



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**

**Thursday 19 September 2019
13:00 – 14:30**

**Greenhills Community Centre, Wheatley Hill Community Centre,
Stephen's Terrace, Wheatley Hill, County Durham, DH6 3JS**

CONFIRMED MINUTES

DDES CCG Primary Care Commissioning Committee

Present: Andrew Atkin (AA) Lay Member (**Chair**)
Nicola Bailey (NB) Chief Officer
Dr Stewart Findlay (SF) Chief Officer
Mark Pickering (MPi) Chief Finance Officer

North Durham CCG Primary Care Commissioning Committee:

Present: Andrew Atkin (AA) Lay Member (**Chair**)
Nicola Bailey (NB) Chief Officer
Joseph Chandy (JC) Director of Commissioning Strategy and
Delivery
Dr Stewart Findlay (SF) Chief Officer
Dr David Smart (DSm) Clinical Chair

In attendance: Denise Alexander (DA) HealthWatch County Durham representative
Joseph Chandy (JC) Director of Commissioning Strategy and
Delivery (in attendance for DDES CCG)
Sue Parr (SP) Executive Assistant, North Durham CCG
(minutes)
Gill Smith (GS) Commissioning Delivery Manager, NECS
David Steel (DSt) Primary Care Business Manager, NHS England/
NHS Improvement

DDES CCG Primary Care Commissioning Committee

Apologies: Mike Brierley (MB) Director of Commissioning Strategy and
Delivery
Sarah Burns (SB) Director of Commissioning Strategy and
Delivery
Gill Findley (GF) Director of Nursing and Quality
Amanda Healy (AH) Director of Public Health, Durham County

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		Council
Richard Henderson	(RH)	Chief Finance Officer
Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement
Dr Rushi Mudalagiri	(RM)	GP Clinical Lead
Dr Jonathan Smith	(JS)	Clinical Chair

North Durham CCG Primary Care Commissioning Committee:

Apologies:	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Sarah Burns	(SB)	Director of Commissioning Strategy and Delivery
	Dr Ian Davidson	(ID)	Medical Director
	Gill Findley	(GF)	Director of Nursing and Quality
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement
	Dr Pat Wright	(PW)	GP Clinical Lead Representative, North Durham CCG

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

	Items	Action
PCCCiC/19/75	<p>Apologies for absence</p> <p>Apologies were received as recorded above.</p>	
PCCCiC/19/76	<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.durhamdaleseasingtonsedgfieldccg.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/19/81: General Practice Half Day Closing</p> <p>It was acknowledged that the following members of the Primary Care</p>	

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Commissioning Committees were partners of practices and therefore this must be documented and managed accordingly during the discussion. The members were

- Ian Davidson, Medical Director, North Durham CCG (not in attendance)
- David Smart, Clinical Chair, North Durham CCG
- Joseph Chandy, Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG
- Jonathan Smith, Clinical Chair, DDES CCG (not in attendance)
- Patrick Wright, GP Clinical Lead, North Durham CCG (not in attendance)
- Winny Jose, GP Clinical Lead – Sedgefield (not in attendance)
- Rushi Mudalagiri, GP Clinical Lead – Easington (not in attendance)
- Dilys Waller, GP Clinical Lead – Durham Dales (not in attendance)

Each had a non-financial professional interest in the item. The conflicted members received the report and could take part in the discussion but should not be involved with any decision making

PCCCiC/19/83: Joint Primary Care Quality Report

Any members as general practitioners and providers of primary care services in Durham Dales, Easington and Sedgefield and North Durham had a non-financial professional interest in this item. The members were:

- Joseph Chandy, Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG
- Dr David Smart, Clinical Chair, North Durham CCG
- Dr Jonathan Smith, Clinical Chair, DDES CCG (not in attendance)
- Dr Patrick Wright, (not in attendance)
- Dr Ian Davidson, Medical Director, North Durham CCG (not in attendance)
- Winny Jose, GP Clinical Lead – Sedgefield (not in attendance)
- Rushi Mudalagiri, GP Clinical Lead – Easington (not in attendance)
- Dilys Waller, GP Clinical Lead – Durham Dales (not in attendance)

It was agreed prior to the meeting that the conflicted members could receive the report and could attend because there was no financial information included in the paper that could influence or benefit any conflicted members.

