

Meeting of the Primary Care Commissioning Committee
To be held on 28 February 2019 at 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 **Enclosure**
13 December 2018

4.1 Matters arising and action log **Enclosure**

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. Presentations

6.1 GP Strategy 2016-21 and Primary Care Workforce **Presentation**
J Spencer/ J Lambie

7. Items of Governance and Assurance

7.1 Finance Report **Enclosure**
D Chandler

7.2 CQC inspections update report **Enclosure**
S Hayden

8. Items for discussion

8.1 Update for general practice communications and engagement

Enclosure

H Fox

8.2 Update on Primary Care Network

Enclosure

J Spencer

9. Items for information only

9.1 Workforce steering group minutes held on

Enclosure

28 November 2018

9.2 GP Strategy refresh update

Verbal

C Nesbit

10. Any other business

11. Date and time of next meeting

PRIMARY CARE COMMISSIONING COMMITTEE

Minutes of the meeting held on Thursday 13 December 2018, 12.30pm in Meeting Room 4, Bede Tower, Burdon Road, Sunderland, SR2 7EA.

Minutes

Present: Mrs P Harle, Chair
Mrs T Lake on behalf of Mr D Chandler, Deputy Chief Officer
Mrs A Fox, Director of Nursing, Quality and Safety
Mr David Gallagher, Chief Officer
Mrs C Nesbit, Associate Director OD and Workforce
Mr A Patchett, Healthwatch
Dr Ian Pattison, Clinical Chair
Dr G Stephenson, Primary Care Advisor

In attendance: Ms D Bradbury, Locality Commissioning Manager (for item 6.1)
Ms L Douglas, Primary Care Business Manager, NHS England
Ms S Harding, Business Change & Benefits Lead (for item 7.1)
Ms L Thompson, Senior Project Manager (for item 7.1)
Ms Hayden, Locality Commissioning Manager
Mrs J Spencer, Head of General Practice Commissioning
Mrs J Thwaites, minutes

2018/82 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.

The Chair was informed that due to apologies received from Mrs C Latta the communications and engagement progress report would be removed from the agenda and deferred until the February 2019 meeting. Mr Gallagher would undertake to ensure attendance at the next meeting.

It was noted that Mrs Latta was leaving North East Commissioning Support (NECS) and best wishes were given for the future.

2018/83 Apologies for Absence

Apologies for absence were received from Mrs A Sullivan, Lay Member, PPI, Dr K Gellia, Executive GP, Ms J Long, Assistant Primary Care Contracts Manager, NHS England, Mr D Chandler, Deputy Chief Officer, Ms D Cornell, Head of Corporate Affairs, Mrs W Stephens, Primary Care Contracts Manager and Mrs Fiona Brown, Executive Director Peoples Services, Sunderland City Council.

The chair confirmed that the meeting was quorate.

2018/84 Declarations of Interest

No interests were declared. The Chair asked that if any conflicts became apparent during the meeting they should be brought to her attention and would be managed appropriately.

2018/85 Minutes of the meeting held on 25 October 2018

The following amendments were made to the minutes:

Item 2018/76 – the final paragraph to read ‘A question was raised if the CCG recognise outstanding practices in any way, in response it was noted that outstanding practices were locally recognised at the Time in Time Out sessions, the CQC undertake the visits and publish the report.

2018/77 - The title of this item to be changed to GP Partnership review.

The first bullet points in the item to be separated and the full title be given to NHS Property Services (NHSPS).

The fifth paragraph to read ‘in regard to the training to prepare for partnership roles’.

Item 2018/78 – the third paragraph to read ‘and would be signed by individual practices offering placements to students’.

The final paragraph to read ‘Mrs Fox offered if she could be of any help she could attend any sub-group meeting.

The minutes of the meeting held on 25 October 2018 were **RECEIVED** as a true and accurate record.

2018/86 Matters arising from the minutes and action log

There were no matters arising from the minutes.

2018/87 Action Log

Item 2018/62 Communications and engagement plan – attendance for this would be arranged outside of the meeting with the plan being deferred until the 28 February meeting.

2018/77 it was confirmed that a productive meeting had taken place, a way forward had been agreed and regular meetings would be arranged.

Items 2018/73, 2018/74, 2018/77 and 2018/79 had been completed and therefore would be removed from the agenda.

2018/88 Question Time

A member of the public raised the following:

In regard to item 6.2 the finance report, it was helpful to see the detail of the non- recurrent funding.

In relation to the £120k protected for practice nurses and advanced nurse practitioners (ANP) could a brief overview be given of how this money would support the scheme.

