



Primary Care Commissioning Committee – In Public

12 January 2016

1.00-2.00pm

The Hub, Barnard Castle

CONFIRMED MINUTES

Present:

David Taylor-Gooby	Chair – Lay member (Patient and Public Involvement)
Dr Stewart Findlay	Chief Clinical Officer
Nicola Bailey	Chief Operating Officer
Mark Pickering	Chief Finance Officer
Gill Findley	Director of Nursing
Sarah Burns	Director of Commissioning
Anna Lynch	Director of Public Health, Durham County Council
Dr Helen Moore	Locality Lead, Sedgefield
Dr Robin Armstrong	Locality Lead, Easington
Dr Dilys Waller	Locality Lead, Durham Dales

In Attendance:

Joseph Chandy	Director of Primary Care, Partnerships and Engagement
Denise Jones	Primary Care Commissioning Manager, NHS England Area Team (Representing Christine Keen)
Sue Humpish	Executive Assistant – Minutes
Margaret Wells	Governance Administrator

Apologies:

Dr Nari Pindolia	Locality Lead, Durham Dales
Dr Jonathan Smith	Clinical Chair
Christine Keen	Director of Commissioning, NHS England Area Team
Judith Mashiter	Chair, Healthwatch, County Durham

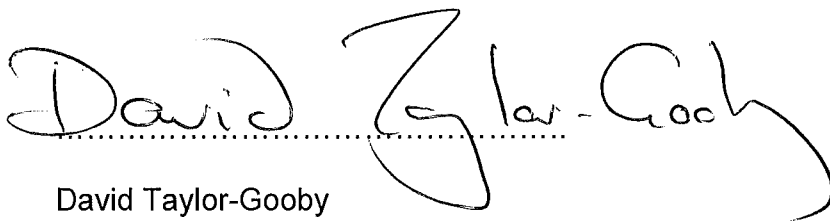
Item No		Action
PCC/15/031	Apologies for Absence Colleagues were welcomed to the meeting and apologies noted.	
PCC/15/032	Declarations of Conflict of Interest In terms of agenda items, DW, RA, SF and HM declared an interest in items PCC/15/037 Primary Care Strategy and PCC/15/039 Support for vulnerable GP practices. They would participate in discussions, but not in any decision making on these items.	

PCC/15/033	<p>Minutes of the previous meeting held on 10 November 2015</p> <p>The minutes were accepted as a true record of the meeting.</p>	
PCC/15/034	<p>Matters arising from the minutes of the previous meeting held on 10 November 2015</p> <p>There were no matters arising.</p>	
PCC/15/035	<p>Review of Action Log</p> <p>The action log was reviewed and updated.</p>	
PCC/15/036	<p>Memorandum of Understanding <i>Nicola Bailey, Chief Operating Officer</i></p> <p>The paper presented the Memorandum of Understanding (MOU) that was in place between NHS England and DDES CCG which outlined the arrangements for delivering duties with regard to general practice commissioning under primary care co-commissioning and set out how the primary care delegated commissioning process would work in practice. It was stressed that this was a standard MOU which covered all CCGs.</p> <p>Attention was drawn to some of the key content of the MOU and the responsibilities of NHS England and the CCG. There was a small team of NHS England staff dedicated to supporting CCGs in a number of areas e.g. funding, contracting etc.</p> <p>As primary care co-commissioning developed, the MOU would be updated to reflect any changes. However, there was no option for CCGs to change the document which would be signed by the CCG. The MOU did not have any legal status - the contract signed by the CCG and NHS England was the legal agreement.</p> <p>It was pointed out that the MOU did not include the monitoring of NICE compliance in practices or how assurance would be given that practices were implementing recommendations in safety alerts. However, work had already commenced on a system for practices to complete a return for the CCG on NICE compliance.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • received the Memorandum of Understanding between DDES CCG and NHS England. 	

PCC/15/037	<p>Primary Care Strategy <i>Joseph Chandy, Director of Primary Care, Partnerships and Engagement</i></p> <p>DW, RA, SF and HM declared an interest in the item. They would participate in discussions, but not in any decision making.</p> <p>A presentation on the Primary Care Strategy refresh was given, which included:</p> <ul style="list-style-type: none"> • feedback from Council of Members • feedback from members of the public • updated vision • updated objectives • content of refreshed strategy building on achievements • timescales <p>It was commented that engagement with the public was important, as was communicating what was happening as a result of their feedback as this helped to build the confidence of the public in the CCG.</p>	
PCC/15/038	<p>Primary Care Commissioning update <i>Nicola Bailey, Chief Operating Officer</i></p> <p><u>Business Continuity</u> NHS England and CCGs were working together to include how to deal with emergency situations in practices, including the role of CCGs and communication with patients etc.</p> <p><u>Care Quality Commission (CQC) Inspections</u> A meeting took place in November to discuss how to work with practices identified in CQC inspections as under special measures or requiring improvement. A policy would be drawn up and brought to a future Committee for adoption.</p> <p><u>Assurance Process</u> A policy was being written to set out how NHS England would assure itself that practices were delivering high quality services e.g. use of intelligence and responsibilities of NHS England and CCGs.</p> <p><u>Primary care premises funds</u> CCGs have been asked to lead on the process for the Primary Care Transformation fund which provided financial support for not only premises issues, but wider, innovative transformation of primary care. The CCG would collect bids and submit them to NHS England by the end of February.</p>	

	<p><u>Voluntary Contract</u> There had been a lot of coverage in the press about GPs delivering seven day services and the expectation that this would be delivered across the board by 2020, with 20% by 2017. So far in DDES, it was estimated that there was 5% delivery of seven day services.</p> <p>A debate ensued which included the fact that seven day services could be delivered on a federation basis rather than by individual practices in order that the population had access to a GP, even if was not in their regular practice. It was recognised that patients do not generally use Sunday primary care appointments, though the need for appropriate weekend services in secondary care was more of a key issues because of the higher weekend mortality rate. This might not be GPs, but different services such as testing and nursing.</p> <p>On a positive note, DDES CCG had done a lot of work already on setting up federations, enhancing services and already providing more GP appointments on weekends. Not all areas did this yet.</p>	
PCC/15/039	<p>Support for vulnerable GP practices <i>Joseph Chandy, Director of Primary Care, Partnerships and Engagement</i></p> <p>W, RA, SF and HM declared an interest in this item. They would participate in discussions, but not in any decision making.</p> <p>Colleagues were informed of a new Vulnerable Practice Payment scheme being put in place. This could include those in special measures or requiring improvement and each practice would need to meet a set of criteria in order to participate, as well as providing matched funding. NHS England had asked the CCG for a list of practices that it considered eligible.</p> <p>In response to this request, the Executive Committee had agreed that as the scheme required practices to match fund, it would be more appropriate for practices to nominate themselves rather than being picked out by the CCG. It had been agreed that no DDES practices stood out in terms of the eligibility criteria or performance issues and that NHS England would identify any issues arising from CQC inspections.</p> <p>A letter had been sent to practices inviting them to put themselves forward. So far, three expressions of interest had been received and would be assessed against the criteria before the response to NHS England was due on 15 February before the small amount of funding was allocated. This number was on par with the nominations coming from other CCGs.</p>	

PCC/15/040	Any other business There was no other business.	
	Next meeting Tuesday 8 March 2016 at Horden Social Welfare Centre, Peterlee	

Signed: 
 Name: David Taylor-Gooby
 Title: Lay Member – Patient and Public Involvement
 Date: 17 March 2016

