NHS
County Durham
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Tuesday 15 February 2022
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
	Mike Brierley	(MB)	Director of Commissioning Strategy and Delivery
	Sarah Burns	(SB)	Joint Head of Integrated Strategic Commissioning
	Dr Ian Davidson	(ID)	Medical Director
	Dr Stewart Findlay	(SF)	Chief Officer
	Anne Greenley	(AG)	Director of Nursing and Quality (Interim)
	Richard Henderson	(RH)	Chief Finance Officer
	Feisal Jassat	(FJ)	Lay Member, Patient and Public Involvement **(Chair)**
	Dr Jonathan Smith	(JS)	Clinical Chair
In attendance:	Susan Parr	(SP)	Executive Assistant (minutes)
	Denise Rudkin	(DR)	HealthWatch County Durham representative
	David Steel	(DS)	Primary Care Business Manager, NHS England / NHS Improvement
	Dr Michael Smith	(MS)	Executive GP, County Durham CCG (agenda item PCCC/22/10)
	Colin Stephenson	(CS)	Head of Primary Care, County Durham CCG
Apologies:	Nicola Bailey	(NB)	Chief Officer
	Joseph Chandy	(JCh)	Director of Commissioning Strategy and Delivery (Primary Care)
	Amanda Healy	(AH)	Director of Public Health, Durham County Council
	Dr Rushi Mudalagiri	(RM)	Executive GP
	Dr Dilys Waller	(DW)	Executive GP

The minutes were recorded in the order as discussed

	Items	Action

PCCC/22/01 Apologies for absence

Apologies were noted as recorded above.

PCCC/22/02 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/22/07: 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)
- Dr Ian Davidson, Medical Director
- Dr Rushi Mudalagiri, Executive GP
- 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, attend the meeting and take part in the discussion because there was no financial information included in the paper that could influence or benefit any conflicted members.

PCCC/22/10: Associations Between General Practice Activity and Urgent and Emergency Care Contacts (UECC) (Patient Access)
It was noted that Members of the Committee who were either a GP or partner within a GP practice had a financial conflict of interest in relation to this paper. It had been agreed prior to the meeting that

the conflicted Members could receive the report and attend the meeting but must refrain from taking part in decision making. Those being:

- Joseph Chandy, Director 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

PCCC/22/03 Identification of any other business

No items of other business were identified.

PCCC/22/04 Minutes of the Primary Care Commissioning Committee held on Tuesday 26 October 2021

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

PCCC/22/05 Matters arising from the Primary Care Commissioning Committee held on Tuesday 26 October 2021

There were no matters arising.

PCCC/22/06 Action Log

The action log was updated.

ITEMS FOR DECISION

There were no items for decision.

ITEMS FOR DISCUSSION

PCCC/22/10 Associations Between General Practice Activity and Urgent and Emergency Care Contacts (UECC) (Patient Access)
In attendance to present the report
Executive GP
- Dr Michael Smith

It was noted that Members of the Committee who were either a GP or partner within a GP practice had a financial conflict of interest in relation to this paper. It had been agreed prior to the meeting that the conflicted Members could receive the report and attend the meeting but must refrain from taking part in decision making. Those Members present being:

- *Dr Ian Davidson, Medical Director, County Durham CCG*
- *Dr Jonathan Smith, Clinical Chair, County Durham CCG*

Members were taken through a presentation prepared by MS that provided a supplementary summary to the report.

The presentation:

- Highlighted the correlations between activity within General Practices in County Durham and the rates of Emergency Department (ED) attendances and 111 calls - their Urgent and Emergency Care Contacts (UECC), and
- Outlined what variables were within practice control, those out with practice control, and what recommendations could be applied to address the three key findings:
    1. that the most significant associations with Urgent and Emergency Care Contact rates were the distance from a practice to the nearest ED and the deprivation level of the practice population,
    2. chronic disease 'Quality Outcomes Framework (QOF) exemption' rates were associated with excess rates of UECC,
    3. patient-reported ability to get through to the practice by telephone had a notable association with excess 111 call rates.

In summary, based on observed associations, changes were recommended to affect:

1. provision of urgent primary care for those closest to hospital,
2. exempted patients with potentially poorly managed conditions being better supported,
3. telephone access to GP reception.

The Chair invited questions and comments from Members.

