NHS
County Durham
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Wednesday 25 August 2021
12:30 – 14:00

CONFIRMED MINUTES

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

Present:	Andrew Atkin	(AA)	Lay Member
	Nicola Bailey	(NB)	Chief Officer
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement **(Chair)**
In attendance:	Chris Black	(CB)	Primary Care Manager, NHS England / NHS Improvement
	Sarah Burns	(SB)	Joint Head of Integrated Strategic Commissioning
	Juliet Carling	(JCa)	Commissioning and Delivery Manager
	Jennifer Long	(JL)	Primary Care Assistant Contract Manager, NHS England / NHS Improvement
	Denise Rudkin	(DR)	HealthWatch County Durham representative
	Susan Parr	(SP)	Executive Assistant (minutes)
	Christine Scollen	(CS)	Commissioning and Development Lead (agenda item PCCC/21/61)
Apologies:	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery (Primary Care)
	Dr Ian Davidson	(ID)	Medical Director
	Dr Stewart Findlay	(SF)	Chief Officer
	Anne Greenley	(AG)	Director of Nursing and Quality (Interim)
	Amanda Healy	(AH)	Director of Public Health, Durham County Council
	Dr Rushi Mudalagiri	(RM)	Executive GP
	Dr Jonathan Smith	(JS)	Clinical Chair
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement
	Dr Dilys Waller	(DW)	Executive GP

	Items	Action

PCCC/21/50 Apologies for absence

As recorded above.

PCCC/21/51 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 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:

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

Conflicts of Interest were noted in relation to the following items:

PCCC/21/52
Wingate Practice (A83610) Alternative Provider Medical Services (APMS) Engagement

As general practitioners and providers of primary care services, the following Members of the Committee could have a financial conflict of interest in relation to this report:

- Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care)
- Dr Ian Davidson, Medical Director
- Dr Rushi Mudalagiri, Executive GP
- Dr Jonathan Smith, Clinical Chair
- Dr Dilys Waller, Executive GP

The following member of the Committee could have a non-financial professional conflict of interest in relation to this report

- Dr Stewart Findlay, Chief Officer

It had been agreed prior to the meeting that the conflicted Members could receive the report as it had been published on the CCG's website as part of the pack of papers to be considered at the meeting, but they had been asked not to be in attendance for the discussion and decision making in relation to the agenda item. None of the conflicted members were present.

PCCC/21/57
Primary Care Quality Report

In relation to this item it was noted that members as general practitioners and providers of primary care services in County Durham would have a non-financial professional interest. Those members being:

- Joseph Chandy, Director Commissioning Strategy and Delivery (Primary Care)
- Ian Davidson, Medical Director
- Rushi Mudalagiri, Executive GP
- Jonathan Smith, Clinical Chair
- 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. None of the conflicted Members were present.

ITEMS FOR DECISION

PCCC/21/52 **Wingate Practice (A83610)**
Alternative Provider Medical Services (APMS) Engagement
Chief Finance Officer, County Durham CCG
- Richard Henderson

It was noted that those Members of the Committee who were general practitioners or providers of primary care services, could have a financial conflict of interest in relation to this item and that Dr Stewart Findlay, Chief Officer, could have a non-financial professional conflict of interest in relation to this item. None of these Members were present at the meeting.

By way of introduction and as a reminder for Committee Members, RH provided the following background information:

- Wingate Practice was the only remaining Alternative Provider Medical Services (APMS) contract held by the CCG. The Practice provided services to 3,190 patients.
- For information, RH summarised the three main types of GP contract arrangements, being General Medical Services (GMS), Personal Medical Services (PMS) and APMS contracts.
- GMS and PMS contracts existed in perpetuity whilst APMS contracts were time limited and relatively short term in nature.
- The Wingate Practice contract commenced 1 April 2016 and had been due to expire 31 March 2021.

- This had been discussed by the Committee back in November 2019 when it had been agreed to undertake some engagement before making a decision.
- The engagement process had to be paused due to the Covid-19 pandemic and a 1-year contract extension had been agreed. The contract now expired 31 March 2022.

