



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 19 March 2019

13:00 – 14:15

**Teesdale Community Resources, The Hub, Shaw Bank,
Staindrop Road, Barnard Castle, DL12 8TD**

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 Officer
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

North Durham CCG Primary Care Commissioning Committee:

Present:

Andrew Atkin	(AA)	Lay Member
Mike Brierley	(MB)	Director of Corporate Programmes, Delivery and Operations
Joseph Chandy	(JC)	Director of Primary Care
Dr Ian Davidson	(ID)	Medical Director
Dr Stewart Findlay	(SF)	Chief Officer
Gill Findley	(GF)	Director of Nursing
Richard Henderson	(RH)	Chief Finance Officer
Michael Houghton	(MH)	Director of Commissioning and Development
Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement (Chair)
Dr David Smart	(DSm)	Clinical Chair
Dr Pat Wright	(PW)	GP Clinical Lead Representative, North Durham CCG

In attendance:

Joseph Chandy	(JC)	Director of Primary Care (in attendance for DDES CCG)
Helen Dawson	(HD)	Clinical Lead, Durham Dales Health Federation (Item PCCCIC/19/24)

Official

Amanda Healy	(AH)	Director of Public Health, Durham County Council
Jill Matthewson	(JM)	Head of Corporate Services, North Durham CCG
Sue Parr	(SP)	Executive Assistant, North Durham CCG (minutes)
Marianne Patterson	(MPa)	HealthWatch County Durham Representative
David Steel	(DSt)	Primary Care Business Manager, NHS England
Vicky Watson	(VW)	Managing Director, Durham Dales Health Federation (item PCCCiC/19/24)

Apologies:

Nicola Bailey	(NB)	Chief Officer
Dr Dilys Waller	(DL)	Locality Lead, Durham Dales

	Items	Action
PCCCiC/19/18	<p>Apologies for absence</p> <p>As recorded above.</p>	
PCCCiC/19/19	<p>Declarations of conflicts of interest</p> <p>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.</p> <p>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:</p> <p>https://www.durhamdaleseasingtonstedgfieldccg.nhs.uk/documents/declarations-conflict-interest</p> <p>http://www.northdurhamccg.nhs.uk/governancecommittees/declarations-of-conflict-of-interest/</p> <p>The following interests were noted or declared with regard to the items on the agenda:</p> <p>PCCCiC/19/26 Combined Primary Care Quality Report Any member as general practitioners 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, also Dr Ian Davidson (not in attendance) and</p>	

Official

	<p>Dr Rushi Mudalagiri (not in attendance).</p> <p>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.</p>	
PCCCiC/19/20	<p>Identification of any other business</p> <p>No items of other business were identified.</p>	
PCCCiC/19/21	<p>Minutes from the Primary Care Commissioning Committees in Common held on 15 January 2019</p> <p>The minutes were agreed as a correct record of the meeting.</p>	
PCCCiC/19/22	<p>Matters arising from the Primary Care Commissioning Committees in Common held on 15 January 2019</p> <p>There were no matters arising.</p>	
PCCCiC/19/23	<p>Action Log</p> <p>It was noted that the open action PCCCiC/19/12, Notice of Public Engagement by New Seaham Medical Group, would be discussed in full under agenda item PCCCiC/19/29.</p>	
	<p><u>ITEMS FOR DECISION</u></p>	
	<p>There were no items submitted for this section.</p>	
	<p><u>ITEMS FOR DISCUSSION</u></p>	
PCCCiC/19/24	<p>GP Federation Update – Durham Dales Health Federation <i>Director of Primary Care, DDES CCG and North Durham CCG</i> – Joseph Chandy <i>In attendance</i> <i>Managing Director, Durham Dales Health Federation</i> – Vicky Watson <i>Clinical Lead, Durham Dales Health Federation</i> – Helen Dawson</p> <p>JC explained that the Durham Dales Health Federation (DDHF) had been invited to attend to update the Primary Care Commissioning Committees on how they were developing primary care at scale for the benefit of their local patients. JC highlighted that the DDHF was a GP Federation performing beyond its requirement to support the population of Durham Dales.</p>	

