



Durham Dales, Easington and Sedgfield Clinical Commissioning Group  
North Durham Clinical Commissioning Group

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

**Tuesday 17 July 2018**

**13:00 – 14:00**

**Main Hall, Spennymoor Town Hall, High Street,  
Spennymoor, DL16 6DG**

**CONFIRMED MINUTES**

**DDES CCG Primary Care Commissioning Committee**

**Present:**

Andrew Atkin	(AA)	Lay Member
Sarah Burns	(SB)	Director of Commissioning
Dr Stewart Findlay	(SF)	Chief Clinical Officer
Gill Findley	(GF)	Director of Nursing
Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement <b>(Chair)</b>
Mark Pickering	(MPi)	Chief Finance Officer

**North Durham CCG Primary Care Commissioning Committee:**

**Present:**

Andrew Atkin	(AA)	Lay Member
Nicola Bailey	(NB)	Chief Operating Officer
Mike Brierley	(MB)	Director of Corporate Programmes, Delivery and Operations, North Durham CCG
Joseph Chandy	(JC)	Director of Primary Care
Dr Ian Davidson	(ID)	Medical Director
Gill Findley	(GF)	Director of Nursing
Richard Henderson	(RH)	Chief Finance Officer, North Durham CCG
Michael Houghton	(MH)	Director of Commissioning and Development
Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement <b>(Chair)</b>
Dr David Smart	(DSm)	Clinical Chair
Dr Pat Wright	(PW)	GP Clinical Lead Representative
<b>In attendance:</b> Emma Brough	(EB)	Chief Operating Officer, Intrahealth GP Federation (item 67)
Joseph Chandy	(JC)	Director of Primary Care (in attendance for DDES CCG)
Theresa Davies	(TD)	Lead Nurse, Intrahealth GP Federation (item 67)
Gail Linstead	(GL)	Interim Programme Development Manager for the International GP Recruitment Programme,

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	Amanda Million	(AM)	NHS England (item 64) Corporate Administrator, North Durham CCG (minutes)
	Marianne Patterson Gill Smith	(MP) (GS)	Healthwatch representative Commissioning Manager, North of England Commissioning Support
	David Steel	(DSt)	Primary Care Business Manager, NHS England
<b>Apologies:</b>	Nicola Bailey	(NB)	Chief Operating Officer
	Amanda Healy	(AH)	Director of Public Health, County Durham, Durham County Council
	Dr Rushi Mudalagiri	(RM)	Locality Lead – Easington, DDES CCG
	Dr Jonathan Smith	(JS)	Clinical Chair, DDES CCG

Please note: the minutes were recorded in the order in which the items were discussed.

	Items	Action
<b>PCCCiC/18/53</b>	<b>Apologies for absence</b>  As recorded above.	
<b>PCCCiC/18/54</b>	<b>Declarations of conflicts of interest</b>  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 Durham Dales, Easington and Sedgfield (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:  <a href="https://www.durhamdaleseasingtonstedgfieldccg.nhs.uk/documents/declarations-conflict-interest">https://www.durhamdaleseasingtonstedgfieldccg.nhs.uk/documents/declarations-conflict-interest</a>  <a href="http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/">http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/</a>  The following interests were noted or declared with regard to the items on the agenda:	
	<b>PCCCiC/18/60</b> <b>Combined Primary Care Quality Report</b> General practice members and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had a non-	

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financial professional interest. Those members were Dr James Carlton, 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 would 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.

### **PCCCiC/18/61**

#### **Primary Care Budgets 2018/19**

General practice members and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had financial interest although it was acknowledged that the budgets had been based on national agreements. Those members were Dr James Carlton, 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 would receive the paper and those present could remain in attendance at the meeting to consider the paper, which had no decision making requirements.

### **PCCCiC/18/63**

#### **Combined Primary Care Development Update**

General practice members and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had a non-financial professional interest. Those members were Dr James Carlton, 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 would 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.

### **PCCCiC/18/55 Identification of any other business**

No items of other business were identified.

### **PCCCiC/18/56 Minutes from the Primary Care Commissioning Committees in Common held on 15 May 2018**

The minutes were agreed as a correct record of the meeting.