The engagement exercise had now been completed and the report summarised the findings and other relevant information. It also set out various potential options for the future commissioning of GP services for the practice population.

RH highlighted the following key points:

Conflicts of interest

- As highlighted in the paper and previously identified, certain conflicts of interest had been identified, particularly with regard to the CCG's Director of Commissioning Strategy and Delivery (Primary Care) (Joseph Chandy) and the CCG's Chief Officer (Dr Stewart Findlay) who would usually be involved in a review such as this.
- Section 3 set out the mitigating actions that had been taken to manage the potential conflicts effectively and to ensure a robust process.

Service information

- Section 4 of the report provided further information on the practice and the contract.
- As set out in paragraph 4.6, the current practice premises were owned by a private landlord and the lease was due to expire on 31 August 2023. There was no option to exit the lease earlier than that and discussions were ongoing via NHS Property Services with the landlord to explore potential options for a new lease, subject to the decision of the Committee.

Neighbouring practice information

- Section 5 provided information on neighbouring practices
- There were a number of other practices within a 3 mile radius as shown in Table 2 of the report.

Market engagement

- Market engagement had been undertaken to identify whether there was an appetite and capacity for potential providers to deliver the APMS contract.
- The full market engagement report had been considered in the confidential part of the meeting due to the commercially sensitive nature, however a summary had been included in section 6.
- A number of providers had expressed an interest. 3 providers completed the Request for Information (RFI) with 1 other provider

flagging issues with accessing the system, otherwise they would have completed that information.

- It was important to note that this did not necessarily mean that those providers would go on to submit a bid for any procurement, but it demonstrated that there were interested parties. Equally it was noted there could be other parties who would be interested in a procurement.
- All responses had indicated a preference for a longer-term contract length for as long as possible.

Patient engagement

- Section 7 provided a summary of the patient engagement exercise; the full report had been included as Appendix 2
- There had been a good response rate - 26% of the practice population
- The findings were not unexpected. Being able to access a clinician when needed, a practice close to where people live and face to face appointments were highlighted as particularly important.
- The majority of patients reported their experience of the current service as being excellent or good.

Other stakeholder engagement

- As set out in section 8, feedback had also been received from the current provider, Local Medical Committee, the local GP Federation, Primary Care Networks (PCNs) and local MPs.
- The relevant letters received had all been shared with Committee Members.
- The feedback received had been supportive of the current provider and, in a number of cases, had requested that the CCG support the practice to amalgamate with an existing GMS contract, or to revert to a GMS contract. RH highlighted that this would be considered within the options but said it was important to note that the CCG also needed to consider the relevant procurement legislation.

Options

- 5 options in total had been considered as set out in section 9

Option 1 – procurement of APMS contract

- This was effectively the 'default' option – reprocure a like for like contract in line with procurement legislation.
- The extract of the legal advice provided to the CCG had been included on page 14 of the report. It highlighted that there would be a significant risk of potential legal challenge if the CCG did anything other than an open transparent procurement process, particularly as the market engagement exercise had identified other potential providers.

- There was the potential that procurement legislation may change if the proposed Health and Social Care Bill was passed, however, based on current legislation, there would be a risk of challenge.
- The advice from the legal and procurement teams had been to follow this option.

Option 2 – Close practice and disperse list

- It could be decided that, given the relatively small list size and number of practices within the local area, that there was no strategic need for the practice and therefore it could be closed and the list dispersed.
- In this option patients would be supported to find an alternative practice to register with.
- Information in regard to the number of patients in each postcode area and the choice of local practices available had been included in the report.
- Under this option the CCG would have to consider the potential impact on local practices, which had also been highlighted within some of the stakeholder feedback received.
- There would be a non-recurring additional cost associated with the dispersal (£193k in 2022/23) but there should be recurring savings in future years relating to premises.
- For this option there would be a potential risk of challenge if the increase in the neighbouring providers patient list size was deemed to be a material variation of that contract.

