

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

Tuesday 20 November 2018

13:30 – 14:15

**The Greenhills Centre, Stephens Terrace, Wheatley Hill
Durham, DH6 3JS**

CONFIRMED MINUTES

DDES CCG Primary Care Commissioning Committee

Present: Andrew Atkin (AA) Lay Member
Gill Findley (GF) Director of Nursing
Feisal Jassat (FJ) Lay Member, Patient and Public Involvement
(Chair)
Mark Pickering (MPi) Chief Finance Officer
Dr Jonathan Smith (JS) Clinical Chair, DDES CCG

North Durham CCG Primary Care Commissioning Committee:

Present: Andrew Atkin (AA) Lay Member
Mike Brierley (MB) Director of Corporate Programmes, Delivery and Operations, North Durham CCG
Joseph Chandy (JC) Director of Primary Care
Gill Findley (GF) Director of Nursing
Richard Henderson (RH) Chief Finance Officer
Feisal Jassat (FJ) Lay Member, Patient and Public Involvement
(Chair)
Dr David Smart (DSm) Clinical Chair
Dr Pat Wright (PW) GP Clinical Lead Representative

In attendance: Joseph Chandy (JC) Director of Primary Care (in attendance for DDES CCG)
Marianne Patterson (MPa) Healthwatch County Durham Representative
Jennifer Long (JL) Primary Care Assistant Contracts Manager, NHS England Representative
Jill Matthewson (JM) Head of Corporate Services, North Durham CCG
Sue Parr (SP) Executive Assistant, North Durham CCG (minutes)
Gill Smith (GS) Commissioning Manager, North of England

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Commissioning Support
Primary Care Business Manager, NHS England

David Steel (DSt)

Chief Operating Officer
Director of Commissioning
Medical Director, North Durham CCG
Chief Clinical Officer, DDES CCG
Director of Public Health, County Durham,
Durham County Council
Director of Commissioning and Development
GP Clinical Lead – Easington, DDES CCG

Apologies:

Nicola Bailey (NB)
Sarah Burns (SB)
Dr Ian Davidson (ID)
Dr Stewart Findlay (SF)
Amanda Healy (AH)
Michael Houghton (MH)
Dr Rushi Mudalagiri (RM)

Items

Action

PCCCiC/18/90

Apologies for absence

As recorded above.

The Chair introduced himself to the members of the public. The Chair explained that the Committees were being held in public but were not public meetings. He advised that he had not received any questions from members of the public but might take the Chair's prerogative to take comments from the public at the end of the meeting.

PCCCiC/18/91

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 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:

<https://www.durhamdaleseasingtonstedgfieldccg.nhs.uk/documents/declarations-conflict-interest>

<http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/>

The following interests were noted or declared with regard to the items on the agenda:

PCCCiC/18/98

Combined Primary Care Quality Report, Quarter 1 2018/19

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Any member as general practitioners and providers of primary care services in Durham Dales, Easington and Sedgefield and North Durham had a non-financial professional interest. Those members were Joseph Chandy, Dr David Smart, Dr Jonathan Smith and Dr Patrick Wright, Dr Ian Davidson (not in attendance), Dr Winny Jose (not in attendance), Dr Rushi Mudalagiri (not in attendance) and Dr Dilys Waller (not in attendance).

The conflicted members had received the report and could attend because there was no financial information included in the paper that could influence or benefit any conflicted member. The paper was for discussion and no decisions were to be made.

PCCCiC/18/92 Identification of any other business

No items of other business were identified.

PCCCiC/18/93 Minutes from the Primary Care Commissioning Committees in Common held on 18 September 2018

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

PCCCiC/18/94 Matters arising from the Primary Care Commissioning Committees in Common held on 18 September 2018

There were no matters arising.

PCCCiC/18/95 Action Log

The action log was updated.

ITEMS FOR DECISION

There were no items submitted for this section.

ITEMS FOR DISCUSSION

PCCCiC/18/96 Skerne Medical Group Engagement

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

JC apologised that this item had unfortunately been put in the wrong section of the agenda. The item was for information only, was not for discussion and the report should have reflected that.

The report had been brought to the Durham Dales, Easington and Sedgefield (DDES) CCG Primary Care Commissioning Committee to inform members of the six week long public engagement programme initiated by Skerne Medical Group (SMG). Following this public

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engagement the feedback from patients and the public would be submitted to NHS England for consideration as part of a business case for change. The business case would then be brought back to the Committee at an extraordinary meeting to be held on Tuesday 18 December and it would be at that point that there would be full a discussion about the proposal.