SF explained the complex reporting of QOF and how patients excluded from QOF could be counted as exceptions within end of year reporting. Whatever the reason for the high level of exception reporting, the fact remained there were a significant number of patients calling the NHS 111 service or attending A&E. In response to the report, and discussions over a number of years, the CCG would include a quality indicator and an incentive payment within the local improvement and integration scheme (LIAISE) for the financial year 2022/23. Work now needed to be done to establish what the incentive payment should be based on.

In response to SF's query with regard to terminology, MS clarified that, to make it easier for the purposes of the report, exceptions and exclusions had been combined.

With regard to the LIAISE scheme, MS explained that Dr Gareth Forbes, a lead in ill-health prevention, had devised a technical search that would flag patients at highest risk of exacerbations due to them not having their chronic conditions reviewed for some time. An

option might be to incentivise general practices to target an appropriate number of those patients to try to get them reviewed within a set period of time, recognising that those patients are the ones most likely to attend A&E because they were at highest risk. Dr Forbes aimed to have the search system in place by April 2022, but the exact terminology of the incentive was still to be determined.

As a GP partner, MS declared a financial conflict of interest which meant he would need some assistance in order to mitigate the conflict related to the incentive.

SF explained that the LIAISE scheme was a local scheme which allowed the CCG to incentivise general practices to take on work that was out with their normal contract, for example work that would have historically been done within a secondary care setting would move to primary care. The scheme was there to adequately reward primary care for taking on this additional work. Another part of the scheme allowed the CCG to look at areas that were particularly difficult and to incentivise general practices to take on this activity, which they would otherwise not focus on. The CCG could change the incentives each year.

JS felt that it made good sense to target the care coordination of people who had not had their chronic disease reviews but raised his concern around using QOF exemption coding to identify patients due to the large variability of its use between general practices.

MS agreed with the concerns raised by JS and explained that the intention was not to use QOF exemption reporting. Due to the pandemic, the latest available QOF data was from 2018/19 and of limited value, however the data had highlighted that the people who had not had their review for some time, were the people who would most likely benefit from it. The scheme would be based on the length of time from a patient's last review, for whatever reason, but crucially, it would not include any ability to exempt a patient. The idea would be to set a percentage target of patients to be reviewed regardless of their exemption status, with scope for a patient to opt out of if they chose to, as was their right.

SB said the report highlighted what was already known, which was that the impact of deprivation could be felt across all areas of an individual's life. The report was helpful in identifying an area for targeted action.

AA queried whether similar investigations would be carried out targeting other specific issues. In response MS said that significant gains could be made to the healthcare system through access to such data and he welcomed suggestions for areas to investigate.

The Chair said he would welcome hearing from MS should he identify any opportunities going forward through the Integrated Care Board (ICB) place-based arrangements. In the meantime, he asked for a progress update on this current investigation to be brought back to the committee meeting to be held in June 2022.

Action: *MS to prepare an update report on the current investigation in regard to Associations Between General Practice Activity and Urgent and Emergency Care Contacts (UECC) (Patient Access), to be brought to the Committee meeting to be held in June 2022.* **MS**

The Non-conflicted members of the Primary Care Commissioning Committee:

- considered the content of the paper and the research contained therein,
- noted the patterns reported were correlations and did not prove causation. Further work was required to understand the mechanisms that caused the associations,
- considered supporting the practical application of research findings that related to:
    - **Distance to Emergency Department (ED)** – The observation that practices closer to an ED had higher attendance rates suggested there may be an opportunity for interventions that could alter this association. The impact of the co-located University Hospital of North Durham (UHND) primary care hub should be carefully evaluated as a 'natural experiment' to assess the value of such entities in reducing ED attendance rates for practices close to an ED.
    - **Chronic disease 'Quality Outcomes Framework exemption' rates –** Primary care commissioning should continue to maintain, and consider strengthening, incentives to improve chronic disease management. In particular, an incentive scheme to ensure exempted patients with potentially poorly managed conditions were better supported.
    - **Access to General Practice** – Improving the ability of patients being able to get through to someone on the telephone may be an 'easy win' in potentially reducing excess UECCs. Comparatively, the more difficult-to-achieve aspirations of increasing the number of GP appointments and face-to-face ratios may have a lesser effect on reducing pressure on the urgent care system.

QUESTIONS FROM THE PUBLIC

PCCC/22/12 The CCG had received two questions from members of the public and had responded via email. Neither question had been relevant for the Primary Care Commissioning Committee however, for completeness, the questions and responses had been:

The first questions were had been raised by Laura Bell, and were about MedTech mandate funding.

