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

Tuesday 21 November 2017
12:45 – 14:00
The Greenhills Centre, Wheatley Hill, Durham

CONFIRMED MINUTES

DDES CCG Primary Care Commissioning Committee

Present:	Andrew Atkin	(AA)	Lay Member **(Chair)**
	Nicola Bailey	(NB)	Chief Operating Officer
	Sarah Burns	(SB)	Director of Commissioning
	Dr Stewart Findlay	(SF)	Chief Clinical Officer
	Mark Pickering	(MP)	Chief Finance Officer

North Durham CCG Primary Care Commissioning Committee:

Present:	Andrew Atkin	(AA)	Lay Member **(Chair)**
	Nicola Bailey	(NB)	Chief Operating Officer
	Joseph Chandy	(JC)	Director of Primary Care
	Dr Ian Davidson	(ID)	Director of Quality and Safety
	Gill Findley	(GF)	Director of Nursing, Quality and Development
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement
	Dr David Smart	(DWS)	Clinical Chair
	Dr Pat Wright	(PW)	Constituency GP Lead, Durham

In attendance:	Joseph Chandy	(JC)	Director of Primary Care (in attendance for DDES CCG)
	Fleur Carney	(FC)	Primary Care Commissioning Manager (GP), NHS England Cumbria and the North East (representing Denise Jones)
	Brian Jackson	(BJ)	Chair, Healthwatch County Durham
	Sue Parr	(SP)	Executive Assistant, North Durham CCG (minutes)
	David Steel	(DS)	Primary Care Business Manager, NHS England Cumbria and North East

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
	Michael Houghton	(MH)	Director of Commissioning and Development, North Durham CCG
	Winny Jose	(WJ)	Locality Lead – Sedgefield, DDES CCG
	Christine Keen	(CK)	NHS England representative
	Rushi Mudalagiri	(RM)	Locality Lead – Easington, DDES CCG
	Marianne Patterson	(MP)	Healthwatch (Brian Jackson representing)
	David Taylor-Gooby	(DTG)	Lay Member – Patient and Public Involvement, DDES CCG
	Dilys Waller	(DW)	Locality Lead - Durham Dale, DDES CCG
	Dr Pat Wright	(PW)	Constituency GP Lead representative, North Durham CCG

	Items	**Action**
PCCCiC/17/20	**Apologies for absence** Apologies were noted as recorded above. The Chair welcomed members and the public and outlined housekeeping details.	
PCCCiC/17/21	**Declarations of conflicts of interest** The Chair reminded members of the Primary Care Commissioning 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 Committee are listed in the CCGs' Registers of Interests. The Registers are available either via the secretary to the Committee or the CCG websites at the following links: http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/ https://www.durhamdaleseasingtonsedgefieldccg.nhs.uk/documents/declarations-conflict-interest **PCCCiC/17/27** **Joint Primary Care Quality Report – Q2 – 2017/18**	

	ID, JC, DS and PW declared a non-financial professional conflict of interest. It was agreed that because there was no financial information included in the paper that could influence or benefit any conflicted member they could remain in the meeting. **PCCCiC/17/30** **Primary Care Sustainability and Transformation Plan (STP) Delivery Plan Updates – DDES CCG and North Durham CCG Submissions** JC, ID and DS and NO'B declared a non-financial professional conflict of interest with regard to the agenda item. It was agreed they could attend and take part in the discussion but should not be involved with any decision making. **PCCCiC/17/31** **GP Resilience Approach to GP Federated Salaried GPs** JC, ID, NO'B and DS declared a non-financial professional conflict of interest with regard to the agenda item as providers of primary care services. It was agreed they could attend and take part in the discussion but should not be involved with any decision making.	
PCCCiC/17/22	**Identification of any other business** **Pharmacy Opening Times - Christmas** Brian Jackson, representing Healthwatch County Durham on behalf of Marianne Patterson, raised GP opening times over the Christmas period and asked that, when practices displayed their opening times, could they also provide the address and opening times of the nearest pharmacy. SF mentioned that there had been coordination issues between GP services and pharmacy opening times in previous years and this had been raised with NHS England (NHSE) at the time. NHS England was asked to pick up this action for the Bank Holiday opening times. ***Action:*** *NHS England to provide coordination of pharmacy opening times with that of GP surgeries*	**NHSE**
PCCCiC/17/23	**Minutes and matters arising from the Primary Care Commissioning Committees in Common held on Tuesday 19 September 2017** The minutes of the meeting held on 19 September 2017 were agreed as an accurate record. There were no matters arising.	
PCCCiC/17/24	**Action Log** The combined action log was discussed and it was agreed that all actions previously raised had been completed.	

