NHS
County Durham
Clinical Commissioning Group

NHS COUNTY DURHAM CCG
PRIMARY CARE COMMISSIONING COMMITTEE

Tuesday 16 June 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)	Joint Head of Integrated Strategic Commissioning
	Dr Stewart Findlay	(SF)	Chief Officer
	Gill Findley	(GF)	Director of Nursing and Quality
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement **(Chair)**
	Dr Rushi Mudalagiri	(RM)	Executive GP
	Dr Dilys Waller	(DW)	Executive GP
In attendance:	Juliet Carling	(JCa)	Commissioning and Development Lead
	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery
	Sue Parr	(SP)	Executive Assistant (minutes)
Apologies:	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Dr Ian Davidson	(ID)	Medical Director
	Kate Harrington	(KH)	Operational Delivery Manager, North of England Commissioning Support (NECS)
	Amanda Healy	(AH)	Director of Public Health, Durham County Council
	David Logan	(DL)	Healthwatch County Durham representative
	Dr Jonathan Smith	(JS)	Clinical Chair
	Jennifer Long	(JL)	Primary Care Assistant Contract Manager, NHS England / NHS Improvement
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement

The notes were taken in the order the items were discussed.

	Items	**Action**
PCCC/20/16	**Apologies for absence**	
	Apologies were received as recorded above.	

PCCC/20/17 Declarations of conflicts of interest

The Chair reminded members of the Committee of their obligation to 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 Register 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/20/22
Primary Care Quality Report
Members who were general practitioners and providers of primary care services in County Durham had a non-financial professional interest in this item. Those members were:

- Joseph Chandy, Director of Commissioning Strategy and Delivery
- Dr Ian Davidson, Medical Director (not in attendance)
- Dr Rushi Mudalagiri, Executive GP
- 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/2026
Primary Care and Primary Care Network Development Update
As this paper was for discussion only and no decisions were required there were no conflicts of interest identified. However, it is acknowledged that some members of Primary Care Commissioning Committee were partners of practices who are part of a network which needed to be documented and managed accordingly during the discussion. The members were:

- Dr Ian Davidson, Medical Director (not in attendance),
- Joseph Chandy, Director of Primary Care
- Dr Rushi Mudalagiri, Executive GP
- 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 members.

PCCC/20/29 Durham Dales, Easington and Sedgefield (DDES) CCG Contract Baseline Report

As GMS Contract holders Joseph Chandy, Dr Ian Davison (not in attendance), Dr Rushi Mudalagiri, 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/20/30 North Durham CCG Contract Baseline Report

As GMS Contract holders Joseph Chandy, Dr Ian Davison (not in attendance), Dr Rushi Mudalagiri, 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/20/18 Identification of any other business

There were no items of other business identified.

PCCC/20/19 Minutes of the meeting of the Primary Care Commissioning Committee held on Tuesday 21 April 2020

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

PCCC/20/20 Matters arising from the Primary Care Commissioning Committee held on Tuesday 21 April 2020

There were no matters arising.

PCCC/20/21 Action Log

The action log was updated.

ITEMS FOR DECISION

There were no items for decision.

ITEMS FOR DISCUSSION

PCCC/20/23 Primary Care Budgets 2020/21

Chief Finance Officer, County Durham CCG – Richard Henderson

GPs on the Primary Care Commissioning Committee had an interest in the related contract and budget values for primary care, although these were based on national agreements. No further action was required to manage the interests.

The report presented a summary of the 2020/21 budget for delegated primary care, including a summary of the nationally negotiated contract changes and the impact on initial expected primary care budgets. The report also detailed the temporary financial arrangements for CCGs in the first four months of the financial year 2020/21 in response to Covid-19 and the resulting changes in primary care funding allocations.

RH explained that the report summarised what the CCG's financial position had been before the Covid-19 pandemic, the potential financial pressures that existed then and what the financial situation looked like given the revised arrangements for the first four months of the year.

RH drew attention to Section 2 of the report (Funding Allocations March 2020) which showed the expected funding position as at March 2020. It had been flagged to the CCG's Governing Body there would be a significant financial pressure as part of the planning process. There had been some additional funding allocated to Primary Care announced in March 2020 which amounted to just over £900,000 for County Durham CCG and this had been factored in to the position shown in the table. The total funding expected for the year amounted to almost £4m growth or just under 5% from 2019/20.