### **PCCCiC/18/57 Matters arising from the Primary Care Commissioning Committees in Common held on 15 May 2018**

There were no matters arising.

**PCCCiC/18/58 Action Log**

The action log was updated.

**ITEMS FOR DECISION**

There were no items for decision.

**ITEMS FOR DISCUSSION**

**PCCCiC/18/64 North East International Recruitment Programme**

*Director of Primary Care, DDES CCG and North Durham CCG  
- Joseph Chandy*

*In attendance for the discussion:*

*Interim Programme Development Manager for the International GP  
Recruitment Programme – Gail Linstead*

JCh explained that the report that had been discussed in the confidential section of the meeting due to some business sensitive information in one of the attachments. Some queries had been raised at the confidential meeting that would be addressed within the discussion in the open meeting.

GL provided an update in relation to the International GP Recruitment Programme in the North East. She explained that national guidelines had been developed, and provided assurance that all processes had been developed in line with those. Funding had been allocated to support the recruitment of a project team within NHSE and GL said she was in an interim role within that team. Interviews for substantive posts would be held the following week.

It was noted that a recruitment company called ID Medical had been aligned to the North East programme and they would be likely to support additional regions in the future.

The programme at present had resulted in a reduced number of candidates being recruited than originally anticipated. It was felt that the issues had been related to language requirements in that the candidates had to achieve a certain level of qualification in relation to the English language before they could progress to the next stage of the recruitment process. It was noted that ID Medical was working with potential candidates with regard to language abilities and those candidates would be invited to visit the region over a weekend to meet those practices which had identified a willingness to host an international GP.

GL explained that funding for the programme had been provided nationally, which would mean no financial impact for CCGs and the recruitment companies had been appointed on a 'paid on delivery' basis. It was noted that there had been difficulties recruiting GPs across the

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country, even within areas such as London.

In relation to one of the queries highlighted in the confidential meeting, it was noted that recruitment had initially commenced in Europe due to it being easier to bring people into England to work from other European countries. GL explained that there was an intention to expand that recruitment further afield. It was not clear how Brexit would impact on international recruitment.

FJ highlighted the query that had been raised in the confidential meeting about the public voice on the Project Board. GF confirmed that Healthwatch had been given membership status on the Board at a regional level and it was intended to invite a patient representative in the future. She outlined the importance of the Board not having too many members and highlighted that only one Local Medical Committee (LMC) representative had been given a place to represent the whole region.

The PCCCs received the update and agreed to receive further updates as appropriate.

### **PCCCiC/18/59 Combined Risk Management Update Report**

*Chief Finance Officer, DDES CCG – Mark Pickering*

*Chief Finance Officer, North Durham CCG – Richard Henderson*

MPi presented the report, which provided a risk management update for both CCGs and included a summary of the corporate risks facing both organisations.

It was noted that the risk registers had been updated since the previous meeting and each one contained a 'red' risk in relation to constitutional standards. Two risks that were specific to the PCCCs had also been highlighted and those included; primary care resilience and sustainability, which included a reference to international GP recruitment and would be kept under review, a risk in relation to the management of conflicts of interest being adequately managed. It was noted that a robust process was in place in relation to the management of conflicts of interest but the item would remain on the risk registers.

One risk had been closed for each CCG since the previous report which was in relation to changes to the North of England Commissioning Support (NECS) service delivery. It was felt that although NECS was continually under review, the risk had reduced significantly due to the mitigating measures that had been put in place.

Other generic risks had been reviewed and there was one that had been closed for each CCG relating to changes to NECS service delivery, were continually under review but the risk had reduced significantly due to mitigating measures.

The Primary Care Commissioning Committees (PCCCs):

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- received the report and appendices,
- noted the current risks facing the CCGs,
- agreed that assurance had been received in relation to mitigating actions in place to ensure the risks of the CCGs were being dealt with appropriately.

### **PCCCiC/18/60 Combined Primary Care Quality Report Quarter 4 2017/18** *Director of Nursing, DDES CCG and North Durham CCG – Gill Findley*

General practice members and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had a non-financial professional interest. Those members were Dr James Carlton, 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 would 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.