PCCCiC/19/87: Primary Care Network Update

As this paper was for discussion only and no decisions were required there were no conflicts identified. However, it was acknowledged that some members of Primary Care Commissioning Committees were

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	<p>partners of practices which were part of a Primary Care Network and therefore this must be documented and managed accordingly during the discussion. The members were:</p> <ul style="list-style-type: none"> - Ian Davidson, Medical Director, North Durham CCG (not in attendance) - Joseph Chandy, Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG <p>The following people may have also had a conflict due to their current or previous roles in general practice.</p> <ul style="list-style-type: none"> - David Smart, Clinical Chair, North Durham CCG - Patrick Wright, GP Clinical Lead, North Durham CCG (not in attendance) - Winny Jose, GP Clinical Lead – Sedgefield (not in attendance) - Rushi Mudalagiri, GP Clinical Lead – Easington (not in attendance) - Jonathan Smith, Clinical Chair, DDES CCG (not in attendance) - Dilys Waller, GP Clinical Lead – Durham Dales (not in attendance) <p>It was agreed prior to the meeting that the conflicted members could receive the report and could attend the meeting because there was no financial information included in the paper that could influence or benefit any conflicted members.</p>	
<p>PCCCiC/19/77</p>	<p>Identification of any other business</p> <p>No items of other business were identified</p>	
<p>PCCCiC/19/78</p>	<p>Minutes from the Primary Care Commissioning Committees in Common held on 16 July 2019</p> <p>The minutes were agreed as a correct record of the meeting.</p>	
<p>PCCCiC/19/79</p>	<p>Matters arising from the Primary Care Commissioning Committees in Common held on 16 July 2019</p> <p>There were no matters arising.</p>	
<p>PCCCiC/19/80</p>	<p>Action Log</p> <p>The action log was updated.</p>	
	<p><u>ITEMS FOR DECISION</u></p>	
<p>PCCCiC/19/81</p>	<p>General Practice Half Day Closing <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> - Joseph Chandy</p>	

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	<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 (not in attendance), Dr Patrick Wright (not in attendance), Dr Ian Davidson (not in attendance) and Dr Rushi Mudalagiri (not in attendance). It was agreed prior to the meeting that the members could receive the report and attend the meeting and take part in the discussion but should not be involved with any decision making.</i></p> <p>JC introduced this item. He explained that in June 2018 there had been a change to NHS England guidance that made it a requirement for CCGs to seek assurance that any practice that closed half a day had alternative arrangements in place for patient access to primary care services. In June 2019 NHS England had then requested that the CCGs reviewed all practices identified as closing for half a day per week.</p> <p>GS went on to explain that a report had been received by the Committees in July 2019 providing the information available at that time with regard to practices closing for half a day, however queries had been raised over the accuracy of some of the information and members had requested additional assurance with regard to patient access to primary care services during closed hours.</p> <p>GS advised that an audit had established that all GP practices had alternative arrangements in place to provide 100% coverage for the CCGs practice populations. GS took Members through Appendix 1 which provided the details of those sub-contracting arrangements.</p> <p>It was noted that the GP practices closing for half a day had public notices in place providing patients with the details of when they would be closing and where patients could access primary care services. Those details were also displayed externally when the practice was closed.</p> <p>The Chair felt that the report covered the queries raised at the Primary Care Commissioning Committees held in July 2019 and moved on to the recommendations.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • noted the content of this paper, • approved those practices operating a sub-contracting arrangement to allow closure during core hours (Appendix 1), • were assured that 100% coverage was provided. 	
<p>PCCCiC/19/86</p>	<p>Application for Healthworks Branch Closure <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> <i>- Joseph Chandy</i></p>	

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*In attendance to present the report
Primary Care Business Manager, NHS England / NHS Improvement
- David Steel*

JC advised that his declaration of interest needed to be updated. JC was a partner of the newly established East Durham Medical Practice.