RH moved on to Section 4 (Financial Impact of Contract Changes) which provided details of the uplift to the General Medical Services (GMS) global sum, expansion of the Primary Care Network roles and changes to the Quality Outcomes Framework (QOF). The financial impact of the contract changes had been set out in Table 1. This showed a total increase in costs of just over £3.9m. The increase in funding allocation just covered the increased cost but did not account for demographic growth and inflationary pressures.

RH drew attention to Table 2 (Total Potential Financial Pressure) and highlighted that there would be a total net cost pressure over and above growth in primary care funding to the amount of £1,828k. The shortfall prior to growth and contact changes of £1,033k reflected the recurring impact of prior year financial pressures whereby the funding growth each year was not sufficient enough to take in to account the increase in national contracts. This shortfall had been highlighted to the Committee in previous years.

Although the figure of £1,828k was not great it was significantly better than the position when the CCG first started the planning process when it had been looking at a pressure of closer to £5m. In effect, although the amount had reduced substantially there was still a recurring potential financial pressure pre-Covid-19.

RH moved on to Section 5 (Temporary Financial Arrangements in Response to Covid-19). He advised that all CCGs had revised financial arrangements in place for the first four months of the year. NHS England had calculated expected monthly expenditure for all CCGs for the first four months of the year based on prior year spend with a nominal growth uplift applied. For County Durham CCG (and other CCGs across the North East) that calculation had resulted in a reduction in initial allocations. The expectation was that a subsequent retrospective top up process would cover any actual costs so that all CCGs would reach an overall breakeven position.

The impact of the allocation was summarised in the table within Section 5. It highlighted that the total expected funding shortfall over the four month period was £1.7m, i.e. the CCG expected actual costs to be circa £1.7m higher than the NHS England monthly expenditure projection. The position beyond month 4 had yet to be confirmed but if the shortfall continued for the full year it would be variance of over £5m of potential pressure.

RH explained the expectation in the short term was that subsequent retrospective allocation adjustments would bring the CCG back to a break even position assuming that the costs were deemed reasonable by NHS England. As yet there was no clarity on how reasonableness would be determined.

RH re-emphasised that pre-Covid-19 there had been a significant financial pressure on Primary Care delegated budgets, that there was potentially a more significant pressure post-Covid-19 or, potentially, the pressure would be covered and all CCGs which would all then be at a break even position. The revised arrangements for the first four months could therefore cover the pressure and breakeven, or it could make the positon worse if the retrospective top up did not materialise. It was as yet unclear what would happen.

RH advised that normally the CCG had a potential risk of approximately £1.8m and that he expected most, if not all of it, to be covered through in-year slippage, however it was a recurring problem that was increasing year-on-year and until there was a change in the national funding formula that problem would continue.

In summary, the revised financial arrangements for the first four months could be good news if it helped the CCG to breakeven; otherwise there could be a significant financial pressure.

The Chair invited questions and comments from members.

SF queried why the Committee looked at the Primary Care budget in isolation and not as part of the overall budget, particularly when the CCG was looking to move services from secondary care to primary care. In response RH advised that the Primary Care Budget had been formally

delegated to be managed through this Committee and that the CCG did look at the position of other primary care spend as part of the overall CCG total spend. A report covering total CCG spend would be submitted to the Governing Body. The Primary Care Commissioning Committee (PCCC) had been given delegated authority to manage Primary Care spend and that was why they were reported separately.

SF queried whether, going forward, that the PCCC should look at the actual budget that had been delegated to it, plus the additional budget for services as they moved from secondary care to primary care, so that the Committee would be reviewing a more realistic budget. In response RH advised that the Committee was sighted on total primary care spend through the normal report brought to the Committee which included other delegated budgets and other primary care spend.

SF referenced the arrangements in place for a block contract with County Durham and Darlington NHS Foundation Trust (CDDFT) including the community contract and queried if the CCG had used those budgets to set out how much investment it was going to put into primary and community services over the three years. He asked if that would not make up the CCG's real budget for primary care and community services. In response RH advised that there was an expectation that there would be a shift in funding but that the CCG had not included that in the contract nor set out a firm amount of funding to be transferred. There was an expectation that that was what the CCG was working towards.