Who is the relevant contact in regard to the commissioning of technologies covered by MedTech Mandate funding, in particular benign prostatic hyperplasia (BPH)?
It was reported that this would be someone within the relevant NHS Trust.

What private hospitals are currently contracted for NHS patients requiring Urological procedures – particularly BPH?
It was explained that the CCG commissioned BMI Woodlands in Darlington for urological procedures which included prostate procedures.

The second questions had been submitted by Owen Temple, about Maturity Onset Diabetes in the Young.

There are estimated to be between 36,000 and 72,000 known diabetics with undiagnosed Maturity Onset Diabetes in the Young in the UK. The absence of this diagnosis can easily lead to incorrect treatment and poorer health outcomes.

Will the Clinical Commissioning Group undertake to provide genetic testing for all people who are diagnosed with diabetes whilst aged between 10 and 45 years old and who have one or more other classic features of MODY

1. *A first degree relative with Diabetes Mellitus in the family*
2. *"Mild" symptoms without evidence of insulin resistance*

It was explained that there was neither a region-wide nor a nation-wide plan to undertake widespread screening for monogenic diabetes as yet.

The priority remained tackling the backlog of diabetes reviews across the nation due to the pandemic and various strategies had been adopted e.g. longest waiters, to risk factor stratification.

It would be whilst this 'review' process was being undertaken and on a case-by-case basis that consideration of monogenic diabetes in any one individual based upon screening questions/personal factors that the HCP would/could consider if monogenic diabetes was a possible diagnosis, then undertake appropriate investigations following discussion with the individual.

The CCG was currently raising awareness of Monogenic diabetes across HCP, midwives, general practice etc and directing them to training resources and the Exeter monogenic diabetes websites to aid testing and diagnosis.

PCCC/22/07 Primary Care Quality Report (Quarter 3 2021/22)

Interim Director of Quality and Nursing
- Anne Greenley
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 professional interest with regard to this item. It had been agreed prior to the meeting that the conflicted members could receive the report, attend the meeting and take part in the discussion because there was no financial information included in the paper that could influence or benefit any conflicted members. Those members present being:

- *Dr Ian Davidson, Medical Director, County Durham CCG*
- *Dr Jonathan Smith, Clinical Chair, County Durham CCG*

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 since the previous primary care quality report (Quarter 3 2021/22).

AG drew attention to the following key points:

- Quarter 3 2021/22 for primary care had been largely focussed on delivery of the Covid-19 booster programme. General practices had been at the forefront of this work and had achieved 81.4% of eligible patients in County Durham (cohorts 1-9 as at 9 January 2022) having had a booster dose.
- NHS England had suspended the QOF in December 2021 to allow practices to focus on the Covid-19 booster programme. Practices were required to continue to focus on the four vaccination and immunisation indicators, the two cervical screening indicators, the register indicators and the eight prescribing indicators. QOF would recommence in April 2022.
- Due to the increased competing pressures within primary care, the Demand Management element of the CCG's LIAISE scheme had been stood down in Quarter 3.
- In terms of inspection activity, the Care Quality Commission (CQC) had carried out a short notice announced inspection at Consett Medical Centre on 6 December 2021. The inspection had focused on the management of access to appointments. The CQC inspection report had been published on 21 December 2021 which rated the service as ‘Good’ with no concerns found regarding access to appointments.
- The CCG had employed a further three Career Start Practice Nurses (CSPN), two in Easington and one in Derwentside. All three would be in post by the end of March 2022. This brought the current total to 10.

AG drew attention to the update in regard to the activities of the Medicines Optimisation Team and the Infection Prevention and Control Team within Appendix 1.

The Chair invited questions and comments from Members.

ID felt the report was comprehensive but did not do justice to the volume of activities within Quarter 3 and in particular those related to the Covid-19 vaccination programme and flu immunisation campaign. This year was the first time that both had been delivered concurrently and there had been a concern that the delivery of the flu campaign may have been impeded by the Covid vaccination programme, but in fact it had had the opposite effect. Early indications had shown that the flu immunisation scheme had been the most successful campaign ever in County Durham.

SF reported that, in addition to delivering one of the biggest vaccination programmes in history, primary care was dealing with more patient contacts than ever before and increasingly seeing people face-to-face again. With the Omicron variant appearing to be a milder version of Covid, over 60% of contacts with patients were now face-to-face.