In response it was noted that the workforce development group had supported the scheme to train 4 x ANPs to enhance their skills. Sunderland University were working to standardise skills across the area over a 2 year plan and were in the process of recruiting nurses.

2018/89 MSK transformation fund – update

A presentation was given to the Primary Care Commissioning Committee on the musculoskeletal work stream.

The background to the scheme was outlined as follows:

- The CCG was an outlier in regard to MSK spend
- City Hospitals Sunderland spent more over tariff in managing the service demands
- Referral to treatment targets had not been met
- There was significant variation in the use of intermediate services
- MSK was part of the local health economy financial recovery and transformation plans

The current Sunderland intermediate musculoskeletal services (SIMS) referral lines were examined. GPs would refer into the service; this would be triaged then referred onwards to the relevant service or could be referred onto secondary care.

The engagement work was highlighted; this included the appointment of a clinical lead, the establishment of an MSK group with medicines optimisation representation, a survey of practices to understand any issues and two Time in Time Out sessions on joint assessments and pain management. An MSK dashboard had been developed along with guidelines. Practice has engaged in a peer review with a pain management workshop held jointly with South Tyneside CCG.

In house pharmacy support had been arranged for practices which included a focus on pain management.

The case for change highlighted that 35% of referrals to secondary care did not have surgical intervention; the utilisation of SIMS was at 68%. The benefits of SIMS were:

- shorter waiting times
- an MDT approach to triage
- time to discuss options with patients
- other support whilst waiting for a first outpatient appointment

In regard to planned work a single point of access would be implemented, the CCG would work closely with providers and practices to evaluate the service. Continued communications and engagement work would be undertaken with practices. The guidelines would be embedded in health pathways and the membership of the MSK group would be expanded to include secondary care representation.

A flowchart of the current proposal for referral was explained.

In relation to referrals from certain localities in Sunderland it was confirmed that the SIMS service did offer choice to the patient and they could choose to be referred to any preferred provider.

A question was raised around what the patient facing experience would be. It was acknowledged that the patient would be made aware of the referral to MSK service for assessment. The right place for the patient to be treated appropriately would be chosen the first time although this was open to review if the referral process did not work.

Concerns were raised for the number of patients referred via SIMS then back to the GP for example asking to be referred to an orthopaedic surgeon. It was explained that this related to how physiotherapy was perceived by the patient and if they had any concerns with the treatment/further treatment they should have a

discussion with the physiotherapist who would feed into any relevant services.

It was suggested that communication with practices was required to describe the service that patients were being referred into and to capture the patient experience. The committee suggested that this presentation would be useful information to feed into the Quality and Safety Committee (QSC). It was agreed for Mrs Fox and Ms Bradbury to determine the timescales for presentation to the QSC.

Action: Mrs Fox and Ms Bradbury to determine the timescales for presentation to the QSC on the MSK referral process.

2018/90

Finance Report

The purpose of the report was to present a summary of the financial position of delegated general practice budgets as at month 7 for the period ending 31 October 2018 and the forecast year end position for 2018/19.

It was noted that since the report had been written month 8 had been closed down.

The CCG had reported a forecast underspend of £151k for this budget. There had been additional slippage identified of circa £200k since writing the report in the month eight closedown. A scheme was under consideration around purchase of equipment for practices to utilise this additional slippage.

It was clarified that the GP services budget of £3,888k included high risk areas such as maternity and sickness cover as well as the general practice quality premium.

A breakdown of primary care reserves had been included in the report, this included contribution towards the GP indemnity costs highlighted in the Five Year Forward View. It was noted that this may be paid from central funding and the CCG was awaiting confirmation from NHS England. Additional schemes had been identified to use the funding if this did occur.

It was noted that appendix 1 of the report included a summary of non-recurrent schemes that had been agreed.

The Primary Care Commissioning Committee **NOTED** the financial position of delegated general practice budgets as at 31 October 2018.

2018/91

CQC Update report – published outcomes

The report provided an update to the current CQC inspection status of the GP practices in Sunderland and an overview of the processes followed when practices were placed into special measures or had inadequate areas within an inspection.

Since the last update report there had been one report published. St Bede's Medical Practice had been rated as GOOD with one element (Safe) as requiring improvement. The localities manager for that area would be supporting the practice to develop an action plan. The developed action plan had been trialled in another practice which had been to the Local Quality Group for sign off. This improvement would assist the CCG in keeping sight of improvements made. It was agreed this was a crucial point for the PCCC that provided assurance that actions were being monitored and formally reported.