Official

Committee members were provided with a pack of marketing material to support the update by the GP Federation. VW took the Committee members through a number of initiatives and service that the GP Federation delivered for patients within Durham Dales. These were summarised as follows:

- Evenings and weekends extended care. As a result of an analysis from data collected from across the patch, DDHF had extended the services across the 12 practices within the Durham Dales.
- DDHF was developing an 'Honest Broker' idea. This was designed to ensure that all practices were getting what they needed from the resources available whilst transitioning to Primary Care Networks (PCNs).
- Health Call. This was a service delivered on behalf of practices to support frail elderly patients within care home / nursing home settings. This required a new way of working between organisations but it had already had a significant impact, with positive feedback from care homes. DDHF was working in partnership with County Durham and Darlington NHS Foundation Trust (CDDFT) to ensure consistent messages and services were being delivered for vulnerable people.
- Emergency Health Care Plans. This was a lengthy document requiring a couple of hours to complete, but once in place would support people in crisis.
- Health Care Coordinator. This was a non-clinical role and worked alongside Health Care Practitioners and Social Workers. The role supported housebound and socially isolated people to live safely and independently; designed to avoid unnecessary hospital admissions.
- Same Day Requests. The Federation was doing some proactive work e.g. introducing mechanisms for managing same day requests on behalf of the practices
- PCN Model. DDHF was working in a way to support the development of PCNs.

The Chair opened up the table for comment.

SB mentioned that she attended a significant number of Federation meetings and that DDHF stood out for providing an excellent local resource. She highlighted the audit to identify why people were being admitted to hospital and the work they did to target interventions to prevent unnecessary admissions. She said that DDHF were to be commended for being so proactive.

FJ reinforced the positive message from SB saying that the work around supporting the frail elderly was an excellent example of integrated care partnership and system change.

SF advised that the CCGs had not yet found a way of spreading the good work from Durham Dales across the region. JC was looking into

Official

	<p>ways to share good practice but it would be a challenge given that the infrastructure was not yet in place in some areas.</p> <p>Similarly, the CCGs were trying to roll-out the Frail Elderly Pathway across all care homes in County Durham, including a virtual ward and social prescribing, as GPs had realised the significant impact that the pathway had had for keeping patients out of hospital.</p> <p>There was some discussion with regard to the different names for the Health Care Coordinator. The Committee was advised that there were two different types of Health Care Coordinator, funded by either the GP Federation or by the local Area Action Partnerships (AAP), and that they would each have different priorities which were determined by the needs of the local population. Teesdale AAP was used as an example where there was a prevalence of alcohol misuse. VW was advised to speak to Amanda Healy, Director of Public Health, to discuss the complexities further.</p> <p>The Chair thanked DDHF for attending and for continuing with the good work.</p> <p>The Primary Care Commissioning (PCC) Committees received the update and looked forward to receiving a further progress report in twelve months' time.</p>	
<p>PCCCiC/19/25</p>	<p>Combined Risk Management Update Report <i>Chief Finance Officer, DDES CCG – Mark Pickering</i> <i>Chief Finance Officer, North Durham CCG – Richard Henderson</i></p> <p>MPI presented the report which provided a risk management update for both CCGs as at 19 February 2019.</p> <p>It was noted that both CCGs had one corporate red risk each relating to the delivery of Constitutional Standards; one new risk had been added to each of the CCGs' risk registers relating to the EU Exit and the impact on the supply of medicines and other goods; and one risk had been closed in each of the CCGs' risk registers relating to the procurement of the Community Contract as the new contract had now been in place for seven months.</p> <p>GF, who had been appointed as the Senior Responsible Officer (SRO) for work around EU Exit, advised that the SitRep returns for all five CCGs had been submitted earlier that day.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none">• received the report and appendices,• noted the current risks facing the CCGs,• received assurance had been received in relation to mitigating actions in place to ensure that the risks of the CCGs were being dealt with appropriately.	

