

**NHS COUNTY DURHAM CCG
PRIMARY CARE COMMISSIONING COMMITTEE**

Tuesday 20 October 2020

13:00 – 14:00

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 |
| | Jason Cram | (JCr) | Director of Nursing |
| | Dr Stewart Findlay | (SF) | Chief Officer |
| | Richard Henderson | (RH) | Chief Finance Officer |
| | Feisal Jassat | (FJ) | Lay Member, Patient and Public Involvement (Chair) |
| In attendance: | Joseph Chandy | (JCh) | Director of Commissioning Strategy and Delivery (Primary Care) |
| | Sue Parr | (SP) | Executive Assistant (minutes) |
| | Denise Rudkin | (DR) | Healthwatch County Durham representative |
| | Dr Jonathan Smith | (JS) | Clinical Chair |
| | David Steel | (DS) | Primary Care Business Manager, NHS England / NHS Improvement |
| Apologies: | Mike Brierley | (MB) | Director of Commissioning Strategy and Delivery |
| | Dr Ian Davidson | (ID) | Medical Director |
| | Anne Greenley | (AG) | Director of Quality Improvement |
| | Kate Harrington | (KH) | Operational Delivery Manager, North of England Commissioning Support (NECS) |
| | Amanda Healy | (AH) | Director of Public Health, Durham County Council |
| | Jennifer Long | (JL) | Primary Care Assistant Contract Manager, NHS England / NHS Improvement |
| | Dr Rushi Mudalagiri | (RM) | Executive GP |
| | Dr Dilys Waller | (DW) | Executive GP |
| | John Whitehouse | (JW) | Lay Member, Audit and Assurance |

| Items | Action |
|---|--------|
| PCCC/20/54 Apologies for absence | |
| Apologies were received as recorded above. | |
| PCCC/20/55 Declarations of conflicts of interest | |
| The Chair reminded members of the Primary Care Commissioning Committee of their obligation to declare any interest they might have on any issues arising at the meeting, which might conflict the business of NHS County Durham CCG. | |
| Declarations made by members of the CCG Committees were listed in the CCG's Register of Interests. The Register of Interest is available either via the CCG's Corporate Office or on the CCG's website: https://countydurhamccg.nhs.uk/ | |
| The following conflicts of interest were highlighted: | |
| PCCC/20/60: Primary Care Quality Report (Quarter 2, 2020/21) | |
| The general practice members (voting, non-voting and those in attendance) of the Primary Care Commissioning Committee who provided primary care services had a non-financial professional interest in the report. Those members were: | |
| <ul style="list-style-type: none">• Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care)• Dr Ian Davidson, Medical Director (not in attendance)• Dr Rushi Mudalagiri, Executive GP (not in attendance)• Dr Jonathan Smith, Clinical Chair• Dr Dilys Waller, Executive GP (not in attendance) | |
| It had been agreed prior to the meeting that the conflicted members would receive the papers. | |
| It was agreed that the conflicted members would remain in the meeting for the discussion and decision making because there was no financial information included in the paper that could influence or benefit any conflicted members. | |
| PCCC/20/63: Primary Care and Primary Care Network (PCN) Development Update | |
| As this paper was for discussion only and no decisions were required there were no conflicts of interest identified. However, it was acknowledged that some members of the Primary Care Commissioning Committee were partners of practices which were part of a Primary Care | |

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Network and that needed to be documented and managed accordingly during the discussion. The members were:

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

It had been agreed prior to the meeting that the conflicted members could receive the report.

It was agreed that the conflicted members would remain in the meeting for the discussion and decision making because there was no financial information included in the paper that could influence or benefit any conflicted members.

PCCC/20/56 Identification of any other business

There were no items of other business identified.

PCCC/20/57 Minutes of the meeting of the Primary Care Commissioning Committee held on Tuesday 18 August 2020

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

PCCC/20/58 Matters arising from the Primary Care Commissioning Committee held on Tuesday 18 August 2020

There were no matters arising.

PCCC/20/59 Action Log

The action log was updated.

PCCC/20/48: NHS England GP Patient Survey Results Summary.

JCh would check if he had circulated the report as thought. He advised that there had been a meeting between himself, Jason Cram and the Care Quality Commission (CQC) to discuss what the CCG's thoughts were about how members of the public had adapted to the changes in the provision of primary care services during Covid-19. The CQC had been very complimentary when they heard about the CCG's patient survey, saying that it had been a unique piece of work, and had requested a copy of the full survey report.

PCCC/20/51.1: Local Improvement Scheme (LIS)

It was confirmed that LIS should read Local Incentive Scheme.

ITEMS FOR DECISION

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There were no agenda items for decision.

ITEMS FOR DISCUSSION

PCCC/20/60 Primary Care Quality Report (Quarter 2 2020/21)

Director of Nursing, County Durham CCG

- Jason Cram

The general practice members of the Primary Care Commissioning Committee who provided primary care services had a non-financial professional interest in the report. Those members present who declared an interest were:

- Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care)
- Dr Jonathan Smith, Clinical Chair

It had been agreed prior to the meeting that the conflicted members would receive the papers.

It was agreed that the conflicted members present could remain in the meeting because there was no financial information included in the paper that could influence or benefit any conflicted members.

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 Quarter 1, 2020/21 Primary Care quality report.

JCr highlighted the following key points:

- There had been one inspection report published by the Care Quality Commission (CQC) in the County Durham CCG area. A report had been published about The Haven Surgery which returned a result of 'Good' across all areas.
- All of the CQC and Family and Friends Test (FFT) information was in the public domain. From a national return point of view the scheme continued to be suspended.
- The North of England Commissioning Support (NECS) Clinical Quality Centralised Incident Team would be producing a Safeguard Incident and Risk Management System (SIRMS) report for County Durham CCG from Quarter 3, 2020/21 onwards. The Team would also be providing a thematic report for County Durham and Darlington NHS Foundation Trust (CDDFT). The intention of the report was to provide effective communication and feedback between the practices and CDDFT and improved analysis. It was early days but this appeared to be working well.
- There were ongoing discussions and preparations being made for the high priority Flu Vaccination Programme 2020/21. Appendix 1, slide

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11 highlighted the really good work that was being undertaken across the region.

- The Head of Medicines Optimisation was the Flu Lead and was co-ordinating all aspects of the Flu' vaccine programme with support from the team and primary care team – this was a very high priority for the CCG.

FJ made reference the 'Talk Before You Walk' scheme which Members would receive an update on under agenda item PCCC/20/64 - Update on Flu and Covid-19.

The Primary Care Commissioning Committee:

- noted and discussed the content of the report.

PCCC/20/61 Primary Care Finance Report for the 6 months ending 30 September 2020

*Chief Finance Officer, County Durham CCG
– Richard Henderson*

The standard report captured the financial position on primary care related budgets for NHS County Durham CCG for the six months ended 30 September 2020. This included those primary care budgets delegated from NHS England and also any other elements of primary care spend within the CCG's main commissioning budgets.

RH summarised the key points.

As previously advised, temporary financial arrangements had been put in place across the NHS for the six months from 1 April 2020 until 30 September 2020. This had resulted in an initial reduction in allocation of approximately £14m for County Durham CCG for the six months, of which approximately £1.2m related to a reduction in the primary care delegated allocation.

Retrospective non-recurrent adjustments were being made centrally to bring the CCG back to a breakeven position overall.

In terms of the Month 6 position highlighted in the report; up to Month 5 the CCG had been fully reimbursed for the deficit position that had been originally reported by the CCG, bringing it to a breakeven position. As at Month 6, the CCG was currently reporting a year to date overspend of £363k on primary care delegated budgets, and an overspend of £438k on other primary care related budgets as highlighted in the report.

The CCG expected to receive a further retrospective non-recurrent adjustment at the end of October 2020 to bring the CCG back to a breakeven position overall - as at the end of the 6 months.

In September 2020 NHS England/Improvement set out the revised temporary financial arrangements for the second six months of the year

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(from 1 October 2020). They followed a similar principle to the first six months in terms of the CCG allocation figures being adjusted to reflect expected spend, and with block contract values for all NHS Providers set nationally.

The retrospective allocation adjustment (top up process) that applied in the first half of the year would be largely removed for the second part of the year and instead, across the system, in the CCG's case this would be the Central Integrated Care Partnership (ICP), there would be an amount of funding allocated to the ICP to cover expected growth, additional Covid-19 costs and all other costs for the remainder of the year.

The net impact of this funding envelope had resulted in a reduction in overall funding of £10.4m compared to the original published allocations for the CCG, although in respect of primary care delegated budgets they would be adjusted back to the original published allocations. Additional transformation funding was expected, and some of this related to primary care, in respect of the additional allocations previously announced in March 2020 but which had not been enacted.

RH advised that it was a complicated situation, but the CCG had a financial envelope for the second part of the year with some additional funding expected over and above that.

The finance team was currently working through the financial plans which were due to be submitted by the end of the week. The latest position showed an expected pressure on the delegated primary care budget of £962k but the CCG expected an additional £578k of funding which would be offset against that pressure.

In summary, the CCG had a small pressure on the delegated primary care budget but overall it was expecting to be in a breakeven position for the second half of the financial year.

The Chair thanked RH and the finance team for managing a difficult financial situation.

The Primary Care Commissioning Committee:

- received the report,
- noted the current and forecast financial position in respect of primary care budgets,
- noted the latest position on financial arrangements for the last six months of the year.

PCCC/20/62 Risk Management Report
Chief Finance Officer, County Durham CCG
- Richard Henderson

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The purpose of the report was to provide a risk management update, including a summary of the corporate risks facing the organisation together with a full copy of the latest risk register position.

County Durham CCG currently had 19 risks, of which three were corporate risks which would be brought to the attention of the Governing Body, these related to:

- the delivery of Constitutional Standards,
- Corona Virus Covid-19,
- Hospital Discharge Service Requirements.

Further details were included in the report and all risks had been grouped based on the committee linked to the risk.

One new risk had been added related to National Hospital Discharge Service Requirements and the changes to those arrangements with effect from 1 September 2020 which included the requirement to re-start Continuing Healthcare Assessments. This was currently flagged as a corporate risk, however appropriate mitigating actions were being agreed and implemented which should reduce the residual risk rating.

No risks had been closed since the previous report.

The risk around delivery of the financial control total had been increased from a score of 8 to a score of 12, to reflect the current uncertainty in terms of financial arrangements for 2020/21. The CCG had now received information about the arrangements for the second part of the year which would be taken in to account.

RH described what constitutional standards were for the benefit of members of the public viewing the livestreaming of the Committee.

The Chair invited questions and comments from Members.

In relation to the hospital discharge requirements, AA requested an update on what impact the changes were having and asked if the controls that had been put in place were helping. In response RH advised that part of the risk was the substantial backlog of Continuing Healthcare (CHC) Assessments which had been suspended during the first part of the year. The assessment process had restarted from 1 September 2020 with the revised arrangements around the first 6 weeks of care being funded centrally, however there was a significant backlog of assessments to be worked through collectively between the CCG and the local authority; this was a substantial requirement given the capacity constraints within the team and this was where the risk came from. RH added that funding would be available to bring additional CHC Assessors into the team, plus additional social worker capacity, to help manage the risk and work through the assessments by the end of the financial year.

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The Primary Care Commissioning Committee:

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

PCCC/20/63 Primary Care and Primary Care Network (PCN) Development Update
*Director of Commissioning Strategy and Delivery (Primary Care),
County Durham CCG*
- Joseph Chandy

As this paper was for discussion only and no decisions were required there were no conflicts of interest declared. However, it was acknowledged that the following members of the Primary Care Commissioning Committee in attendance were partners of practices which were part of a Primary Care Network (PCN):

- *Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care),*
- *Dr Jonathan Smith, Clinical Chair.*

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

JCh highlighted key points:

2020/21 Local Incentive Scheme (LIS)

The LIS has been in place for four years in County Durham. Refreshed each year its purpose was to support general practice to bring more work closer to patient homes, usually in a practice setting, when previously a patient would have had to travel to a hospital for their procedures. It involved work over and above that which was considered core primary care services and was generally very successful in County Durham with funding from the CCG.

JCh drew attention to the paper that had been received in the confidential section: in essence this year's scheme had been different because, just at the time of sign-up, the County had gone in to lockdown due to the Covid-19 pandemic. The CCG had therefore asked the practices to sign-up in principle to the 2020/21 scheme but had protected a lot of the payments around the qualifications for the first two quarters of the year so that practices would not be financially penalized when the CCG had asked them to prioritize the response to Covid-19.

JCh explained that, in response to the pandemic, secondary care providers had stopped patients attending hospital consultations as traditionally done and had moved to virtual consultations. Patients still required certain procedures such as echocardiograms (ECGs), body

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mass index (BMI) checks and pre-operation blood tests, so to avoid those patients having to visit a hospital and put themselves at risk, the CCG had asked GPs within County Durham if they would undertake those procedures, mainly blood tests, within their GP surgeries. There had been 100% sign up for acute trust outpatient blood testing for what were traditionally secondary care appointments. Mental health patients had similar pre-operation requirements but this was an opt-in / opt-out option within the 2020/21 scheme refresh. The majority of practices had signed up to the mental health element; it was not something the CCG wanted to force but it was paving the way for it to happen. In many parts of the country phlebotomy services did not take place in general practice but were led by acute trusts with procedures generally carried out in community centres. For County Durham, in light of the changes having to be made because of Covid-19, this had been a positive change for the population of County Durham.

Community Specialist Practitioners (CSPs) and Vulnerable Adults Wrap around Service (VAWAS)

JCh advised that in the north of the patch the Community Matrons were now called Community Specialist Practitioners (CSPs).

A task group has been established to review the service specification for CSPs, benchmarked against the VAWAS model that was used in the south of the patch, to see what benefits of that model could be incorporated into the CPS service.

Discussion and engagement was on going with practices in the north of the patch around the service improvement proposal for CSPs, supporting the delivery of enhanced health in care homes.

The task group had met again on 16 October 2020 to work through common principles and the draft specification.

Flu Clinics

In order for them to provide flu vaccinations in a covid secure way GP practices had come up with some innovative ways of delivering their flu clinics that would keep both patients and staff safe. Ideas included using car parks, church halls and larger community venues, and extending access into the evenings and weekends. This had put a lot of burden on practice staff however the CCG had been supportive with staff volunteering to assist with the clinics. Practices had been grateful for the support they had received from the CCG staff.

Primary Care Commissioning Strategy 2020-25

Work on refreshing the Primary Care Commissioning Strategy 2020-25 continued. A focus group with GPs and Practice Managers had been held on 14 September 2020. At the meeting, it had been suggested that the priorities be revised in light of Covid-19, what mattered most to them and their patients and what the CCG could do to support their delivery of primary care services.

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The CCG now planned to engage with key stakeholders (patients, public and general practice) throughout October and November 2020 on the revised draft, which would be brought to the Committee meeting to be held in December 2020.

GP Extended Access / Extended Hours

A piece of work was underway to review the extended access and extended hours. GP Extended Access, which had been in place for over 3 years and was commonly known as 'the £6 per head scheme', was part of the drive towards 7 day working in general practices so patients could have access to a GP over weekends and evenings. It had been a successful initiative that had been contracted out to the GP Federations in many parts of County Durham; access would be from 6.00am to 8.00pm Monday to Friday and usually weekend mornings to 1.00pm, with access for all parts of County Durham usually within hub centres.