Option 3 – Direct award of APMS contract

- This option would go against the current procurement regulations and therefore posed a significant potential risk of legal challenge from other potential providers.

Option 4 – Merging practice with the current provider's GMS contract

- As noted in the legal advice (page 14 of the report), APMS and GMS contracts were subject to different laws so technically the contracts could not be merged.
- The same result could potentially be achieved via a variation to the GMS contract, so effectively Wingate Practice would become a branch of the Intrahealth GMS contract. This would result in the contract for Wingate Practice being in perpetuity rather than the current time limited APMS contract.
- As described above, this would still present a significant potential risk of challenge, particularly as the market engagement had highlighted the opportunity to the market and had identified other potential providers.

Option 5 – Extend current contract

- There was no option to extend within the contract so any further extension would be outside of procurement regulations and at risk of challenge.
- The risk depended on the circumstances – any 'longer term' extension would effectively be the same as a direct award (option 3) and at significant risk of challenge.
- A short-term extension where there was an intention to then complete a procurement exercise would be far less likely to be challenged given a decision had been made to go to procurement, but extending could not be a longer term solution.

Conclusion

- Section 10 of the report included some independent comments and feedback from the primary care leads at Sunderland CCG for information.
- Considering all of the options and the information in the report, it was recommended that Option 1 (procurement of an APMS contract) would be the most appropriate approach.
- Under procurement regulations, the CCG would be at risk of challenge unless it demonstrated that it had reprocured the contract under a fair and transparent process.
- Although the APMS contract was relatively small and there were a number of other practices in close proximity, stakeholder and patient feedback had highlighted the importance of the practice to the local community and potential impact on neighbouring practices in any potential list dispersal.
- If the Committee agreed with the procurement option (Option 1), it would be suggested that the CCG looked to agree a short extension of the current contract of up to 3 months (this would need to be discussed/agreed with the current provider) to provide additional time for the procurement process.
- The CCG would look to maximise the contract length in Option 1. The CCG could agree a contract of less than 10 years, but anything more would need NHS England approval. That would be explored with NHS England colleagues should Option 1 be agreed.
- An update would be brought back to the Committee as part of the Procurement Evaluation Strategy.
- Given the potential conflicts of interest, the CCG would also explore the potential for NHS England or another CCG to lead the procurement process.

The Chair thanked RH for demonstrating openness and transparency in terms of information gathering, which had been very important in pulling together the report. He then invited questions and comments from Members

AA raised a number of queries which were answered in turn.

AA's understanding was that the current contract had been extended because of the exceptional circumstances around the Covid-19 pandemic which had not allowed the CCG to undertake the engagement that it would have wanted to and that that was the only reason why the contract had been extended. In response RH advised that that was correct.

AA asked for confirmation that the legal advice in terms of extending the contract further had been that it would not be allowed under the current procurement rules and that the CCG should not extend it further. In response RH said that the CCG would be at risk of potential challenge from any other potentially interested provider.

Referring to the information in the summary report in regard to market engagement, which stated that although there were only 3 providers that responded in full to the market engagement there had been 9 organisations that had registered an interest; AA asked how that might be considered within the recommendations in the report. In response RH said that it would be difficult to gauge the interest until the procurement process had been undertaken. The CCG could not prejudge which provider may or may not submit a bid, but the market engagement had demonstrated that there was potential interest from a number of other providers.

Referring to the legal advice outlined in the report, and notwithstanding the fact that the procurement regulations may or may not change, AA sought confirmation that the legal advice had been based on the current legal frameworks that the CCG was working within and that everything that the CCG may or may not influence (one way or the other) had been based on the current legal position. In response RH advised that that was correct.

AA sought confirmation that the current provider would not be excluded from bidding for the procurement of an APMS contract should Option 1 be agreed. In response RH confirmed that the current provider would not be excluded.

