Meeting of the Primary Care Commissioning Committee
To be held on 12 December 2019, 12:30 – 13:45 in the meeting space
Bede Tower, Burdon Road, Sunderland, SR2 7EA

AGENDA

1. Welcome and Introduction

2. Apologies for Absence

3. Declarations of Interest

4. Minutes of the previous meeting held on 29 October 2019

   4.1 Matters arising and action log

5. Question Time
   Members of the public may raise issues of general interest that relate to items on the agenda. The chair’s discretion is final on the matters discussed and timescale

6. Making Primary Care Real for Patients

   6.1 Practice Presentation
   Presentation
   Paul Weddle, Practice Manager, Millfield Medical Group

7. Items for governance and assurance

   7.1 Finance Report
   Enclosure
   D Chandler

8. Items for information only

   8.1 General Practice Strategy Implementation Group
   Notes of meeting held on 10 September 2019

9. Any other business
   Any relevant news stories

10. Date and time of next meeting

    27 February 2020 – 12:30 - 13:45
    Bede Tower, Burdon Rd, Sunderland SR2 7EA
PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the meeting held on Thursday 24 October 2019, 12.30pm in the meeting space, Bede Tower, Burdon Road, Sunderland, SR2 7EA.

Minutes

Present:
Mrs P Harle, Chair
Mrs D Burnicle, Lay Member PPI
Mr D Gallagher, Chief Officer
Dr K Gellia, Executive GP
Mrs Ann Fox, Director of Nursing, Quality and Safety
Mr David Chandler, Chief Finance Officer/Deputy Chief Officer
Dr G Stephenson, Primary Care Advisor

In attendance:
Ms D Cornell, Head of Corporate Affairs
Mr M Crozer, Deputy Assistant Director Social Care, Sunderland City Council on behalf of Mrs F Brown
Dr J Dean, Chair of Healthwatch
Mr K Doran, Sunderland GP Alliance (for item 6.1)
Ms S Hayden, Locality Commissioning Manager
Mrs W Thompson, General Practice Commissioning Lead
Mrs J Thwaites, PA (minutes)

2019/61 Welcome and Introductions

The chair welcomed everyone to the meeting and a round of introductions took place. The committee was informed that the meeting would be recorded to support administrative accuracy and for robust governance. There were no objections to the use of the recording device.

2019/62 Apologies for Absence

Apologies for absence were received from Dr I Pattison, Clinical Chair, Mrs C Nesbit, Director of People and Primary Care, Ms J Long, Assistant Primary Care Contracts Manager, NHS England and Mrs F Brown, Executive Director of Peoples Services, Sunderland City Council.

The chair confirmed that the meeting was quorate.
2019/63 Declarations of Interest

The chair declared an interest in that she was also a lay member for South Tyneside CCG.

All GP members declared an interest for item 2019/70 in regard to the request for approval to the detail of the 2019/20 budgets. The Chair noted that the GPs could take part in the discussion but not the decision making.

2019/64 Minutes of the meeting held on 29 August 2019

Subject to a couple of minor amendments the minutes of the meeting held on 29 August 2019 were RECEIVED as a true and accurate record.

2019/65 Matters arising from the minutes and action log

In regard to the number of GPs attracted to the city there had been an increase in the numbers overall from 2015 to the present. A number of initiatives had been utilised including career start to attract more GPs to Sunderland. There were a number of GPs leaving or retiring but at the moment the workforce was thought to be static due to the proactive work by the CCG. It was noted that the CCG were working to attract more nurses through nurse programmes.

2019/66 Action Log

Item 2019/52 – the final version of the information in regard to the roll out of consistent triage/urgent care offer had been received from extended access and would be circulated. The item being completed would be removed from the action log.

A question was raised if there were any implementation plans associated with this as this was a key part of the urgent care strategy across the Sunderland system. It was noted that a small implementation group had been set up to look at the triage model.

**Action:** Mrs Thompson to link with GPs to develop and roll out some key consistent messages by the end of November and feed this into the A&E delivery board.

Items 2019/55 and 2019/57 had been completed and would be removed from the action log.

2019/67 Question Time

There were no questions from members of the public.

2019/68 Practice presentation
Mr Doran, Practice Manager of The Galleries, Barmston, Pennywell and the special allocations service based at Pallion gave a presentation on behalf of Sunderland GP Alliance (SGPA).