DSt presented the report which provided information to enable Durham Dales, Easington and Sedgefield (DDES) CCG to consider an application from Easington and Peterlee Medical Group to close their branch site at Healthworks from 1 December 2019.

Committee members noted that:

- The main surgery was located at the William Brown Centre with branch sites at Arbroath House and Healthworks.
- The practice had provided the following rationale for the closure including:
 - the close proximity of the two branch sites,
 - a decrease in patient attendances at Healthworks of whom only a small % of the list attend (8%),
 - and patients attending Arbroath House or the William Brown Centre for a wider range of services (enhanced services clinics).
- There should be no patient access issues with Arbroath House less than 1 mile away and Healthworks within the boundary of a number of local practices (4).
- Should the application be approved staff would be re-deployed across the two remaining sites. The practice had advised that there were no planned redundancies.
- The practice leased the premises from NHS Property Services however a signed lease was not in place. If approved and no other tenant was found, the CCG would pick up the void costs of approximately an additional £15,346 per annum.
- Patient and stakeholder engagement was undertaken between 10 June and 5 August 2019 and letters were issued to all patients identified as having Healthworks as their nominated site (1318).
- There had been a minimal response however these related to the extended access hub. Three drop in sessions were attended by a total of 8 patients who were agreeable to the proposal as long as a local service was retained.
- The practice had engaged with stakeholders including Durham County Council Adults, Wellbeing and Health Overview and Scrutiny Committee (OSC), local MP and councillors and Healthwatch.
- The OSC had requested an update from the practice following the end of the engagement process, and meetings with local councillors had been undertaken with assurances requested regarding the future of Arbroath House.
- NHS England had contacted both the Local Medical Committee

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and local practices and no concerns had been received.

DSt explained that the paper included two options, (1) decline the closure of the branch site, and (2) agree to the branch closure. DSt asked the Committee to consider the report and decide the preferred option.

The Chair invited comments and questions from Committee members.

Referring to the engagement process, JC advised that the CCG had identified some gaps in the original engagement plan but it had since been revised and the CCG was satisfied that it was a robust patient engagement plan.

MPi advised that in terms of premises void costs, the figures had been verified with the NHS England finance team but additional queries had been raised which the CCG awaited a response on. MPi believed that, strategically from an estates perspective, closing the Arbroath House branch was the more sensible option but would prefer to defer any decision making until NHS England's response had been received.

There was general consensus that it would be premature to make a decision.

There was discussion with regard to the proposal to vacate a relatively new building that had plenty of space and was fit for purpose, to Arbroath House, an old building that was not in as good a condition, and therefore was not as fit for purpose.

JC pointed out that although the Healthworks branch had been recently refurbished, the building was on lease to Easington and Peterlee Medical Group, whilst Arbroath House was owned by the practice. Consideration needed to be given to the implications of the freehold / lease as part of the business plan and to try to avoid void costs if at all possible.

Members discussed and agreed that the prime consideration had to be to provide safe and fit for purpose premises for patients. Both the CCG and the Practice were well aware that Arbroath House was far from ideal. It was noted, however, that the most cost effective solution must also be considered and the number of void premises paid for by the CCG needed to be kept to a minimum.

Drawing discussions to a close the Chair concluded that further consideration was needed with regard to the concerns raised over the estate issues to ensure the best quality healthcare provision for patients. The Chair requested a further report to be brought back to the November 2019 Committee, which would include the responses from NHS England raised by the Chief Finance Officer, so that all factors could be taken into account.