Official

PCCCiC/19/26	Combined Primary Care Quality Report (Quarter 3, 2018/19) <i>Director of Nursing, DDES CCG and North Durham CCG</i> – Gill Findley
	<p><i>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 David Smart, Dr Jonathan Smith and Dr Patrick Wright, also Dr Ian Davidson (not in attendance) and Dr Rushi Mudalagiri (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.</i></p>
	<p>The report provided a summary of the key points in relation to quality assurance in primary care across County Durham. GF highlighted the following:</p>
	<p>The CCGs had been very successful with regard to the NHS England (Cumbria and North East) practice nurse awards. Nurses working within the CCGs' area had won four out of the eight categories.</p>
	<p>The Teams Around the Patients (TaPs) / Primary Care Home (PCH) Leads across the CCGs had developed a co-ordinated care pathway, this would be rolled out across primary care in the coming months.</p>
	<p>The Care Navigation programme and Telehealth were being evaluated by HealthWatch County Durham; report findings were anticipated later in the month.</p>
	<p>GF was slightly concerned about the lack of information from practices with regard to the Friends and Family Test (FFT). She said that she had raised her concern with the NHS England Audit Team for guidance on whether or not she needed to follow that up with practices.</p>
	<p>Two practices, Silverdale Family Practice and Cheveley Park Medical Centre, had both been inspected by the Care Quality Commission (CQC) in the past few months and had been rated as 'outstanding'.</p>
	<p>At this point AA raised an observation that there were a significant number of practices rated as 'outstanding' within the CCGs' area and suggested that more could be done to share information about that success. It was noted that there were three practices in Easington which had also been rated as 'outstanding' and three in North Durham. It was also noted that a significant number of practices had been rated as 'good' which was also a considerable achievement. JC advised that there had been some local press coverage about the CQC ratings which had highlighted that the North East had come out</p>

Official

	<p>as the strongest area in the country.</p> <p>SF advised that the CCGs were undertaking some cross-party work with Durham County Council to look at primary care provision across Durham. There were a number of areas of concern including the need for practices to close branch surgery and for some to stop dispensing.</p> <p>SF also highlighted that the DDES CCG was probably the first CCG in the country to establish Primary Care Networks (PCNs). SF was hopeful that North Durham CCG would soon follow, which was still well in advance of the national agenda.</p> <p>The Primary Care Commissioning Committees noted and discussed the content of the report.</p>	
<p>PCCCiC/19/27</p>	<p>Combined Primary Care Finance Report <i>Chief Finance Officer, DDES CCG – Mark Pickering</i> <i>Chief Finance Officer, North Durham CCG – Richard Henderson</i></p> <p>RH spoke to the report which presented a summary of the financial position on primary care budgets for the ten months ending 31 January 2019. The report included delegated budgets from NHS England and other elements of primary care spend within the CCGs' main commissioning budgets.</p> <p>It was noted that both CCGs reported an underspend on delegated budgets. RH explained this was mainly due to the way that the Personal Medical Services (PMS) premium was calculated.</p> <p>Both CCGs did not expect any major risks or issues leading up to the financial year end, however there were still some budget lines that the CCGs would not know the position of until after year end.</p> <p>The Chair said it was excellent news that both CCGs were on track and commended the team for the successful management of budgets.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • received the report, • noted the current and forecast financial position in respect of primary care budgets. 	
<p>PCCCiC/19/28</p>	<p>Combined Primary Care Development Update <i>Director of Primary Care, DDES CCG and North Durham CCG</i> <i>- Joseph Chandu</i></p> <p>The purpose of the report was to provide an update to the Committees on the progress made by the CCGs on delivery against the General Practice Forward View and the ten high impact areas. The report highlighted key areas and included an update on the new GP Contract and Long Term Plan.</p>	

