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 20 March 2018
12:45 – 14:15
Teesdale Community Resources, The Hub, Shaw Bank
Staindrop Road, Barnard Castle, DL12 8TD

CONFIRMED MINUTES

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DDES CCG Primary Care Commissioning Committee

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NB)	Chief Operating Officer
	Sarah Burns	(SB)	Director of Commissioning
	Dr Stewart Findlay	(SF)	Chief Clinical Officer
	Gill Findley	(GF)	Director of Nursing
	Mark Pickering	(MPi)	Chief Finance Officer
	David Taylor-Gooby	(DTG)	Lay Member – Patient and Public Involvement

North Durham CCG Primary Care Commissioning Committee:

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NB)	Chief Operating Officer
	Joseph Chandy	(JC)	Director of Primary Care
	Dr Ian Davidson	(ID)	Medical Director
	Gill Findley	(GF)	Director of Nursing
	Michael Houghton	(MH)	Director of Commissioning and Development
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement **(Chair)**
	Dr David Smart	(DWS)	Clinical Chair
	Dr Pat Wright	(PW)	GP Clinical Lead Representative
In attendance:	Joseph Chandy	(JC)	Director of Primary Care (in attendance for DDES CCG)
	David Hall	(DH)	Operations Director, Durham Dales Health Federation (Item PCCCiC/18/31)
	Susan Parr	(SP)	Executive Assistant, North Durham CCG (minutes)
	Marianne Patterson	(MPa)	Programme Manager, Healthwatch County Durham Representative
	David Steel	(DS)	Primary Care Business Manager, NHS England

	Wendy Stephens	(WS)	Primary Care Contract Manager, NHS England
	Vicky Watson	(VW)	Managing Director, Durham Dales Health Federation (Item PCCCiC/18/31)
Apologies:	Mike Brierley	(MB)	Director of Corporate Programmes, Delivery and Operations, North Durham CCG
	Amanda Healy	(AH)	Durham County Council Health and Wellbeing Board and Public Health representative
	Richard Henderson	(RH)	Chief Finance Officer, North Durham CCG
	Christine Keen	(CK)	NHS England representative
	Dr Rushi Mudalagiri	(RM)	Locality Lead – Easington, DDES CCG
	Dr Jonathan Smith	(JS)	Clinical Chair, DDES CCG

	Item	Action
PCCCiC/18/18	**Apologies for absence** As recorded above.	
PCCCiC/18/19	**Declarations of conflicts of interest** 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 DDES CCG and/or North Durham CCG. 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: https://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/documents/declarations-conflict-interest http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/ The following interests were declared with regard to the items on the agenda: **PCCCiC/18/26** **Quarterly Primary Care Quality Report (Quarter 3, 2017/18)** Any member of general practice and providers of primary care services in Durham Dales, Easington and Sedgefield and North Durham. Those members were Joseph Chandy, Dr Ian Davidson, Dr David Smart, Dr Patrick Wright, Dr Winny Jose (not in attendance), Dr Rushi Mudalagiri (not in attendance), Dr Jonathan Smith (not in attendance) and Dr Dilys Waller (not in attendance). It had been agreed prior to the meeting that the members could receive the paper	

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	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. **PCCCiC/18/30** **Estates, Technology and Transformation Funding (ETTF) Improvement Grants 2016/17** Joseph Chandy declared a financial conflict of interest as a partner in a general practice that could potentially benefit from funding. It was agreed by the Chair that although JC would remain in the meeting for the update, the update would be provided by MPi.	
PCCCiC/18/20	**Identification of any other business** No items of other business were identified.	
PCCCiC/18/21	**Minutes from the Primary Care Commissioning Committees in Common held on Tuesday 16 January 2018** The minutes were agreed as a correct record of the meeting.	
PCCCiC/18/22	**Matters arising from the Primary Care Commissioning Committees in Common held on Tuesday 16 January 2018** There were no matters arising.	
PCCCiC/18/23	**Action Log** The action log was updated.	
	ITEMS FOR DECISION	
PCCCiC/18/24	There were no items for decision.	
	ITEMS FOR DISCUSSION	
PCCCiC/18/25	**Risk Management Update** *Chief Finance Officer, DDES CCG – Mark Pickering* *Chief Finance Officer, North Durham CCG – Richard Henderson* The report was presented by MPi. It provided a risk management update and included a summary of the corporate risks facing each CCG. It was noted that there was one corporate 'red' risk for each CCG which would be brought to the attention of their Governing Body relating to delivery of constitutional standards. The risk previously reported as a corporate risk relating to the achievement of the financial control total was rated as an amber risk and would be closely	