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	<p>The DDES CCG Primary Care Commissioning Committee agreed to defer the decision with regard to the closure of the Healthworks branch until the meeting to be held in November 2019.</p>	
<p>PCCCiC/19/88</p>	<p>Application to merge – Avenue Family Practice (A83004) and Deneside Medical Centre (A83075) <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> <i>- Joseph Chandy</i> <i>In attendance to present the report</i> <i>Primary Care Business Manager, NHS England and NHS Improvement</i> <i>- David Steel</i></p> <p>JC reminded Committee members that the two practices had been a partnership established 30 years ago. The partners had subsequently split but both remained accommodated in the same building. The original partners had retired and the new partners wanted to merge.</p> <p>JC advised that the CCG welcomed this proposal to merge and asked DSt to take members through the paper.</p> <p>DSt highlighted the following key points:</p> <ul style="list-style-type: none"> • An application had been received from the Avenue Family Practice and Deneside Medical Centre to fully merge from 1 October 2019 with a name change to Byron Medical Practice. • Rationale for merger included: <ul style="list-style-type: none"> ○ a potential for economies of scale and access to a wider pool of clinicians, ○ larger practices were more attractive to potential new GPs and that should the proposal be approved the intention was to apply to be a training practice, ○ both practices were co-located within Deneside Medical Centre. • The practices advised that there was no planned redundancies or changes to services. • Deneside provided the special allocation scheme and had confirmed that the merger would not impact upon this. • Patient and stakeholder engagement had been undertaken between 10 June 2019 and 19 July 2019. Due to the positive nature of the proposal the practices decided not to issue patient letters, however the practice developed flyers, updated websites and electronic call boards, sent text messages and put up posters in the practices and around the local community. • Patient drop in sessions were held at both sites and were attended by 13 patients with feedback supportive of the proposal. • 15 comments were received via the comments box and were also supportive of the merger. Updated FAQ's and patient questions posters provided feedback. 	

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	<ul style="list-style-type: none"> • A stakeholder letter had been formulated and a list of stakeholders engaged with had been provided. • Supportive emails were received from the local MP, Health and Wellbeing Board, and a local councillor. A letter of response was also received from the Chair of OSC advising that they were supportive of the merger. • No issues had been raised by the LMC or local practices. <p>DSt advised that the paper included two options; (1) agree to the merger and name change, and (2) reject the merger. The Committee was asked to consider the report and decide the preferred option.</p> <p>There were no questions or observations raised.</p> <p>Before moving on to the recommendations the Chair commented that it appeared a positive and straight forward move with clear benefit for the merging practices.</p> <p>The DDES CCG Primary Care Commissioning Committee:</p> <ul style="list-style-type: none"> • considered the content of the report, • agreed the preferred option was Option 1: agree to the merger and change of name to Byron Medical Practice. 	
	<p align="center"><u>ITEMS FOR DISCUSSION</u></p>	
<p>PCCCiC/19/82</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 that set out the latest position as at 6 August 2019.</p> <p>It was noted that:</p> <ul style="list-style-type: none"> • There was one corporate risk rated as red for each CCG. This was a risk the Primary Care Commissioning Committees would be familiar with relating to the delivery of Constitutional Standards. • No new risks had been added to either of the CCG’s risk registers. • No risks had been closed in either CCG’s risk register. <p>MPI explained that the report captured actions and mitigations with regard to services that were below the current national standards. Members noted that although there was only one risk rated as red for both CCGs, there were between eight and ten amber risks that could potentially be escalated to red. None of those risks were new and had been reported to the Committees previously.</p> <p>MPI drew attention to the full risk registers attached to the report as Appendix 1 and 2 and advised that there had been no significant change since the report received in July 2019.</p>	

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	<p>A discussion followed with regard to Risk 2102 and the potential impact of exiting the EU on the supply of medicines and other goods.</p> <p>AA asked if the CCGs could expect any other implications for the CCGs as the date got closer. In response SF advised that Gill Findley, Director of Nursing and Quality and the Senior Responsible Office (SRO) for the CCGs' EU Exit preparations, attended the regular regional meetings that looked at the impact of exiting the EU on the North East. The regional group provided assurance to NHS England that risks were being managed at a regional level, and there was little that could be done at CCG level. It was noted that the regional group had ensured there were adequate warehousing facilities to store medicines and other goods to mitigate any risks to the medicines supply chain and had published information to advise patients that they did not need to stockpile their medicines at home.</p> <p>On a separate but related point, SF advised that GPs were now well underway with the patient flu immunisation programme. Work had ensured that the first batches of the flu vaccine had not been delayed and, as long as there were no interruptions in the supply chain, then the delivery of the next batches should go as planned.</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 that mitigating actions were in place to ensure that the risks of the CCGs were being appropriately managed. 	
<p>PCCCiC/19/83</p>	<p>Joint Primary Care Quality Report <i>Chief Officer – DDES CCG and North Durham CCG</i> <i>- Stewart Findlay</i></p> <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 in this item. Those members were Joseph Chandy and Dr David Smart, Dr Jonathan Smith (not in attendance), Dr Patrick Wright (not in attendance), 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.</p> <p>SF presented the report highlighting the following areas. The NHS England GP Patient Survey results had been published on 11 July 2019. Overall the survey results were positive for both DDES</p>	

