



Durham Dales, Easington and Sedgefield
Clinical Commissioning Group

Primary Care Commissioning Committee

7 July 2015

1.00 – 2.00pm

GlaxoSmithKline Sports and Social Club, Barnard Castle

CONFIRMED MINUTES

Present:

Annie Dolphin	Lay Chair
Dr Stewart Findlay	Chief Clinical Officer
Nicola Bailey	Chief Operating Officer
Mark Pickering	Chief Finance Officer
Gill Findley	Director of Nursing
Anna Lynch	Director of Public Health, Durham County Council
Dr Jonathan Smith	Locality Lead, Easington
Dr Robin Armstrong	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
Christine Keen	Director of Commissioning, NHS England Area Team
Denise Elliott	Strategic Commissioning Manager, Durham County Council
Sue Humpish	Executive Assistant – Minutes
Margaret Wells	Governance Administrator

Apologies:

David Taylor-Gooby	Lay Member, Patient and Public Involvement
Sarah Burns	Director of Commissioning

Item No		Action
PCC/15/009	Apologies for absence AD welcomed everybody to the meeting and noted apologies. Introductions were made for the benefit of members of the public and a welcome was extended to JM who was attending her first meeting.	
PCC/15/010	Declarations of conflicts of interest Those present were reminded that the Declarations of Conflicts of Interest Register was a live document and all members were asked to check the register to ensure that their entries were up to date as a matter of routine.	

	<p>RA, JSm, DW and SF who were all GPs working in practices within DDES declared an interest in the following items:</p> <ul style="list-style-type: none"> • PCC 15/015 Primary Care Estates Strategy (decision) • PCC 15/016 Primary Care Commissioning Funding Submission • PCC/15/016 Primary Care Commissioning: General Update • PCC/15/018 Primary Care Commissioning Report • PCC/15/019 Update on Primary Care development issues <p>It was noted that only one of these items required a decision. The GPs would take part in discussions and not decision making in relation to that item. They would participate in discussions relating to all other items.</p>	
PCC/15/011	<p>Minutes of the previous meeting held on 22 May 2015</p> <p>The minutes were accepted as a true record.</p>	
PCC/15/012	<p>Matters arising from the previous meeting held on 22 May 2015</p> <p>There were no matters arising.</p>	
PCC/15/013	<p>Review of Action Log</p> <p>The action log was reviewed and updated with no matters arising.</p>	
PCC/15/014	<p>Primary Care Commissioning Committee Terms of Reference <i>Nicola Bailey, Chief Operating Officer</i></p> <p>Following discussions at the previous meeting, a number of revisions had been made to the Terms of Reference document.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Received, discussed and adopted the Terms of Reference. 	
PCC/15/015	<p>Primary Care Estates Strategy <i>Mark Pickering, Chief Finance Officer</i></p> <p>SF, RA, JSm and DW declared an interest in the item as they were employed by practices in the DDES area that would be affected by the strategy. They would participate in discussion, but not decision-making.</p> <p>The report provided an extract from the Primary Care Estates Strategy by the NHS England Durham and Darlington Area Team in order to facilitate discussion for the committee which would feed back to the Area Team. In addition, the paper informed that a DDES CCG-wide Estates Strategy was being developed with support from Community Health Partnerships.</p> <p>The report from the Area Team provided information on the condition of primary care properties, geographical information and other feedback as</p>	