JCh emphasised that it was the responsibility of the PCCC to provide scrutiny of the delegated budget that covered the core General Medical Services (GMS), Personal Medical Services (PMS) contracts and some other NHS income. He felt that the wider impact of the development initiatives on primary care, for transferring services from secondary care to primary care, should be put into context so that the budget reports made available to the public did not make it look as though the CCG was overspending.

NB agreed that the CCG did need to show the total spend in relation to primary care services. It had to provide assurance to NHS England that it was scrutinising the spend of the primary care delegated budget through the PCCC. She felt it might be worth including some financial forecasting alongside the development of the primary care strategy to show the shift of funding.

Referring to the comments above SB said that it highlighted how primary care was developing. She suggested that it would be important to sometimes include both, as well as links with other services such as hospitals and community to give the Committee a wider context of how systems and services were changing.

Before moving on to the recommendations the Chair said that there was a clear emphasis on making sure that the primary care strategy reflected the way that the total delegated budget was allocated. He requested that RH and JC worked together to ensure that the primary care budget was reflected in the primary care strategy and that this should be included as an additional recommendation.

The Primary Care Commissioning Committee:

- noted the original funding allocation for primary medical services in 2020/21 and the financial impact of the contract changes,
- noted the impact of temporary financial arrangements for CCGs in the first four months of 2020/21,
- noted the potential risks outlined in the report,
- agreed that the budget for primary care should be reflected in future reports as part of the primary care strategy.

PCCC/20/24 Risk Management Report

Chief Finance Officer, County Durham CCG
- Richard Henderson

The report provided a risk management update, including a summary of the corporate risks facing the CCG together with a full copy of the latest risk register position.

RH advised that the risk registers for the two predecessor CCGs, Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG, had been combined into one risk register for County Durham CCG.

The Committee noted that County Durham CCG currently had 18 risks, of which two were corporate risks which would be brought to the attention of the Governing Body, relating to:

- the delivery of Constitutional Standards,
- the position with regard to Covid-19.

All risks had been grouped based on the committee linked to the risk.

Three new risks had been added since the new merged risk register had been established, these were noted as:

0017 Covid-19 Safeguarding Vulnerable Groups,
0018 vacant clinical Governing Body posts,
0019 stability and sustainability of care homes linked to ongoing Covid-19 pandemic.

The risk relating to the EU Exit had been removed as the residual score was below 6.

It was noted that the Risk Management Report would now be produced on a quarterly basis in line with Governing Body meetings.

Primary Care Commissioning Committee:

- received the report and appendix,
- noted the current risks facing the CCGs,
- received assurance that mitigating actions were in place to ensure all of the CCG's risks were being appropriately managed.

GF arrived at 13:45

PCCC/20/22 Primary Care Quality Report (Quarter 4 2019-20)

Director of Nursing and Quality, County Durham CCG - Gill Findley

The following members, who were general practitioners and providers of primary care services in County Durham, declared a non-financial professional interest in this item:

- *Joseph Chandy, Director of Commissioning Strategy and Delivery*
- *Dr Rushi Mudalagiri, Executive GP*
- *Dr Dilys Waller, Executive GP*

As agreed prior to the meeting they had received 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.

The report provided the Primary Care Commissioning Committee with a summary of the key points in relation to quality assurance in primary care in County Durham CCG since the Primary Care quality report received in March 2020.

The key summary points in the report were as follows:

- The Primary Care Quality Assurance Sub-Committee scheduled to take place on 7 April 2020, had been cancelled due to Covid-19.
- The dates of the Care Quality Commission (CQC) annual regulatory reviews were now included in the CQC tables. During the reviews the CQC had not found evidence of significant changes since their last inspections of the practices listed, therefore inspections had not taken place.
- There had been one inspection report published by the CQC since the previous primary care quality report. Oakfields Health Group had been inspected by the CQC on 5 February 2020 with the report published on 7 May 2020. The overall rating given by the CQC had been 'Good'. The safe, effective, caring, well-led and responsive domains were all rated as 'Good', with caring rated as 'Outstanding'.
- In quarter 4, 2019/20 Durham Dales, Easington and Sedgefield CCG reported the second highest rate of incidents per 1,000 list size in the North East, with North Durham fifth highest.
- The Medicines Optimisation Team had collated quality improvement templates for three patient safety audits (lithium prescribing, valproate and non-steroidal anti-inflammatory drugs (NSAIDs) from

all practices in County Durham.

