

NHS COUNTY DURHAM CCG PRIMARY CARE COMMISSIONING COMMITTEES

Tuesday 21 April 2020

13:30 – 14:40

Meeting held via video conference

CONFIRMED MINUTES

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NB)	Chief Officer
	Sarah Burns	(SB)	Director of Commissioning Strategy and Delivery
	Dr Ian Davidson	(ID)	Medical Director
	Dr Stewart Findlay	(SF)	Chief Officer
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement (Chair)
	Dr Dilys Waller	(DW)	Executive GP
In attendance:	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery
	Sue Parr	(SP)	Executive Assistant (minutes)
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement
Apologies:	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Dr Rushi Mudalagiri	(RM)	Executive GP
	Gill Findley	(GF)	Director of Nursing and Quality
	Amanda Healy	(AH)	Director of Public Health, Durham County Council
	David Logan	(DL)	Healthwatch County Durham representative
	Dr Jonathan Smith	(JS)	Clinical Chair

Items

Action

PCCC/20/01 Apologies for absence

The Chair welcomed members to the first Primary Care Commissioning meeting of NHS County Durham CCG.

Apologies were received as recorded above.

PCCC/20/02 Declarations of conflicts of interest

The Chair reminded members of the Committee of their obligation to

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declare any interest they might have on any issues arising at the meeting, which might conflict the business of County Durham CCG.

Declarations made by members of the Committee are listed in the CCG's Registers of Interests. The Register is available either via the secretary to the Primary Care Commissioning Committee or the CCG's website at the following link:

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

Interests noted or declared with regard to the items on the agenda were as follows:

PCCC/20/08

Combined Primary Care Quality Report

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

- Joseph Chandy, Director of Commissioning Strategy and Delivery
- Dr Ian Davidson, Medical Director
- Dr Rushi Mudalagiri, Executive GP (not in attendance)
- Dr Jonathan Smith, Clinical Chair (not in attendance)
- Dr Dilys Waller, Executive GP

It had been 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 member.

PCCC/20/13-1 Durham Dales, Easington and Sedgefield (DDES) CCG Contract Baseline Report

PCCC/20/13-2 North Durham CCG Contract Baseline Report

As GMS Contract holders Joseph Chandy, Dr Ian Davison, Dr Rushi Mudalagiri (not in attendance), Dr Jonathan Smith (not in attendance) and Dr Dilys Waller all declared a non-financial professional interest in this item. It had been 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 member.

PCCC/20/03 Identification of any other business

Upon reflection about the content of the reports it had been decided on the day that that the two papers submitted for information to the confidential section of the Primary Care Commissioning Committee should be discussed under Other Business in the non-confidential section of the Committee. These were:

- **PCCC/20/03-1 DDES CCG Contract Baseline Report**
- **PCCC/20/03-2 North Durham CCG Contract Baseline Report**

**PCCC/20/04 Minutes of the meetings of predecessor organisations:
NHS Durham Dales, Easington and Sedgefield (DDES) CCG and
NHS North Durham CCG Primary Care Commissioning Committees
held in common on Tuesday 21 January 2020**

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

**PCCC/20/05 Matters arising from the predecessor organisations:
NHS Durham Dales, Easington and Sedgefield (DDES) CCG and
NHS North Durham CCG Primary Care Commissioning Committees
held in common on Tuesday 21 January 2020**

There were no matters arising.

PCCC/20/06 Action Log

Care Navigation – Research Model

Referring to the open action (number 1) on the log, JCh advised that the research model into care navigation and the subsequent report would have to be adjusted to reflect the changes made within Primary Care following the outbreak of COVID-19. The report had been scheduled to be discussed by the Primary Care Commissioning Committee in June 2021.

ITEMS FOR DECISION

There were no items for decision.

ITEMS FOR DISCUSSION

**PCCC/20/7 Primary Care Commissioning Committee Annual Terms of
Reference Review 2020/21 including the document of
Delegation by NHS England to NHS County Durham CCG
Chief Officer, County Durham CCG
- Nicola Bailey**

The Primary Care Commissioning Committee Terms of Reference had been amended as a result of the closure of NHS Durham Dales, Easington and Sedgefield CCG and NHS North Durham CCG, and the formation of the new organisation NHS County Durham CCG. The new Terms of Reference came into effect from 1 April 2020.