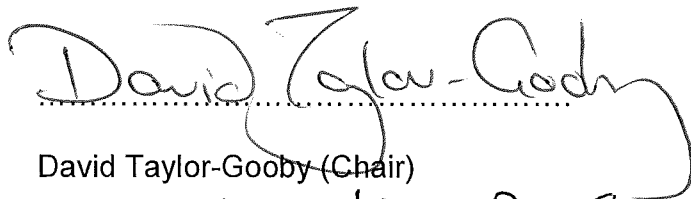
	<p>part of the Six Facet Survey (Physical Condition Survey, Statutory Compliance Audit (inc. Fire), Space Utilisation Audit, Functional Suitability Review, Quality Audit and Environmental Management Audit.).</p> <p>Overall the ratings for properties in the DDES area were good. Although a number were identified as 'red' many had addressed the issues since the initial report was produced. NHS Property Services had been asked to refresh the document which would be checked and discussed with practices to explore opportunities that could be built into the CCG's commissioning intentions.</p> <p>The second document related to the development of a DDES CCG Estates Strategy which would capture information on the full estate including those linked to partners e.g. Durham County Council.</p> <p>A question was raised as to whether the six facet survey included infection control. It was noted that practices had to demonstrate to CQC that they regularly undertook self-audits on infection control. The CCG's Infection Control Team were now in a position to re-start co-ordinating audits and would prioritise those identified as 'red' or 'orange'.</p> <p>Advice was given to check that the Estates Strategy reflected Durham County Council's Housing Development Plan which took into account factors such as economic and population growth and the development of jobs locally.</p> <p>ACTION: MP to ask NHS Property Services if its report had taken into account the Durham County Council Housing Development Plan and ensure that this was done when developing the DDES CCG Estates Strategy.</p> <p>ACTION: MP to feed back to NHS Property Services that clarity was required on the figures and references to localities in the report as to whether they related to County Durham or DDES.</p> <p>A question was raised as to whether practices could fail a CQC inspection based on elements of the six facet survey. A response was provided that if any deficiencies were identified, CQC wished to see that a robust survey had been undertaken and a clear action plan and timeline put in place.</p> <p>It was pointed out that during summer/autumn, practices would be contacted by NHS England to invite them to bid for further improvement grant funding.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Reviewed the document and suggested proposed amendments to feed into the DDTAT final version 	<p>MP</p> <p>MP</p>
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	<ul style="list-style-type: none"> Noted the timescales for production of a CCG Estates Strategy for DDES CCG and that the Governing Body would receive a report in December. <p><i>NB joined the meeting</i></p>	
PCC/15/016	<p>Primary Care Commissioning Funding Submission 2015/16 <i>Mark Pickering, Chief Finance Officer</i></p> <p>SF, JA, DW and JSm declared an interest in the item as working in DDES practices affected. This was not an item for decision and it was agreed that all would participate in discussions.</p> <p>The report confirmed the NHS England financial allocation for Primary Care Commissioning for 2015/16 financial year that had been allocated to DDES CCG was £39,115k. This figure excluded an element of public health expenditure which was retained by NHS England and under discussion.</p> <p>Attention was drawn to the breakdown of budget allocations which would be monitored throughout the year and some points of clarification were answered.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> Noted and commented upon the NHS England Primary Care Commissioning allocation for 2015/16. 	
PCC/15/017	<p>Primary Care Commissioning: General Update <i>Nicola Bailey, Chief Operating Officer</i> <i>Christine Keen, Director of Commissioning, NHS</i></p> <p>SF, JA, DW and JSm declared an interest in the item as working in DDES practices. This was not an item for decision and all would participate in discussions.</p> <p>An update was provided on activities since the last meeting, including the development of a Memorandum of Understanding between NHS England and CCGs that had delegated responsibilities for primary care commissioning. This document set out how the organisations would work together and manage resources together.</p> <p>The CCG was working on providing support to struggling practices as well as developing Business Continuity planning with practices in order to clarify the roles of the different organisations in case of an incident.</p>	

PCC/15/018	<p>Primary Care Commissioning report <i>Nicola Bailey, Chief Operating Officer</i></p> <p>SF, JA, DW and JSm declared an interest in the item as working in DDES practices affected. This was not an item for information and all would participate in discussions.</p> <p>The report provided information collated from a number of sources in order to provide an overview of DDES CCG's commissioning activity in relation to locally enhanced services. It also provided information on the reporting requirements the CCG had to meet as outlined in the Delegation Agreement with NHS England.</p> <p>The report was discussed, including: baseline position for non-NHS England delegated spend; locally and nationally defined enhanced services; extending patient choice; and seven day working including discussions taking place on how best to provide access to patients to primary care at weekends in order to have a positive impact on A&E and urgent care. Colleagues shared the various ways of obtaining feedback from patients e.g. Mori poll, monitoring access to GP appointments, friends and family test, soft intelligence etc.</p> <p>The Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • Received the report for information and update. 	
PCC/15/019	<p>Update on Primary Care development issues <i>Joseph Chandy, Director of Primary Care, Partnerships and Engagement</i></p> <p>SF, JA, DW and JSm declared an interest in the item as working in DDES practices affected. However, this item was for information only and all would take part in any discussion.</p> <p><u>CQC visits</u> The methodology for visits was changing in that each CCG area would have a dedicated CQC inspector undertaking visits on a rolling basis. Two had already taken place under the new regime with two scheduled for August. The CCG had recently received guidance on how to support practices put into special measures.</p> <p><u>Federation Development</u> The federations were developing quickly and strengthening their leadership. They met with the commissioning team on a monthly basis and had supported the use of the Quality Incentive Scheme to encourage practices to work together and deliver services at scale.</p>	

	<p><u>IT</u> All practices had now moved to a web-based system and now work was being done to move to electronic prescribing and GP to GP transfer of records. The CCG's IT Strategy was submitted recently to the Executive Committee for approval.</p> <p><u>Workforce</u> Colleagues were pleased to note that the GP Career Start programme had now attracted 8 newly qualified GPs to the DDES area where their continuing development would be supported.</p>	
PCC/15/020	<p>Any other business</p> <p>There was no other business.</p>	
	<p>Next meeting</p> <p>An additional meeting was to take place in August – Details to be confirmed.</p>	

Signed:



Name:

David Taylor-Gooby (Chair)

Date:

November 17 2015