



PRIMARY CARE COMMISSIONING COMMITTEE

Tuesday 26 October 2021
14:00 – 15:30

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
	Dr Ian Davidson	(ID)	Medical Director
	Dr Stewart Findlay	(SF)	Chief Officer
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement (Chair)
In attendance:	Sarah Burns	(SB)	Joint Head of Integrated Strategic Commissioning
	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery (Primary Care)
	Susan Parr	(SP)	Executive Assistant (minutes)
	Denise Rudkin	(DR)	HealthWatch County Durham representative
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement
	Glen Wilson	(GW)	Consultant in Public Health, Durham County Council
Apologies:	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	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
	Dr Dilys Waller	(DW)	Executive GP

	Items	Action
PCCC/21/68	Apologies for absence As recorded above.	
PCCC/21/69	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 item: PCCC/21/70 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: <ul style="list-style-type: none">• 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.	
PCCC/21/70	Identification of any other business No items of other business were identified.	

PCCC/21/71 Minutes of the Primary Care Commissioning Committee held on Wednesday 25 August 2021

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

PCCC/21/72 Matters arising from the Primary Care Commissioning Committee held on Wednesday 25 August 2021

The minutes of the Primary Care Commissioning Committee held on 25 August 2021 were agreed.

The following item of Matters Arising was raised.

PCCC/21/72

Wingate Practice Alternative Provider Medical Services (APMS)

In August 2021, the Primary Care Commissioning Committee had agreed to undertake a competitive procurement for a new Wingate Practice Alternative Provider Medical Services (APMS) contract and had approved an extension for a period of three months to the current contract to allow sufficient time to complete the procurement.

RH advised that during the confidential section of today's Committee meeting Members had approved the Procurement and Evaluation Strategy (PES) and the recommended contract length.

RH clarified that the paper had been non-conflicted and considered confidential due to the commercially sensitive information it contained. He expected the advert to go out to procurement within the next two weeks.

The Chair added that the process undertaken in relation to this item had ensured that any potential issues with regard to conflicts of interest had been well managed.

PCCC/21/73 Action Log

The action log was updated.

ITEMS FOR DECISION

There were no items for decision.

ITEMS FOR DISCUSSION

PCCC/21/74 Primary Care Quality Report (Quarter 2 2021/22)

*Medical Director
- Dr Ian Davidson*

It was noted that members as general practitioners and providers of primary care services in County Durham had a non-financial

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professional interest with regard to 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 members. Those members present being:

- *Joseph Chandy, Director of Commissioning Strategy and Delivery (Primary Care)*
- *Dr Ian Davidson, Medical Director*

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 2 of 2021/22.

ID highlighted the following key points:

- Following the impact of the COVID-19 pandemic local and national quality assurance data on general practice had started to resume.
- No County Durham practices had been identified as having more than 3 red indicators in the latest NHS England Assurance report (July 2021). The CCG continued to work with practices identified as outliers with a higher variance from national average on the primary care indicators dashboard. Practice action plans were being reviewed by the Primary Care Quality Assurance Subcommittee and a refreshed NHS England/NHS Improvement assurance report was due to be submitted shortly.
- The Care Quality Commission (CQC) had introduced a simpler approach to rating practices from October 2021. The CQC would consider information about all of the practice population when considering the five key areas - safe, effective, caring, responsive and well-led. For each general practice inspected the CQC would rate at two levels:
 - Level 1: based on relevant evidence of how general practices personalise people's care and provide care for different groups of people,
 - Level 2: an overall rating for the service, informed by findings at Level 1.

The CQC had carried out a review of data for County Durham practices on 7 October 2021. No evidence had been found that inspections or a reassessment of ratings were required.

- The Medicines Optimisation (MO) Team continued to support the COVID-19 vaccination programme whilst supporting the planning and implementation of the 'flu vaccine programme 2021/22. The MO team had supported the phased reintroduction of the MO workplan and Local Improvement and Integration Scheme (LIAISE) as practices returned to business as usual.
- The Infection Prevention Control Team continued to support practices in compliance with the revised National Standards of Healthcare Cleanliness 2021. This would be measured as part of CQC monitoring from April 2022.