AA drew attention to the fact that providers had expressed a preference for a contract longer than 5 years and asked if that would be considered as part of the next phase, should the Committee determine to go for an APMS Contract procurement. RH confirmed that the CCG would be seeking a longer-term contract and would discuss it with NHS England / NHS Improvement. He added that anything ten years or longer would need to go through an additional approval process.

JL made reference to the many inherent risks in regard to all of the 5 options and noted the one main risk was in relation to the procurement and the challenge that could come from any provider that was interested in bidding for the contract, not just those identified

in the market engagement exercise. A potential financial risk and a risk to the delay of the commencement of the service also needed to be considered by the CCG.

JL had noted that the CCG had taken legal advice and that the paper included those risks and mitigations.

Drawing attention to the stakeholder feedback, NB felt this linked to the point about a longer-term contract and that it was everyone's desire for long term stability in the provision of primary care services for the local area.

FJ agreed that long term sustainability was good for patients and communities. Getting the best services for its communities was at the heart of what the CCG did.

AA said he had been reflecting on the advice from Sunderland CCG's Director of Primary Care which had been helpful. He felt that it was good to have that external independent advice which highlighted two options that carried a higher degree of feasibility – Option 1 and Option 2. AA felt that should be considered in conjunction with all of the relevant legal advice.

Drawing discussion to a close, the Chair thanked RH for the very clear report which reflected robustness and rigour both in legal and independent advice.

Moving on to the recommendations the Chair noted all the options and the recommended option for the procurement of an APMS contract. In response to AA's query it was noted that an extension to the current provider contract of three months was felt to be long enough in light of the current circumstances, subject to agreement with the existing provider. The Chair also noted that there would be an independent procurement process.

The Primary Care Commissioning Committee:

- received and considered the content of the report,
- noted the robust measures implemented to manage potential conflicts of interest,
- considered and discussed all 5 possible options outlined in section 9 of the report,
- agreed the recommended option (Option 1) procurement of an APMS contract,
- agreed a short extension of the current contract of up to 3 months to allow sufficient time for the procurement process to be completed.

PCCC/21/53 Identification of any other business

No items of other business were identified.

PCCC/21/54 Minutes of the Primary Care Commissioning Committee held on Tuesday 15 June 2021

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

PCCC/21/55 Matters arising from the Primary Care Commissioning Committee held on Tuesday 20 April 2021

There were no matters arising.

PCCC/21/56 Action Log

The action log was updated.

ITEMS FOR DISCUSSION

PCCC/21/57 Primary Care Quality Report (Quarter 1 2021/22)
Chief Officer, County Durham CCG
- Nicola Bailey

It was noted that members as general practitioners and providers of primary care services in County Durham would have a non-financial professional interest. 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. None of the conflicted Members were present.

The report provided the Primary Care Commissioning Committee with a summary of the key points in relation to quality assurance and improvement work for primary care in County Durham CCG for Quarter 1 of 2021/22.

In the absence of AG, NB highlighted the following key points:

- Following the impact of the Covid-19 pandemic, collation of local and national quality assurance data on general practice was starting to resume and would be received by the Primary Care Quality Assurance Sub-Committee (PCQASC).
- At its meeting held in June 2021, the PCQASC had noted that there were no County Durham practices identified as having more than three indicators. It was noted that consideration of any practice having four or more indicators would be escalated to the Primary Care Commissioning Committee. A draft CCG Primary Medical Care Quality Assurance framework would be discussed at the PCQASC meeting to be held in August 2021.