The report provided a summary of the key points in relation to quality assurance in primary care across County Durham.

It was noted that the Primary Care Quality Assurance Sub-Committee had met on several occasions and one of the key issues being considered at that meeting was the Primary Care Web tool, which had been provided by NHS England (NHSE). The web tool had been recently refreshed and would be supplemented by the information in the Mori Polls, which would be released in early August 2018.

GF reported that three inspections had been undertaken by the Care Quality Commission (CQC) in the previous few months and the outcomes had been as follows:

- Phoenix Medical Practice – inadequate
- Skerne Medical Group – good
- Bowburn Medical Centre – requires improvement

It was noted that each of the practices that had received a rating of 'inadequate' or 'requires improvement' had developed an action plan to address the issues that had been highlighted in the report.

GF reported that the CCG had received notification from NHSE that it intended to pass the management of serious incidents (SIs) in primary care to the CCG, with no additional resource being provided to support that. It was felt that the CCGs would need to agree how to provide that function as the clinical quality team at North of England Commissioning Support (NECS) did not have primary care quality within their remit. GF highlighted that there would be a need to consider the overall workload of the quality teams within the two CCGs in order to accommodate the additional workload and to consider what areas of work could be stopped.

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SF highlighted that the CCGs would need to absorb the additional work within existing resources.

FJ highlighted that the overall CQC inspection ratings for practices across the County Durham area had been extremely positive, with a number of practices receiving assurance levels of 'outstanding' and 'good'.

GF reported that a recent CQC inspection relating to domestic abuse arrangements had received initial good feedback and the full report was awaited. The inspection had highlighted some good practice in relation to how general practices dealt with domestic abuse.

The link between the results of the Primary Care Web tool and the practice reviews was discussed and it was noted that the information in the web tool helped the CCG to agree which practices to visit in order for the CCG to understand the processes in place at those practices. Indicators contained within the primary care webtool include disease prevalence as well as performance indicators.

MH highlighted that a number of self-harm incidents had been reported in the DDES area but not in the North Durham area and asked if there was any significance in those figures. He suggested that some additional narrative be added to future reports about the incidents and whether any themes had been identified. It was also noted that North Durham had reported four suicides in the quarter but the report did not provide any detail on those. GF agreed to consider adding additional narrative to future reports to provide some information about the incidents being reported.

*Action: GF to consider adding some additional narrative to future reports to explain the details of some of the serious incidents being reported in order to identify any themes.*

**GF**

ID provided assurance that the incidents would have been discussed at the Joint Quality Committee, where the report would have also been received. He said it would be difficult to identify themes until the production of an annual report. GF agreed to look into the 18 cases of self-harm that had been reported in the DDES CCG area.

*Action: GF to look into the 18 cases of self-harm reported in the DDES CCG area.*

**GF**

The PCCCs:

- received and considered the report,
- noted and discussed the contents of the report.

### **PCCCiC/18/61 Primary Care Budgets 2018/19**

*Chief Finance Officer, DDES CCG – Mark Pickering*

*Chief Finance Officer, North Durham CCG – Richard Henderson*

General practice members and providers of primary care services in

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Durham Dales, Easington and Sedgefield and North Durham had financial interest although it was acknowledged that the budgets had been based on national agreements. Those members were Dr James Carlton, 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 would receive the paper and those present could remain in attendance at the meeting to consider the paper, which had no decision making requirements.

RH presented the report, which provided a summary of the nationally negotiated contract changes for 2018/19 and presented the resulting budgets for primary care in 2018/19.

It was noted that the published funding allocations for each CCG were:

- DDES CCG - £44,037k (an increase of £455k from 2017/18).
- North Durham CCG - £34,457k (an increase of £451k from 2017/18).