- A primary care survey had been undertaken to gather feedback from primary care on the CCG's response to Covid-19 and the different ways of working with the CCG and providers during the outbreak. Results would be used to inform a refreshed County Durham CCG primary care strategy.

GF advised that a lot of the normal levels of routine monitoring had been suspended due to the Covid-19 crisis. The CQC had a new process in place whereby it was contacting practices to have a more supportive conversation with them, for example, with regard to their supply levels of personal protective equipment (PPE) and what other arrangements were in place during the Covid-19 crisis. The usual CQC inspections had now all but stopped unless an urgent issue arose.

GF and JCh remained in contact with the CQC to make sure they understood the new process and the changes the CQC was making.

Referring to Appendix 1, and the primary care medical inspection slides, GF highlighted the exceptional number of practices rated 'Good' and 'Outstanding'. She congratulated the primary care team for that achievement.

GF drew attention to the slides that included the analysis of incidents reported on the Serious Incident and Risk Management System (SIRMS) by the predecessor CCGs' practice members for the Quarter 4 2019/20 period. GF highlighted that reporting levels had reduced during the Covid-19 crisis but this was to be expected as fewer people were attending the practice and more consultations were being done by video and telephone conferencing.

The Chair invited questions and comments from members.

Referring to the SIRMs reporting, SF felt that it was a shame that the reporting between the CCGs had been anonymised and that it would be beneficial to see which CCGs were doing well so that best practice could be shared. He felt that the data should be in public domain.

SF then drew attention to the wide variation in reporting of incidences between the CCGs. He believed that the low level of reporting (in some cases none) from practices was not because the practices did not have any incidences, and asked if the CCG was investigating this and whether the CQC was interested in the level of reporting of incidences from those practices.

Referring to the Friends and Family Test (FFT) results and the number of patients recommending their practices, SF highlighted that the predecessor CCGs (DDES and North Durham) were a little above the national average but he wondered, given the high levels of inequality in the region compared to other regions, how the comparisons were being

made. Was it with practices across other parts of country or was it between equally good neighbouring practices.

The Chair invited GF to respond to the queries raised by SF.

With regard to the SIRMs report, GF confirmed there was a variation between practices and that the CQC was interested in that variation. She advised that before the CQC undertook an inspection they would contact the CCG for feedback on any SIRMS reports or patient complaints etc. If there had been no report of incidences then that would raise more concern than if there were many reports, as that could indicate that there was not a good reporting culture in the practice. On occasion the CQC had investigated specific concerns and GF gave an example in East Durham when an incident had not been reported appropriately through SIRMS.

With regard to the FFT data and patients recommending their practice, GF believed that it was a national figure they were compared with rather than that of the local area but said that she would confirm that after the meeting. SF clarified that his point was that, with the CCG practices being above the national average and they were in an area where primary care was of a relatively high quality, then the comparison was not with the rest of the country but between equally good neighbouring practices. He understood that the intention was still to push up standards but was uncertain as to how good an indicator it was.

SF returned to his previous query about why others CCGs were anonymised on SIRMS reporting when their data should be in public domain. GF agreed that all should be named and agreed to find out why they were not.

Action: *enquiries to be made about why CCGs were anonymised on SIRMS reporting.* **GF**

AA commented on the CQC inspection of practices with none of the 64 'Requiring Improvement'. He said that this was a great performance.

The Chair agreed and offered his congratulations to the both the quality and primary care teams through GF and JCh.