SF highlighted the significant amount of work that GPs undertook in addition to their normal clinics such as home visits, reports, prescriptions etc. These tasks would be sent to GPs from all parts of the NHS such as community nurses, physiotherapists, podiatrists, and all would be looking for immediate responses. SF felt that more work needed to be done to collect data on the amount of work being done within primary care that they public were unaware of.

The Chair drew attention to workforce pressures within primary care due to reasons including GP sickness.

The Primary Care Commissioning Committee:

- received and discussed the content of the report.

PCCC/21/09 Primary Care and Primary Care Network Development Update

In attendance to present the report
Head of Primary Care
- Colin Stephenson

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

CS took members through a presentation that provided summary of the report. It highlighted the following key areas:

Covid Vaccination Programme
Vaccination uptake across County Durham remained higher than the North East and North Cumbria (NENC) average as at 17 January 2022, with:

- 86% of the eligible population had received a first dose (NENC 85%)
- 85% of those receiving a first dose, who had then had a second dose (NENC 83%)
- 82% of those having had a second (or third where immunosuppressed) dose, who had then had a booster dose (NENC 81%)

All 13 PCNs remained opted into the programme and were currently operating from 15 PCN led Local Vaccination Service (LVS) sites. As at 17 January 2022, 84% of eligible care home residents had received a booster and work was ongoing with community teams in both the acute and mental health trusts to increase that percentage.

Expansion of the Vaccination Programme
In December 2021, the Prime Minister announced the acceleration of the Booster Programme so that all eligible adults in the UK would be offered the opportunity to book a vaccination appointment before the end of December 2021.

In response to this, and with the support of Primary Care and Medicines Optimisation Teams, all sites increased their capacity to deliver vaccinations up to and including the Christmas and New Year break which resulted in increased uptake rates, however, demand had reduced significantly after Christmas and many sites reported difficulty in filling appointments slots as well as 'did not attend' rates being as high as 30-40% in some clinics.

Vaccine Inequalities
Work continued to mitigate vaccine inequalities and to ensure that under-represented populations in County Durham had access to the Covid-19 vaccine. Since the previous reporting period, the CCG and local authority had supported PCNs and Knights Pharmacy to deliver pop-up vaccination clinics from the Mobile Educational Learning, Improving Simulation and Safety Activities (MELISSA) Training Bus at Stanley, Consett, Murton and Wingate, where were all areas with lower vaccine uptake. To date, approximately 8,000 Covid-19 vaccines have been administered on the MELISSA Bus.

The Vaccine Inequalities Group was in the process of evaluating the mobile pop-up clinics and would present their findings and recommendations to the Immunisation Board in February 2022.

A pilot Homeless Vaccine Service had been commissioned. The Provider would deliver an outreach vaccination service, offering both

Covid-19 vaccination and Flu immunization to clinically eligible people, in temporary accommodation including hostels/hotels and refuges frequented by people experiencing homelessness and/or rough sleeping.

Improving Access for Patients and Supporting General Practice
In October 2021, the Department of Health and Social Care published a 'Blueprint' for improving access to general practice.

The 'Blueprint' included a £250m Winter Access Fund (WAF) to support implementation of these plans. The regional allocation to the North East and North Cumbria (NENC) Integrated Care System (ICS) was £13.7m which included investment for scaled activity relating to:

- engaging the public about the changing primary care offer,
- development of a regional locum GP bank,
- initiatives to improve the personal security of practice staff.

The County Durham CCG allocation was £1.3m WAF against initial plans. Although the CCG had managed to mobilise WAF plans earlier than many other NENC CCG areas, after recognising that the Covid-19 vaccination programme would negatively impact upon planned activity, plans had had to be recalibrated in December 2021 and projected spend adjusted to £918k when some bidders had had to pull out due to concerns around recruiting staff before the end of the financial year.

GP Appointments – December 2021
The graph demonstrated how County Durham CCG compared favourably to other regional CCGs in regard to its number of GP face-to-face appointments. It showed that County Durham CCG had approximately 33,000 per 100,000 face-to-face appointments in December 2021.

GP Career Start
The County Durham GP Career Start Scheme had been running successfully since 2015 with almost 50 GPs accessing the programme to date.

A proposal for a hybrid model of support, aligning the local GP Career Start Scheme with the General Practice Fellowship, was currently in development. The main benefit of the proposed hybrid model was that the CCG would retain the positive, supportive, and successful elements of the GP Career Start Scheme to help attract and retain new GPs in our area, where recruitment was difficult, and build in the elements of the General Practice Fellowship Programme.