Official

	<p>JC advised that one of the key themes of the new GP Contract, which had been published since the previous meeting, was the establishment of PCNs. The report outlined the configuration of the PCNs and the additional resource that would be made available for services and staffing. JC explained that County Durham was in a good position as DDES CCG and North Durham CCG had established Primary Care Homes two years and one year ago respectively.</p> <p>Given the complexities of the PCNs, FJ suggested that a specific session be arranged in order for Committee members to gain a better understanding of their impact on the healthcare landscape.</p> <p>SF outlined the national timescales for the establishment of the PCNs. Applications were to be submitted in May with all PCNs being established by July 2019. He explained that both DDES and North Durham required practices to apply by the end of March 2019.</p> <p>The Chair requested an update about the establishment of PCNs for the next meeting to be held in May 2019.</p> <p>Referring to the cross party working group JC advised that the timeline was to take a report to the Overview and Scrutiny Committee in September 2019. The final report would also be submitted to the PCC Committees and the Health and Wellbeing Board.</p> <p>The Primary Care Commissioning Committees received the report and noted its contents.</p>	
<p>PCCCiC/19/29</p>	<p>Application from New Seaham Medical Group (A83071) to cease provision of services from Seaham Primary Care Centre <i>Director of Primary Care, DDES CCG and North Durham CCG</i> - Joseph Chandy <i>In attendance to present the report</i> <i>Primary Care Business Manager, NHS England</i> - David Steel</p> <p>JC opened up this item by explaining that DDES CCG had received a request from New Seaham Medical Group (NSMG) to relocate their main site from Seaham Primary Care Centre (SPCC) at St John's Square, Seaham to their current branch surgery located at Eastlea, Eastdene Road, Seaham. The purpose of the report was to provide the DDES CCG Committee with the information needed to consider the application from NSMG to close their site within SPCC.</p> <p>DSt summarised the report and supporting documents as follows:</p> <ul style="list-style-type: none"> • The practice's rationale for the closure was the high premises costs and workforce challenges in operating two sites, which they advised was placing a significant risk to the viability of the contract. 	

Official

- The practice had stated that a single site would be more attractive to any new GPs and would provide patients with continuity of care and would improve patient experience.
- The practice site at Eastlea would increase opening to core hours of 8.00am to 6.00pm and there would be no loss in sessions
- Home visits would continue for frail and housebound patients. The branch surgery was approximately 2.2 miles from the main practice and six minutes by car.
- The current landlords of SPCC had confirmed that as no lease was in place with the practice for the use of SPCC there was technically no issue with the practice exiting the premises. However, there would be an additional cost to the CCG in relation to void costs of approximately £40k per annum.
- Based on information provided there would be sufficient space within Eastlee to offer the extra sessions currently being provided from SPCC.
- There were approximately 5000 registered patients - a practice attendance review for a 12-month period identified 3,897 patient attendances of which 144 solely accessed Eastlea and 2,150 solely accessed SPCC. It should however be noted that Eastlea was currently only open half days and offered only half the number of sessions available at SPCC. The usage was driven by availability, not demand.
- Durham County Council has advised of new housing planned within the Eastlea locality.
- From a finance perspective should the 2,150 patients register at an alternative practice there would be an estimated additional cost to the CCG of £83.7k in year 1.
- The practice had undertaken a period of engagement from 11 December 2018 to 5 February 2019 and had provided a detailed engagement plan.
- A total of 3,400 letters were issued to patients with a total of 57 responses. 21 responses were supportive of the merger with the remainder either not supportive or raising concerns.
- Two patient engagement sessions were undertaken and attended by approximately 47 patients.
- Practice feedback stated that the proposal was generally supported with some concerns raised regarding parking, waiting room space and GP recruitment.
- Patient feedback and practice responses have been collated and provided as part of the application and should the proposal be approved the practice would be required to provide Frequently Asked Questions.
- Significant stakeholder engagement had been undertaken and the practice had proactively followed up for responses and these included the local Overview and Scrutiny Committee, Health and Wellbeing Board and HealthWatch. NHS England was not aware of any issues raised as part of this process.
- NHS England had also contacted local practices and no concerns

Official

had been raised.