In February 2017 the practices were inspected by the Care Quality Commission (CQC) where they were rated as requiring improvement. This it was thought was a fair rating allowing the practices to improve their processes and work streams. A further inspection in 2018 found an overall rating of good with areas of outstanding.

The SGPA had built up special relationships with community providers which included local primary schools. The practices had undertaken various charity and public events inviting patients and the public to attend to raise funds and awareness for Dementia UK and St Benedict’s Hospice. The GPA had developed a range of events and initiatives to include patients and the public to raise awareness of health and self-care; these included some of the following:

- A 70th NHS birthday party for practices citywide in conjunction with local primary schools;
- liaised with schools on various initiatives including support to teenagers, self-care trees and young people’s health checks including setting up a youth patient participation group (PPG) to help the uptake with online targets and they also linked into care homes;
- developed a dementia friends group and arranged blessing bags for the homeless in conjunction with the Salvation Army;
- Established a campaign to raise awareness of cervical smear testing. Each patient visiting the surgery were given a pink butterfly as a reminder to increase the uptake in testing appointments;
- Working with Wearside Women in Need to raise awareness to access healthcare. The practices had set up a red card confidentiality scheme. On presentation of the card the bearer would be shown to a confidential room away from the main reception waiting area;
- Working with Dementia UK one of the schools had created dementia super heroes which included life-size models of volunteers carers and scientists;
- The practice sent out birthday cards for 16 and 25 year olds to increase awareness of what health needs the practice covered;
- Birthday cards were also posted out to remind older patients to attend bowel and breast screening appointments. A questionnaire had been developed to ascertain what prevented patients from attending screening appointments;
- Other campaigns included ‘I speak’ language interpretation cards and a red box project for donations of sanitary products for those in period poverty.
It was noted that Sunderland City Council worked with Sunderland College via its student social care workers; the practice were invited to link into this. Healthwatch offered to help to promote all the good work that the GPA is undertaking.

Members of the committee congratulated the work that the GPA is undertaking and the improvement in regard to CQC ratings. In relation to the pink butterfly scheme Mr Doran was asked if this was something that the GPA would be willing to promote in other practices, it was agreed this could be done. Thought would be given in regard to how to close health and inequality gaps within the city.

Ms Cornell explained that she was establishing a citywide partnership with Sunderland City Council, the police and the fire service to provide a forum to share best practice. An offer was made to Mr Doran to share the GPA work and provide a support mechanism via the partnership.

**Action:** Ms Cornell to link with Mr Doran to explore working with the citywide partnership.

It was suggested that Mr Doran came back to a future meeting to share how the initiatives had impacted on the practices and the uptake on services offered. Following the CQC inspection it was explained that a resource sheet had been developed to demonstrate the impact the initiatives had on the practices.

A suggestion was made to share the messages from the practice with the primary care networks.

It was noted that the red card initiative it may be a small change but would make a big impact to those who utilise it.

It was explained that practices were keen to replicate these schemes and it was queried if the CCG could use non-recurrent funding to support these.

**Action:** Mrs Thompson to identify the key points from the presentation and how these could be shared both with practices and citywide.

A question was raised if the GPA had shared with Sunderland Scrutiny Committee the improvement and success of the practices. It was suggested that this should be undertaken to show how following understandable initial concerns the practices had taken on long standing issues and had turned these around.
It was suggested that a way for the GPA to share their good practice would be via the CCG bulletin that was circulated to all member practices.

**Action:** Ms Cornell to ask the engagement team to link with Mr Doran to include the GPA work in the bulletin.

The Chair gave thanks for a very interesting presentation and applauded the development of a youth PPG. An open invitation was made to the committee to visit the practices.

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### 2019/69 MOD employer recognition scheme gold status and flu season campaign

**Employer recognition scheme**
The CCG were awarded gold status by the Ministry of Defence in the employer recognition scheme. The award recognised the commitment made by the CCG and its member practices in supporting veterans and their families. Sunderland CCG was only the second CCG to be awarded the gold status.

The work undertaken by the CCG had been published in the Sunderland Echo and online. The CCG worked closely with Gloria Middleton its armed forces lead.

**Flu season campaign**
In regard to the flu campaign Ms Cornell highlighted the work practices are undertaking in relation to at risk groups. The medicines optimisation team has linked into practices to identify the specific groups at risk in our localities which were young people, pregnant ladies and the over 65’s. Information sent out to practices has been tailored for these groups and also produced in various languages.