	ITEMS FOR DECISION	
PCCCiC/17/25	**Closure of dispensary at St John's Chapel** It was noted that this agenda item had been discussed within the closed section of the Primary Care Commissioning Committee.	
	ITEMS FOR DISCUSSION	
PCCCiC/17/26	**Risk Management Update** *Chief Finance Officer, DDES CCG – Mark Pickering* *Chief Finance Officer, North Durham CCG – Richard Henderson* The corporate risk registers had been circulated as part of a suite of appendices to the report. They provided detail of a broad spectrum of risks and the controls and assurances put in place to mitigate each risk. Each risk had a risk owner who provided an update on a monthly basis. MP summarised the changes to the risk registers: • There was a red corporate risk for both CCGs relating to the delivery of Constitutional Standards which would be brought to the attention of the Governing Bodies. • The risk previously reported as a corporate risk relating to the achievement of the financial control total had been rated as an amber risk and would be closely monitored. • All risks had been grouped based on the committee linked to the risk. • One new risk had been added to each CCG's risk register relating to the Procurement of the Community Contract. • No risks had been closed since the previous report. The Primary Care Commissioning Committees: • received the report and appendices, • noted and discussed the current risks facing the CCGs, • received assurance that mitigating actions were in place to ensure all CCG risks were being appropriately managed.	
PCCCiC/17/27	**Joint Primary Care Quality Report – Q2 – 2017/18** *Director of Nursing, DDES CCG and North Durham CCG – Gill Findley* The GP members of the Committees who provided primary care services declared an indirect non-financial professional interest in the report. Those members were Dr J. Carlton and Dr J. Smith, Dr W. Jose, Dr R. Mudalagiri and Dr D. Waller (all of whom received the report but were not in attendance at the meeting) and Dr Neil O'Brien, Dr David Smart, and Dr Ian Davidson.	

	Joseph Chandy declared an indirect non-financial professional interest as a practice manager within DDES CCG. It was agreed they would remain in the meeting because there was no financial information included in the paper that could influence or benefit any conflicted member. GF referred to Appendix 1 and advised that this was a routine report using the same format that the two separate CCG reports had previously been prepared with. GF summarised key points: • The Primary Care Quality Assurance Sub-Committee would meet as a joint committee from January 2018. • Bowburn Medical Centre had been inspected by the Care Quality Commission (CQC) in July 2017, with the report published on 14 September 2017. Bowburn Medical Centre had been given an overall rating of 'inadequate', North Durham CCG had been working with the practice to address the issues raised. GF had been disappointed that some of the issues raised were straight forward to address and could have been put right quickly. ID advised that the practice was taking the situation very seriously and had already started to develop the action plan which included the appointment of a practice manager specifically for the practice. Progress had been made which would be monitored by the sub-group • Safeguard Incidents and Risk Management System (SIRMS) - Durham Dales, Easington and Sedgefield GP practices were the third highest reporting CCG area across the North East and Cumbria in quarter 2, 2017/18 and North Durham the fifth highest reporting CCG. • The report provided feedback from acute trusts on the four top themes and trends identified in the quarterly thematic 'no/low harm' incident reports following incident reporting by GP practices about other providers. Examples of incidents reported by GP practices about own practice incidents and learning by Durham Dales, Easington and Sedgefield and North Durham were also included. • Incidents that had been reported in primary care had been discussed at the County Durham and Darlington Foundation Trust (CDDFT) Quality Review Group (QRG), it had been agreed that, when considering incidents that crossed over the boundaries between primary care and social care, these would be included in future reports. • Care Navigation - The County Durham Community Education Provider Network had agreed to progress with	