It was agreed that this process should be formally reported on a 6 monthly basis to the committee to highlight themes, how issues had been addressed with a link to good news stories etc.

It was noted that this report showed that the CCG were a responsive commissioner and was well received at practice level. Resilience issues were picked up and supported over and above the five year forward view.

Action: A six monthly report to be produced on thematic analysis and also be placed on the PCCC cycle of business.

The Primary Care Commissioning Committee **RECEIVED** the report for discussion and assurance.

2018/92 Communications and engagement progress report

This item was deferred to the 28 February meeting.

2018/93 New consultation types

A presentation was made to the Primary Care Commissioning Committee on new consultation types.

In 2016 the General Practice Five Year Forward View had promised a direct investment in general practices for digital technology totalling £45m for England. This was a national programme for online consultations and highlighted 10 high impact actions the second of this was new consultation types.

The vision was to empower patients to take control of their own health and care via a range of different technologies.

Currently five practices were piloting the following:

- Online consultations - eConsult
- Video consultations
- Patient online
- Patient messaging
- Group consultations

There were 12 practices currently live with eConsult with an expectation this would increase to 15 by the end of the financial year.

Each practice would receive support to ensure the technology was embedded correctly and to monitor statistics as shown in the presentation. In October it was estimated that 23 appointments had been saved, this increased in November to an estimated 60 appointments saved.

The practices would trace through the patient journey to assess the outcomes. A Practice had looked at the figures in relation to the impact of patients using eConsult, and found lower numbers of calls received into the practice. It also monitored the number of 'did not attend' (DNAs) and self-help visits to the site.

The practice were using telephone appointments with a duty doctor and messaging patients to promote the service which had resulted in an increased use from 10 to 46 per week.

A question was raised about the difference between the NHS 111 online service and eConsult and what the level of patient satisfaction was. In response the committee heard that patient satisfaction of the service was very positive with only one patient showing dissatisfaction; this was due to contacting the wrong practice. The eConsult service ran in parallel to NHS 111 online, the services work closely together. It was noted that in the South eConsult provide the 111 service. The eConsult service would refer to NHS 111 service via a red flag algorithm if this was required.

It was noted that the service change was a region wide process which included all 10 northern CCGs forming an online steering group to procure the service. The service had not been widely advertised, a regional campaign had been planned for later in the year and would be promoted to practices.

A question was raised as to how patients without any technical expertise were being provided for. In response it was noted that work had been undertaken in conjunction with Age UK to look at vulnerable groups and link this into practices. New alternate ways (digital channels) to increase access and free up the more traditional channels however, these would still be available to patients.

In relation to out of boundary patients, the practices would still contact these patients and have information available on the practice web site.

The trial of the new consultation types had been from April 2018 to April 2019. Sessions at the Time in Time Out had been undertaken to promote the service with additional practices showing interest in taking part in the pilot.

The Chair enquired about lessons learned, boundaries and challenges and were there any changes in perceptions following the initial stages of the pilot. In response it was noted that case studies would be undertaken and work to capture patient and staff sound bites and videos to help with advertising and the change in perception.

Attention was drawn to the potential for contractual arrangements to be included. In response it was noted that there was nothing formally at the moment, this would most likely be in the GP forward view for next year.

The approach on this exciting development was commended as being forward thinking and proactive.

The presentation was **RECEIVED** for information.

2018/94 Workforce steering group minutes 10 October 2018

The minutes of the workforce steering group meeting held on 10 October 2018 were **RECEIVED** for information.

2018/95 Development session update

An overview of the Primary Care Commissioning Committee development session held on 6 December was given.

It was noted that this had been a very productive and well attended session to understand the role and expectations of the committee, streamlining the pre and post process, reviewing the terms of reference and how to both encourage public attendance at the meetings and the giving and receiving of information.

The Chair thanked all the committee members for attending and participating in the development session and to team members for their work both pre and post development session.

2018/96 GP Strategy update

Mrs Nesbitt informed members that a presentation would be given to the PCCC in February on the GP Strategy. The team had developed an action plan and met with GP Executives along with the Executive Practice Manager and Practice Nurse. The team were looking to involve and engage practices and look at additional resource to help deliver and review the strategy.

2018/97 Any other business

The Chair reminded the Committee that this meeting would be the last Primary Care Commissioning Committee meeting that Mrs Aileen Sullivan would attend as SCCG Lay Member PPI, and as the Committee's former Chair, and current vice chair. Whilst due to personal circumstances Mrs Sullivan was unable to attend the meeting, the Committee nevertheless wanted to record its thanks for all of the valuable work and commitment which Mrs Sullivan had given during her office, and wish her and her family very best wishes for the future.