It was noted that uptake for vaccinations had slightly increased from last year. The data looked at the at risk groups who had not received a vaccination and to understand why this was.

**Action:** Ms Cornell to bring back an update once the flu campaign had concluded.

Assurance had been provided that there is a robust process in place for vaccinations, a briefing has been forwarded to practices on the process and how they can access the vaccines.

**Action:** Ms Cornell to look to share the news items on MOD employer recognition scheme and the flu season campaign wider.

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### 2019/70 Finance Report
A summary of the financial position as at month 6 for the period ending 30 September 2019 and the forecast year end position for 2019/20 was given.

The CCG were forecasting a breakeven position for the overall delegated budget, one of the key assumptions would be to utilise approximately £800k non-recurrent savings from underspends from previous years. £682k of non-recurrent schemes (later confirmed as £694k) had been approved by the Executive Committee which left £120k to achieve a breakeven position.

The Primary Care Reserves area forecast expenditure of £1.903k with planned investment on the GP career start scheme of £687k, Primary Care Network workforce reimbursements of £300k and non-recurrent spending as noted above.

At this point it was noted that all GP members were conflicted in regard to the request for approval to the detail of the 2019/20 budgets. The Chair noted that the GPs could take part in the discussion but not the decision making.

Guidance around primary care network reimbursements had been received; these would be decreased from £500k to £324k based on the maximum reimbursement. Primary Care Network extended hours had been decreased by £264k and residual funding of £177k had gone into the contingency budget.

In regard to the Five Year Strategic Financial plan this had been updated which had amended the investment requirement from £4,000k to £4,776k over five years. This meant that in 2023/24 the CCG would have a shortfall of £125k if this went to plan.

In relation to risks clarity was still required in regard to potential uplifts to the primary care network workforce reimbursement scheme to fund pay awards. There was also a risk of a potential underspend as the networks would claim for reimbursement based on staff in post. Due to availability of workforce claims may be lower than the funding available.

In terms of the confirmation of the guidance this was national guidance which was expected in the next few months.

The Primary Care Commissioning Committee NOTED the financial position and the non-conflicted members APPROVED the amendments to the detail of the 2019/20 budgets. The committee NOTED the current Five Year Strategic Financial Plan for delegated primary care commissioning.
The report provided results of the latest general practice patient survey for Sunderland practices.

It was noted that there was a relatively small number of patients taking part in the survey; some of the practices used this as a starting point for a more focussed local survey.

A lot of work had been carried out by the digital team but patients still do not seem to be aware of what is available in terms of online services. The CCG would look at some evidence based work from other areas to support patients to use these services. It was suggested to use the Health watch survey findings as a starting point. It was noted that 85% of patients in Sunderland rated their overall experience of general practice as good compared to 83% nationally. The results of the survey would be shared with the digital team and also be taken to the practices at the December Time in Time Out session.

A question was raised as to the value of sharing the results on the practice web sites. In response due to the relative low numbers the practices did not share this information but worked with their patient participation groups. A comparison on trends could only be carried from last year to this year’s surveys as this had been changed from prior versions. It was noted that it was a challenge to identify outliers, but that it was important to use the information along with the other hard data and soft intelligence in the local quality group.

It was noted that the CCG worked closely with Health watch who had shared individual practice results from their surveys. The CCG in conjunction with the practices would look at how to improve the results.

A question was raised if the CCG had any plans to engage with the wider social care network that could make contact on behalf of the patients. It was noted that at the December PCCC meeting the practice presentation would be on how a practice used social media to inform and encourage patient participation.

The Primary Care Commissioning Committee RECEIVED the report for information.

2019/72 General Practice Strategy Implementation Group notes from 30 July 2019

The Primary Care Commissioning Committee NOTED receipt of the minutes

2019/73 Any other Business
There was no other business.