	the West Wakefield Model of training. The Primary Care Commissioning Committees: • received the report for information, • noted and discussed the content of the report.	
PCCCiC/17/28	**Combined Primary Care Finance Report for the six months ending 30 September 2017** *Chief Finance Officer, DDES CCG – Mark Pickering* *Chief Finance Officer, North Durham CCG – Richard Henderson* RH presented the report which provided a summary of the financial position on primary care budgets for the six months ending 30 September 2017. It included both delegated budgets and other primary care spend. It was noted that both CCGs were in similar financial positions and both had a small underspend due to the release of the Personal Medical Services (PMS) premium money which was being invested back into primary care. Both CCG Quality Outcomes Framework (QOF) budgets showed a forecast overspend relating to 2016/17 which was higher than expected, but this was largely offset by underspend on premises cost budgets. Overall there was no significant variation on delegated budgets. There were also no significant issues with regard to the other primary care budgets. RH mentioned the CCGs used different formatting based on historic primary care reporting but this would be aligned going forward. RH advised there were no significant issues for either CCG. AA enquired as to whether the position with regard to budgets was where Finance expected them to be at this time of year. RH advised that, although the overspend on QOF had not been expected, in general terms delegated budgets tended to be fixed so there would not be much variation. In other primary care spend DDES CCG prescribing costs were included and both CCGs were seeing a forecast underspend in prescribing costs but with a significant potential risk to this for the remainder of the financial year due to national price concessions. The Primary Care Commissioning Committees: • received the report, • noted the current and forecast financial position in respect of primary care budgets.	

	UPDATES	
PCCCiC/17/29	**Primary Care Commissioning Update** *Director of Primary Care, DDES CCG and North Durham CCG - Joseph Chandy* *In attendance for the item:* *Primary Care Commissioning Manager (GP)* *NHS England Cumbria and the North East* *- Fleur Carney* JC advised that national funding had now been devolved for online GP consultations as part of the Five Year Forward View (5YFV). This had only just been received and both CCGs were considering the best approach that should be taken. MB was the lead for primary care IT for both CCGs so would be working closely with JC and practices. A patient video consultation system was being trialled. FC advised that winter reporting had now commenced and reports were being submitted weekly. FC would report back on any concerns highlighted. FC mentioned that there would be a number of funded flu initiatives for the immunisation of care workers. The Primary Care Commissioning Committees noted the update.	
	FOR INFORMATION	
PCCiC/17/30	**Primary Care Sustainability and Transformation Plan (STP) Delivery Plan Updates – Durham Dales, Easington and Sedgefield CCG and North Durham CCG Submissions** *Director of Primary Care, DDES CCG and North Durham CCG – Joseph Chandy* The GP members of the Committees who provided primary care services declared an indirect non-financial professional interest in the report. Those members were Dr J. Carlton and Dr J. Smith, Dr W. Jose, Dr R. Mudalagiri and Dr D. Waller (all of whom received the report but were not in attendance at the meeting) and Dr Neil O'Brien, Dr David Smart, and Dr Ian Davidson. Joseph Chandy declared an indirect non-financial professional interest as a practice manager within DDES CCG. It was agreed they would remain in the meeting for the discussion of the item as it was not a decision making report. JC advised that the STP Delivery Plans were very large documents that had been completed in conjunction with NHS England and offered to list areas by exception. AA thought it would be useful to receive a report that highlighted what was	