DSt said that the paper included two options. Option 1 – to decline the closure of the branch site, and Option 2 – to agree to the closure and relocation of services to the Eastlea site.

The Chair opened up the table for discussion.

MPi said that the premises at SPCC were rented from the Community Health Partnerships and that the CCG would therefore need to fund for the void space created by the practice leaving the site. He also highlighted that the CCG had received an application from NSMG for an improvement grant in respect of the Eastlea site. The CCG's estates strategy ensured the best use of estates and the minimisation of void space. The CCG therefore had a policy not to approve an application for an improvement grant if it consequently created void space. The application from NSMG was therefore not in line with the CCG's policy and would not be approved.

DSm noted that NSMG was citing high costs with regard to its premises as one of the reasons for closing the site and asked if it was not the case that most of the costs would be reimbursed to the practice. It was clarified that facilities costs, which were applicable to all tenants, would be reimbursed. It was also highlighted that the practice had stated that the main driver for the proposal was workforce issues and not the cost of premises.

In addition, it was noted that if a practice was paying rent there would be a management fee, and that NHS Property Services had a new formula for calculating rental costs.

There was some discussion about void costs and JC advised that the CCG would continue to explore all avenues to fill the void space. The other practice currently occupying SPCC had given no indication that they were thinking along similar lines. If the population increased within the locality that practice may then need additional space. The building was subject to a long term lease from Community Health Partnerships and that would not change.

Referring to section 4.2 within the report MPi highlighted a risk in that there would be less patient choice in the area in terms of the reduction in the number of practice sites although it was noted that patients could register with the practice that was remaining in SPCC. SF felt that the greater risk was the viability of NSMG going forward.

Moving on to the recommendations section, SF said that it would be good practice for NHS England to recommend a preferred option in reports which was something that had been raised before. DSt said he would take that request back to colleagues.

Official

	<p>The two options were outlined as follows: Option 1: Decline the closure of the branch site. Option 2: Agree to the branch closure and relocation of services to the Eastlea practice site.</p> <p>The Durham Dales, Easington and Sedgfield Primary Care Commissioning Committee agreed Option 2, noting that the CCG would be unable to support the practice's application for an improvement grant as it was not in line with the CCG's Estates Strategy.</p>	
<p>PCCCiC/19/30</p>	<p>HealthWatch County Durham: Access to GP Appointment Systems Research into the experience of patients in County Durham, November 2018 <i>Director of Primary Care, DDES CCG and North Durham CCG</i> - Joseph Chandy <i>Project Lead, HealthWatch County Durham</i> - Marianne Patterson</p> <p>MPa reminded members that the reports had been circulated to all practices in County Durham following PCC Committees in Common held in January 2019. She said that she was grateful for the opportunity to discuss the reports further to explore options.</p> <p>The purpose of the report was to share patient feedback from the engagement undertaken by HealthWatch County Durham in 2018 and to discuss areas that practices could consider to improve patient experience based on that feedback. This work had been requested by the public when access to GP appointments was identified as a top priority during the Healthwatch 2018 public vote.</p> <p>Following the public vote a team of volunteers had collected patient views and had undertaken eight 'enter and view' visits. The volunteers had asked patients open questions about their experiences. In total 539 patients were surveyed with Patient Participation Group representatives helping with this. There had been a lot of positive feedback, particularly around triage, and confidentiality came out as being important to people.</p> <p>There had been some feedback with regard to opening hours and some frustration expressed by patients around phone queuing systems with patients liking to know where they were in the queue.</p> <p>Upon conclusion all the feedback had been reviewed and a checklist for practices to use had been produced. This included a series of simple questions to be used by practices in team meetings, learning sessions, peer groups etc.</p> <p>MPa took members through the list of questions listed in the checklist and advised that use of the checklist was having some positive</p>	