2019/74 Date of next meeting

Thursday 19 December 2019, 12.30pm. Bede Tower, Burdon Road, Sunderland SR2 7EA
### NHS Sunderland CCG Primary Care Commissioning Action Log 24 October 2019

<table>
<thead>
<tr>
<th>Minute Reference</th>
<th>Action Point</th>
<th>Lead</th>
<th>Timescale</th>
<th>Current Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019/52</td>
<td>Mrs Hayden to circulate information with regard to roll out of consistent triage/urgent care offer in general practice.</td>
<td>S Hayden</td>
<td>Following the meeting</td>
<td>Completed</td>
</tr>
<tr>
<td>2019/55</td>
<td>The communications team to suggest other titles for sharing this information and patient stories.</td>
<td>C Corkhill</td>
<td>Following the meeting</td>
<td>Completed</td>
</tr>
<tr>
<td>2019/57</td>
<td>The process for when practices were placed in special measures to be included in the next report.</td>
<td>S Hayden</td>
<td>February 2020</td>
<td>Completed</td>
</tr>
<tr>
<td>2019/66</td>
<td>Mrs Thompson to link with GPs/GPA to roll out a consistent approach to access by the end of November and update on progress regarding this to be reported into the A&amp;E delivery board ensuring any delay is escalated as a risk.</td>
<td>M Thompson</td>
<td>November 2019</td>
<td></td>
</tr>
</tbody>
</table>
| 2019/68          | Ms Cornell to link with Mr Doran to explore working with the citywide partnership  
Mrs Thompson to identify the key points from the presentation and how these could be shared both with practices and citywide.  
Ms Cornell to ask the engagement team to link with Mr Doran to include the GPA work in the bulletin | D Cornell  
W Thompson  
D Cornell | Following the meeting  
Following the meeting  
Following the meeting | Completed  
Completed  
Completed |
<table>
<thead>
<tr>
<th>Item 4.1</th>
<th>2019/69</th>
<th>Ms Cornell to bring back an update once the flu campaign had concluded</th>
<th>D Cornell</th>
<th>Following the meeting</th>
<th>Will go to Communications and engagement steering group then to PCCC in February 2020</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Ms Cornell to look to share the news items on MOD employer recognition scheme and the flu season campaign wider</td>
<td>D Cornell</td>
<td>Following the meeting</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The purpose of this report is to present the Primary Care Commissioning Committee a summary of the financial position of delegated general practice budgets as at month 7 (for the period ending 31st October 2019) and the forecast year end position for 2019/20.

The key issues in relation to the 2019/20 position is to ensure the CCG meets its financial duties for 2019/20 and that the CCG makes best use of available delegated general practice budgets in line with the aims and objectives of the CCG and the GP Strategy.

Risks to delivery are documents within the report.

This report provides assurance that the year to date and financial outturn is in line to achieve the CCG’s financial duties for 2019/20.

It is expected based on current assumptions that any implications with regards the five year framework for GP contracts can be contained within the financial allocations available for the period 2019/20 to 2023/24.

The Primary Care Commissioning Committee is asked to:

- note the financial position of delegated general practice budgets for the period ending 31st October 2019.
<table>
<thead>
<tr>
<th><strong>Governance and Assurance</strong></th>
</tr>
</thead>
</table>

**Link to CCG corporate objectives** (please tick all that apply)

<table>
<thead>
<tr>
<th>Objective</th>
<th>Ticked</th>
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</thead>
<tbody>
<tr>
<td>CO1: Ensure the CCG meets its public accountability duties</td>
<td>✓</td>
</tr>
<tr>
<td>CO2: Maintain financial control and performance targets</td>
<td>✓</td>
</tr>
<tr>
<td>CO3: Maintain and improve the quality and safety of CCG commissioned services</td>
<td></td>
</tr>
<tr>
<td>CO4: Ensure the CCG involves patients and the public in commissioning and reforming services</td>
<td></td>
</tr>
<tr>
<td>CO5: Identify and deliver the CCG’s strategic priorities</td>
<td>✓</td>
</tr>
<tr>
<td>CO6: Develop the CCG localities</td>
<td></td>
</tr>
<tr>
<td>CO7: Integrating health and social care services, including the Better Care Fund</td>
<td></td>
</tr>
<tr>
<td>CO8: Develop and deliver primary medical care commissioning</td>
<td>✓</td>
</tr>
</tbody>
</table>

**Relevant legal/statutory issues**

None

<table>
<thead>
<tr>
<th>Any potential/actual conflicts of interest associated with the paper? (please tick)</th>
<th>Yes</th>
<th>✓</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
</table>

Members of the committee may potentially be conflicted due to their practices being able to receive investments outlined in the paper for approval.

<table>
<thead>
<tr>
<th>Equality analysis completed (please tick)</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>✓</th>
</tr>
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<tbody>
<tr>
<td>Quality impact assessment undertaken (please tick)</td>
<td>Yes</td>
<td>No</td>
<td>N/A</td>
<td>✓</td>
</tr>
</tbody>
</table>

Not Applicable.