- Any concerns or complaints managed by or reported to North of England Commissioning Support (NECS) on behalf of County Durham CCG in relation to a general practice were normally referred to the practice for initial investigation, as with other providers. In Quarter 1, 2021/22 there had been 3 concerns and 1 complaint from County Durham CCG residents in relation to general practice. These related to communication / information to patients (2), attitude of staff (1) and clinical treatment (1) and had been passed on to NHS England or NHS England details had been provided to the complainant.
- The NHS England and NHS Improvement GP Patient Survey results had been published in July 2021. Overall, these survey results were positive for County Durham CCG with most CCG level scores above the national average.
- Approximately 86% of respondents rated their overall experience of a County Durham CCG general practice as good, this was above the national average of 83%. Compared with 2020, this was an increase for County Durham from 84%. 2021 results ranged quite broadly from 98% (Southdene Medical Centre) to 54% (Bowburn Medical Centre) but as a general rule all practices were doing well and scoring above the national average. NB referred Members to the full report submitted under agenda item PCCC/21/62.
- The Care Quality Commission (CQC) had published its reports for general practices within County Durham. The table on slide 5 highlighted that, as of 26 July 2021, there were no practices rated as 'Requires Improvement' and just 2 had not yet been inspected.
- The Medicines Optimisation Team continued to support the roll out of the Covid-19 vaccination programme both in terms of coordinating the vaccine transport and the 'pop up' sites to ensure that the most vulnerable in society were vaccinated. At the same time the team were beginning to work on the Covid booster and flu vaccination campaigns whilst undertaking other aspects of medicines optimisation work.
- 25 County Durham practices had now been visited by the CCG Infection Prevention and Control Team. Each practice had completed an Infection Prevention and Control Tool and action plan. The team were going to offer the same service through September 2021, depending on the nature of the pandemic. The visits had been popular in terms of both training and practice support.
- The CCG's Practice Nurse Links provided significant support to GP Practice Nurse staff and had launched the Practice Nurse Link TeamNet page on 16 July 2021. This provided Practice Nurse teams and Practice Managers with a wealth of easily accessible information on relevant training, vaccine updates, pathway development, safeguarding etc. A number of training courses were being commissioned offering a range of support across all aspects of general practice. Ten Career Start Practice Nurses were now in place, two in each of the localities across

Durham Dales, Easington, Sedgefield and Durham and Chester-le-Street. Again, those Practice Nurses were being supported in general practice and would ultimately be employed hopefully within the CCG's primary care service as the CCG moved forward.

Drawing the update to a close NB added that the Committee would begin to see more detailed quality assurance data included in the report over the coming months.

The Primary Care Commissioning Committee:

- received and discussed the content of the report.

PCCC/21/58 Primary Care Finance Report for the three months ending 30 June 2021

Chief Finance Officer, County Durham CCG – Richard Henderson

The report captured the financial position on primary care related budgets for NHS County Durham CCG for three months to the 30 June 2021. It included for information those primary care budgets delegated from NHS England and any other elements of primary care spend within the CCG's main commissioning budgets.

RH highlighted key points including:

- The financial arrangements for the first six months of 2021/22 (H1) were similar to the arrangements that had been in place for the second half of 2020/21. The H1 primary care delegated budget was £44,542k.
- As at month three, the delegated primary care budgets were showing a forecast overspend position of £395k for the first half of the year (H1).
- As noted in the primary care budget report presented to the Committee meeting held in April 2021, the allocation growth on primary care delegated budgets was insufficient to cover the additional cost of the national contract changes, demographic growth and other inflation uplifts, resulting in a budget shortfall.
- This recurring budget pressure amounted to £610k year to date, with a forecast pressure of £1,219k for H1. As at month three, this had been partially offset by a non-recurring benefit of £817k from the release of prior year accruals following finalisation of the quality outcomes framework (QOF) figures.
- This had resulted in the current pressure of £395k, which whilst still an overspend, was lower than the original recurrent pressure identified, and there may be other non-recurrent benefits realised in-year that would help to manage the overspend for the remainder of the year.

- The CCG still awaited confirmation of the financial envelopes for the second half of the year (H2). It was expected that the financial framework would be very similar to the first half of the year, and consequently no change was expected to the delegated budget allocations for the second half of the year. Further guidance would be published mid-September 2021.

The Chair thanked RH for keeping Members apprised of the financial arrangements and said he was confident that the overspend would be managed successfully.