Local Improvement and Integration Scheme (LIAISE) Update
LIAISE Quarter 3 reports were currently being prepared and would be circulated in due course.

The LIAISE document was currently being revised and would be presented to the Local Medical Committee that evening for comment. The intention would then be to present the document to the CCG's Executive Committee in February 2022.

Primary Care Network Update
PCNs were continuing to progress the development of Maturity Matrices and development plans. Completion of plans unlocked the developing funding.

PCNs continued to deploy 2021/22 workforce plans, recruiting into a range of additional roles. The CCG anticipated 80%+ utilisation of the total Additional Roles Reimbursement Scheme (ARRS) fund allocation, improving upon last year.
Drawing the discussion to a close, the Chair thanked CS for the helpful presentation and for including an update on improving access for patients to primary care.

The Primary Care Commissioning Committee:
- considered the content of the report.

PCCC/22/08 Primary Care Finance Report for the nine months ending 31 December 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 the nine months to 31 December 2021. It 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 highlighted key points including:

- As previously advised, temporary financial arrangements had continued to be applied during 2020/21 across both 'H1' (six months to 30 September 2021) and 'H2' (six months to 31 March 2022).
- As noted in the primary care budget report earlier in the year, the allocation growth on primary care delegated budgets in 2021/22 was insufficient to cover the additional cost of national contract changes, demographic growth and inflation, resulting in a recurring pressure.
- The forecast pressure for H1 was £1.2m but this had been partially offset by non-recurring benefit from finalising prior year QOF spend, resulting in an overspend of £159k on delegated primary care budgets for H1.
- For H2, financial plans showed an expected further pressure of £1.2m due to the allocation growth shortfall.

- As at month 9, the forecast overspend on delegated primary care budgets was just under £1.9m.
- £607k of that related to the Additional Roles Reimbursement Scheme (ARRS) which was expected to be reimbursed from centrally held NHS England funding. Only a portion of the CCG's ARRS funding allocation was included within CCG allocations, the remainder would be drawn down as required.
- Once that retrospective funding had been received, the residual forecast overspend for the year of £1.28m, broadly in line with where the CCG expected to be.
- Further non-recurring slippage on budgets may be identified during the remainder of the year to help mitigate that pressure but contingency funding had been identified within the overall CCG budgets to manage the pressure if required

Local Medical Committee (LMC) Reporting:

- The update to the GP contract agreement 2020/21-2023/24 required 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:
    - the report showing 2019/20 expenditure had been shared with the LMC by 30 September 2021,
    - the report on 2020/21 expenditure had been included in Appendix 1 for information and had been shared with the LMC in December 2021.

2022/23 Planning

- The Integrated Care Board (ICB) allocations for 2022/23 had been published.
- For primary care delegated budgets the funding was largely based on H2 2021/22 figures with growth of just under 6%.
- The CCG was working through the financial plans but still required further information on the national GP contract agreement to understand if the 6% growth would fund that or whether there would be a further pressure.

RH added that there was further work to do with regard to the 2022/23 financial plans and budgets and that he would report back to the Committee and CCG's Governing Body later in the year.

The Primary Care Commissioning Committee:

- received the report,
- noted the latest year to date and forecast financial position for 2021/22,
- noted the report to the Local Medical Committee (LMC) at for information.

PCCC/22/11 Primary Care Risk Management Report

Chief Finance Officer, County Durham CCG
- Richard Henderson

The report provided a risk management update, including a summary of the corporate risks facing the 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,
- the impact of Covid-19.

No new risks had been added and no risks had been closed since the previous report.

Following the announcement of the delay in the target Integrated Care Board (ICB) implementation date to 1 July 2022, the CCG was considering the implications and any potential risks for the CCG that may need to be reflected on the risk register.

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 CCGs' risks were being appropriately managed.

FOR INFORMATION

There were no items for information.

PCCC/22/13 Other Business

There were no items of other business.

PCCC/22/14 Standing item:
Risk Round Up

There were no new risks identified during the discussion.

PCCC/22/15 Date and time of next meeting

The next meeting would be held on Tuesday 19 April 2022, 14:00 to 15:30.

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

Tel: 0191 389 8621
Email: susan.parr@nhs.net

Signed: ***Approval via email***

Chair: **Feisal Jassat**

Date: **15 February 2022**