**Key implications**

<table>
<thead>
<tr>
<th>Are additional resources required?</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has there been appropriate clinical engagement?</td>
<td>N/A</td>
</tr>
</tbody>
</table>


| Has there been/or does there need to be any patient and public involvement? | N/A |
| Is there an expected impact on patient outcomes/experience? If yes, has a quality impact assessment been undertaken? | No |
| Has there been member practice and/or other stakeholder engagement if needed? | N/A |

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0 Draft</td>
<td>28/11/2019</td>
<td>Initial draft completed by MS</td>
</tr>
<tr>
<td>2.0 Draft</td>
<td>29/11/2019</td>
<td>DC approved – minor changes</td>
</tr>
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</table>
Primary Care Commissioning Committee  
Financial Report for the period to 31st October 2019

1. Purpose of Report

The purpose of this report is to present the Primary Care Commissioning Committee a summary of the financial position of delegated general practice budgets as at month 7 (for the period ending 31st October 2019) and the forecast year end position for 2019/20.

2. Summary Financial Performance

The summary financial performance for delegated general practice budgets for 2019/20 is outlined below:

<table>
<thead>
<tr>
<th>Category</th>
<th>Year to Date Budget (£000's)</th>
<th>Year to Date Actual (£000's)</th>
<th>Year to Date Variance (£000's)</th>
<th>Annual Budget (£000's)</th>
<th>Forecast Outturn (£000's)</th>
<th>Variance (£000's)</th>
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</thead>
<tbody>
<tr>
<td>General Practice - GMS</td>
<td>13,218</td>
<td>13,163</td>
<td>-55</td>
<td>22,660</td>
<td>22,559</td>
<td>-101</td>
</tr>
<tr>
<td>General Practice - PMS</td>
<td>1,852</td>
<td>1,854</td>
<td>2</td>
<td>3,174</td>
<td>3,174</td>
<td>0</td>
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<tr>
<td>General Practice - APMS</td>
<td>1,266</td>
<td>1,265</td>
<td>-1</td>
<td>2,170</td>
<td>2,168</td>
<td>-2</td>
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<tr>
<td>QOF</td>
<td>2,479</td>
<td>2,413</td>
<td>-67</td>
<td>4,250</td>
<td>4,204</td>
<td>-46</td>
</tr>
<tr>
<td>Quality Premium</td>
<td>1,134</td>
<td>1,041</td>
<td>-93</td>
<td>1,945</td>
<td>1,851</td>
<td>-93</td>
</tr>
<tr>
<td>Enhanced Services</td>
<td>385</td>
<td>221</td>
<td>-164</td>
<td>660</td>
<td>496</td>
<td>-164</td>
</tr>
<tr>
<td>Premises Cost Reimbursement</td>
<td>1,902</td>
<td>1,850</td>
<td>-52</td>
<td>3,261</td>
<td>3,203</td>
<td>-57</td>
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<tr>
<td>Other GP Services</td>
<td>1,210</td>
<td>1,641</td>
<td>431</td>
<td>2,074</td>
<td>2,025</td>
<td>-49</td>
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<tr>
<td>PC Networks</td>
<td>517</td>
<td>517</td>
<td>0</td>
<td>986</td>
<td>984</td>
<td>-2</td>
</tr>
<tr>
<td>Reserves</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>877</td>
<td>1,393</td>
<td>515</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>23,964</strong></td>
<td><strong>23,964</strong></td>
<td><strong>0</strong></td>
<td><strong>42,058</strong></td>
<td><strong>42,058</strong></td>
<td><strong>0</strong></td>
</tr>
</tbody>
</table>

The CCG is currently forecasting a breakeven position for delegated general practice budgets for 2019/20.

In month 7 the CCG has reported a breakeven position for delegated general practice budgets. Within this position there are prior year underspends mainly from QOF, Quality Premium and Enhanced Services, which along with PCN workforce underspends, and likely slippage against the contingency budget has created approximately £800k of non-recurrent resource to be utilised on non-recurrent spending plans within 2019/20.