CCGs had been advised that in order to avoid an overly bureaucratic approach, rather than the terms of reference having a review date, they should have an approval date with a review period statement that a review log would be held within the CCG's Governance Handbook. The log would be continually updated as and when a review of the terms of reference was due / necessary.

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SF advised members that the Terms of Reference had already been ratified by the CCG's Governing Body (GB) and that they were presented for information and discussion only.

The Committee noted that guidance had been provided by NHS England in relation to the layout of the terms of reference, including membership and quoracy. In addition to the Medical Director, a GP representative had been included in the membership and this was helpful to ensure general practice involvement within Primary Care Commissioning decision making.

The Chair invited questions or comments from Members.

NB highlighted a mistake in Section 11 of the Primary Care Delegation that had been embedded within the Terms of Reference. Where it stated '*The decisions of the CCG Committee shall be binding on NHS England and NHS Cheshire CCG*', it should read *NHS County Durham CCG*. This mistake had been flagged with NHS England.

JCh drew attention to page 5, section 3.5, e) Approving practice de-mergers. JCh advised that this had been an historic role for CCG Primary Care Commissioning Committees and was no longer a requirement. He explained that GMS contracts had evolved whereby if a practice partner now left the practice then their patient list followed the practitioner.

JCh also stressed that, given the pressures within primary care and the political will to drive practice mergers rather than closures, the CCG would not approve de-mergers.

NB felt that the Terms of Reference should be as accurate as possible. DS agreed and said he would speak to his colleagues in NHS England to ensure an amended Terms of Reference for the Primary Care Commissioning Committee were submitted to the CCG's Governing Body for ratification.

Action: *DS to seek clarification of the wording of section 3.5, e) approving practice de-mergers with his colleagues at NHS England and request an amended Terms of Reference be submitted to the CCG's Governing Body for ratification.*

DS

The Primary Care Commissioning Committee:

- discussed the revised Terms of Reference, noting that they had been received and ratified by the CCG Governing Body via the approval of the CCG's Constitution,
- received the document of Delegation by NHS England to NHS County Durham CCG to empower the CCG to commission primary medical services for the people of County Durham.

PCCC/20/08 Primary Care Commissioning Committee Business Cycle 2020/21
Chief Officer, County Durham CCG
- Dr Stewart Findlay

The purpose of the report was to present the business cycle for the Primary Care Commissioning Committee for 2020/21 for discussion in terms of any items of business that might need to be added / removed.

The aim of the business cycle was to ensure key CCG business and the reports associated with that were taken through the CCG's governance processes at the most appropriate time. The Primary Care Commissioning Committee Business Cycle sat alongside the following business cycles:

- Audit and Assurance Committee,
- Executive Committee,
- Governing Body,
- Quality Committee,
- Patient, Public and Carer Engagement Committee.

The business cycles would be reviewed again in March 2021 for the following financial year.

Most of the reports listed on the business cycle were regular reports although the list could be supplemented as and when the Committee needed to receive additional papers for consideration.

The Chair felt that this was a positive system as it allowed for the CCG to be proactive in receiving reports but also provided space to be reactive.

The Primary Care Commissioning Committee received and commented on the Business Cycle for 2020/21, noting that it was subject to amendment as and when necessary throughout the financial year.

PCCC/20/09 Primary Care Quality Report (Quarter 3 2019-20)
Medical Director
- Dr Ian Davidson

As general practice members and providers of primary care services in County Durham JCh, ID and DW declared a non-financial professional interest in this item. It was noted that it had been agreed prior to the meeting that they could receive the report and could take part in the discussion. No decision was required.