The Primary Care Commissioning Committee:
- received the report,
- noted the current and forecast financial position in respect of primary care budgets.

PCCC/21/59 Primary Care Risk Management Report
Chief Finance Officer, County Durham CCG - Richard Henderson

RH advised that the timing of the report for the CCG's Governing Body had meant that a verbal update was being provided.

As noted at the Committee meeting held in April 2021, all CCGs had agreed to use a revised risk assessment matrix to bring a consistent approach to risk management across the region. All of County Durham CCG's existing risks had now been reassessed and updated in light of that new matrix and would be reported to the Governing Body meeting to be held in September 2021.

In addition, the CCG, along with NECS, had undertaken a thematic review of risks across a number of CCGs in the region to identify any potential additional risks for consideration. Two new risks had been identified as part of that review for inclusion in the CCG's Risk Register; these were cyber security and infection control however in both cases there was no direct impact from a primary care commissioning perspective.

All existing and new risks would be reflected in an updated Risk Register to be presented to the Governing Body in September 2021 and then to the Primary Care Commissioning Committee to be held in October 2021.

The Primary Care Commissioning Committee:
- received the verbal update,
- noted the two additional thematic risks that had been added to the Risk Register.

PCCC/21/60 Primary Care and Primary Care Network Development Update

Director of Commissioning Strategy and Delivery (Primary Care), County Durham CCG - Joseph Chandy
In attendance to present the report
Commissioning and Delivery Manager, County Durham CCG - Juliet Carling

The purpose of the report was to update members of the Primary Care Commissioning Committee on the progress made by County Durham CCG against the NHS Long Term Plan, Primary Care Network (PCN) development and work undertaken in relation to the Covid-19 pandemic.

JCa highlighted the following key points.

Covid-19 Vaccination Programme: Phase 1 and Phase 2
It had been reported both nationally and regionally that the vaccine uptake figures for cohorts 10 to 12 had been significantly low, however the CCG had seen a slight improvement to the reported figures and as of 20 August 2021 the first dose uptake was now at 73.9% and of those 67.8% had received the second dose.

Covid-19 Vaccination Programme: Phase 3 Booster Vaccinations
All of the CCG's PCNs had signed up to deliver Phase 3 with the exception of one practice which made the decision to opt out. However, JCa had been in discussion with that PCN and it was looking likely that they were going to participate in Phase 3 with the provision of administrative support from the CCG.

Primary Care Recruitment
The Primary Care team had successfully recruited to the Head of Primary Care post and also to one of the Commissioning and Delivery Manager posts. The latter would start in October 2021 and the former would likely come into post in November 2021, confirmation awaited with regard to that. Further interviews for the second Commissioning and Delivery Manager post had been planned for Friday 27 October 2021 but, due to unforeseen circumstances, they had had to be delayed.

Local Improvement and Integration Scheme (LIAISE)
Funding had been agreed from the CCG to provide equipment for the 24-hour echocardiogram (ECG) element of the LIAISE scheme. The equipment had been delivered to the CCG for further distribution to practices week commencing 30 August 2021.

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

PCCC/21/61 Covid-19 Vaccine Inequalities Update

Director of Commissioning Strategy and Delivery (Primary Care), County Durham CCG - Joseph Chandy
In attendance to present the report
Commissioning and Development Lead
- Christine Scollen

The purpose of the report was to provide an overview of the work being undertaken to mitigate against Covid-19 vaccine inequality in under-represented groups across County Durham.
CS highlighted that it was a long report and said she would pick out the most salient points.

As Members would appreciate, the COVID-19 vaccine was the best protection from the Coronavirus and would no doubt save lives. As a system there was a need to ensure a good uptake and equitable access to the vaccine programme across all population groups, including those with protected characteristics. In support of this a sub-group of the Immunisation Board had been set up with the specific remit to reduce the gap in vaccine uptake between the different population groups and to ensure that no one was left behind. The group was Chaired by the CCG's Head of Medicines Optimisation and has representatives from partner agencies.