RH explained that despite the growth in funding, there would be a potential risk to the CCGs as a result of the total net cost pressure, over and above the growth in primary care funding of £333k for DDES CCG and £593k for North Durham CCG. It was noted that in the current year, both CCGs had sufficient contingency reserves to manage the funding but that would result in DDES CCG not having any remaining reserves for primary care at the end of 2018/19 and North Durham CCG having minimal reserves. The CCGs would each have to manage the financial risks within the year and some slippage had been anticipated in relation to the primary care budgets for areas such as enhanced services and quality outcomes framework (QOF). RH said work would continue to identify efficiencies in the budgets in order to avoid the CCGs having to cover the shortfall in funding over future years from the CCGs core funding budget.

Discussion took place about indicative allocation figures for future years, which would be subject to change. It was felt that the CCGs did not have a clear picture of what the national contract agreement might look like going forward.

The PCCCs:

- noted the funding allocation for primary medical services in 2018/19 and estimates for future years,
- noted the financial impact of the contract changes,
- noted the potential risks outlined in the report.

### **PCCCiC/18/62 Combined Primary Care Finance Report**

*Chief Finance Officer, DDES CCG – Mark Pickering*

*Chief Finance Officer, North Durham CCG – Richard Henderson*

The report was presented by RH. It presented a summary of the financial

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position on primary care budgets for the two months ending 31 May 2018.

It was noted that only two months of fixed data had been available at the time of writing the report and most of the budget areas had been at a 'break even' position. The variances in the position showed an underspend in relation to primary care delegated budgets, which related to the Primary Medical Services (PMS) premium that had been re-invested in other areas of primary care spend.

JCh asked about the potential risks of the primary care delegated budgets in the future and it was noted that those would not be sufficient to cover the costs, if the national contract agreement next year followed the same pattern as the current year. The CCGs would need to decide at that point where to take the funding from in terms of the other primary care budgets, or from CCG core budgets, in order to offset those pressures.

It was noted that the Committee members had full assurance of the financial management processes in place within the CCGs and would continue to monitor the situation throughout the year.

The PCCCs:

- received the report,
- noted the current and forecast financial position in respect of primary care budgets.

### **PCCCiC/18/63 Combined Primary Care Development Update**

*Director of Primary Care, DDES CCG and North Durham CCG*  
- Joseph Chandy

General practice members and providers of primary care services in Durham Dales, Easington and Sedgfield and North Durham had a non-financial professional interest. 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 would 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.

JCh presented a progress report in relation to the *General Practice Forward View* and the Primary Care Strategy.

It was noted that a significant area of work had been in relation to the roll out of Care Navigation across County Durham, with 600 out of 700 staff having received training to date. CCG officers had supported the training events and practices were in the process of agreeing a launch date. A template had also been developed for pharmacies to enable patients to be guided to the most suitable services.

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JCh reported that a review of GP extended access was underway and a GP retention fund had been publicised for CCGs to bid for in order to keep those GPs nearing retirement in the system for a longer period of time.

The PCCCs received the report and noted its content.

### **PCCCiC/18/65 Annual Terms of Reference Review 2018:**

- NHS Durham Dales, Easington and Sedgefield Clinical Commissioning Group Primary Care Commissioning Committee
- NHS North Durham CCG Clinical Commissioning Group Primary Care Commissioning Committee

*Chief Operating Officer, DDES CCG and North Durham CCG  
- Nicola Bailey*

The report was presented by AM in the absence of NB. It presented revised terms of reference for the Primary Care Commissioning Committees of each CCG for approval following amendments made recently as a result of guidance received from NHS England.

AM explained that following submission of the revised CCG Constitutions, NHS England had advised the CCGs that, '*Joint committees were not permitted for exercise of any non-commissioning functions or for the exercise of NHSE commissioning functions*'. As a result of the advice received, the terms of reference had been amended to remove the reference to 'Joint Committees'. AM further explained that the revision would not prevent the Committees continuing to meet in common.

The PCCCs:

- considered the following terms of reference:
  - DDES CCG Primary Care Commissioning Committee
  - North Durham CCG Primary Care Commissioning Committee
- noted the amendments made to each terms of reference as advised by NHS England,
- approved the terms of reference for each committee.