JC advised that he would not take any questions from members of the Committee at this time as that could prejudice the process.

JC mentioned that appended to the paper was a copy of the letter that had been sent to patients in the Trimdon area together with a copy of the press release. In addition to this, SMG was setting out its proposals at a series of public engagement events.

JC explained that it was SMG that would lead on public engagement and that it was SMG that would have to submit a business case with regard to their proposals. The Primary Care Commissioning Committee would want evidence of effective engagement and the rationale for any proposals the practice submitted. JC said that he would also expect SMG to have had discussions with the Overview and Scrutiny Committee (OSC). All the information gathered from this process would then be presented to the Committee for discussion in December 2018.

MPi advised that he had attended the recent OSC at which representatives of SMG had flagged serious concern about the level of pressure the practice was under.

MPa highlighted that HealthWatch would be able to help the practice in terms of the engagement with their practices and JC said he would pass the offer of assistance to SMG.

In response to FJ's query, DSt explained the role that NHS England had in the process; this was to undertake the business case assessment and then prepare recommendations for submission to the Primary Care Commissioning Committee for its final decision

In response to AA's query it was believed that the six week consultation had started on Tuesday 6 November 2018.

The Primary Care Commissioning Committees:

- noted that the paper was for information only,
- noted that an Extraordinary Primary Care Commissioning Committee had been scheduled for Tuesday 19 December to receive the business case.

PCCCiC/18/97

Combined Risk Management Update Report

Chief Finance Officer, DDES CCG – Mark Pickering

Chief Finance Officer, North Durham CCG – Richard Henderson

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MPI presented the report which provided a risk management update for both CCGs as at 17 October 2018 and included a summary of the corporate risks facing both organisations.

It was noted that the risk registers each contained a 'red' risk in relation to constitutional standards and these would be brought to the attention of the Governing Bodies.

It was noted that all risks had been grouped based on the committee linked to the risk and that no new risks had been added and no risks had been closed since the previous report for either CCG.

MPI highlighted that the key risk for the CCGs was the achievement of the constitutional standards but it was worth noting that the sustainability of Primary Care was a risk that had been documented.

The Primary Care Commissioning Committees:

- 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/18/98

Combined Primary Care Quality Report Quarter 1 2018/19

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 in this item. Those members were Joseph Chandy, Dr David Smart, Dr Jonathan Smith and Dr Patrick Wright, Dr Ian Davidson (not in attendance), Dr Winny Jose (not in attendance), Dr Rushi Mudalagiri (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 paper was for discussion and no decisions were to be made.

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

GF highlighted key points only:

- Over 350 members of staff in general practice had completed the online and face-to-face Care Navigation training. Practices had been encouraged to engage in dialogue with their local Community Pharmacy prior to implementation to confirm any procedures for

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- communicating in relation to a patient's care if required.
- The Care Quality Commission (CQC) had re-inspected Horden Group practice on 30 August 2018 and the practice was now rated as 'good' overall.
 - The CQC had undertaken a desk-based review of Belmont and Sherburn Medical Group on 15 August 2018 and the practice was rated as 'good' overall and 'good' for caring.
 - Following a comprehensive inspection of Gardiner Crescent Surgery the CQC had rated the practice as 'requires improvement'. North Durham CCG Medical Director and Director of Primary Care had offered support to address the areas highlighted in the CQC reports as requiring improvement.

GF highlighted an error on page 4 of the Primary Care Quality Report (Appendix 1). Where it stated that Auckland Medical Group 'requires improvement' it should read as 'good'. GF apologised for the error.

GF opened up the floor for questions.

FJ referred to the Patient Experience slides – Friends and Family Test (FFT) results. Although it was a contractual requirement for practices to complete the FTT, FJ had noted the lack of data within the report and asked if this should be of concern. GF explained that the FTT was based on a single question. Submitting the FTT was a contractual requirement and there were many other methods of determining patient feedback such as questionnaires and surveys. The FTT was not the sole method of surveying patients but was used as supplementary information. GF said that she had checked with the CQC and they were not raising the lack of submissions from practices as an issue.

MPa referred to the Care Navigation update on page 9 and advised that Healthwatch had already been in contact with staff and patients. MPa wished to remind the Committee that, as a result of a public vote in January 2018, Healthwatch had undertaken a research project into the experience of patients in County Durham accessing GP appointments. Healthwatch had gathered the views of 539 people in total and an Executive Summary of the findings had been prepared. MPa said she would share the document which she hoped would include a lot of useful feedback from patients.