2018/98 Feedback from meeting - What Went Well/Not

The Chair asked the committee what they thought had gone well or not at this meeting. It was agreed that the presentations had been very informative and it had been helpful to have a paper copy of them to refer to but the acoustics in the room were not very good. It was agreed that members of the localities team would find it helpful to attend future meetings.

There being no further business the meeting closed at 2.05pm.

2018/97 Date of next meeting

Thursday 28 February 2019, 13.45pm. Bede Tower, Burdon Road, Sunderland SR2 7EA

NHS Sunderland CCG Primary Care Commissioning Action Log 13 December 2018

Minute Reference	Action Point	Lead	Timescale	Current Status
2018/73	The detail on the non-recurrent expenditure schemes (including utilising the £400k carried forward surplus) to be included in the finance report for 13 December meeting.	T Lake	December meeting	On the agenda
2018/74	Mrs Lake to circulate a briefing outside of the meeting on the current status, key issues and risks and gaps in assurance in regard to premises costs. It was agreed that Mrs Lumsdon would contribute to this paper with regards social responsibility work she had been undertaking with NHSPS.	T Lake/R Lumsdon	Following the meeting	Completed
	To allow time to collate information for pre-reading and to enable attendance by a senior member of NHSPS this would be deferred to the February meeting.	T Lake	February 2019	On February agenda
2018/77	Mrs Nesbit to lead on working with Healthwatch on their offer to support engagement with the public.	C Nesbit	Following the meeting	Meeting being arranged for 11 December 2018
2018/79	A verbal update on the GP strategy refresh would be brought to the December meeting with a presentation to the February meeting.	C Nesbit	December/February meetings	Plan developed
2018/89	Mrs Fox and Ms Bradbury to determine the timescales for presentation to the QSC on the MSK referral process.	A Fox	Following the meeting	
2018/91	A six monthly report to be produced on thematic analysis and also be placed on the PCCC cycle of business.	C Nesbit/J Thwaites	June 2019	

GP Strategy 2016 – 2021 and Primary Care Workforce

Tuesday 19 February 2019

Jackie Spencer, Head of GP Commissioning

Jacque Lambie, Strategic Primary Care Workforce Lead/
Senior Lecturer Primary Care Workforce Strategy



Purpose and outcomes of the session

- Overview of the current General Practice Strategy
- What we have achieved in 3 years
- What is still outstanding
- Workforce Progress
- What does it mean for Sunderland
- Workforce and the Long Term Plan



General Practice Strategy

	STRATEGIC OBJECTIVES	PRIORITIES FOR 2016/17 – 2017/18
1	Supporting general practice to increase capacity and build the workforce	<ul style="list-style-type: none"> • Review all enhanced services, in conjunction with a review of QoF, to develop and implement a local outcome based Quality Premium • Implement the outcome of the APMS review • Alongside the existing GMS/PMS/APMS contract and funding model, develop a quality and assurance framework for general practice • Review existing roles and skill mix to address capacity, including practice based pharmacy • Evaluate the time limited Career Start and Healthcare Assistant schemes to inform longer term plans • Develop a city wide training and development programme for all staff, with supporting budget
2	Improving patient access	<ul style="list-style-type: none"> • Implement the outcomes of the extended access locality pilots in line with developing an Urgent Care Strategy • Implement any recommendations from the Strategic Estates Plan in respect of general practice estate
3	Ensuring the central, co-ordinating role of general practice in delivering out of hospital care	<ul style="list-style-type: none"> • Continue to improve the Recovery at Home and Community Integrated Teams developments • Design a model of enhanced primary care (primary care 'plus') for people with long term conditions • Develop and implement a multi-agency informatics strategy for a single patient record accessible by all relevant partners
4	Supporting better health through prevention and increasing patients' capacity for self-care	<ul style="list-style-type: none"> • Support practices to provide a structured self-care programme • Promote healthy living through the five localities working with their communities and Public Health
5	Encouraging new working arrangements between practices	<ul style="list-style-type: none"> • Agree a two year plan with GP federations • Review and revise the plan after year 1 in light of learning



Building Blocks – GP Strategy and Primary Care

Supporting General Practice

Quality Premium
(increased funds, less bureaucracy)