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	monitored. One new risk had been added to each CCG's register relating to Special Educational Needs and Disability (SEND) Local Area Inspection. A report on the findings would be submitted to Governing Bodies to be held later that day for discussion and approval on the proposed next steps. MPi reported that there had been no risks closed since the previous meeting but highlighted that the Business Assurance Framework being presented to Governing Bodies later that day provided assurance that risks were being monitored. The Primary Care Commissioning Committees: • received the report and appendices, • noted the current risks facing the CCGs, • agreed that assurance had been received that mitigating actions had been put in place to ensure all CCG risks were being appropriately managed.	
PCCCiC/18/26	**Quarterly Primary Care Quality Report (Quarter 3 2017/18)** *Director of Nursing, DDES CCG and North Durham CCG – Gill Findley* The general practice members of the committees declared a non-financial professional interest in the item. Those members were Joseph Chand, Dr Ian Davidson, Dr David Smart, Dr Patrick Wright, Dr Winny Jose (not in attendance), Dr Rushi Mudalagiri (not in attendance) Dr Jonathan Smith (not in attendance) and Dr Dilys Waller (not in attendance). It had been agreed prior to the meeting that the members could 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. GF asked Members to disregard the update on page two of Appendix 1. The information was out of date and incorrect. The report provided a summary of the key points in relation to quality assurance in primary care in DDES CCG and North Durham CCG areas in quarter 3, 2017/18. The following key areas were highlighted: The first DDES CCG and North Durham CCG Joint Primary Care Quality Assurance Sub-Committee took place on 13 February 2018. The NHS England (Cumbria and North East) Quality Surveillance Group held a meeting in January 2018, which brought CCGs together to focus on primary care.	

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	The Practice Vulnerability Tool had been well received by the Quality Surveillance Group (QSG). No other CCGs had done this work which was to help practices assess their sustainability. A considerable number of practices had been rated as 'good' and 'outstanding' by the Care Quality Commission (CQC) inspections; although some 'required improving' which the CCGs would provide support for. In an attempt to improve Safeguarded Incidents and Risk Management System (SIRMS) incident reporting, a performance report had been produced to provide 'you said' / 'we acted' information. Practices would now receive feedback as to what had been done following the incident reporting. Examples were provided in Appendix 1. The number of reported SIRMS incidents was high in comparison to other CCGs but this was considered as positive, as it reflected that staff were proactive in reporting incidents. DS mentioned that a significant number of incidents reported on SIRMS related to the availability of slots on the patient e-system which was a concern. It was noted that the North East Ambulance Service NHS Foundation Trust (NEAS) remained under intense pressure, with the new C3 – 'Urgent (not immediately life threatening)' response time being the biggest challenge. However, they were hitting targets for emergency standards that ambulance services in other areas of the UK could not manage. SF highlighted that NEAS performed very well over the winter period in comparison to other regions. CCGs were looking to invest an above inflation amount of money in to ambulance services. The Primary Care Commissioning Committees: • received the report, • discussed the content of the report. ***Post meeting update:*** *upon investigation it was established that the information contained in page 2 of Appendix 1 was correct apart from the final bullet point which should have read:* • *NHS England Primary Care Web Tool has not been updated since January 2017, there is currently one DDES CCG with 6 or more outliers and no practice outliers in North Durham with 6 or more outliers.*	

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PCCCiC/18/27	**Primary Care Finance Report for the ten months ending 31 January 2018** *Chief Finance Officer, DDES CCG – Mark Pickering* *Chief Finance Officer, North Durham CCG – Richard Henderson* The report was presented by MPi. It outlined a summary of the financial position of primary care budgets for the ten months ending 31 January 2018, including primary care budgets delegated from NHS England (NHSE) and other elements of primary care spend. It was noted that, with regard to the delegated budgets, both CCGs continued to forecast an underspend. For North Durham CCG this was £32.6m spend against £34m forecast. For DDES CCG this was a planned underspend of £43.2m against £4.35m forecast. MPi highlighted that both CCGs were in a positive position for both areas of delegation. The Primary Care Commissioning Committees: • received the report, • noted the current and forecasted financial position in respect of primary care budgets.	
PCCCiC/18/28	**Joint Primary Care Update** *Director of Primary Care, DDES CCG and North Durham CCG – Joseph Chandy* The report provided an update on the significant progress that had been achieved to date in regard to International Recruitment and Care Navigation, and on progress that had been part of the Primary Care Work Plan. The following key points were highlighted: GP Career Start; an extension of the scheme had been approved by Executives in Common and would now continue for the next two years for both DDES CCG and North Durham CCG. **General Practice Resilience**; NHS England had released the 2018/19 resilience funds application process on 1 March 2018 and had given 3 weeks' notice to put bids in to apply for these funds. Bids for the 2017/18 GP resilience funding had already been submitted and CCGs were in the process of implementing the schemes. **International Recruitment;** JC had represented the CCGs at the steering group meeting held on 19 March 2018. Recommendations from CCGs had been discussed with Dr Jamie Harrison and the recruitment company. The recruitment process was now progressing. JC anticipated that following the pre-screening of cohorts that the	