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CCG and North Durham CCG with the majority of scores above the national average. The response rates for both CCGs were above the national average (DDES CCG 38%, North Durham CCG 40%, national average 33.1%). SF said that GP Practices were well engaged with the CCGs and felt that the results were a reflection of that. SF was confident that the Practices in DDES and North Durham were amongst the best in the region and probably some of the best in the country.

The Care Quality Commission (CQC) report showed a significant number of practices rated as 'Good' and an above average number rated as 'Outstanding'. It was noted that for the two practices that had not been rated 'Good':

- Phoenix Medical Group had now merged with East Durham Medical Group. An improved rating was anticipated following a CQC re-inspection.
- Gardner Crescent Surgery. This surgery had just been re-inspected and although the official report had not been published yet, the CCG anticipated a 'Good' rating.

The new Primary Care Network (PCN) Clinical Directors had hit all deadlines three months early and were now working collaboratively with Community Services, Social Workers, Pharmacists, Paramedics and Mental Health Services. Members noted that having Teams Around Patients (TAPs) and Primary Care Homes (PCH) in place had given the PCNs a strong starting position to build on and explained why they were much further developed than other regions in the country.

With regard to patient safety it was noted that DDES CCG was the second highest reporting CCG area across the North East and Cumbria and North Durham the fourth highest. A significant number of incidences had been recorded but this was considered to be positive since it was always better to have all incidences reported rather than the CCGs being unaware of them. SF drew attention to the high level data included in Appendix 1.

The work around medication safety was noted. The Medicines Optimisation team:

- had facilitated the integration of C-reactive Protein (CRP) machines into a cohort of practices to support antimicrobial stewardship. The CRP machine identified viral infections that did not need treating with antibiotics. The objective was to stop the inappropriate use of antibiotics and to reduce the risk of bacterial resistance.
- were supporting the ongoing regional work to implement NHS England's guidance on 'Over the Counter' medicines. Some common drugs, e.g., paracetamol, were cheaper when bought over the counter than when prescribed by a clinician.

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	<ul style="list-style-type: none"> • were supporting the ‘Stopping Over Medication in People with Learning Disabilities and/or Autism’ (STOMP) workstream within the CCGs. <p>In May 2019 The Friends and Family Test (FFT) responses had been below the national average for both CCGs. The number of responses had improved slightly in June 2019 for DDES CCG which was now 2% higher than the national average. Responses for North Durham CCG remained low in June 2019 which meant there was not enough data for any meaningful analysis.</p> <p>SF drew attention to the fact that the CCGs had had some considerable success in supporting GP Practices through CQC inspections (prior to, during and post inspection). JC advised that a Primary Care Quality conference, which had been arranged for October 2019, would provide an opportunity to share the learning from the CQC inspection work to a wider audience. SF said the aspiration would be to have all practices rated as ‘outstanding’.</p> <p>Referring to the FFT and pressures on GPs, SF said that responses from patients tended to be based on their experience and in general they were very good in County Durham compared to other regions.</p> <p>The Primary Care Commissioning Committees noted and discussed the content of the report.</p>	
<p>PCCCiC/19/84</p>	<p>Primary Care Finance Report for the four months ending 31 July 2019 <i>Chief Finance Officer, DDES CCG – Mark Pickering</i> <i>Chief Finance Officer, North Durham CCG – Richard Henderson</i></p> <p>MPi spoke to the report that presented a summary of the financial position on primary care budgets for the first four months ending 31 July 2019. This included those primary care budgets delegated from NHS England and also any other elements of primary care spend within the main commissioning budgets of the CCGs.</p> <p>MPi highlighted that for DDES CCG the total funding allocation relating to delegated primary care commissioning responsibilities for 2019/20 amounted to £45,123k and for North Durham CCG it was £35,445k.</p> <p>It was noted that the forecast position for General Medical Services (GMS) and Personal Medical Services (PMS) for both CCGs was showing as breakeven. The risks within other areas of the delegated budget would be managed through non-recurrent slippage in-year. North Durham CCG had already achieved a breakeven position but for DDES CCG the position was still being managed through release of prior year accruals etc.</p>	