Referring to the SIRMS incidences and the disparity between the DDES CCG and North Durham CCG, the Chair highlighted that DDES had a significant element of self-harm whereas North Durham had significant number of incidences of information governance issues. He wondered why that would be the case. In response GF said that it could be due to the way practices used SIRMS to report different incidents. They might use SIRMS in a slightly different way to report all their cases, self-harm for example. She referred to a piece of work that Claypath Medical Practice in Durham had undertaken with its Durham University student patient cohort that had resulted in a high number of self-harm incidences

being recorded.

GF advised that there was work still to be done to ensure that practices used SIRMS in a consistent way which would reduce the disparity in reporting. She added that the information governance issues had been related to letters being incorrectly sent to practices from CDDFT; all the practices would have reported that on SIRMS.

The Primary Care Commissioning Committee:

- noted and discussed the content of the report.

PCCC/20/25 GP preparedness for supporting COVID-19 arrangements

Director of Commissioning Strategy and Delivery, County Durham CCG - Joseph Chandy

JCh reminded Members that they had requested a report following discussion at the Committee meeting in April 2020. Since then it had been decided to provide a brief presentation to the Committee, with a full report being submitted to the Governing Body on 30 June 2020.

JCh advised that primary care had taken the opportunity to work at scale with Primary Care Networks (PCNs) in response to the Covid-19 pandemic. The presentation provided an overview of the work undertaken to respond to national guidance and to put local solutions in place.

JCh highlighted key actions which were summarised as follows:

- all practices had moved to a 'Total Triage' model to mitigate any risk of face to face consultations. Patients would now be contacted either by telephone or video conferencing. The CCG had reacted quickly to support the rollout of the new platform AccuRx and the provision of webcams/laptops.
- GPs had expressed their satisfaction with AccuRx and had rated it highly.
- A separate piece of work was underway to survey patients and the public on their preference with regard to tele-triage and video consultation. The outcome of that piece of work would be brought back to future PCCC.
- General Practice had worked closely with NHS England to support patients who had been classed as 'shielding'.
- A number of approaches had been examined to handle patients with Covid-19 symptoms, this included the development of 'hot hubs' and 'clean' sites for non-Covid patients. Some practices wanted to see both category of patients and had set up separate entrances to avoid the risk of spreading the virus.
- The learning on how to deal with Covid-19 patients was changing all the time and practices were now moving from hot areas to seeing all patients via remote consultations.
- All care homes had now been aligned to a PCN (implementation of the PCN Directed Enhanced Services [DES]) and a single GP

Practice. This approach had required a lot of mobilisation work working with the Local Authority through GF and SB. This was the first time County Durham had seen this aligned approach and although many care home residents were loyal to their previous general practice, they could see the advantages to this model.

- In support of the Out of Hours (OOH) and Community Hospitals GPs had volunteered to support the OOH rota and took on sifts in community hospitals. This enabled CDDFT staff to work on acute hospital wards which could not have happened without the GP support. JCh extended his thanks to general practice for supporting key areas of the system.
- Difficulty accessing to PPE had been a national issue and the CCG had been working closely with the Local Resilience Forum to ensure that practices and care homes had adequate supplies.
- The antibody testing programme was being rolled out to all primary care staff ensuring every member was offered the test. Swab testing continued in care homes supported by the community staff.

Moving onto the recovery plan, JCh highlighted the importance of capturing lessons learned, keeping the elements that worked well and embedding them as the new 'norm'. This included

- retaining primary care remote consultations and support for community hospitals,
- the improvements to the flow of patients from primary care to secondary and how this can be further improved by replacing outpatient appointments with video consultations,
- providing an enhanced advice and guidance line for the delivery of care in general practice.

JCh advised that the Primary Care survey had received a good response. Dr James Larcombe in his Royal College of General Practitioners (RCGP) role had offered to analyse the survey responses and a report would be submitted to the PCCC meeting to be held in August 2020. JCh added that the themes were around Total Triage and embedding some of the innovations which had received positive feedback, but in addition to that there was rich narrative that the CCG was looking to capture for inclusion in the primary care strategy refresh.

The Chair thanked JCh for the comprehensive presentation and sent thanks again to practice staff, PCNs, CCG staff and the primary care team. He said that there were important lessons to learn and that the Governing Body would be looking at those in further detail.

The Chair referred to the national report from the RCGP. JCh advised that the CCG had asked Dr Larcombe to feed local comments into the national report. He added that the PCCC would therefore receive both reports at a future meeting.