The GP Strategy Implementation Group met on 10th September 2019 to review a number of spending proposals. This resulted in a paper being submitted to the CCG Executive Committee in October 2019 for £694k of non-recurrent schemes which have now been approved. The schemes approved are:
• £250k Career Start expansion of current scheme
• £45k Care of the Dying Patient Pathway
• £45k Community End of Life Prescribing
• £150k PCN Development Support
• £45k SHARP (Social Prescribing)
• £24k PCN Social Prescribing Pilot
• £80k Career start practice nursing bursary
• £35k Trainee Nurse Associate (TNA) Training
• £20k Health Care Assistant (HCA) Training

An additional £100k of investment into a number of primary care workforce initiatives has since been approved in line with the scheme of delegation.

The GP Strategy Implementation Group is continuing to consider any additional proposals so that if further resource becomes available these can be effectively utilised.

The annual budget for other GP Services is £2,074k which includes items such as charges for seniority, maternity and sickness cover and suspended GPs. As outlined in previous reports, the nature of some of the expenditure in this category means the forecast can be volatile if unexpected variances in expenditure on maternity, sickness cover or suspensions occur. The regional risk share agreement previously approved by PCC should reduce the potential impact on NHS Sunderland CCG of large movements.

The Primary Care Reserves area is currently forecasting expenditure of £1,393k. This forecast for primary care reserves assumes expenditure on planned investments as follows:

• £35k – Engagement support
• £100k – Primary care contingency
• £50k – Possible premises costs following district valuation assessments
• £300k – Primary care network workforce reimbursements (reimbursements for pharmacists and social prescribing workforce as set out in primary care network DES)
• £794k – Non recurrent spending plans (as outlined above)
• £114k – Plans currently being developed

3. Recommendation

Members are asked to:

• note the financial position of delegated general practice budgets for the period ending 31st October 2019
**Name of Author:** Mark Speer, Senior Finance Manager

**Name of Sponsoring Director:** David Chandler, Deputy Chief Officer and Chief Finance Officer

**Date:** 28th November 2019
**General Practice Strategy Implementation Group**  
Tuesday 10 September 2019 – 13.00pm-3:30pm  
SGPA Meeting Room, BIC

<table>
<thead>
<tr>
<th>Item No:</th>
<th>Meeting Notes</th>
<th>Action</th>
</tr>
</thead>
</table>
| 1.  | **Present:**  
Wendy Thompson, General Practice Commissioning Lead (Chair)  
Clare Nesbit, Director of OD, Workforce & Primary Care, SCCG  
Dr Ian Pattison, Chair of SCCG  
Jackie Spencer, Senior Commissioning Manager, SCCG  
Dr Tracey Lucas, Executive GP, SCCG  
Dr Fadi Khalil, Executive GP, SCCG  
Florence Gunn, Executive Practice Nurse, SCCG  
Jon Twelves, Chief Executive, SGPA  
Mark Speer, Finance Manager, SCCG  
Deanna Lagun, Head of Safeguarding, SCCG  
Jacquie Lambie, Senior Lecturer Sunderland University  
Rachael Forbister, TECS Programme Manager, SCCG  
Lynne Thompson, Senior Project Manager, SCCG  
Lynda Hutchinson, Project Manager, SCCG  
Helen Warren, Project Co-Ordinator, SCCG  
Ewan Maule, Head of Meds Op, SCCG |  
**In Attendance:**  
Maria Hutchinson, Minutes |

**Apologies:**  
Dr Geoff Stephenson Primary Care Advisor, SCCG  
Eric Harrison, Executive Practice Manager, SCCG

**Absent:**  
Margaret Curtis – Healthwatch Representative  
Dr Raj Bethapudi, Executive GP  
Susan Price/HR Manager SGPA

<table>
<thead>
<tr>
<th>2.</th>
<th><strong>Notes and Matters Arising from 30 July 2019</strong></th>
<th>FK/SH</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><em>The meeting notes of 30 July 2019 were approved as a true reflection of the meeting.</em></td>
<td></td>
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</tbody>
</table>
**Matters Arising:** |  
- Child Protection Reports - update will be provided at the next meeting on 10 September 2019. **On the agenda item 5 to discuss**  
- **Outstanding action from 300719.04 GP Quality Premium Sarah Hayden to liaise with FK with regards to the circulation of the QP technical guidance 19/20 Deadline of 15th September** |
**Actions from meeting 30.07.19**

- Item 4.1 GP Strategy Initiatives Planning – Project Plan circulated and on agenda to discuss
- Item 5.2 Finance – MS to update on Non recurrent funding 19/20 - on agenda to discuss

### 3. Declarations of Interest

<table>
<thead>
<tr>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr FK declared a declaration of interest in his role as a GP, CCG GP Executive, Alliance Share Holder and Medical Director of the ATB.</td>
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<tr>
<td>Jon Twelves declared a declaration of interest as Chief Executive of SGPA, provider of services for General Practice, also provider of the career start programme and child protection report writer programme as both are on the agenda to discuss.</td>
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<td>Jacquie Lambie declared a declaration of interest in respect of any business relating to Sunderland University.</td>
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### 4. Digital update – North East Primary Care Digital Strategy

- RF & LT were present in the meeting to give an update on the Digital Strategy and some specific work-streams i.e. NCT (New Consultation Types) and next steps.