	progressing well and any areas for which timelines had slipped. JC summarised the following points: • Care Navigation would commence January 2018. • The initiatives for high impact changes and the Estates and Technology Transformation Fund were on track. • Online consultations had slipped. • With regard to the Medical Assistant role the CCGs, a response from the Royal Collage of General Practitioners was awaited but staff were being trained in the meantime. • With regard to extended access, there had been updates at the committee in excess of the targets. • Increasing GP workforce – the committees were updated on the work underway. • There had been increasing investment in primary care through GP resilience with DDES and North Durham being the most proactive CCGs. Both CCGs had invested in extended access and would be investing in international recruitment. • CCGs were ahead of plan with regard to developing primary care organisations at scale but documentation referred to primary care networks which was different to GP Federations which alluded to Primary Care Homes (PCH) and bringing the commissioning voice together. The trajectory for DDES CCG was 100% and at Council of Members North Durham GPs had agreed to commit to this model going forward. FJ asked, in trying to align the different strategies and linking the primary care model with STPs, where did Teams Around Patients (TAPs) fit in. JC explained that STPs brought together practices in alignment of 30-50k patients; PCHs and TAPs fit well around that so alignment of them was the same. JC explained that TAPs focussed on wrapping community nurses around the population but in North Durham it was going further with GPs being the centre of all community service resources. JC advised that chapter five of the assurance framework was where the progress on developing primary care organisations at scale was documented. AA said that the summary update was helpful as the reports were substantial. The Primary Care Commissioning Committees: • received the report and noted its contents.	
PCCCiC/17/31	**GP Resilience Approach to GP Federated Salaried GPs** *Director of Primary Care, DDES CCG and North Durham CCG*	

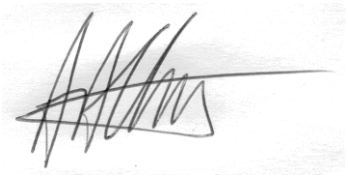
	- Joseph Chandy A correction was noted to the report: the reason for the report was not 'decision / action' but for information only. This was because the funding of the scheme was not from the delegated budget for primary care commissioning. The GP members of the Committees who provided primary care services declared an indirect non-financial professional interest in the report. Those members were Dr James Carlton and Dr Jonathan Smith (both of whom received the report but were not in attendance at the meeting) and Dr Neil O'Brien, Dr David Smart, and Dr Ian Davidson. Joseph Chandy declared an indirect non-financial professional interest as a Director of Primary Care for DDES CCG and North Durham CCG. It was agreed that they would remain in the meeting for the discussion of the item as it was not a decision making report. JC presented an update on developments since August 2017. JC stated that he regularly updated the committees with regard to the primary care strategy, with GP workforce being one of the key aims. A Five Point Plan had been developed as a combined approach to the current GP workforce issues, and the report set out an alternative approach to the recruitment and retention of GPs. CCGs had been allocated £154,619 from NHS England to progress a number of projects one of which being GP Federated salaried GPs. It was clarified that a federated GP was a GP that could work across more than one practice. There were three posts per CCG per year that could be funded. Details of three options were set out in the report which should be considered when appointing the GPs. JC advised that, when deciding which practice the GPs could work in, the CCG would take advice from the Joint Quality Committee, Primary Care Assurance Committees and NHS England Primary Care Commissioning. Recruitment would be to a practice that had either: • applied for vulnerable practice status or GP Resilience funding, • or had raised concern with regards to vulnerability issues, • or had a GP vacancy for more than 12 months. A toolkit was being developed which would include the above qualifying criteria which would give practices a vulnerability index score. The CCG would be working with the Local Medical Committee (LMC) to agree a threshold for segmenting vulnerable practices. JC explained that a GP could not be appointed to work in a PCH	

	as PCHs were not an entity. The GP would have to be appointed to a practice within the PCH. It was noted that, in comparison to GP Choices, this approach was about GP resilience and additional resource and not about providing locum cover for sickness absence. To minimise risk JC would work with the CCG Chief Finance Officers to manage the financial risks involved. It was noted any new GPs employed under a federated scheme would have access to the career start scheme. Newly qualified GPs that could commit to working in County Durham would be targeted. A question was asked about who was responsible for the GP indemnity costs. JC advised that GP indemnity was part of the charge-out cost but it was envisaged that, in future, indemnity would be more cost effective and flexible to support the work within the new national scheme. JC advised that some of the details were still being worked through to take this scheme forward he was now seeking expressions of interest from organisations, not just GP practices, in order to provide this service at the earliest opportunity. JC asked the committees to note the report for information and take assurance that the CCGs were looking at all routes to support GP recruitment and retention. The Chair concluded that it appeared that, from a non-professional point of view, this was an excellent idea to address issues with recruitment of GPs at locality levels. JC agreed and said when all five workstreams worked together there would be an effective outcome. The Primary Care Commissioning Committees: • received the report for information, • agreed to communicating to member practices and GP Federations as the primary care delivery team continued to work through the operational implications of the GP Resilience approach to GP federated salaried GPs.	
PCCCiC/17/32	**Durham Dales, Easington and Sedgefield CCG Workforce Report June 2017** *Chief Operating Officer, DDES CCG and North Durham CCG – Nicola Bailey* *Director of Primary Care, DDES CCG and ND CCG - Joseph Chandy* The report provided a summary of the current DDES CCG	