SF highlighted a number of concerns which were summarised below:

- with regard to Black, Asian and Minority Ethnic (BAME) staff. He

was pleased that the potential risk had been picked up at an early stage by the CCG, before the CCG had received the risk tool from NHS England. It had become clear that there was an issue with regard to the impact on GPs from a BAME background and the CCG had worked with the PCNs to identify at risk staff and ensure that they protected themselves as best as they could using a common sense approach. There was now a more formal tool available but SF was pleased that the CCG had taken action earlier.

- SF then mentioned the tragic death of Dr Poornima Nair, one of only two female doctors to die in the country.
- SF highlighted that there could be issues with regard to the flu vaccine programme. Flu combined with Covid-19 would be a real concern so it was important that people had their vaccinations but the logistics of providing that to large numbers of people whilst social distancing would be difficult and would need planning and managing appropriately.
- To prepare for Covid-19 secondary care had turned their outpatient department into A&E space. Some currently had no outpatient department and were undertaking all consultations remotely. They could only do that with the support of primary care and the CCG was working through how to shift activity from secondary care to primary care.
- A controversial issue across the country was the high number of deaths in care homes which now exceeded those in hospital. The situation in County Durham looked particularly worrying although it had a high number of care homes with a high number in residents in those care homes. In terms percentage County Durham had above the national average of care home deaths. The CCG had undertaken a significant amount of work with care homes, and relationships with care homes had improved over the Covid-19 period. In addition, the wishes of patients about where they wanted to be treated for illnesses such as pneumonia were respected.

The Chair highlighted that further details about care homes would be discussed under agenda item PCCC/20/28.

FJ requested comments from DW and RM on their experiences of working on the frontline.

DW commented on how quickly everyone had changed how they worked and how considerate patients had been. GP surgeries were now getting busier and there was a frustration from patients about the lack of the ability of GPs to refer into secondary care. DW said that she had undertaken care home work and a ward round with ill patients with the aligned nurse and care home staff. DW was disappointed with the PPE used, understanding that it must be difficult to use all day, but it was important to continue to encourage care home staff to use PPE appropriately.

RM agreed with the reflections of DW, adding that it had been a difficult

time but patients had been sensitive to that and willing to try out new forms of consultation methods. Also the willingness of care staff to undertake video consultations if they had any concerns had been positive. There had been significant changes in how health care was provided when compared to pre-Covid-19. RM said that he did not expect a return back to 'normal' any time soon. He also mentioned the reluctance of some patients to go into hospital even when suffering from obvious health concerns. Finally RM said that primary care had received a lot of support from the CCG which had been appreciated.

The Primary Care Commissioning Committee noted the content of the presentation about GP preparedness for supporting Covid-19 and that a report would be taken to the Governing Body for consideration.

PCCC/20/26 Primary Care and Primary Care Network Development Update
Director of Commissioning Strategy and Delivery, County Durham CCG - Joseph Chandy

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 Committee were 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 in attendance were:

- *Joseph Chandy, Director of Commissioning Strategy and Delivery*
- *Dr Rushi Mudalagiri, Executive GP*
- *Dr Dilys Waller, Executive GP*

The purpose of the paper was to update members on the progress made by County Durham Clinical Commissioning Group (CCG) against the General Practice Forward View and Primary Care Network development. It also outlined work undertaken in relation to the Covid-19 pandemic.

JCh advised that it was a routine report because of the Covid-19 environment and drew attention to the following areas:

- flu planning,
- recovery planning,
- care homes,
- care navigation,
- Primary Care Strategy refresh,
- Central Integrated Care Partnership (ICP) Training Hub and the two posts agreed with Health Education England.

The Chair referred to the publication of the Public Health England report that covered inequalities across the country. It was noted that the recommendations to address the disparities in health within different communities, looking at age, gender and ethnicity etc., would be published that week. The Chair advised he had spoken to John Rush,

the Chair of the Cumbria and North East Joint Committee, suggesting the establishment of a commission to look at those disparities, to identify actions to be taken and to implement the recommendations at a regional level.

The Primary Care Commissioning Committee:

- noted the content of the paper.