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

In summary it was noted that:

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- There had been no inspection reports published by the Care Quality Commission (CQC) for either of the predecessor organisation areas (DDES CCG or North Durham CCG) since the January 2020 primary care quality report.
- The North of England Commissioning Support (NECS) clinical quality team had developed a new incident reporting slide set for the former DDES and North Durham CCGs, this had also been produced for South Tyneside and Sunderland CCGs. The slides relevant to this report had been included within the Patient Safety section.
- The NECS clinical quality team would be attending County Durham practice manager meetings in the near future to talk about their process for the receipt and management of incidents from secondary care providers about issues that had been identified in general practice.
- The second General Practice Nursing Conference and Awards (NHS England and NHS Improvement, North East and Yorkshire) had taken place in February 2020. Out of the eight awards, three of the winners, including the General Practice 'Angel of the North' Nurse of 2020, had been from DDES CCG and North Durham CCG.

ID highlighted that in September 2019 the process for Serious Incident and Risk Management System (SIRMS) reporting had changed whereby the reports were sent direct to general practices for them to assess and address any incidents. ID was pleased to report that this had not created any of the issues that had been anticipated. It was noted that the NECS quality team attended practice meetings to observe their incident management process.

ID advised that the Primary Care Conference arranged for earlier in the year had had to be stood down due to social distancing restrictions. The conference would be arranged for a future date.

ID reiterated the excellent results with regard to the General Practice Nursing Conference and Awards, with three out of the eight awards going to County Durham staff.

The Chair drew attention to the Care Quality Commission (CQC) inspection reports, highlighting that all of the County Durham GP practices had been rated as 'Good' or 'Outstanding'. He thanked all concerned for their hard work in delivering excellent primary care services across County Durham.

ID mentioned that there had been significant changes within primary care within the last few weeks due to the outbreak of the COVID-19 pandemic however there had been no significant issues due the changes and he was very grateful to practice and CCG staff for enabling the changes that had been required. Both ID and the Chair wished to pass on their thanks to GF, the director leading on CCG COVID-19 incident management.

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The Primary Care Commissioning Committee noted and discussed the content of the report.

PCCC/20/10 Primary Care Finance Report for the eleven months ending 29 February 2020
Chief Finance Officer, County Durham CCG – Richard Henderson

RH spoke to the report that presented a summary of the financial position on primary care budgets for the eleven months ending 29 February 2020. 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 predecessor organisations, DDES CCG and North Durham CCG.

RH said that there was little to highlight other than that both CCGs were showing an underspend on their respective delegated budgets. This largely related to the PMS Premium funding which was reinvested within the primary care scheme reported in other primary care budgets.

RH advised that the CCG had closed down Month 12 (Year End) of the predecessor CCGs and that there was no significant change to the position being presented (as at Month 11).

It was noted that the CCG had agreed to effectively suspend monitoring of the Quality Outcomes Framework (QOF) and Enhanced Services due to current COVID-19 situation. The CCG had also agreed a process for the reimbursement of reasonable costs related to the same.

RH highlighted that a recurring financial pressure of £4.7m for 2020/21 had previously been estimated on delegated primary care budgets, as a result of national GP contract announcements. Following the announcement of additional CCG funding allocations and changes to Primary Care Network (PCN) arrangements, the estimated recurring financial pressure had been reduced to approximately £1.9m. That was still a significant pressure but non-recurring slippage on budgets was expected to help manage the pressure in 2020/21. This remained an increasing risk for future years however.

The CCGs had been made aware that the operational planning process for 2020/21 had been suspended. Once further information on financial arrangements and implications for the remainder of the year were understood, RH would report back to the Committee.

The Primary Care Commissioning Committee:

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

PCCC/20/11 GP preparedness for supporting COVID-19 arrangements
Director of Commissioning Strategy and Delivery, County Durham CCG
- Joseph Chandy

JCh provided a verbal update on the arrangements that had been put in place to support member practices in County Durham and their management of COVID-19 within a primary care setting.