**Programme overview**

- **Telephone consultations** – increases access for patients, provides triage and consultation, provides training to GPs to offer this.
- **Patient online** – all practices in Sunderland are hitting the target of 10% of patients to access online. Practices are also expected to open 25% of their appointments online.
- **Online Consultations** – Following a regional procurement event in which 10 CCGs joined together, E-consult won the contract to deliver online consultations to the population. The system enables patients to self-care, be signposted to the relevant service and consult with their practice using a digital tool. This will be contractual from April 2020 for GP practices to offer online consultation to patients. There are 22 practices across Sunderland live with a further 12 in progress who are due to be live in the next 6 to 8 weeks; there are 3 ready to sign up leaving 2 practices and the team are currently meeting with those practices to discuss further. It is hoped that by the end of September all practices will be signed up and live by 2020.
- **MJOG (text messaging services)** – including appointment reminders, information sharing, QOF questionnaires, patient self-care i.e. telehealth. All practices across Sunderland are using this service.
and data has shown there has been a decrease of DNAs in general practice.

- **Video Consultation** – offer appointments via a video consultation app and will form part of the model of digital interactions. This is currently being rolled out and 10 practices are live (system in place). This is more of a slow burner and is not contractual until April 2021. There are licences available for across the city.

- **Surgery Pods** – collects vital sign information in waiting room and uploads to patient’s record within the five practices that are signed up. This has not yet been evaluated.

- **Active signposting** – provides patients with a first point of contact that directs them to the most appropriate person/service within or outside of the practice.

- **Group consultations** – consideration of group consultations for specific conditions e.g. COPD, Diabetes.

- **Remote monitoring** – provides digital tools to patients to help them to self-care and monitor their health remotely. This would include the use of apps e.g. MyCOPD.

- **Advanced telephony** – introduces standardised telephony system across GP Practices. This has been rolled out but 8 practices unfortunately cannot yet sign up to this due to agreements in place with their current providers.

**Next steps:**

- NECS are developing a communication plan and there is ongoing attendance from the digital solutions team at local events to talk to the public;
- Ongoing training and best practice sharing;
- Workshop to explore utilisation of the digital technologies;
- There has been a bid put to directors for a digital support champion in practices.

Discussion was opened up to the members of the group.

There was a query regarding video consultation and how this compares to the commercial offers out there.

The NCT programme included a quality impact assessment.

Data has been produced and a report will be shared with the group in due course.

Programme of evaluation in in place to determine if non- recurrent funds for the project can become recurrent and a report will be brought to the group at the appropriate time in the future.

It was agreed that with all the ongoing work it would be appropriate to set up
a task and finish group that will feed into the GPSIG to support the development of metrics and discuss utilisation.

Action:
1. Data from the NCT programme to be brought to the group in due course
2. LT/RF to set up task and finish group and liaise with MH with regards to representation.

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<tr>
<td>DL presented the evaluation report.</td>
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<td>It was highlighted that this pilot has been going on for some time so there needs to be consideration if this should be become funded via recurrent budget rather than non-recurrent.</td>
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<td>It was discussed that outsourcing the report writing away from GPs could potentially result in deskilling the GPs in the medium to long term and give a sense that it is not the GP’s responsibility.</td>
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<td>There is an understanding that all practices have a GP safeguarding lead and delivering training to help support the GPs in writing the reports should be given. It is known that the GP is the best person to produce the report due to knowing the background of the patient and their family.</td>
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<td>It was noted that the quality of the reports has improved and this is something what can potentially make a child safer.</td>
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<td>Unfortunately the main concern is that demand across Sunderland is not going away and is increasing with around 620 children in the city who are subject to a CPP.</td>
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<td>The group considered two options:</td>
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<td>- First option was to have a targeted approach to those practices that need more support and deliver the support to them ensuring they have clear guidance.</td>
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<td>- Second option was to introduce an SLA with training requirements for all practices, an SLA could help with monitoring.</td>
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<td>The GPSI Group agreed after an in depth conversation that the pilot will not be taken forward and that a task &amp; finish group is to be set up to discuss the best way to ensure the delivery of child protection reports with a firm proposal to be brought to the GPSIG by December 2019.</td>
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<td>It was agreed the pilot will finish at the end of October 2019 and from...</td>
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the beginning of November 2019 practices will be responsible for doing their own reports.