FJ thanked MPa for the update and agreed that important lessons could be learned.

Action: *MPa to email the Executive Summary of the research into Accessing GP Appointments to SP for onward circulation to the Committee.*

DSm highlighted a potential issue in that his practice had submitted its FTT data but that information did not appear to be included in the

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reports. GF said that she would follow that up.

JC explained that practices could use any source for collecting FFT feedback for the benefit of the practice but those other methods would not contribute to the figures in the report, eg. Elikiosks. Also, if Practice Managers did not submit the information in a timely manner then it is recorded as a zero submission.

GF thought that the lack of data in the report could be because practices were not submitting their data in a timely manner and that she would look into that.

Action: GF to review the submission process for FFT data.

AA enquired whether there was an alternative method of collecting friends and family feedback if it was agreed that this FFT was not the best method to use. Something that was not overly bureaucratic but which was useful for both the practice and the CCG. JC advised that it was contractual requirement that practices followed this method. They could ask ancillary questions if they wished such as 'which practitioner have you just seen'.

Referring back to the CQC primary care inspections, FJ highlighted that only a small percentage of practices 'required improvement' which was positive. GF added that it was excellent that some of the North Durham practices were some of the best in the region.

The Primary Care Commissioning Committees:

- received the report for information,
- noted and discussed the content of the report,
- noted that there were follow up actions to be undertaken with regard to FFT submissions from practices.

PCCCiC/18/99

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 MPi. It presented a summary of the financial position on primary care budgets for the six months ending 30 September 2018. The report included delegated budgets from NHS England and other elements of primary care spend within the CCGs' main commissioning budgets.

MPi advised that spend had been relatively fixed and forecasts based on limited activity data.

MPi highlighted key areas:

- an underspend had been reported against the Personal Medical Services (PMS) budget line which reflected the release of PMS transition monies, which were being re-invested within other

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- primary care budgets;
- the impact of the additional 1% pay award for GPs and practice staff was now reflected in the month six position. The additional cost for North Durham CCG was £277k and £344k for DDES CCG;
- the majority of contracts for other primary care spend were of fixed value.

MPI advised that there were no significant issues or risks to highlight.

The Primary Care Commissioning Committees:

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

PCCCiC/18/100

Combined Primary Care Development Update

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

JC advised that the report had been reformatted slightly to provide more detail on the operational interaction between the commissioning and delivery teams, practices and NHS England during the month of October 2018.

FJ requested an update on GP Extended Access. JC advised that for DDES CCG this was currently out to public consultation. The CCG had taken sound advice from OSC before going out to consultation. Some events had already taken place and the CCG was asking patients to promote them via text messages for example.

It was noted that North Durham CCG provided extended hours in a different way and had been through an internal review with its providers.

FJ then requested an update on GP recruitment. JC advised that the GP Recruitment Plan had been in place for a number of years and this was a source of pride as a significant number of GPs had been retained.

JS advised that 32 GPs had been recruited since 2015 and a significant number of them were still on the GP Career Start Scheme, which was positive. JC added that unfortunately other schemes were not working so well, for example international recruitment. The most significant challenge was recruitment from within Europe and agencies were now considering looking outside of Europe for potential candidates.

It was noted that, despite the success of the GP Career Start scheme, a number of practices were still struggling to recruit and retain their GPs, including the larger practices which was a concerning trend.

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The Primary Care Commissioning Committees received the report.

FOR INFORMATION

There were no items submitted for this section although it was noted that item PCCCiC/18/96 – Skerne Medical Group Engagement had been for information.

PCCCiC/18/101 QUESTIONS FROM THE PUBLIC

The Chair noted that there were a number of members of the public in attendance saying that he was aware that the item of interest to them was about Skerne Medical Group (SMG). He reiterated that the paper the Committees had considered had been for information but that he was keen for members to hear any comments from those members of the public present. The Chair said that members of the public had listened to the primary care commissioning process and he suggested that the Committee members now listened to what the public had to say. Although there had been no questions submitted in advance of the meeting, which was the usual process, the Chair said that he would be flexible given that those members of the public present had taken the time to attend the meeting.

The Chair then invited comments.