PCCC/20/27 Proposal to Merge Consultation:
Craghead Medical Centre and Gardner Crescent Surgery
Director of Commissioning Strategy and Delivery, County Durham CCG - Joseph Chandy

Referring to the report and Appendix 1 – Engagement and Communications Plan, the Chair mentioned that this was a straightforward but good piece of work with regard to preparedness and back-up support. He advised Members that where the report mentioned consultation it should read engagement.

JCh advised that the two practices had embarked on the engagement period however they had been advised by the CCG's engagement and primary care teams that they would have to avoid the more traditional methods of engagement due to social distancing restrictions. Instead of arranging large gatherings at venues the practices had produced and distributed a lot more literature and had undertaken virtual engagement events at different times of the week. As this was the first practice engagement undertaken during the Covid-19 environment, the CCG had offered as much support as possible to navigate the practices through the process.

It was noted that at the start of any engagement period the Committee received a summary of the engagement framework and materials used so that it could provide scrutiny and advise on any gaps that the practices needed to be made aware of. The outcome of the engagement period would then be made available along with the Business Case at the appropriate time.

JCh advised that the Committee would receive the outcome of the Craghead Medical Centre and Gardner Crescent Surgery engagement process at the meeting to be held in August 2020.

In response to the Chair's query with regard to a potential capacity issue should Dr Dhuny retire and then return on a part time basis, JCh advised that the Committee would have to consider the business case and what plans the new merged practice had in place in terms of succession planning to ensure sustainability beyond the merger. As part of that plan the CCG may need to review what support would be required as part of the sustainability ambition.

The Primary Care Commissioning Committee:

- noted the proposal to merge Craghead Medical Centre and Gardener Crescent Surgery,
- noted that the engagement period was being held from 5 June 2020 to 30 July 2020,
- noted that the outcome of the engagement and the business case for the proposed merger would be submitted to the Primary Care Commissioning Committee to be held August 2020.

PCCC/20/28 Primary Care Network and GP Practice Alignment to Care Homes
Director of Commissioning Strategy and Delivery, County Durham CCG - Joseph Chandy

The purpose of this report was to update the Committee on Primary Care Network and GP Practice alignment to care homes in County Durham as part of the offer of support during the COVID-19 crisis and wider system developments.

JCh mentioned that it was a deeply sensitive area for all the right reasons as it involved the most vulnerable group of people in County Durham. He then highlighted the key points.

It was noted that general practice nationally had been asked to implement the care home support model but practices in County Durham had decided to go one step further and instead of aligning one PCN to one care home as per the national 'ask', they had gone beyond that to align one GP practice to one care home. This was a significant transition therefore the CCG had to ensure that both care homes and primary care were supported in this move.

JCh drew attention to the suite of documents appended to the paper that outlined the CCG's engagement with care homes, the key letter sent to care homes explaining its approach and the documents that it encouraged the practices and PCNs to use in terms of how to approach patients regarding the sensitive issue of changing their registration to the aligned doctor if the patient thought it appropriate for their care.

The Chair felt that this was a key initiative and a much needed development.

In response a query from the Chair, JCh confirmed that as part of the practice alignment there would be both a GP and a community nurse aligned, if possible, to each care home. In North Durham the model used was to use a community specialist practitioner (CSP) and in South Durham they used the Vulnerable Adult Wrap Around Service (VAWAS) nurses. They were the most closely aligned group who regularly visited and worked with care homes. Instead of a cohort of people the care home would have a dedicated CSP or VAWAS nurse working alongside a dedicated GP from the aligned practice to ensure consistency and continuity of care.

The Chair referred to Deprivation of Liberty (DoLS) and asked if the decision to commit to a GP would be made by the resident's family. NB said that there could be occasions when it would be a best interest decision, in which case a decision would be made by a group of people rather than an individual family member.

The Primary Care Commissioning Committee:

- noted the content of the report; and
- were assured that the work undertaken to provide a comprehensive Covid-19 response to support care homes was ongoing.