Bespoke training will be put in place.

Communication is to go out to all practices to ensure they are aware of the change and to ensure its highlight that this is being taken away for the right reasons and it will be discussed what is the best to way to go forward for the practices and the children.

**Action:**
1. Task & Finish Group to be set up with a proposed plan brought back to the GPSIG by December 2019
2. Communication to practices to inform that the CPW pilot will finish the end of October 2019
3. Bespoke training for child protection report writing to be put in place

### 6. Non-Recurrent Funding Bid

Prior to the meeting bids were circulated to be reviewed in advance of the meeting. WT held a small group together to do some initial scoring to try and reduce time within the meeting due to the number of bids to discuss.

**Decision of bids:**

**Scheme 01 Care of the Dying Patient pathways**

FK explained that the bid is to help support all the changes within General Practice for the initiation of terminal care following standards and using electronic template. This will just be in the west but after the evaluation it will be rolled out city-wide if this has not already become part of the QP in 2020. The £45k is £0.50 per patient.

The group agreed to support the bid.

**Scheme 02 Community End of Life Prescribing**

EW noted that Meds op team will be more than happy to support with the project.

The group agreed to support the bid.

**Scheme 03 PCN’s Development support**

The bid is for the CCG to support Primary Care Networks, for example any training and development needs both as individual Clinical Directors or Networks themselves that they identify they need to fulfil their roles. It was assured that there is no overlap of the £1.50 already given to the PCN’s as this was to set up the networks from an administrative viewpoint.
Funding will be utilised by the CCG and not given directly to the Networks.

The group agreed to support the bid

**Scheme 04 Resilience and suitability dashboard**
Bid was withdrawn.

**Scheme 05 SHARP**
It was discussed that this is no longer a pilot and therefore should not be taken forward as non-recurrent funding bid. It was noted however that the idea is fully supported and that this should go to the social prescribing group to discuss and for them to determine if they are supportive of the scheme continuing and identify funding accordingly.

**Scheme 06 Washington PCN social Prescribing**
The group supported the idea of the bid but similar to scheme 05 this should be put to the social prescribing group to discuss and for them to determine if they are supportive of the bid.

**Scheme 07 Physician Associates Washington PCN**
There was some initial concern around the bid in respect of how the PA would be used within the network and it would need to have a full evaluation. There was also concern about who holds the liability and any additional training required for the PA to work across practices.

The idea was agreed by the group but more information required i.e. a work plan and a full evaluation plan.

**Scheme 08 Mental Health Listening and Support Service**
The group felt that this should fit in as part of the work in ATB programme 2. Therefore the group did not support the bid.

**Scheme 09 Career Start Practice Nurse Bursary**
It was highlighted that there should be a retention clause to ensure the employee has a minimum amount of time they need to stay with the practice following completion of the programme, or should be required to pay back monies.

The group agreed to support the bid

**Scheme 10 TNA Training Bursary**
The group agreed to support the bid

**Scheme 11 HCA Training and Equipment**
The group agreed to support the bid

**Scheme 12 Pathology Workflow**
The group felt there was not enough information and was unsure to what the
funding will be used for. Bid was therefore **not supported**

**Scheme 13 Business Continuity**
The bid was not supported as an individual bid but the Group agreed that the scheme should form part of scheme 03 and could come out of the 150k for Primary Care Networks.

**Scheme 14 Career Start GP Scheme**
The group agreed to support the bid

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<th>7. GP Strategy Prioritisation</th>
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<td>Project Plan was circulated and tabled within the meeting for people to view.</td>
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<th>8. Any Other Business</th>
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<td>• Digital Strategy was circulated with the agenda, any comments to feedback to MH to collate. LT noted that the scanning of records procurement was completed on 28th August and it was successful with DM awarded the contract.</td>
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**Date & Time of Next Meeting:**
**Thursday 7th November 2019 14:30 till 17:00, Steve Cram Suite**