Key points were highlighted including:

- It had been realised from the start of the pandemic that to keep practices safe for both patients and staff people would need to be screened before entering practice premises. This was managed through various methods including using an intercom before entry and the screening of patients.
- As part of the screening process the patients who had been asked to come into the practice, but who were of sufficient concern, had been instructed to use a separate entrance to avoid cross-contamination.
- Some practices worked together to provide a walk-in 'hot' locality hub for potential COVID-19 cases, whilst safely seeing their own 'cold' patients within their own practice.
- Very quickly practices moved (nationally) to a triage and assess model and then only brought patients into the practice if they needed a face-to-face consultation. JCh advised that there had been a very low conversion rate with most patients being assessed and managed via telephone.
- A number of GPs had then switched to video consultation using a bolt-on App called AccuRx. Given the positive feedback from those using the App it was expected to be retained as part of the long term plan to move to e-consultation.

JCh advised that he would provide a full mapping report to the Committee to be held in June 2020.

Action: *written report about the response of general practice to the COVID-19 pandemic to be prepared for the meeting to be held 16 June 2020.*

JCh

The Chair then invited questions or comments from members.

SB mentioned the Out of Hours (OOH) hubs staffed by County Durham and Darlington NHS Foundation Trust (CDDFT) staff and the extended hours primary care scheme staffed by GPs. It was noted that all practices were required to participate as part of their network Directed Enhanced Services. SB advised that CDDFT had requested support from primary care clinicians for the OOH rota due the pressures within the trust.

Referring to the four locality hubs based in Bishop Auckland, Shotley Bridge, Peterlee and Central Durham, SB advised that these had been

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up and running now for ten days and had provided good experience for GPs not already working in the OOH hubs. GPs had expressed their concern requesting that this did not set a precedent for post-COVID-19, however SB felt that the experience would help inform clinical discussion on how to streamline the OOH service.

It was noted that the activity within OOH hubs had dropped sufficiently enough to step down GP cover from the current 11.00pm close to the normal 8.00pm OOH close, with the caveat that it would be stepped up again to 11.00pm should there be a second peak. As per the Easter break, the CCG was anticipating that NHS England would cancel general practice staff leave over the May Bank Holidays.

SF said that it was important to remember that the CCG, aware of the developing situation, had warned member practices in January 2020 that there was going to be a pandemic. This head-start had provided time for practices to update their business continuity plans and to consolidate practice branches for example. By the time the pandemic reached County Durham everyone had been well prepared, not just within primary care but also secondary care which had not yet experienced pressure on intensive care unit beds or mortuary space. The trust had been in the fortunate position of being over prepared for the peak when it came two days after Easter Monday.

SF expressed concern about the national arrangements with regard to the availability of personal protective equipment (PPE), a lack of clarity with regard to national guidance and inadequate testing arrangements. He explained that the CCG had produced its own guidance for member practices, pulling together clear, easy to read information into one source for reference.

It was noted that the number of COVID-19 cases and resulting deaths had started to decline. SF said that there would be a second wave but that it was hoped that the number of people affected would not be as high.

ID referred back to the patient triaging process as described by JCh. He mentioned that some GPs had been using tele-consultation for 14 years following an NHS Improvement initiative. Interestingly, as recently as three months previously 80% of consultants still had face-to-face consultations with patients. The current situation provided a good opportunity to use highly innovative tele-triaging technology as the norm, with video Apps adding an additional layer of accessibility to patients rather than using conventional face to face consultations. ID believed this was the way forward to provide easier access to more patients.

DW said that she agreed in principle with ID but felt that one of the reasons tele-triaging was currently working so well was because, like herself, GPs knew their patients so well. She added that she felt that GPs also had to thank their patients for how they had responded to the

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arrangements put in place in relation to COVID-19.

DW mentioned her concern that GPs might miss some things if they managed patients remotely all of the time. She felt that GPs should encourage CDDFT to use video consultations as this made it easier to pick up more complex conditions.

SB advised that CDDFT was currently looking in to implementing video consultations for outpatient services with the possibility rolling it out wider to other services.

The Chair said that it would be important to capture lessons learned from the past few months and, going forward, look at how best to implement them.

NB advised that the CCG would be looking at a number of ways to pull together and document the learning experience. It would include a personal perspective from GPs and other sources such as CDDFT and Tees, Esk and Wear Valley NHS Foundation Trust (TEWV). It would also look at the whole health and social care system recovery and what could be done collaboratively.