CS felt it important to emphasize that the work was a collaborative effort between the CCG and local authority colleagues, particularly the leads in Public Health and other key stakeholders.

The CCG was working very closely with Primary Care Networks (PCNs) as they were an in excellent position to understand their own population needs and deliver the vaccine as part of their local vaccination services.

CS highlighted an example of the work undertaken to promote the vaccine uptake, particularly in areas with lower socio-economic status where the uptake had not been as high as hoped. 'Pop-up' 'walk-in' vaccination clinics using the MELISSA (Mobile Educational Learning Improving Simulation Safety Activities) training bus provided by Health Education England. To date 4,775 people had been vaccinated on the bus.

Durham County Council COVID-19 Awareness Workers and the COVID-19 Champions had been in an ideal position to support community engagement and provide a trusted voice. The voluntary sector also supported the events. CS highlighted the work of the Communications Team as without their support in publicising the MELISSA bus 'pop-up' clinics, they would not have been so successful; one social media post had reached over 700,000 people.

The feedback on the MELISSA bus pop-up vaccination clinics had been very encouraging with people liking the idea of not having to travel too far, that they did not need to book an appointment and that their visit to the clinic had been quick and efficient.

Other work had included providing drop-in vaccination clinics for people experiencing homelessness in several locations across the County including:

- supported living facilities,
- women's refuge centres,
- supported accommodation for former armed services personnel,
- Young Men's Christian Association (YMCA) accommodation.

To date all known homeless people had been offered the vaccine with about half of them having received the first dose and 63% of those receiving a second dose.

Work was also being undertaken with Gypsy, Roma and Traveller communities to increase their vaccine uptake which was currently at 69% of the eligible cohort across the six permanent sites in County Durham. Working in partnership with the local PCNs, 'pop-up' clinics had been set up on two of the temporary stopover sites enroute to and from the Appleby Fair; whilst the numbers vaccinated on the sites had been quite low, it was positive to hear of how many from this community had already been vaccinated.

Another area of focus was around vulnerable resettlement refugees. Of those that were eligible 106 had had their first dose of the vaccine and 49 had received their second dose. The updated position indicates that this equated to 81% and 46% respectively. Resettlement officers were continuing to actively support discussions around vaccine hesitancy and barriers. It was positive to see that the number of people coming forward for vaccination had now started to increase.

Work had taken place to make vaccinations more accessible to people with a learning disability. This included:

- making reasonable adjustments, for example long appointment slots,
- PCNs ensuring people with learning disability living in specialist resident homes were being offered a vaccination,
- specialist nurses working for Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) responding to requests from PCNs to support individuals to access vaccination appointments,
- the CCG roving team of learning disability nurses going out to people's homes to deliver the vaccine.

As a proportion of the learning disability population had declined vaccination, the Learning Disability Integrated Team had worked with several practices to undertake a 'deep dive' to understand the reasons for non-vaccination in this group, to inform solution-based actions to increase vaccination uptake. The learning from this work would be taken forward into the Phase 3 of the COVID-19 vaccination programme and the annual flu immunisation campaign.

Despite efforts to increase vaccine uptake for people with severe and enduring mental illness, the data had highlighted that a significant number of people were not coming forward for their vaccination. The CCG was working with colleagues in the Tees Esk and Wear Valleys NHS Trust to understand the barriers to vaccination in this cohort and what more could be done to improve vaccine uptake. Ideas would be taken back to the next PCN Clinical Director meeting.

In summary, CS said that a significant amount of work had been done to address vaccine inequalities and that whilst positive progress had been made, the report had flagged that a continued and expanded focus was needed, taking into consideration an ever-changing picture of vaccine uptake and amendments to the national guidance.

The Chair thanked CS for the update and the thorough report which made some important points about collaboration with local authorities, working with voluntary sector organisations, Patient Reference Groups as well as the PCNs. The report highlighted the collaborative effort and the examples in terms of targeting and highlighting vulnerable communities which was very important in terms of reducing vaccine inequalities.

