p> <p>It was noted that the funding allocations for the 2019/20 Primary Medical Services (PMS) were published in March 2019. The details were summarised as:</p> <ul style="list-style-type: none"> • £45,123k for DDES CCG, an increase of £1,086k or 2.47% from 2018/19, • £35,445k for North Durham CCG, an increase of £988k or 2.87% from 2018/19. <p>RH advised that although the CCGs had received substantial growth</p> | |

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in funding there would be an equally significant increased cost for services and considerable investment in Primary Care Networks (PCNs). The total uplift for per weighted patient population was £0.92.

With regard to PCNs, an engagement payment of £1.76 per weighted patient would be made to practices for signing up to a PCN. Practices would be offered a new Network Contract – Directed Enhanced Service (DES). The DES would provide funding for practices to form and develop networks, as well as for additional workforce (director, clinical pharmacist, social prescriber) and services to be delivered by the network.

RH drew attention to the Table 1 on page 6 – Financial Impact of Contract Changes. The table highlighted the total net impact of the contract changes was £1,347k for DDES CCG and £1,078k for North Durham CCG. The total net impact of nationally agreed contract changes for 2019/20 amounted to an increase in costs (pressures) of £1,347k for DDES CCG and £1,078k for North Durham CCG.

Table 2 on page 7 detailed the total financial pressures for the CCGs split into contract changes, demographic growth etc. which amounted to £811k for DDES and £431k for North Durham CCG. RH advised that, although some slippage on budgets may materialise in year, e.g. in respect of the Quality Outcomes Framework (QOF) and enhanced services and that this could potentially be used to address the short fall, if the pressures remained then the shortfall would need to be funded from the CCGs' core budget and this would impact on the ability to invest in other primary care services.

RH highlighted that there was potential to use the savings from the Primary Medical Services (PMS) premium, which was currently invested in the Practice Based Budget Scheme/Fair Funding Scheme. He said that the money could be used to offset the potential overspend on the primary care budget but there would still be a net pressure in other areas.

RH advised that the CCG funding allocations for delegated Primary Care Budgets were set on a different formula to that used for the national General Medical Services (GMS) contract. This was causing a financial pressure as the growth in allocations was not sufficient to cover the growth in the contract uplift. This was a national issue that had been flagged to the local NHS England team.

JC asked for it be noted that, although the PCNs provided an exciting development for practices, he acknowledged that that change came with financial obligations for the CCGs. It was unfortunate that the impact of resourcing the PCNs had, for the first time, created an overspend within the Primary Care Budgets that the CCGs would now need to manage.

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| | <p>RH advised that the finance team would monitor spend over the next 11 months.</p> <p>In response to AA’s query with regard to the two formulas ‘working in separate directions’, it was noted that the issue did not just affect the CCGs in the North East but was linked to deprivation in the local population. It affected different CCGs in different ways, some would benefit and some would be substantial losers. The County Durham CCGs were lobbying because it unfairly affected the North East.</p> <p>The Chair thanked the finance team for explaining the opportunities with regard to funding and lobbying on behalf of the CCGs.</p> <p>The Committees noted that the main risk in relation to Primary Care Budgets was the pressure arising from the contract changes which must be met in year from Delegated Primary Care budget or potential Core CCG budgets. Those risks had been captured as part of the risk register.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • noted the funding allocation for primary medical services in 2019/20 and estimates for future years, • noted the financial impact of the contract changes, • noted the risks outlined in the report. | |
| <p>PCCCiC/19/46</p> | <p>Joint Primary Care Quality Report (Quarter 4, 2018/19) <i>Director of Commissioning Strategy and Delivery</i> – Joseph Chandy</p> <p><i>General practice members and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had a non-financial professional interest. Those members were Joseph Chandy, Dr David Smart, Dr Jonathan Smith and Dr Patrick Wright, also Dr Ian Davidson (not in attendance) and Dr Rushi Mudalagiri (not in attendance). It had been agreed prior to the meeting that the members would receive the paper and those present could remain in attendance because there was no financial information included in the paper that could influence or benefit any conflicted member. The paper was for discussion and no decisions were to be made.</i></p> <p>Gill Findlay (GF) and sent apologies for the meeting therefore JC presented the detailed report and highlighted the following key points:</p> <ul style="list-style-type: none"> • The process for the management of serious incidents in Primary had care transferred from NHS England to the CCGs on 1 April 2019. A Quality and Development Manager and North of England Commissioning Support (NECS) Clinical Quality Manager were currently updating DDES and North Durham Practice Managers on the changes to the management process. | |