Official

	<p>outcomes. Following consideration of the question ‘how are you set up so that people can have a confidential conversation?’ one practice had decided it was going to review its physical set up. The CCGs needed to be mindful however that most practices would be unable to make structural changes but MPa hoped that the questions in the checklist would help practices to consider what practicable changes they could do to improve patient care.</p> <p>MPa advised that GF and ID had invited her to present the report to the Joint Quality Committee (JQC). JQC had suggested that a letter be sent to practices to encourage people to implement the recommendations endorsed by the CCGs. It was noted that the letter was ready and would be sent following the CCGs’ Governing Bodies meetings later that day.</p> <p>MH queried what age groups had been targeted by the survey as the response rate for young people appeared to be low. He also asked if there was a way that the age bands used in the report could be broken down further. MPa advised that that was not possible for this report but that HealthWatch would take that into consideration for future areas of work.</p> <p>It was agreed that it would be important for the CCGs to support practices to implement the checklist and that it would be useful to receive feedback in future. JC advised that the impact of the use of the checklist could be included in the CCGs’ primary care strategy work going forward.</p> <p>MPa advised that, following the initial circulation of information in January 2019, two additional practices had asked to be part of the ‘enter and view’ visits. This had been another positive outcome of the research.</p> <p>On a related note the Chair requested an update on Care Navigation for the next meeting.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • considered the report, • supported a letter being sent to all practices to encourage them to use the checklist, • agreed that the work would be reflected in the proposed primary care strategy refresh. 	
<p>PCCCiC/19/31</p>	<p>Primary Care Commissioning Committees Business Cycle 2019/20 <i>Chief Officer, DDES CCG and North Durham CCG</i> <i>- Stewart Findlay</i></p> <p>The Chair referred to the business cycle and asked for any questions or comments.</p>	

Official

	<p>JC advised that the topic for GP Federations presentations had changed to ‘<i>Provide an update on how the GP Federation is adapting to the new landscape of Primary Care Networks and the emerging Integrated Care Partnerships.</i>’</p> <p>The Primary Care Commissioning Committees received and commented on the Business Cycle 2019/20, noting that it was subject to amendment as and when necessary throughout the financial year.</p>	
	<u>FOR INFORMATION</u>	
PCCCiC/19/32	<p>Sustainable Primary Care Services – Report to Health and Wellbeing Board <i>Director of Primary Care, DDES CCG and North Durham CCG</i> - Joseph Chandy</p> <p>The Chair commended the report that had been taken to the Health and Wellbeing Board (H&WBB) in January 2019.</p> <p>JC advised that the H&WBB has been concerned that the landscape within general practice was rapidly changing and that primary care was experiencing issues around workforce, branch closures, mergers etc. It had been agreed to produce this baseline report and to determine a strategy to support improvements. Sharing the report via the H&WBB ensured that all partners had the same understanding of the position.</p> <p>During a brief discussion AH clarified that the report had not been to the Cabinet of Durham County Council.</p> <p>The Primary Care Commissioning Committees received the report for information.</p>	
PCCCiC/19/33	<p>Other Business</p> <p>There were no items of other business.</p>	
PCCCiC/19/34	<p>Questions from the Public</p> <p>There were no questions from the public to consider.</p>	
PCCCiC/19/35	<p>Standing item: Risk Round Up</p> <p>No new risks were identified during discussion at the meeting.</p>	
PCCCiC/19/36	<p>Date and time of next meeting</p> <p>The next meeting would be held on Tuesday, 21 May 2019 – venue to</p>	

Official

	be confirmed.	
	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.....

Confirmed