	primary care workforce as at 30 June 2017, and a forecast of potential leavers and joiners. JC advised that this was first time the CCG had been able to produce a timely workforce report as in the past the CCG had had to wait for information to be available from the primary care webtool. Practices had moved to a new tool which meant the CCG could now pull information on a quarterly basis and had the facility to amend some of the questions in the tool to help answer key issues suggested by practices. JC advised that he had started to correlate workforce information with that of appointments to understand what impact it may have. JC thought it would also help to look at the retirement of GPs and nurses to enable the CCG to be more proactive in workforce planning. MH thought it was a powerful information tool. The data could be used to inform future workforce plans. JC reported that there had now been a100% sign up from North Durham practices which meant the next report would cover the whole of the DDES and North Durham primary care workforce. It was noted that both CCGs were furthest ahead in the North East and Cumbria in the use of the new workforce toolkit. SF said that the level of information available was exceptional. Practices could now see how their workforce varied with that of other practices, which could help inform practice workforce plans to ensure appropriate skill mix and sustainability in the future. JC commended the 70 practices that had voluntarily moved to the new workforce tool. It was now imperative that the output of this reporting tool was positive for practices. AA mentioned that the data was very rich and detailed and it was positive that practices had signed up to the workforce tool which could be used as a lever to address issues, however, he enquired about what would happen with all this data going forward. JC advised that he had discussed this with the Local Medical Committee (LMC) the previous day. The data would be used to inform decisions being made about practices, helping them to identify what was going wrong and how to make best use of the skill mix. SF said that for practices under pressure the data could be used to provide advice but it should not be assumed that every practice had the same skill mix. An individual workplan would be required for each practice. JC highlighted that the data could be used to answer questions about primary care in the area such as the exact number of GPs in a locality.	

	GF mentioned that the data could initiate discussions around training and the level of training the nurses had received. This reaffirmed discussions that had taken place at nurse time out meeting where nurses had said they would appreciate more opportunity to do mentoring. GF advised that there were no student nurses within North Durham CCG practices. Although there was work to be done, this was a good start. ID stated he supported the workforce tool. One of the most serious issues to address in primary care was patient access but it had been difficult to produce a comparison between practices due to the different ways of working. The workforce data would be a useful proxy tool to assess patient access; the CCG should be able to determine patient access per population by this data. ID felt the workforce report would be useful for the future. The Primary Care Commissioning Committees; • received the report and noted its content.	
PCCCiC/17/33	**Questions from the public** There were no questions raised by the public.	
PCCCiC/17/34	**Other Business** An item of any other business was noted in agenda item PCCCiC/17/22.	
PCCCiC/17/35	**Standing item:** **Risk Round Up** *To consider any areas of risk from the discussion on the agenda to add to the CCGs' corporate risk register.* There were no areas of risk highlighted.	
	Date and time of next meeting The next meeting would be held on: Tuesday 16 January 2018, 1.00pm to 2.30pm, venue in the Chester-le-Street area to be confirmed.	
	Resolution to Exclude the Public and Press *That representatives of the press and other members of the public be excluded from the remainder of the meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest. (Section 1(2) Public Bodies Admission to Meetings Act 1960).*	

	Contact for the meeting: Susan Parr, Executive Assistant, North Durham CCG Tel: 0191 389 8621 Email: susan.parr@nhs.net	

Signed: 

Chair: Andrew Atkin

Date: 2 February 2018