Q - Peter Brookes (PB) introduced himself as Councillor for Trimdon and Thornley, also a patient of SMG. He thanked the Chair for allowing members of the public to speak. PB advised that also in attendance were Jude Grant, also a Councillor for Trimdon and Thornley, and Paul Trippett from Phil Wilson MP's office. PB said that the CCG needed to be aware that when patients had received the letter one of the things of concern was that the practice had organised public meetings but the dates of those meetings were not included in the letter, therefore patients had to go onto a website to get them. The practice covered an area of deprivation therefore not all people had access to a computer so that he said was disappointing. PB advised that approximately 100 people attended the meeting that had been held in Trimdon at which representatives from SMG had said that they had appointed an independent Chair for the meeting but PB understood that that individual had been a marketing consultant employed to do work for the practice. In the letter to patients it had been stated that the proposed review was to look at all of the medical group's sites over the next four years. PB understood the issues and the pressure that SMG was under but the letter went on to say that the first stage was that they would have to review whether Trimdon Village could remain open from 2019. PB expressed concern about the timescale saying that the CCG was considering the situation in December 2018 and that as soon as from the start of January 2019 the service could cease, which he do not

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think was fair. He felt that it should not be possible to close Trimdon Village Surgery, which ran three sessions a week, in such a way. PB drew attention to the size of that community, 3,000 patients in all, which he believed was worth £400-500k to SMG. He said that all those people were going to have to travel to receive primary care from 1 January 2019. PB said that he had attended the meeting at OSC at County Hall which had been held the previous week. OSC had made it clear that Trimdon Village should be part of the four year review and should not be pre-emptively closed. PB understood a lot of the GPs at the practice were part time, he wondered whether they were working in other places or organisations. If that were the case, that would be a concern. He hoped that the CCG might do an analysis of whether GPs from SMG were working elsewhere. PB went on to say that he agreed with SMG that the premises in Trimdon were not fit for purpose but pointed out that they could have addressed that over the years. He highlighted that a developer was trying to approach the practice about building a new health centre as a Section 106. PB said that he understood that the practice was not responding to requests for information. He said that he wanted to know if the CCG was supportive of the development of a new health centre for this community. He would like the CCG to commit to work with the community to bring in another practice should SMG not be able to take up the opportunity of developing a new health centre. Finally PB said that SMG had stated that they wanted to provide safe services, which he said was what the community wanted also, but there was nothing safe about single parents, the elderly or disabled having to travel on dark January nights in the rain and snow.

PB thanked the Chair for the opportunity to speak and said that the attendance of members of the public demonstrated how passionate the community was about this issue.

Q. Paul Trippett (PT) from the office of Phil Wilson MP, the MP for Sedgefield. PT said that Phil Wilson was taking a keen interest in this issue, so much so that he had raised the issue in Parliament and would be approaching the Secretary of State for Health and Social Care. A petition against any potential closure was being arranged. He wondered if there would be public participation at the meeting to be held on 18 December 2018. PT said that an important question was whether it was believed that in the future a village, of over 3,000 people, should have local access to primary care services without the need for every single person in that village to travel. He said that he could understand services being brought together and consolidated in secondary care in that way but he believed that primary care services must be provided as locally as possible. PT also highlighted that there was going to be further housing developments with more people moving into the area who would require primary care. He added that there were significant levels of poor health in the area. Finally PT said that he would ask that the CCG did the right thing for the people of Trimdon Village.

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FJ thanked PB and PT for speaking. He provided assurance that the CCG was fully aware of issues with regard to health inequalities in the area. He anticipated that the extraordinary meeting being held in December 2018 would be held in public and encouraged people to participate in the engagement process. FJ asked that any questions people might have be submitted in advance of the meeting. He said that Committee members would need to be objective in considering the proposals that would be submitted by SMG and that they would take into consideration the issues that had been raised.

FJ thanked those present for having attended

PCCCiC/18/102 Other Business

There were no items of other business considered.

PCCCiC/18/103 Standing item: Risk Round Up

Primary Care resilience would be logged as a risk and discussed out-with the meeting.

MPI advised that he had not picked up on any other risks other than those already on the risk register, e.g. finance and commissioning risks.

PCCCiC/18/104 Date and time of next meeting

The next meeting would be held on Tuesday, 15 January 2018 at the Chester-le-Street Cricket Club, Ropery Lane, Chester-le-Street, Durham, DH3 3PF

Contact for the meeting:

Susan Parr, Executive Assistant, North Durham CCG

Tel: 0191 389 8621

Email: susan.parr@nhs.net

Signed:

Chair: Feisal Jassat

Date: