



**PRIMARY CARE COMMISSIONING COMMITTEE**

**Tuesday 15 December 2020**  
**13:30 – 15:30**

**CONFIRMED MINUTES**

**This meeting took place via MS Teams and was live streamed to the public**

<b>Present:</b>	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NB)	Chief Officer
	Dr Stewart Findlay	(SF)	Chief Officer
	Gill Findley	(GF)	Director of Nursing
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement <b>(Chair)</b>
<b>In attendance:</b>	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery (Primary Care) (attended part of the meeting)
	Dr Ian Davidson	(ID)	Medical Director
	Anne Greenley	(AG)	Director of Quality Improvement
	Stephen Gwilym	(SG)	Principal Overview and Scrutiny Officer, Durham County Council (item 75)
	Denise Rudkin	(DR)	Healthwatch County Durham
	Dr Jonathan Smith	(JS)	Clinical Chair
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement
	Cllr John Robinson	(JR)	Chair of Durham Adults Wellbeing and Health Overview and Scrutiny Committee, Durham County Council (Item 75)
	Amanda Pyle	(AP)	Corporate Governance Officer (minutes)
<b>Apologies:</b>	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Sarah Burns	(SB)	Joint Head of Integrated Strategic Commissioning
	Amanda Healy	(AH)	Director of Public Health, Durham County Council
	David Logan	(DL)	Healthwatch County Durham representative
	Jennifer Long	(JL)	Primary Care Assistant Contract Manager, NHS England / NHS Improvement
	Dr Rushi Mudalagiri	(RM)	Executive GP
	Dr Dilys Waller	(DW)	Executive GP

	<b>Items</b>	<b>Action</b>
<b>PCCC/20/69</b>	<b>Apologies for absence</b>  A recorded above.  The Chair welcomed Gill Findley, the CCG's Director of Nursing on her return from a recent 6 month secondment. He also welcomed Cllr John Robinson (JR) and Stephen Gwilym (SG) to the meeting and highlighted that the date of the meeting was a momentous occasion by way of the Covid-19 vaccinations being given to the people of County Durham for the first time that day.  He commended the work that had been undertaken across the public sector nationally, regionally and locally during the pandemic.	
<b>PCCC/20/70</b>	<b>Declarations of conflicts of interest</b>  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 NHS 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:  <a href="https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/">https://countydurhamccg.nhs.uk/documents/declarations-conflict-interest/</a>  None identified.	
<b>PCCC/20/71</b>	<b>Identification of any other business</b>  No items of other business were identified.	
<b>PCCC/20/72</b>	<b>Minutes from the Primary Care Commissioning Committee held on Tuesday 20 October 2020</b>	
<b>PCCC/20/73</b>	The minutes were agreed as a correct record of the meeting. <b>Matters arising from the Primary Care Commissioning Committee held on Tuesday 20 October 2020</b>  There were no matters arising.	

**PCCC/20/74      Action Log**

The action log was updated

*JCh left the meeting at 1.45 pm.*

**ITEMS FOR DECISION**

**PCCC/20/75      Overview and Scrutiny Review of GP Services  
in County Durham**

*Chief Officer, County Durham CCG*

*- Dr Stewart Findlay*

*In attendance to present the report*

*Principal Overview and Scrutiny Officer,*

*Durham County Council*

*- Stephen Gwilym*

*Chair of Durham County Council's Adults Wellbeing and Health*

*Overview and Scrutiny Committee*

*- Councillor John Robinson*

Cllr Robinson (JR) presented the report on behalf Durham County Council (DCC) and the people of County Durham and thanked the CCG and local NHS for the tremendous service that had given to the people of County Durham during the Covid-19 pandemic.

It outlined details of a review of primary care arrangements provided in County Durham, which included consideration of general practice coverage, practice numbers, staffing structures and skill mixes, General Practitioner (GP) appointment capacity and demand, including non-attendance rates.

The review had been undertaken following a number of applications from the CCG to move, merge or close branch surgeries within County Durham and resulted in a series of recommendations as outlined below.

1. The development of Primary Care Networks (PCNs) and the additional workforce investment planned are supported. Revised medical indemnity arrangements to promote cross GP practice peer support should be promoted where workforce pressures are impacting upon the availability of GP appointments.
2. New practice staff roles being introduced as part of the NHS Long Term Plan are built into the local care navigation to ensure the appropriateness of future patient appointments as part of any Primary Care Strategy.

## Official

3. An extensive communications programme identifying the purpose of Care Navigation and its benefits should be implemented by the CCG and promoted across all GP practices within the County.
4. The use of digital technology to access primary care services as an alternative to face to face consultations/appointments with GPs should be promoted as a way of facilitating more accessible and timely GP advice and support.
5. As part of its inspection regime, the Care Quality Commission (CQC) should utilise information from local Healthwatch reports and reports from local authority health overview and scrutiny committees when gathering evidence to assess the effectiveness of GP services provision.
6. Use of section 106 agreements to contribute to the development of enhanced health care services where development is taking place is supported in line with the emerging County Durham Plan.
7. An integrated transport solution is developed to address the challenges faced by patients in accessing appointments to include specific and widely publicised patient information relating to the travel support available.
8. The CCG's workforce development initiatives detailed within this report are supported and further development and use of the practice vulnerability toolkit to support vulnerable practices through peer support across and within Primary Care Networks is recommended.
9. The CCG and North East Ambulance Service NHS Foundation Trust develop an effective communications and marketing campaign to raise awareness and promote the availability of GP appointments via the NHS 111 Service.

It was noted that a working group had met on six occasions and had taken advice from various organisations as well as considering patient surveys and the HealthWatch reports about Care Navigation and general practice enter and view visits.

SG highlighted that the report, which had been submitted to DCC Cabinet, included a service response from Joseph Chandy, Director of Commissioning Strategy and Delivery on behalf of the CCG. It contained a number of recommendations relating to changes in accessing GP services, which had become the normal day to day practice during the pandemic. The report had also been scheduled to be presented to the Health and Wellbeing Board in the New Year.

## Official

SF highlighted his thanks to JR and DCC for continuing to support primary care in recent and difficult years. He said he felt the recommendations had been reasonable and he encouraged the Committee members to accept all of the recommendations in the report, noting that a number of those had already been put in place due to the way primary care had adapted to the Covid-19 pandemic.

The work of the Primary Care Networks (PCNs) was commended in terms of the relationships which had been built with acute trusts, the mental health trust, the local authority and social care.

It was acknowledged that in the coming months, the work which had been put in place in County Durham might be impacted by new national legislation, which could result in a single CCG for North Cumbria and the North East Region. It was felt that the local health and social care organisations would need to maintain the momentum.

The changes to the way the CQC would operate in the future had been highlighted in terms of inspections for primary care being focussed on seeing those services through the eyes of the patient. GF suggested that further discussion should take place about the changes at the CCG's Primary Care Quality Assurance Sub-Committee (PCQASC) in the New Year.

*Action: CQC primary care inspections to be added to the agenda of the PCQASC in February 2021.*

**GF**

The CCG Chair, Dr Jonathan Smith (JS) was asked to comment on the recommendations, as an active GP in the area. He said he supported the comments and recommendations in the report although had some concern that members of the public might not be able to interpret the figures relating to GPs per practice which were dependent on the size of the population covered by the practice.

DR highlighted that the work undertaken by HealthWatch with the CCG, local authority and general practices had been reflected well in the report and it was noted that positive comments had been received from patients and practice staff who had been receptive to finding solutions to any issues. She stated that although HealthWatch had not revisited the work due to Covid-19, work with primary care would continue to be part of the forward plan.

The Primary Care Commissioning Committee:

- considered the content of the report,

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- agreed to work with partners within the health and social care system to deliver against the recommendations within the report.
- Agreed that a six month review would be undertaken via the PCQSA in May/June 2021 and would report any findings to the Primary Care Commissioning Committee.

*Action: a six month review of the recommendations in the report to be undertaken in May/June 2021 via the PCQASC and the Primary Care Commissioning Committee.*

SF

*JR left the meeting.*

### **ITEMS FOR DISCUSSION**

PCCC/20/76

#### **Primary Care Quality Report (Quarter 2 2020/21)**

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

GF thanked AG and Jason Cram, Interim Director of Nursing for developing the report, which provided a summary of key points in relation to quality assurance in primary care across County Durham.

The following key areas were highlighted:

- The Primary Care Quality Assurance Sub-Committee, which is a sub-committee of the Quality Committee, had recently reviewed its terms of reference to have a closer relationship with the Primary Care Commissioning Committee. In future, the minutes of the sub-committee would be received by the Primary Care Commissioning Committee as well as the Quality Committee to provide assurance.

Work was underway to consider how the data received from practices in relation to primary care assurance could be used in a different way. It had been felt that the primary care data received by the CCG and historically considered in the sub-committee had not been timely or data friendly and a review of that had begun.

- The CQC had undertaken webinars about how they would seek assurance from primary care in the future. Remote assessments had been undertaken and in the future, the CQC would be liaising with patients, whistle blowers, the local authority and HealthWatch. It was noted that practices within the County Durham had largely received a minimum of 'good' assurance and no practice inspections were anticipated in the near future.

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- Delivery of the Covid-19 vaccination had commenced at a number of PCN sites and pulse oximetry had been provided for people at home.
- The Medicines Optimisation (MO) team of the CCG was commended, for their work through Covid-19 and the constant support they had given to Primary Care.

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

**PCCC/20/77**

Primary Care Finance Report for the 7 months ending 31 October 2020

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

The report was presented by RH. It outlined the financial position regarding primary care delegated budgets and other primary care spend for the CCG for the seven months ending 31 October 2020.

The following key areas were highlighted:

- Temporary financial arrangements had been put in place for CCGs for the six months from 1 April to 30 September 2020 due to the Covid-19 pandemic.
- The CCG had received a total retrospective allocation of £13.3m for the five months up to 31 August 2020, resulting in a break even position for that period.
- The top-up allocation at month six had not been confirmed at the time of producing this report but was anticipated to be around £3.05m for County Durham CCG, which would take the CCG to a break-even position. RH noted this allocation has now been confirmed.
- At month 7, the CCG was reporting an overspend of £363k on primary care delegated budgets, all of which related to the month 6 overspend. Following receipt of the top-up allocation, this took the primary care delegated budgets position to break-even.
- A total of £578k additional funding for primary care delegated budgets had been confirmed since the production of the report and the CCG continued to forecast a breakeven position with regard to those budgets for the remainder of the financial year.
- Additional national GP Covid-19 support funding of £150m had been announced by NHS England and Improvement. This equated to £8.2m for North Cumbria and the North East ICS and the County Durham share of that was £1.5m, equating to approximately £2.35 per head for primary care. The funding was intended to support seven priority goals including; additional GP capacity, oximetry@home model, learning disabilities health checks, supporting vulnerable

## Official

patients and those with long Covid. The CCG Executive Committee had also agreed to allocate the funding to the practices to support those goals, alongside an additional 32p per head for any other additional Covid-19 costs.

The Primary Care Commissioning Committee:

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

*SF left the meeting at 2pm.*

**PCCC/20/78**

### **Risk Management Report**

*Chief Finance Officer, County Durham CCG*

*- Richard Henderson*

The report provided a summary of the corporate risks facing the CCG, together with a full copy of the corporate risk register.

The following key areas were highlighted:

- There were two corporate risks for Governing Body to consider relating to the delivery of Constitutional standards and the risk of the Covid-19 pandemic.
- A new risk had been added in the previous report in relation to hospital discharge programme requirements, including restarting continuing health care (CHC) assessments and that risk level had reduced since the previous report.
- There had been discussion at the Audit and Assurance Committee and Executive Committee about the ICS arrangements outlined in the recent NHS England and Improvement Board Paper and the risks relating to that would be added to the register.
- The risk in relation to EU Exit would be reviewed in light of the potential no-deal arrangement.

GF provided assurance to the Committee that the Government had provided assurance that there would be no issues regarding medications coming into the country or the Covid-19 Vaccine as a result of EU-Exit, therefore, on that basis, the risk had not changed.

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 are being appropriately managed.

PCCC/20/79

**Primary Care and Primary Care Network Development Update**

*Director of Commissioning Strategy and Delivery, County Durham CCG*

*- Joseph Chandy*

The report was presented by NB as JCh had had to leave the meeting to support the Covid-19 vaccination roll out.

It provided an update on the progress against the NHS Long Term Plan and PCN development.

The following key areas were highlighted:

- Emergency Health Care Plans (EHCPs) – there had been some concern about how the plans were being used and a Task and Finish Group had been established to consider how that could be improved. A report would be received by the Executive Committee in the future, which would outline a plan including Advanced Care Planning as part of the Palliative Care Strategy refresh.
- Community Specialist Practitioners (CSP) and Vulnerable Adults Wrap around Service (VAWAS) – at present there were different models in place across the North and South of Durham and it had been identified that there needed to be consistency in those services. Strategic discussions had been agreed as the next step in order to consider a future model of provision around CSPs.
- Flu Vaccination Programme – the programme had been successful and had resulted in over 90% of care home residents being vaccinated in County Durham. Work would continue and the Flu Board and Covid-19 Board would be brought together and would be led by Dr Ian Davidson, Medical Director.

GF highlighted how the focus in delivering Flu Vaccinations early in the season had allowed the quick roll out of the Covid-19 Vaccine in the current week. It was noted that local Foundation Trusts had a programme in place to vaccinate patients and staff and there had been a focus on people within learning disabilities to ensure they received vaccinations.

- Covid-19 Vaccination sites – 13 vaccination sites had been identified across County Durham, which are hosted by the local PCNs. The first nine of those sites had been agreed to provide a geographical spread across the County.

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Care home patients and care home staff had been in the top priority area to receive Covid-19 vaccinations but at present they were unable to be administered in the care home setting. Front line staff across primary care and secondary care would also be among the priority list and it was anticipated that vaccinations could be given within care homes in the near future.

The hard work of the primary care and CCG teams in delivering the vaccination programme within such tight timescales was commended.

- Covid-19 Oximetry at home – the service had been rolled out to provide support to people at home who have had Covid-19 with a 'virtual ward' arrangement. The work had been significant and had resulted from a decision to have primary care leading a virtual ward to release capacity in secondary care.
- GP extended access and career start – extended access arrangements had resulted in a reduction in 'did not attends' (DNAs) via the provision of tele-triage and better use of the capacity within out of hours services.

It was highlighted that GP career-start had been a big success, using the success of the Career-Start Practice Nurse scheme and in recent months four GPs had contacted the CCG with regard to working in County Durham. It was felt that the success of the scheme had been down to good planning within the CCG and the work of the Primary Care team. Alongside that, it was noted that the CCG had a good education package in place via Dr Sanna Moss.

SG raised a query about the potential impact on the recent ICS consultation on the County Durham wide Primary Care Strategy. NB responded that the strategy continued to be developed and would be presented to a Durham County Council (DCC) committee in the future. She provided assurance that the CCG would be ready for any new arrangements which might need to be put in place.

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

### **FOR INFORMATION**

Official

**PCCC/20/80**      **Brandon Lane Surgery Closure and Dispersal**  
*Director of Commissioning Strategy and Delivery, County Durham CCG*  
*- Joseph Chandy*

The report was received for information. It provided an update on the progress to close Brandon Lane Surgery; it was noted that the process had been smooth and had been well managed.

**PCCC/20/81**      **Primary Care Quality Assurance Sub-Committee – Terms of Reference**  
*Director of Nursing and Quality,*  
*County Durham CCG*  
*- Gill Findley*

The terms of reference were received for information as it had been felt that there should be a closer link between the sub-committee and the Primary Care Commissioning Committee.

FJ reported that he had recently been approached to join the membership in order to provide an assurance role and there had also been other additions to the membership including Practice Manager representation.

**QUESTIONS FROM THE PUBLIC**

**PCCC/20/82**      No questions were received from the public.

**PCCC/20/83**      **Other Business**

There were no items of other business.

**PCCC/20/84**      **Standing item:**  
**Risk Round Up**

RH reported that due to the potential change of some of the CCG functions into the ICS from April 2022, a risk was being considered in terms of the impact of that on the CCG priorities and CCG staff in the coming 15 months.

**PCCC/20/85**      **Date and time of next meeting**

The next meeting would be held on:  
Tuesday 16 February 2021, 13:30 to 15:30. Arrangements to be confirmed.

**Contact for the meeting:**  
Susan Parr, Executive Assistant  
County Durham CCG

Tel: 0191 389 8621

**Official**

Email: [susan.parr@nhs.net](mailto:susan.parr@nhs.net)

**Signed:**

**Chair: Feisal Jassat**

**Date: 16 February 2021**

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