The Chair invited questions and comments from Members.

AA said that it was reassuring to hear about all the work that was going on to improve vaccine uptake in the under-represented groups and the efforts made to make sure they were not getting left behind.

NB drew attention to the work in regard to people with a severe and enduring mental illness which had highlighted the need for a continued focus on the group as they were as disadvantaged as other groups in terms of health inequalities.

The Primary Care Commissioning Committee:

- received the report and noted its contents,
- acknowledged that a significant amount of collaborative work had been undertaken to increase vaccination uptake in under-represented groups,
- recognised that work to reduce the gap in vaccine uptake between different population groups was ongoing and that a

renewed focus was being given to resettlement of refugees and people experiencing severe and enduring mental illness.

FOR INFORMATION

PCCC/21/62 Summary of NHS England and NHS Improvement GP Patient Survey Results (July 2021)

Chief Officer, County Durham CCG
- Nicola Bailey

The report provided details of the latest NHS England GP Patient Survey results for each of the GP practices in County Durham CCG. As a general rule the results were very positive but there was wide variation and the CCG would be looking to address that.

The Primary Care Commissioning Committee received the report for information.

PCCC/21/63 Response to the Healthwatch County Durham 'Access to GP Services Survey'

Director of Commissioning Strategy and Delivery (Primary Care), County Durham CCG - Joseph Chandy
In attendance to present the report:
Commissioning and Delivery Manager, County Durham CCG
- Juliet Carling

JCa reminded Members that in April 2021 HealthWatch County Durham (HWCD) had produced a report entitled *'Access to GP Services'* which had focused on GP practice telephone systems and websites.

Joseph Chandy had subsequently asked Nicola Murray, Digital Lead for the CCG, to prepare a report that outlined the CCG's response to the recommendations and findings made by HWCD, and detailed the ongoing work aimed at improving access for patients.

JCa highlighted the following key points:

- The CCG had received some funding for practice website improvement and that had been distributed to County Durham GP Federations which had agreed to monitor and support the work in each of their constituent GP practices. Strict criteria had to be met in order to receive the funding.
- Practice websites must include a link to HWCD as part of the criteria, as recommended by HWCD.
- In March 2021 the CCG secured £128,000 from the NHS England Digital First Primary Care fund to support improvements to GP practice telephone systems. This funding was currently being distributed to the GP practices who had until March 2022 to make the improvements.

JCa drew attention to the HWCD observations on pages 4 and 5 of the report and the response by the CCG to each in turn.

DR thanked the CCG and in particular Joseph Chandy and Nicola Murray for the timely response to the HWCD observations and recommendations, it had been helpful for HWCD moving forward.

DR had noted that work to address some of the issues had already begun prior to the HWCD report but the CCG had still taken the time to include some of the recommendations into the specifications that would make the systems as robust as possible for an improved patient experience. This highlighted a valued and productive partnership.

DR looked forward to reviewing the results of the two pieces of work and anticipated a repeat exercise at a future date.

The Primary Care Commissioning Committee received the report for information.

QUESTIONS FROM THE PUBLIC

PCCC/21/64 No questions had been received from members of the public.

RH advised that he had received a number of questions from the current provider of the APMS Wingate contract which the CCG would respond to out-with the Committee meeting.

PCCC/21/65 Other Business

There were no items of other business.

PCCC/21/66 Standing item:
Risk Round Up

Members noted two new risks had been added to the Strategic Risk Register following the thematic review of risks across CCGs in the region, namely cyber security and infection control.

PCCC/21/67 Date and time of next meeting

The next meeting would be held on Tuesday 19 October 2021, 14:00 to 15:30. Arrangements to be confirmed.

Post-meeting update. It had been necessary to move the next Primary Care Commissioning Committee which would now be held on Tuesday 26 October 2021. There would be no change to the timing.

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

Tel: 0191 389 8621
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Signed: ***Approved via email***

Chair: **Feisal Jassat**

Date: **28 October 2021**