The Primary Care Commissioning Committee noted the update.

FOR INFORMATION

There were no items of for information.

PCCC/20/12 Questions from the Public

There had been no questions raised from members of the public.

PCCC/20/13 Other Business

PCCC/20/13-1

Durham Dales, Easington and Sedgefield (DDES) CCG Contract Baseline Report

North Durham CCG Contract Baseline Report.

Upon reflection of the content of the reports it had been decided on the day that that the two papers submitted for information to the confidential section of the Primary Care Commissioning Committee would be discussed under Other Business in the open section of the Committee, the item being:

PCCC/20/03-1

Durham DDES CCG Contract Baseline Report

PCCC/20/03-2

North Durham CCG Contract Baseline Report.

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Given the nature of the content of these reports they were discussed as a single item.

SF introduced the Contract Baseline Reports for both DDES CCG and North Durham CCG which presented details in relation to the status of primary care contracts in the following areas:

- contract number, type and patient list size,
- directed enhanced services (DES),
- GP retention scheme,
- list closures,
- mergers,
- branch sites and closure applications,
- boundary changes,
- dispensing practices,
- contractual investigation and breaches,
- Care Quality Commission (CQC) visit outcomes,
- Assurance status (practice outliers).

SF said he was slightly concerned about the accuracy of the reports as the DDES report indicated that one general practice had not signed up to a DDES Primary Care Network (PCN). The report should be indicating that 100% of practices had aligned to a PCN. The reports needed to be checked for accuracy before finalising the contract agreements.

Reflecting on the content of the reports and his role as a lay member, the Chair considered the reports useful in providing him with a better understanding of how the CCGs delivered and improved services within primary care. He particularly highlighted Appendix 1 which provided detail of the Directed Enhanced Service (DES) Activity 2019/20 / Learning Disabilities DES

Referring to Appendix 2, DES Sign Up for 2019/20 and the domains GP practices delivered against, the Chair said that two areas stood out. He noted that several practices had reported a response of 'no' (no indicating that the practice had declined to sign up to and deliver that service) and Extended Hours.

The Chair said that he would like to find out why certain practices were reported as a 'no' against the Out of Area DES and Extended Hours DES and what the CCG would be doing to manage this to avoid paying practices for a service that they were not delivering.

SF clarified that if a practice did not want to provide a service then they were not paid for it. Generally it was the smaller practices that had decided not to provide the two services referred to above.

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In the discussion that followed it was noted that:

- As from April 2021 Extended Hours access would be combined with the OOH service. Lessons learned from the COVID-19 response would be taken in to account when developing the service and for any preliminary set-up in advance of the service going live.
- Concern was raised that some practices had failed to hit the national target with regard to learning disability health checks. In response SF advised that two practices were amongst the best in the region. That was not to say there was no room for improvement, but generally the CCG practices were doing very well in access to those services.
- Referring to Section 5 (I) Assurance Status, ID advised that the remit of the Primary Care Quality Assurance Sub-committee was to review any quality assurance issues and write out to any practice identified with four or more outlier points within the assurance framework.

Drawing discussion to a close the Chair requested that the Contract Baseline reports for the CCGs be received by the Primary Care Commissioning Committee on an annual basis. JCh felt that, if being received on an annual basis, then the reports should be prepared using the most up to date Quarter 4 data.

The Primary Care Commissioning Committee agreed that revised reports (to include Quarter 4 data) would be brought back to the Committee to be held in June 2020 and annually thereafter.

PCCC/20/14 **Standing item:** **Risk Round Up**

There had been no new risks identified during discussion at the meeting.

It was noted that COVID-19 had been included in the risk register.

PCCC/20/15 **Date and time of next meeting**

The next meeting would be held on Tuesday 16 June 2020, 13:00 to 15:30 most likely as a video conference.

Contact for the meeting:

Susan Parr, Executive Assistant, North Durham CCG

Tel: 0191 389 8621

Email: susan.parr@nhs.net

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Signed:

Chair: Feisal Jassat

Date: 16 June 2020

Confirmed