FOR INFORMATION

PCCC/20/29 and PCCC/20/30 **Durham Dales, Easington and Sedgefield CCG Contract Baseline Report: Quarter 4, 2019/20**
North Durham CCG Contract Baseline Report: Quarter 4, 2019/20
Chief Officer
- Dr Stewart Findlay

Given the nature of the content of the reports for agenda items PCCC/20/29 and PCCC/20/30 they were discussed as a single item

The reports provided an update to Committee members in relation to the status of primary care contracts in the former Durham Dales, Easington and Sedgefield (DDES) CCG and North Durham CCG. They covered 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 investigations and breaches,
- Care Quality Commission (CQC) visit outcomes,
- assurance status (practice outliers).

The Chair reminded members that the Committee had previously received the reports but they had been brought back with updated information for Quarter 4. He mentioned that last time he had raised questions around practices not providing an Extended Hours Directed Enhanced Service (DES) for example but had noted that more practices had now signed up to provide that service. SF had explained, at that time, that service provision was not mandated and that practices did not get paid for a service they did not provide.
SF confirmed that to provide Extended Hours or not was currently a

practice choice but it would be included in the PCN Contract from April 2021. How it would work when PCNs took over the service provision was not yet certain and PCNs had been approached for their ideas. There would be opportunities to provide extended hours services differently, including working more closely with the urgent treatment centres run by CDDFT, however, although there were benefits to working differently, the CCG was aware that some practices found it a very useful and highly rated service for their patients and would want to continue to manage it in-house.

The Chair confirmed that the reports would be received by the Committee on an annual basis going forward.

AA raised a query with regard to Section I) Assurance Statement and the number of practices with four or more outlier points – there were ten across the patch. Given the generally good CQC reports he felt there would not be too much to be concerned about but asked if there was a process for finding outlier points. The Chair invited GF and JCh to respond.

JCh advised that the CCG did have a process in place when a practice reached five outlier points. A letter of support would be sent to the practice advising them that there was a need for a mutual understanding of what sat behind the points and to determine what could be done differently to move the practice from the outlier position. Sometimes there would nothing that could be done as it was down to prevalence.

GF advised that there were number of different triggers some of which only changed once per year. This could result in lots of practices triggering for one point. She said that the CCG was looking for themes or trends rather than one indicator causing too much concern. The general picture of how things were going across the whole practice was what the CCG was looking for.

The Primary Care Commissioning Committee noted the content of the Contract Baseline reports for DDES CCG and North Durham CCG for information.

PCCC/20/30 North Durham CCG Contract Baseline Report: Quarter 4, 2019/20
Chief Officer
- Dr Stewart Findlay

This item was covered during the discussion above.

PCCC/20/31 Update on domestic abuse guidance provided to primary care
Director of Nursing and Quality, County Durham CCG
- Gill Findley

The Chair highlighted that during the current situation the incidence of domestic abuse had risen by 50% in most cases.

GF advised that the report outlined the training sessions provided to primary care in relation to domestic abuse, what sessions were available to staff, topics covered and issues raised. There had been significant focus on domestic abuse over the last few years as could been seen in the report and it had been included in both Children's and Adults safeguarding training.

GF mentioned the Joint Targeted Area Inspection (JTAI) that had had a particular focus on domestic abuse. This had provided good third party assurance that primary care colleagues had had the appropriate training. Feedback from the inspectors had highlighted that there had been better attendance from County Durham GPs than any other part of the country.

GF concluded that although there had been assurance that domestic abuse training was being accessed there was still a need to ensure that this continued in this particularly challenging time for some families.

The Primary Care Commissioning Committee acknowledged the content of the report.

PCCC/20/32 Questions from the Public

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

PCCC/20/33 Other Business

PCCC/20/33-1 Future meetings

There was discussion with regard to the pros and cons of different video conferencing platforms. NB advised that the Committee should be mindful that some organisations did not support the use of Zoom. This would be discussed further outside of the meeting.

Action: consideration to be given to how best to manage future PCC Committee meetings during the Covid-19 pandemic taking into account social distancing restrictions. **NB**

PCCC/20/34 Standing item:
Risk Round Up

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

It was noted that Covid-19 had already been included in the corporate risk register.

PCCC/20/35 Date and time of next meeting

The next meeting would be held on Tuesday 18 August 2020, 13:00 to 15:30.

Arrangements to 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: ……