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| | <ul style="list-style-type: none">• The NHS England primary care website closed on 31 March 2019 and a new primary care indicators website has been launched. The General Practice Indicators and GPIT Digital Maturity Indicators will be visible from May 2019.• No Care Quality Commission (CQC) primary care medical inspection reports had been published for practices in DDES CCG and North Durham CCG since the Quarter 3 2018/19 Joint Primary Care Quality Report. <p>With regard to CQC inspections, JC advised that:</p> <ul style="list-style-type: none">• a number of revisits were about to take place for Practices that had been rated as 'requires improvement'.• Another practice had achieved 'outstanding' – Silverdale Family Practice.• East Durham Medical Group had maintained its 'outstanding' status following its merger with Phoenix Medical Group. <p>MP advised that he had seen an interesting presentation from the CQC at a recent GP cross-working meeting. It informed practices that the CQC was aiming to reduce the frequency of formal inspections for those practices that had been rated as 'good' or 'outstanding' and move to a more continuous information-sharing system.</p> <p>Committee members were asked to send any further questions in writing to GF.</p> <p>The Primary Care Commissioning Committees noted and discussed the content of the report.</p> | |
| PCCCiC/19/47 | <p>Primary Care Finance Report <i>Chief Finance Officer, DDES CCG – Mark Pickering</i> <i>Chief Finance Officer, North Durham CCG – Richard Henderson</i></p> <p>MP spoke to the report that presented a summary of the financial position on primary care budgets for the year ending 31 March 2019. This included those primary care budgets delegated from NHS England and also any other elements of primary care spend within Clinical Commissioning Groups' (CCGs') main commissioning budgets.</p> <p>Although the report presented the final outturn position on primary care budgets, it was still subject to audit and certain estimates had been included where final costs/activity information was not available.</p> <p>Both CCGs were reporting a forecast underspend in-year against primary care delegated funding (Personal Medical Services [PMS] budgets). This offset against the planned overspend against CCG primary care funding, and reflected the re-investment of PMS transition monies</p> | |

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| | <p>It was noted that the majority of budget values / contracts were relatively fixed in nature and we would not typically expect significant variation in costs.</p> <p>The Chair highlighted that the overspend for both CCGs would be offset by underspend in other budget areas; that was good news and thanked the team for ensuring that the CCGs remained within budget.</p> <p>In response the Chair's enquiry, MP advised that audits tended to have a quick turnaround and would be completed by the end of May.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • received the report, • noted the outturn financial position in respect of primary care budgets (subject to audit). | |
| <p>PCCCiC/19/48</p> | <p>Primary Care Development Update <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> - Joseph Chandy</p> <p>The purpose of the report was to provide an update to the Committees on the progress made by the CCGs on delivery against the General Practice Forward View and the ten high impact areas. The report highlighted key areas and included an update on the new GP Contract and Long Term Plan.</p> <p>JC highlighted the following key areas:</p> <p>It was noted that the CCGs were working closely with the Overview and Scrutiny Committee (OSC) which had since January 2019 held a series of cross-party working groups to look at different aspects of primary care. GF and JC had attending a meeting earlier in the day when they had discussed staffing structures and skill mix across GP practices, also 7 day access and extended hours.</p> <p>Healthwatch County Durham had undertaken an audit on Care Navigation. The evaluation had been completed and the report signed off by the CCGs. The report content would be available on the Healthwatch website from May 2019. It was noted that the majority of practice staff had taken part in the survey, with 300 being returned to Healthwatch by staff and patients. Over 60% of patients had indicated they would be happy to be navigated by a receptionist. There had been a couple of responses by patients saying that they had a general problem with getting an appointment with a GP. An action plan was now being developed jointly by the Healthwatch team and primary care partners to address any issues.</p> <p>The CCGs were in the process of producing a 12 month plan (2019/20) to replace the current Primary Care Strategies, this is to</p> | |

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| | <p>align to the new NHS England 10 year plan. The final document would be presented to the PCCCs at a later date.</p> <p>JCh reported that the outcome of a recent internal audit of the Primary Care Directorate was that both CCGs were generally compliant and that both CCGs were issues with an assurance level of substantial with no issues identified. Following the in depth audit there was no action plan required and NHS England have asked whether the primary care team for both CCGs would be willing to be on hand to advise other CCGs who might need support.</p> <p>Drawing discussion to a conclusion the Chair requested the following reports to be brought back to the PCCCs:</p> <ul style="list-style-type: none"> • A Primary Care resilience report to be submitted to the Primary Care Commissioning Committees in November 2019. • An update report on the Locality Champions' scheme to be submitted to the Primary Care Commissioning Committees in September for information. • Healthwatch County Durham to present their action plan on Care Navigation to the Primary Care Commissioning Committees in July 2019. • The final CCG 12 Month Plan to be presented to the Primary Care Commissioning Committees at a future date. <p>The Primary Care Commissioning Committees received the report and noted its contents.</p> | <p>JC</p> <p>JC</p> <p>MP</p> <p>JC</p> |
| | <p><u>FOR INFORMATION</u></p> | |
| <p>PCCCiC/19/49</p> | <p>West Rainton Surgery – Cessation of Dispensing</p> <p>DSt presented the report which provided information regarding the cessation of dispensing services previous provided by West Rainton Surgery.</p> <p>It was noted that West Rainton surgery had notified NHS England on 31 January 2019 that it was their intention to cease dispensing services from the 30 April. Regulations stated that a dispensing practice had the right to close the dispensary with a 3-month notice period and it was not necessary for the commissioner to either approve or reject the proposal.</p> <p>As part of the engagement to notify patients and stakeholders of the decision to cease dispensing the practice had discussed it with the Patient Participation Group, issued letters to all dispensing patients and had placed posters around the practice and on its website. The practice had also informed local pharmacies, GP practices, the Durham County Council Overview and Scrutiny Committee and Healthwatch County Durham.</p> | |