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	number of interested GPs may dwindle. **Care Navigation Scheme**; at an event held on the 21 February 2018 delegates selected six pathways to develop in year, and another six to be developed in the second year of the running of the scheme. The second year would bring the prevention agenda to the fore. The Primary Care Commissioning Committees received the report and discussed its content.	
PCCCiC/18/29	**Healthwatch County Durham Update** *In attendance to present the report* *Programme Manager, Healthwatch County Durham* *- Marianne Patterson* The report provided an update on the progress of the Healthwatch County Durham (HWCD) work plan for 2017/18 and the proposed priorities for the Healthwatch Work Plan for 2018/19. HWCD requested that Members promoted the public vote through their networks and considered additional areas of work for possible inclusion. MPa stated that whatever work HWCD did it must have an impact / influence the joint health and wellbeing strategy. It was positive that HWCD did a lot of work in partnership to manage the County-wide agenda and provided examples such as the Stroke Association's new contract and the maternity services specification. MPa was pleased to see that, although relatively small, they had genuinely influenced these service plans. As part of the update MPa wished to pass on thanks for the positive working relationship and collaboration with members of the commissioning teams, specifically mentioning Rob Milner for cancer screening and Kim Lawther for her work in learning disability health checks engagement. MPa also mentioned Dr Jonathan Smith, Clinical Chair, DDES CCG, for his presentation to GPs of the 'Enter and View' programme and his promotion to sign-up as part of practises' continuous improvement plans. Going forward, MPa advised that 50% of the work plan direction was driven by the public vote. The HWCD Board met in November 2017 to consider ten areas to include in the 2018/10 work plan. The Board had selected six potential topics for the public to vote on - the survey had been launched in January and was due to close at the end of March 2018. Details of the six topics being voted on were included in the report which were: • mental health support services, • appointment systems in GP surgeries, • dementia support,	

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	• transition support, • patient transport, • dental charges and treatment. As a final point, MPa mentioned that the remaining 50% of the work plan would cover the standard items: • volunteer support, • professional signposting and information service. This included a free-phone number to help provide support to patients when using health and social care services, • 'Enter and View' programme. It was noted that Meadowfield Medical Group had been the first to request visits that had been planned for quarter 1, 2018/19. Dr Jonathan Smith was confident other practices would soon sign up. The Chair opened up the floor for comment which was summarised as follows: DTG thought that it was a comprehensive programme of work. JC advised he attended the HWCD Board to help align the CCG commissioning programme to the HWCB work plan and to discuss CCG input. JC left the Board meeting realising just how critical it was to get the programme right and how impressed he was with the whole approach. MH was pleased to see the transition support on the work plan, and mentioned he had not appreciated the significant number of volunteers who worked for HWCD. MPa commented on how much engagement HWCD volunteers undertook and how professional they were in their approach. NB mentioned the CCG engagement activity report which had been submitted to Governing Bodies later that day and proposed that FJ and JC work with HWCD to look at how the respective organisations 'Forward Views' compared. A session could then be arranged to take forward patient and public engagement in a targeted and meaningful way – and effectively to see how each other worked. She said that now was a good time as both organisations were going into the next planning cycle. NB said that she would suggest to GBs they endorsed this engagement session. MPa said she would be pleased to receive the offer. ***Action:*** *NB to ask GBs to endorse a development session between HWCB and key CCG staff to look at the CCG 2018/19 priorities and consider options for targeted and meaningful engagement.* It was recognised there was an issue in making the public aware of the existence of HWCD but that it would always be the case as it was	**NB**