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The Primary Care Commissioning Committee:

- received and discussed the content of the report.

PCCC/21/75 Primary Care Finance Report for the six months ending 30 September 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 six months to 30 September 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.

Also included was some information on planning for the second half of the year (H2).

RH highlighted key points including:

H1 2020/21:

- The report captured the financial position on primary care delegated budgets for NHS County Durham CCG for the six months to 30 September 2021.
- 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.
- As previously advised, temporary financial arrangements continued to apply for the six months to 30 September 2021 ('H1'). These arrangements were similar to those in the second half of 2021/22. The H1 primary care delegated budget was £44,542k.
- As at month six, delegated primary care budgets were showing an overspend position of £159k for H1.
- As noted in the primary care budget report presented to the previous Committee meeting, the allocation growth on primary care delegated budgets was not sufficient to cover the impact of national contract changes and other uplifts, resulting in a recurring budget pressure.
- The forecast for this pressure had been £1.2m for the first half of the year but that had been partially offset to an overspend of £159k in-year through non-recurrent measures including release of prior year benefits such as Quality Outcomes Framework (QOF).

H2 2020/21:

- The planning guidance and financial envelopes for the six months to 31 March 2022 (H2) had been published on 30 September 2021.

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- The financial framework for H2 remained very similar to H1 with system financial envelopes comprising CCG allocations along with system top-up, Covid-19 and growth funding. The block payment process for NHS providers continued.
- Additional efficiencies had been applied to financial envelopes for H2 although primary care delegated budget allocations remained in line with those confirmed in H1.
- The overall position remained similar to H1, which meant the CCG was forecasting a potential pressure of £1.2m for the second half of year but hoped to partially mitigate that via other non-recurring measures.
- Financial plans were currently being developed prior to the national submission deadline of 16 November 2021.
- The CCG would be planning to hold contingency reserves to cover any remaining pressure on delegated budgets.

Local Medical Committee (LMC) Reporting:

- As part of the national GP contract agreement 2020/21-2023/24 there was a requirement for all CCGs to report to their LMC on how they had used their primary medical care allocations.
- A standard template had been developed by NHS England and NHS Improvement for the report and CCGs had been asked to publish and share the reports with their LMCs for 2019/20 expenditure by 30 September 2021 and for 2020/21 by 31 December 2021.
- The report showed 2019/20 expenditure had been shared with the LMC by 30 September 2021. It had been attached to the report as Appendix 1 for information.

RH explained that the CCG reported its financial position as a matter of course during the Primary Care Committing Committee meetings, all of which were publicly available. The scope and content of the report had been slightly different to the finance reports previously submitted to the Committee, hence a reconciliation between the two had been provided for information within Appendix 1. He added that the report on 2020/21 expenditure was currently being finalised and would be reported back to a future meeting of the Committee.

The Chair invited questions and comments from Members.

In response to NB's query with regard to the continuance of the financial deficit following the transition into the Integrated Care Board (ICB), RH explained that across the Integrated Care System (ICS) there would be a recurring financial pressure when taking all CCGs into account and not just County Durham, largely driven by the allocation formula not matching the formula used for setting the contracts nationally. It would be a mixed picture across the country. The North East and North Cumbria would not receive enough allocation growth to cover the impact, however a financial balance would be reached overall.

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The Chair referred to the announcement from the Secretary of State for Health and Social Care that the Government was providing a considerable uplift in funding to the NHS to aid recovery from the Covid-19 pandemic and queried how much of that resource the CCG would be in receipt of, if any. In response RH advised that he awaited the detail in order to understand if it would be additional money or whether it would be part of the extra £250m already directed towards Primary Care. This would be discussed in more detail during agenda item PCCC/21/78: Improving Access for Patients to Primary Care and Supporting General Practice.

The Primary Care Commissioning Committee:

- received the report,
- noted the financial position for H1 2020/21,
- noted the update in respect of H2 financial plans,
- noted the update on Local Medical Committee (LMC) reporting.

PCCC/21/76 Primary Care Risk Management Report *Chief Finance Officer, County Durham CCG* *- Richard Henderson*

The report provided the Primary Care Commissioning Committee with 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 24 risks, two of which were corporate risks which would be brought to the attention of the Governing Body, relating to:

- the delivery of Constitutional Standards,
- Covid-19.

