



## **Primary Care Commissioning Committee**

**10 November 2015**

**1.00pm – 2.00pm**

**Spennymoor Town Hall**

### **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 Rushi Mudalagiri (part)	Locality Lead, Easington
Dr Dilys Waller	Locality Lead, Durham Dales

#### **In Attendance:**

Joseph Chandy	Director of Primary Care, Partnerships and Engagement
Judith Mashiter	Chair, Healthwatch County Durham
Sue Humpish	Executive Assistant – Minutes
Margaret Wells	Governance Administrator

#### **Apologies:**

Christine Keen	Director of Commissioning, NHS England Area Team
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<b>Item No</b>		<b>Action</b>
PCC/15/021	<b>Apologies for Absence</b>  Colleagues were welcomed to the meeting and apologies noted.	
PCC/15/022	<b>Declarations of conflicts of interest</b>  There were no additional declarations of conflict of interest make linked to the agenda .	
PCC/15/023	<b>Minutes of the meeting held on 7 July 2015</b>  The minutes of the meeting were accepted as an accurate record.	

PCC/15/024	<p><b>Matters arising from the meeting held on 7 July 2015</b></p> <p><u>Item PCC/15/015 - Primary Care Estates Strategy</u>  The group was informed that NHS England had now written to practices to invite them to bid for further primary care transformation funding.</p> <p><i>GF joined the meeting</i></p>	
PCC/15/025	<p><b>Review of Action Log</b></p> <p>The action log was reviewed and updated.</p> <p><u>PCC/15/006 (b) DDES Primary Care Strategy</u>  JCh would follow up on the action for the Committee and obtain an update on the NHS England GP retainer scheme.</p> <p><i>DW and NB joined the meeting</i></p>	
PCC/15/026	<p><b>Practice and Clinical Engagement – Recommendations for Terms of Reference</b>  <i>Joseph Chandy, Director of Primary Care, Partnerships and Engagement</i></p> <p>During a recent internal audit, a recommendation was made to revisit the Terms of Reference of the CCG’s governance meetings to ensure that they were meeting their responsibilities in terms of practice/clinical engagement.</p> <p>As the Primary Care Commissioning Committee’s Terms of Reference did not contain reference to practice/clinical engagement, they had been revised and attention was drawn to the additional wording.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• accepted the report and adopted the recommendation to include the advised wording as part of its Terms of Reference;</li> <li>• agreed to review the effectiveness of engagement on an annual basis by: <ul style="list-style-type: none"> <li>○ summarising engagement activity in-year;</li> <li>○ suggesting improvements that could be made for the future;</li> <li>○ minuting discussions appropriately to act as evidence.</li> </ul> </li> </ul>	

PCC/15/027

## **Friends and Family Test in Primary Care**

*Nicola Bailey, Chief Operating Officer*

The Friends and Family Test was a tool by which patients could give feedback about their experience of services. Practices had been required to implement the test since 1 December 2014 and submit data to NHS England on a monthly basis. The report set out the process involved as well as the current rate of practice submissions.

It was the CCG's role to support practices in this process and it was encouraging them all to submit information. The majority of those not completing their returns had stated that they did not find the CQRS tool for recording their data easy to use. However, it was understood that issues had been solved and there was no longer a barrier to completion. Should practices consistently fail to submit data, they could be found to be in breach of contract and the lack of data may be raised during CQC inspection.

The feedback from practices would be shared at a future meeting and it was suggested that this would need to be presented with context in terms of patient lists, numbers of appointments etc. However, it was pointed out that there was no way of knowing who had provided feedback or how often and any data was not validated, but used in an indicative way. Further, this was not the only way to measure the quality and resilience of patient-centred services, simply another tool.

The Primary Care Commissioning Committee:

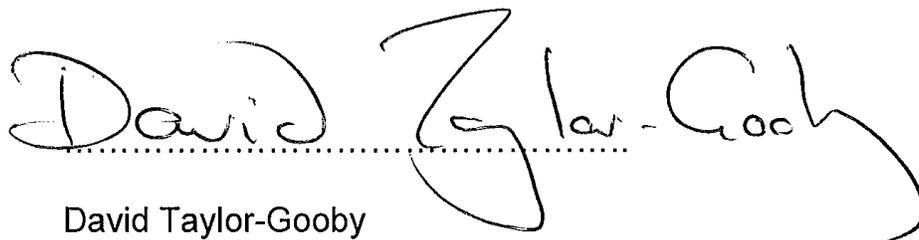
- accepted the report;
- agreed that the CCG would continue to work with NHS England to manage practices that had breached their contracts in relation to data returns.

*RM joined the meeting*

<p>PCC/15/028</p>	<p><b>Primary Care SIRMS Incident Reporting – Quarter 2</b>  <i>Gill Findley, Director of Nursing</i></p> <p>The report provided a quarterly update for GP-reported incidents on the SIRMS system. The report headlined the key issues and provided assurance that actions were being undertaken where appropriate with the relevant providers.</p> <p>Attention was drawn to the key points in the report including the issue of patient discharge and the continuing work on the frail elderly pathway and care plans to ensure effective and transition and discharge for patients.</p> <p>This was just a part of the ongoing work on the quality of services and improvements were being made to the SIRMS system to ensure its effectiveness e.g. GPs being able to indicate that they wished to receive feedback after reporting an incident.</p> <p>The CCG encouraged use of the system to promote a healthy reporting culture. It was pointed out that low-reporting practices may have this followed up during CQC inspections.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• received the report for information and discussion.</li> </ul>	
<p>PCC/15/029</p>	<p><b>Focus on phasing out seniority payments</b>  <i>Nicola Bailey, Chief Operating Officer</i></p> <p>The paper shared the BMA England report of October 2015 setting out how seniority payments would be phased out and end on 31 March 2020 following a national decision.</p> <p>This effectively meant a 15% reduction in the budget rather than the amount that individuals would receive and it was expected that money would be reinvested into general primary care funds. Further details were contained in the report including pay scales and the BMA’s views on the potential impact of the changes.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> <li>• received the report for information.</li> </ul>	

PCC/15/030	<b>Any other business</b>  <u>Jupiter House</u> Following the decision made at a previous Committee meeting to close and disperse the patient list, it was confirmed that this had now taken place. The practice had worked closely with NHS England to ensure that patients and stakeholders were well informed and assisted through the process. Particular focus was given to frail and vulnerable patients who had all now registered with new practices. To date, 250 patients had still not chosen to register elsewhere.	
	<b>Next meeting</b>  Tuesday 12 January 2016 at The Hub, Barnard Castle	

Signed:

A handwritten signature in black ink that reads "David Taylor-Gooby". The signature is written in a cursive style and is positioned above a horizontal dotted line.

Name: David Taylor-Gooby

Title: Lay Member – Patient and Public Involvement

Date: 12 January 2016