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	such a small organisation. Members discussed how to raise the profile of HWCD and would work with Gail Cobb, Communications, North East Commissioning Support (NECS) and other commissioners to promote their good work. FJ advised that he would liaise with JC in connection with setting up a meeting with MPa to discuss a collaborative approach to engagement. Transition emerged as one of the HWCD priorities and GF, via Quality and Innovation, advised a task and finish group has been established to look at transition issues. GF would invite MPa to the first Children's Integrated Steering Group which would be looking at transition. ID mentioned the proposed changes to the delivery of medicines and asked if this was an area that HWCD could help with. MPa advised that HWCD would consider all options; the Board based its decisions on a number of factors, e.g. outcomes and impact, but if it considered the organisation had capacity to support work plans it generally would. With regard to funding work plans, if HWCD had the resources to do so then it would be absorbed into the core work plan, Stroke Services for example. Without funding available then it wound not be able to pick up additional work plans. ID would send the details to MPa / HWCD Board for consideration. ***Action:*** *ID to send the details on the delivery of medicines work plan to MPa / HWCD for consideration for inclusion in their work plan for 2018/19* Primary Care Commissioning Committees: • received the update and proposed work plan priorities contained in the report; • agreed to promote the public vote through their networks until 31 March 2018; • agreed to considered areas of patient, user and public engagement that would support CCG priorities and to submit related work plan requests to the HWCB Board for consideration.	**ID**
PCCCiC/18/30	**Estates, Technology and Transformation Funding (ETTF) Improvement Grants 2016/17** *Director of Primary Care, DDES CCG and North Durham CCG - Joseph Chandy* Joseph Chandy declared a financial conflict of interest as a partner in a general practice that could potentially benefit from funding. It was agreed by the Chair that although JC would remain in the meeting for the update, the update would be provided by MPi.	

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	MPi advised that work was ongoing across both CCGs at the same pace. Three bids had been submitted for ETTF funding. Capital funding, which included ETTF, was being reprioritised across the system and the CCGs were checking that bids for GP IT for practices had been submitted. MPi advised that he did not have any feedback on two bids, but the remaining bid was going forward in terms of prioritisation. MPi emphasised that it was an important step forward to help with systems resilience in respect of the risk from potential future cyber-attacks. The Primary Care Commissioning Committees received the update.	
PCCCiC/18/31	**Durham Dales Health Federation (DDHF) Update** *In attendance to provide the update* *Durham Dales Health Federation* *- Operations Director, Dave Hall* *- Managing Director, Vicky Watson* VW advised that the DDHF was a formal collaborative of 12 practices based in the Durham Dales. Established 4 years ago, it was a limited company by guarantee, with its practices represented at the Board of Directors. The Chairman was Dr David Robertson, Secretary of the County Durham and Darlington Local Medical Council (LMC) and a GP Partner in Barnard Castle. DDHF held several contracts which made up the Federation Service Portfolio. Services were based on a traditional model within general practice but worked at scale. Providing services in the community could be outside the scope of a single practice but with support from the DDHF, working in collaboration with other service providers, e.g. a Foundation Trust, the practice would be supported in providing services for patients in their community. VW took the Committees through the DDHF 2018 Prospectus which had been tabled for information and highlighted the following service areas: **Community Wellness Team** was an expansion of DDHF's pilot service for 'vulnerable' adults, VAWAS, and supported vulnerable patients at risk of admission. From having one of the highest hospital admission rates, Durham Dales now had the one of the lowest in the DDES CCG locality – a significant reduction in hospital admissions. Patients were able to access the service Monday to Friday from 8am to 8pm, and on Saturday and Sunday from 8am to 1pm.	