As reported to the Committee held in August 2021, a revised risk assessment matrix (developed by NHS England and NHS Improvement) had been implemented to provide a consistent approach across all CCGs in the region.

All existing CCG risks had been reviewed against the new risk assessment matrix and associated consequence and likelihood indicators, as part of the regular risk review. Three risk scores had been amended as a result:

- 0002: Coronavirus - increased to a rating of 20 overall, meaning the risk remained as a red rating (under the previous matrix the overall score was assessed as 16),
- 0010: Delivery of Constitutional Standards - increased to a rating of 20 overall, meaning the risk remained as a red rating (under the previous matrix the overall score was assessed as 16),

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- 0011: Delivery of Financial Control Total - had increased to a risk score of 12 (amber) reflecting the uncertainty around financial envelopes for the second half of 2021/22 and potential additional efficiencies at that time, however this would need to be reviewed again in light of the financial envelopes the CCG had now received.

Alongside the adoption of a consistent risk assessment matrix, a review of risk themes had been undertaken across six of the CCGs in the region that currently used Safeguard Incident and Risk Management System (SIRMS) to manage their risk registers.

The review had highlighted a number of risks in other CCGs which were not currently included in County Durham CCG's risk register, for consideration by the CCG. Two new risks had been added to the risk register following this review, relating to:

- CD/0024 – Cyber Security
- CD/0025 – Infection Control

One risk has been closed.

- CD/0020 - Hospital Discharge Service Requirements. This was largely related to the back log of cases which had been cleared by 31 March 2021.

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/21/77 Primary Care and Primary Care Network Development Update
*Director of Commissioning Strategy and Delivery (Primary Care),
County Durham CCG - Joseph Chandy*

The purpose of the report was to provide an update on the progress by County Durham CCG against the Covid-19 vaccination programme, Primary Care Network (PCN) development and work undertaken in relation to the range of primary care initiatives.

JCh drew attention to the following key updates:

Primary Care Network (PCN) Update

Primary Care Networks (PCNs) had completed their workforce plans for 2021/22 and were currently recruiting to a range of additional roles to ensure that the funding for the Additional Roles Reimbursement Scheme (ARRS) would be optimised for this financial year.

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Work in regard to the North East and Yorkshire Leadership Academy (NEYLA) tailored Clinical Director Development training had been finalised with the launch of the programme planned for November / December 2021.

The PCNs were about to launch their Estates Strategy Programme. The strategy had been developed with support from JCh and RH and the wider Community Health Partnerships.

Covid-19 Vaccination Programme / Health Inequalities

The CCG continued to support general practices to deliver their pop-up and MELISSA (mobile educational learning improving simulation safety and activities) bus vaccination clinics across the County in order to maintain access to the Covid-19 vaccine for the hard-to-reach groups, addressing inequalities.

The Chair reported that there had been a constructive discussion with PCN Clinical Directors in relation to how the CCG could support the 13 PCNs across County Durham to enable them to meet their statutory requirements for engagement following the transition into the Integrated Care System (ICS). The Task and Finish Group established to over see this work had included a clinician, colleagues from the CCG and the local authority as well as representatives from the voluntary sector. Each PCN now had a champion and collectively they would make sure that the appropriate mechanisms were in place to support patient and public engagement.

The Primary Care Commissioning Committee:

- noted and discussed the content of the report.

PCCC/21/78 Improving Access for Patients to Primary Care and Supporting General Practice

*Director of Commissioning Strategy and Delivery (Primary Care),
County Durham CCG - Joseph Chandy*

The purpose of the report was to provide the Primary Care Commissioning Committee with the headlines of 'Our Plan for Improving Access for Patients and Supporting General Practice' (Plan) issued by NHS England on 14 October 2021.

JCh explained that the Plan had not been expected and drew attention to the following key sections:

- Section 13 – Winter Access Fund. There was a requirement to submit an ICS-level plan to bid against the £250m Winter Access Fund. The plan would need to show how the ICS would improve patient access to urgent, same day care and primary care appointments.
- Section 21 provided details as to how practices would be supported to improve their telephony.