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	<p>The total funding allocation for other elements of primary care spend amounted to £8.281m for DDES CCG and for North Durham CCG it was £7.561m. DDES CCG was forecasting a breakeven position and North Durham CCG was forecasting a slight underspend.</p> <p>MPI said that it was a positive message with regard to non-recurrent management of the position but he would keep the position under review. In the absence of any unexpected expenditure then both CCGs were forecasting to achieve a breakeven position at the financial year end.</p> <p>The Primary Care Commissioning Committees:</p> <ul style="list-style-type: none"> • received the report, • noted the outturn financial position in respect of primary care budgets. 	
<p>PCCCiC/19/85</p>	<p>Primary Care Development Update <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> <i>- Joseph Chandy</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 the NHS Long Term Plan.</p> <p>JC highlighted the following key areas:</p> <p>Admin / Clerical Training To support the Primary Care resilience programme 2019/20, funds from the existing Five Year Forward View resilience allocation had been used to provide training to practice non-clinical staff for both Mindfulness and basic Mental Health awareness. The training had been held on Thursday 15 August 2019 when over 80 members of staff attended. Feedback received from staff had been very positive.</p> <p>Mindfulness – 94% of attendees felt the session met their expectations and 82% would recommend the training to others.</p> <p>Mental Health awareness – 100% of attendees felt the session met their expectations and 100% would recommend the training to others.</p> <p>The feedback would be discussed further within the CCGs to decide whether this training should be rolled out to all staff across the CCGs.</p> <p>Care Navigation As part of phase 2 it was agreed to develop pathways for musculoskeletal (MSK), Improved Access to Psychological Therapies (IAPT) and Dentistry. The three pathways had been discussed at the</p>	

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Joint Quality Committee, Dentistry was agreed and would be rolled out in September 2019. Further work was required on the MSK and IAPT Pathways, MSK was scheduled for discussion at the Joint Quality Committee to be held in September 2019. There had been considerable clinical debate with regard to the perceived 'thin line' between care navigation and triage.

General Practice Forward View (GPFV) Funding changes

At the end of July 2019, NHSE North East and Cumbria wrote to CCGs regarding the way funding would flow for four GPFV initiatives in 2019/20 and 2020/21. From 1 April 2019 responsibility for the initiatives listed below would be passed to the Integrated Care System to support transformation and delivery at a system level:

- Reception and clerical staff training
- Online consultation
- Practice Resilience
- GP Retention fund

Emergency Health Care Plans (EHCP)

JC advised that seamless care was an important element of patient care but currently there did not appear to be any consistency in the completion of the EHCPs. A multi-agency task group, chaired by JC, had been established to oversee a range of quality improvements aimed at promoting the effective production and use of Emergency Health Care Plans (EHCP).

The Chair invited questions and comments from Committee Members. In response to a question from AA with regard to timescales for this work, JC advised that the launch across the system (North East Ambulance Service NHS Foundation Trust, acute and community services) would be in the New Year. An agreed set of governance protocols would be established prior to the launch. County Durham and Darlington NHS Foundation Trust (CDDFT) was leading on the development of the Standard Operating Procedure (SOP) for initiating and communicating EHCPs. Primary Care would be issued with a simple flowchart.