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	Practice Aligned Mental Health Service (Community Psychiatric Service). This service provided support in the community for those with mild to moderate risk mental health conditions. The service aimed to fill a significant gap in service provision for people who were unable to access Improving Access to Psychological Therapies (IAPT) services but also did not fit the criteria for secondary mental health services. The service was delivered in partnership with Tees, Esk and Wear Valleys Mental (TEWV) Health Foundation Trust. **Integrated Diabetes Service.** This service was delivered by a County Wide Alliance made up of local acute trusts and GP federations and had achieved some of the best outcomes for diabetic patients whilst significantly reducing spend on medications and hyper/hypo hospital admissions. **Practice Support.** DDHF recognised the challenges practices faced with regard to staff recruitment and retention. This service provided both clinical and administrative support as and when practices needed it to enable them to look after their patient population. **Extended Primary Care Access**. DDHF supported member practices to extend their working hours, thereby improving access to primary care. Practices in the Durham Dales had issues with recruiting and the service provided sessions to practices with rota gaps including nursing and administrative support for either short or long term. The Federation was finding that, with increasing frequency, when practices did recruit a member of staff they were doing so on a joint appointment basis with another practice. This service had facilitated a significant transfer of activity from urgent care to primary care, whilst establishing 7 day GP provision and supporting the achievement of the 5 Year Forward View (5YFV) for Primary Care. VW moved on to the geographical information covered in pages 34 and 35. It was noted the part of Durham Dales covered by the Federation had been broken up into 3 areas based on location and patient population. VW explained that DDHF had implemented a Primary Care Home (PCH) to support each of the 3 areas. Data from the Public Health England Fingertips Database had demonstrated significant differences within the Durham Dales in social demographics and health outcomes between practices and PCHs as graphically demonstrated on pages 37 to 39. In conclusion, VW stated that the Federation would continue to support and work with practices and GPs to review what the services it provided would look like following the implementation of the Community Services Contract areas. This would be given significant focus for the next 18 months. The Chair opened up the floor to discussion which was summarised	

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	as follows: JC asked if it was the norm for Federations to concentrate on contracts that were within their immediate locality. VW explained that the contracts were with local area GPs on behalf of local GPs. It was more challenging for Federations because they were limited as to the number of contracts they could bid for. VW would not rule out other aligned bids or out of area contracts but only if they could sustain the core services that DDHF, and other Federations, were set up for. DDHF worked closely with all 7 Federations within the North Durham, Darlington and DDES CCG areas to understand each other's ambitions and considerations. Acknowledging the support that DDHF provided for practices, FJ enquired as to where the Federation allowed for the patient voice to be heard, which was a statutory requirement of CCGs. VW advised that each practice has a patient participation group and as such they fed into the Federation development and received updates on progress of services, the also federation attended meetings of the practice patient participation groups when requested or to discuss specific items of interest. There was also a central patient group of all 12 Durham Dales Practices, supported by the CCG, that DDHF attended when requested to. In terms of patient engagement, for services such as extended primary care access DDHF had undertaken engagement with patients as part of the commissioning cycle. Additionally, the Chair of the central patient group sat on the Board as a co-opted attendee and David Craggs, Willington Medical Group, Chaired the Patient Reference Group. DDHF also linked into the local Area Action Partnerships. DTG fed back that patients were concerned Federations took funding away from practices. VW advised that this had always been a challenge. The new way of commissioning primary care services at scale and pooled resources came out of current budget lines such as extended primary care access and support for frail elderly, this funding would not be available to individual practices and are national funding streams. The Federation did not receive funding from practice budgets unless a service was agreed by member practices. Federations provided a framework to maintain, sustain and develop general practice i.e. accessing funds otherwise unavailable, provided services to patient populations and/or at practice level should they wish to do so. The Chair thanked VW and DH for attending and the Primary Care Commissioning Committees received the helpful update.	
	FOR INFORMATION	

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PCCCiC/18/32	**Primary Care Commissioning Committees Business Cycle 2018/19** *Chief Operating Officer – Nicola Bailey* The Primary Care Commissioning Committees Business Cycle 2018/19 was received for information. NB requested that Members advised her if they thought anything was omitted as it was a working document that would be continually updated.	
PCCCiC/18/33	**QUESTIONS FROM THE PUBLIC** No questions had been submitted prior to the meeting for consideration. The Chair asked those members of the public present if they had any questions for the Committees. One member of the public mentioned the funding of Federations through practices and asked if how many patients a practices had related to how much funding each practice received. They were advised that there was a mechanism in place that calculated the amount paid per head of population. Currently Federations were funded through CCGs but that funding would cease in 2018/19 and Federations had been instructed that they must in future be independent financially (self-funding), as per other providers. The Primary Care Commissioning Committees received the above question.	
PCCCiC/18/34	**Other Business** There were no other items of business.	
PCCCiC/18/35	**Standing item:** **Risk Round Up** No new areas of risk had been highlighted during the meeting.	
PCCCiC/18/36	**Date and time of next meeting** The next meeting would be held on: Tuesday 15 May 2018, Consett AFC, Belle View Stadiou, Delves Lane, Consett, County Durham, DH8 7BF	
	Contact for the meeting: Susan Parr, Executive Assistant, North Durham CCG Tel: 0191 389 8621 Email: susan.parr@nhs.net	

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Signed:

Chair: Feisal Jassat

Date: 4 September 2018

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