### **PCCCiC/18/66 Outcomes of Durham Dales Easington and Sedgefield (DDES) CCG Primary Care Home (Fair Funding) Scheme 2017/18 and the North Durham CCG Primary Care Practice Based Scheme 2017/18**

*Director of Primary Care, DDES CCG and North Durham CCG  
- Joseph Chandy*

The report provided an update about the outcomes of the 2017/18 schemes.

JCh highlighted the achievements of the scheme, which had resulted in improvements relating to; health checks for people with learning disabilities, immunisation key indicators, two week wait processes, reduction in ECGs being undertaken in secondary care and antibiotic

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prescribing.

It was felt that the report demonstrated that primary care delivery was already at a high quality within the County Durham area and that practices responded to national guidelines throughout the year.

The PCCCs received the report and noted its contents.

### **PCCCiC/18/67 Intrahealth Federation**

*Director of Primary Care, DDES CCG and North Durham CCG*

*- Joseph Chandy*

*In attendance to present the update*

*Chief Operating Officer, Intrahealth Federation*

*- Emma Brough*

*Lead Nurse, Intrahealth Federation*

*- Theresa Davies*

A presentation was received by Intrahealth GP Federation in relation to the work they had been undertaking to deliver the *General Practice Forward View*.

The following questions were considered following the presentation:

SF advised that the current push was for practices to work more closely with each other, with the teams around patients (TAPs) and with foundation trusts as bigger organisations. He asked if there were plans in place amongst the local GP Federations to work more closely together. EB responded that the GP Federations had expressed the wish to work more closely together and to evolve into more collaborative working. She said she felt that Intrahealth had the structure and confidence to do that.

MP asked about the 'memory jogger' work that had been highlighted in the presentation in terms of what it was about. EB explained that it was a text messaging service to address the issue of 'do not attends', which would text patients to remind them of appointments coming up. She said that patients could reply to the message to confirm attendance.

GF asked if failures to attend appointments were being monitored in relation to safeguarding issues. EB confirmed that a process had been put into place in their practices whereby an administrator would check those failures to attend and if it was a child would flag that issue to someone more senior in the practice to address.

FJ highlighted the reference made to Reception Health Navigators and asked if those were the same as Care Navigators. JCh confirmed that Intrahealth GP Federation had initially commenced the initiative prior to the County Durham wide scheme, which had enabled the CCGs to learn from their experiences in relation to the perception of the public and the need for robust public engagement. It had been felt that a rollout of the Care Navigation service should be undertaken across County Durham as

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a whole rather than doing that via pilots.

FJ asked how the GP Federation worked with the public as he felt that had not been highlighted in the presentation. EB confirmed that each practice within the GP Federation at a Patient Reference Group (PRG), which linked with the CCG wide PRG. She said that those groups were being regularly consulted in relation to the work of the federation.

ID highlighted the work regarding integrating practices and asked about any plans Intrahealth GP Federation had regarding online consultations. EB said the federation was keeping an eye on the development of online consultations with the hope of taking forward any learning from others. She said the Federation had not yet made a decision about whether to move forward with that in the future.

EB highlighted that the Federation was interested in how to use resources more effectively to support clinicians in their consultations with patients. She said that the Federation employed a lot of Advanced Nurse Practitioners and Nurse Practitioners.

The PCCCs received the presentation.

### **FOR INFORMATION**

There were no items for information.

#### **PCCCiC/18/68 QUESTIONS FROM THE PUBLIC**

There were no questions from the public to consider.

#### **PCCCiC/18/69 Other Business**

There were no items of other business considered.

#### **PCCCiC/18/70 Standing item: Risk Round Up**

No additional areas of risk were highlighted for inclusion in the risk register.

#### **PCCCiC/18/71 Date and time of next meeting**

The next meeting would be held on Tuesday 18 September 2018 at the Durham Indoor Bowling Club, Abbey Road, Pity Me, Durham, DH1 5GE

#### **Contact for the meeting:**

Susan Parr, Executive Assistant, North Durham CCG

Tel: 0191 389 8621

Email: [susan.parr@nhs.net](mailto:susan.parr@nhs.net)

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Signed

Chair: Feisal Jassat

Date 20 September 2018

Confirmed