Returning to the Mindfulness and Mental Health awareness training, it was confirmed that it had been provided to GP Practice clerical, secretarial and reception staff. DA advised that the Healthwatch Primary Care staff survey had flagged up that people were experiencing anxiety and tension so it was good to see that training had been provided to support frontline staff that had to deal directly with patients and public.

JC said that the feedback had given the CCGs the confidence to rollout the training to the next cohort of staff.

The Primary Care Commissioning Committees received the report and

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	<p>noted the development of primary care.</p>	
<p>PCCCiC/19/87</p>	<p>Primary Care Network Update <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> - Joseph Chandy</p> <p><i>As this paper was for discussion only and no decisions were required there were no conflicts identified. However, it was acknowledged that some members of the Primary Care Commissioning Committees were partners of practices which were able to apply to the scheme. Those members in attendance were Joseph Chandy and Dr Jonathan Smith.</i></p> <p>The purpose of the paper was to update on the progress of Primary Care Networks (PCNs) against the PCN Network Directed Enhanced Services (DES).</p> <p>JC brought attention two key areas.</p> <p>The development with regard to the recruitment of:</p> <ul style="list-style-type: none"> a) Social Prescriber Links. The CCGs were supporting those PCNs that wished to recruit through the Local Authority, and b) Clinical Pharmacists. Each PCN was currently discussing with the CCG Medicines Optimisation Team models that would suite the PCN population. <p>The PCNs were exploring opportunities with the CCGs to support additionality and resource in those areas.</p> <p>The second area was with regard to the extension of wrap around services. Jo Murray, Right Care Right Place Delivery Lead for Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) had been invited as a member of the PCN Clinical Director meetings to extend the reach of wrap around services to include mental health. SF advised that Jo Murray was an excellent addition to the PCN Clinical Director meetings. Her attendance ensured due consideration was given to mental health services in GP practices.</p> <p>The Primary Care Commissioning Committees noted and discussed the content of the report.</p>	
<p>PCCCiC/19/89</p>	<p>Skerne Medical Group Consultation Update <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> - Joseph Chandy</p> <p>JC said that from the events that he had attended the consultation was well received amongst the villagers who were pleased to have the opportunity to provide feedback.</p>	

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	<p>JC advised that Skerne Medical Group would be presenting their consultation paper to the County Durham Audlts, Wellbeing and Health Overview and Scrutiny Committee (OSC) in October 2019. The final consultation paper and feedback from OSC would be presented to the Primary Care Commissioning Committee to be held in November 2019.</p> <p>The Primary Care Commissioning Committees noted the verbal update.</p>	
PCCCiC/19/90	<p>Coxhoe and Cestria Administrative Merger and St Andrew's and Oxford Road Administrative Merger <i>Director of Commissioning Strategy and Delivery, DDES CCG and North Durham CCG</i> - Joseph Chandy <i>In attendance to provide the update</i> <i>Primary Care Business Manager, NHS England / NHS Improvement</i> - David Steel</p> <p>DSt advised that, following a slight delay, both mergers had now been finalised.</p> <p>NHS England had received updates from both practices and there were no issues of concern from an operational perspective.</p> <p>The Primary Care Commissioning Committees noted the verbal update.</p>	
	<u>FOR INFORMATION</u>	
	There were no items for information.	
PCCCiC/19/91	<p>Questions from the Public</p> <p>There were no questions from the public to consider.</p>	
PCCCiC/19/92	<p>Other Business</p> <p>There were no items of other business.</p>	
PCCCiC/19/93	<p>Standing item: Risk Round Up</p> <p>There had been no new risks identified during discussion at the meeting.</p>	
PCCCiC/19/74	<p>Date and time of next meeting</p> <p>The next meeting would be held on Tuesday 19 November 2019,</p>	

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	13:00 to 14:30. Chester-le-Street Cricket Club, Ropery Lane, Chester-le-Street, DH3 3PF	
	Contact for the meeting: Susan Parr, Executive Assistant, North Durham CCG Tel: 0191 389 8621 Email: susan.parr@nhs.net	

Signed.....

Chair: Andrew Atkinson

Date.....

Confirmed