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| | <p>A brief discussion that took place which was summarised as follows:</p> <ul style="list-style-type: none">• it was noted that a paper would be submitted to Healthwatch County Durham providing an impact assessment due to the change in dispensing services in the West Rainton area.• The impact of the closure may be less than it used to be. A lot of patients now use the on-line pharmacy. JS advised that 100 of his practice patients use it to get their prescriptions delivered to their home.• The primary care budget would be £50,000 better off following the cessation of the dispensing service. <p>DDES CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none">• noted the content of the report,• noted that the practice had provided the 3 months-notice period and had communicated its decision to patients and stakeholders. | |
| <p>PCCCiC/19/50</p> | <p>Phoenix Medical Group Breach Outcome <i>Joseph Chandy, Director of Commissioning Strategy and Delivery, was a partner of East Durham Medical Group which merged with Phoenix Medical Group on 1 April 2019 and as such had a non-financial professional conflict of interest in this item. It was agreed prior to the meeting that JC could receive the report, attend the meeting and take part in the discussion. The paper was for information and no decisions would be made.</i></p> <p>The purpose of the report was to provide an update to DDES CCG PCCC regarding the outcome of the breach notice issued to Phoenix Medical Group on 16 January 2019 following a Care Quality Commission (CQC) inspection on 18 October 2018 in which identified the practice as 'inadequate' and remained in special measures.</p> <p>The report provided an update on the evidence received from the practice relating to the remedial breach issued on the 16 January 2019.</p> <p>It was noted that a substantial amount of information had been received by the Confidential Primary Care Commissioning Committees.</p> <p>It was noted that DSt had been actioned to prepare the letter to inform Phoenix Medical Group that the evidence they had provided had been satisfactory and addressed the concerns that were raised within the remedial breach notice.</p> <p>The DDES CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none">• noted the outcome of the discussion that took place in the confidential section of the meeting when consideration was | |

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| | <p>given to the evidence provided by the practice in response to the breach notice,</p> <ul style="list-style-type: none"> noted the decision made with regard to the issuing of a letter to the practice confirming that the evidence they had provided was satisfactory and addressed the concerns that were raised within the remedial breach notice. | |
| <p>PCCCiC/19/51</p> | <p>AuditOne Final Report: Primary Medical Care Commissioning North Durham CCG 2018-19/11 and Durham Dales, Easington and Sedgfield (DDES) CCG 2018-19/11 <i>Director of Commissioning, Strategy and Delivery, DDES CCG and North Durham CCG</i> <i>- Joseph Chandy</i></p> <p>The report provided information on the audit of the primary care directorate which had been undertaken by AuditOne.</p> <p>Over a three month period AuditOne had scrutinised the CCGs' commissioning cycle, looking at everything with regard to:</p> <ul style="list-style-type: none"> commissioning and procurement of services (including pipeline), contract oversight and management functions, primary care finance, and governance (common to each of the above areas). <p>This was to ensure the decision making process was robust and aligned to the original CCGs' Primary Care Strategy.</p> <p>The Committees noted that normally CCGs would then be issued with an action plan for areas requiring improvement. JC was pleased to report that neither CCG received an action plan. Moreover, NHS England has asked if the primary care commissioning team could be contacted by other CCGs that might need support during the audit process.</p> <p>The Chair FJ said that this was a great result for the CCGs and asked JC to pass on his congratulations to the commissioning team.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> noted the content and outcome of the audit undertaken by AuditOne for both North Durham CCG and DDES CCG, noted that both CCGs were issued with an assurance level of substantial and no issues were identified, noted that there was no action plan following this in-depth audit. noted that NHS England has asked whether the Primary Care Team for both CCGs would be willing to be on hand to advise other CCGs who might need support. | |
| <p>PCCCiC/19/52</p> | <p>Questions from the Public</p> <p>There were no questions from the public to consider.</p> | |

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| PCCCiC/19/53 | Other Business There were no items of other business. | |
| PCCCiC/19/54 | Standing item: Risk Round Up No new risks were identified during discussion at the meeting. | |
| PCCCiC/19/55 | Date and time of next meeting The next meeting would be held on Tuesday, 16 July – venue to be confirmed. | |
| | Contact for the meeting: Susan Parr, Executive Assistant, North Durham CCG Tel: 0191 389 8621 Email: susan.parr@nhs.net | |

Signed.....

Chair: Feisal Jassat

Date.....