From April 2021 all practices would be required to provide extended hours as part of the Directed Enhanced Services (DES). This would be applied on a pro-rata basis based on the size of population they covered.

With all the multi-layers of extended hours and access, the Government had decided that from April 2021 all GP access services would be handed over to the Primary Care Networks (PCNs) and they would receive the £6 per head funding.

The CCG was now working with the PCNs on how to use the funding differently and try to harmonize the Out of Hours, Extended Hours and Extended Access services to provide a more effective service. Part way through this work there had been a message from the NHS England that there would be a more stringent specification for how PCNs would receive the combined monies to deliver the service. It was therefore unlikely that the deadline of April 2021 for the new specification would be met, particularly in light of Covid-19, and that completion would more likely be by the Autumn of 2021.

JCh drew attention to the report with regard to the updates on other areas of primary care.

The Chair reiterated his thanks to CCG staff for supporting the flu clinic programme and invited questions and comments from Members.

AA drew attention to the testimonials within the report under the GP Career Start section. He said that they were powerful messages and felt it had been a positive item to read.

JCh added that primary care appeared to have turned a corner and was in a much better position than it had been 3 years ago with regard to both delivery and sustainability.

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The Primary Care Commissioning Committee:

- noted and discussed the content of the paper.

PCCC/20/64 Update on Flu and Covid-19
Chief Officer, County Durham CCG
- Dr Stewart Findlay

SF took Members through a presentation that gave an overview of the current position with regard to the response to the Covid-19 pandemic and how it was affecting the population in County Durham and the flu vaccination programme.

Members of the public could view the full presentation via the livestream of the Committee meeting on Facebook, however the presentation slides covered areas that included:

Covid-19

- new cases
- deaths
- local position as of 19 October 2020
- testing
- readiness for second wave
- rules and guidance around the restrictions for the North East
- new guidance on shielding
- long-Covid

Flu Vaccination Programme

- campaign to date
- care home flu vaccinations
- uptake rates
- staff immunisations
- latest on Covid-19 vaccine
- Public Health research in to Covid-19/Flu (combined)

The Chair invited questions and comments from Members.

Having demonstrated how efficiently primary care had been able to deliver the flu vaccine programme, the Chair queried why it was not being asked to deliver the Covid-19 vaccine programme. In response SF advised that the difficulty with the Covid-19 vaccine was that it was supplied in multi-dose vials and this meant it was harder to use efficiently when delivered in a relatively small primary care clinic. Also, the focus to begin with would be on the elderly such as care home residents and the house-bound, so again it was much more difficult to administer the vaccine from multi-dose vials efficiently in those settings. Another difficulty was that the vaccine had to be stored at a very low temperature in order to remain viable and GP practices generally did not have the right refrigeration to do that. Because of these reason the Covid-19

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vaccination programme was being led by a national team that immunised large cohorts of patients or running it through immunisation centres. In response to DR's query with regard to privately paying for a flu vaccination, SF advised that the available vaccine was being reserved for those at most risk because of the required 28 day gap before a Covid-19 vaccination. To buy one could potentially mean less being available for those at most risk. He advised that by November access to the vaccine would be opened up to those at intermediate risk, i.e., the over 50s.

It was noted that the flu season traditionally started at the end of December / beginning of January; this was when generally when we saw the Flu epidemics and pandemics in the northern hemisphere.

Drawing discussion to a close the Chair thanked SF for the important update on Covid-19 and Flu and looked forward to further updates as we went through the winter.

The Primary Care Commissioning Committee:

- received the update for information.

FOR INFORMATION

There were no agenda items for information.

PCCC/20/65 Questions from the Public

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

PCCC/20/66 Other Business

No further items of business were identified.

PCCC/20/67 Standing item: Risk Round Up

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

PCCC/20/68 Date and time of next meeting

The next meeting would be held on Tuesday 15 December 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

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Signed:

Chair: **Feisal Jassat**

Date:

Confirmed