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- Sections 39 and 40 provided details of the Access Improvement Programme.
- Sections 50 to 54 outlined the approach to zero tolerance of abuse from patients and public communications.

Members noted the full guidance could be accessed via the internet and that the CCG had submitted its bid that day for it to be formally submitted by the ICS on 27 October 2021.

JCh advised that the Local Medical Committee (LMC) had been advising its general practices in County Durham not to engage in any approach regarding the roll-out of the Plan as it currently stood, but that they were not an outlier. It was believed that that would be the recommendation from most LMCs across the Country to their general practices.

JCh added that County Durham CCG had a good working relationship with its LMC, which worked hard on behalf of its member practices and would continue to do so.

FJ referred to the Healthwatch County Durham survey report previously received by the Committee and highlighted that it did reflect what had been published in the Plan with regard to access to general practices.

The Chair requested questions and comments from Members.

Responding in his role as a GP and not the Medical Director for the CCG, ID raised his concern that by providing extra funding into primary care it implied that general practices had access to a pool of staff to pick up the extra work, which was not the case. He felt that the additional funding was not helpful and not a solution without access to additional staff to provide extra services. Practice staff were now dealing with the flu vaccination programme in addition to the extended Covid-19 vaccination programme and were not keen to take on more additional work after 18 months of extreme pressure.

Although no longer working as a GP himself, SF said that he believed that the Plan was not an appropriate response to address public concern around access to face-to-face GP appointments, and that it could not have come at a worse time. Due to the pandemic, and at extreme speed, general practices had had to significantly change the way patients accessed services. On top of this they had delivered the most amazing vaccination programme. This additional pressure had taken its toll. Public perception appeared to be that the pandemic had gone away and everything had gone back to normal. Unfortunately a small minority of patients were now being abusive towards practice staff. GPs throughout County Durham had continued to offer face-to-face appointments but had tended to try and protect themselves, their patients and their staff by doing as

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much as possible online or by telephone. SF said that he felt it was time to shift the balance to more face-to-face appointments but that had to be done carefully and without putting more pressure on general practices. SF felt that the additional funding would be better spent addressing the 6,700 deficit in GPs and securing more appointments in the system rather than paying the current GPs for more of their time as this could have the opposite effect, driving GPs away from general practice or persuading them to become locums.

SF went on to highlight that GPs had taken on board and delivered a number of changes as directed by NHS England, including Total Triage and E-consult but now appeared to be being criticized for that. The Plan had put the LMC in a difficult position as they had to follow national guidance, and nationally the British Medical Association was considering what actions GPs should take which was concerning.

SF felt the way forward would be to work with the LMC to provide patients with more of what they wanted such as easier access, better telephone systems, calls answered more rapidly etc., without increasing pressure on primary care.

The Chair enquired as to the scope of the Task and Finish Group. In response JCh advised that the Task and Finish Group had been set up to look specifically at how the CCG could access funding to increase same day emergency appointments and, secondly to support general practice in its offer of face-to-face access. Members of the Task and Finish Group included CCG experts in areas such as digital and general practice etc., and the intention was to invite representatives from general practice to work in partnership to see how to approach improving access to primary care services from a County Durham point of view.

Before moving on to the recommendation the Chair suggested that the Committee should monitor progress via the action log and that an addition recommendation for the Committee would be to identify any issues that may assist the work of the Task and Finish Group.

Action: *Routine updates on progress in relation to Improving Access for Patients to Primary Care and Supporting General Practice to be provided to the Primary Care Commissioning Committee.*

JCh

The Primary Care Commissioning Committee:

- considered the content of the report,
- did not identify any additional issues that may assist the work of the Task Group,
- agreed that routine updates on progress be received at future meetings.

FOR INFORMATION

There were no items for information.

QUESTIONS FROM THE PUBLIC

PCCC/21/79 No questions had been received from members of the public.

PCCC/21/80 **Other Business**

There were no items of other business.

PCCC/21/81 **Standing item:**
Risk Round Up

There were no new risks identified during the discussion.

PCCC/21/82 **Date and time of next meeting**

The next meeting would be held on Tuesday 21 December 2021,
14:00 to 15:30.

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: 22 February 2022