Workforce/ Career Start programme / Golden Hello

ETTF/ Equipment

Supporting collaboration/mergers

Protecting and re-investing GP budgets

Extra funding for CIT

Development of Home visiting service - RAH

Enhanced Primary care

Development of SGPA

Localities working together

Development of ECG hubs

Extended access across the city

HealthPathways – 40 pathways

Care Home Alignment

Enhancing GP input into RAH

Community Integrated Teams

Co-location of community staff

Regular practice MDTs

Information Sharing

Roll out of EMIS community

Social workers link to CIT

Care Home nursing support

Focus on Self Care /PAM

New Roles/ LWLW

Recovery at Home

Co-location of intermediate care services

Development of ED interface

Data sharing

Development HVS

Supporting discharges

Reablement

Telehealth

Developing areas

- Networks (Localities)
- Supporting better health through prevention and increasing patients' capacity for self care
- Develop and implement a multi-agency informatics strategy for single patient record
- Enhanced primary care
- International Recruitment
- Locality links with public health
- Locality links with LA Area Co-ordinators



Primary Care Workforce



So far in Sunderland

- 16 GP career start scheme – 6 retained
- 14 Practice Nurse career start
- 9 Health Care Assistant career start
- 5 new GP trainers
- 15 Mentorship bursaries for practice nurses
- Golden Hello scheme
 - 17/18 - 19 applicants
 - 18/19 - 7 applicants
- Advanced skills for nurses
- Practice Management development
- General Practice Workforce Toolkit – 100% sign up
- Placements



SCCG Future Workplans 2019/20

- Training provision at scale
- Building education capacity
- International GP recruitment
- Supporting the existing workforce
 - Practice Manager Peer Appraisal
 - Advanced nursing skills
- Developing a new workforce



The How ? – NHS Long Term Plan

- **New initiatives** – 2 year fellowship for qualified GPs and nurses entering general practice/digital provision to help expand the workforce by providing flexible part-time working
- Apprenticeships
- In 19/20 Networks will receive;
 - 100% recurrent funding to employ social prescribers
 - 70% funding for clinical pharmacists
- Future years there will be 70% funding for
 - Physiotherapists
 - Physicians associates
 - Paramedics



The Future – A Typical Network 2024

Three Social
Prescribers

Two Physician
Associates

Three
Physiotherapists

One Community
Paramedic



Five Clinical
Pharmacists



Developing roles & skills University of Sunderland

- School of Medicine
- Paramedic science
- Pre reg adult nursing
- Mental health & Learning Disability nursing
- Physio & Occupational Therapy



Any Questions?



CATEGORY OF PAPER	✓
Proposes specific action	
Provides assurance	✓
For information only	



PRIMARY CARE COMMISSIONING COMMITTEE	
28 FEBRUARY 2019	
Report Title:	Sunderland CCG Primary Care Commissioning Month 10 Finance Report
Purpose of report	
The purpose of this report is to present the Primary Care Committee a summary of the financial position of delegated general practice budgets as at month 10 (for the period ending 31 January 2019) and the forecast year end position for 2018/19.	
Key points	
The key issue is to ensure the CCG meets its financial duties for 2018/19.	
Risks and issues	
Risks to delivery are documents within the report.	
Assurances	
This report provides assurance that the year to date and financial outturn is in line to achieve the CCG's financial duties for 2018/19.	
Recommendation/Action Required	
<p>The Primary Care Commissioning Committee is asked</p> <ul style="list-style-type: none"> • to note the financial position of delegated general practice budgets for the period ending 31 January 2019 • to note and support the additional non-recurrent funding resources made available for 2018/19 and • to note and support the decision not to bring forward the additional agenda for change funding of 1 percent (provided for from April 1 2019) to April 1 2018 following consultation with NHS England. 	

Sponsor/approving director	David Chandler, Deputy Officer and Chief Finance Officer					
Reviewed by	Tarryn Lake, Deputy Chief Finance Officer					
Report author	Beth Downing, Finance Manager					
Governance and Assurance						
Link to CCG corporate objectives (please tick all that apply)						
CO1: Ensure the CCG meets its public accountability duties						✓
CO2: Maintain financial control and performance targets						✓
CO3: Maintain and improve the quality and safety of CCG commissioned services						
CO4: Ensure the CCG involves patients and the public in commissioning and reforming services						
CO5: Identify and deliver the CCG's strategic priorities						✓
CO6: Develop the CCG localities						
CO7: Integrating health and social care services, including the Better Care Fund						
CO8: Develop and deliver primary medical care commissioning						✓
Relevant legal/statutory issues						
None						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	✓	N/A	
As this paper is for information and assurance only it is not anticipated that there will be any conflicts of interest.						
Equality analysis completed (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	None					
Has there been appropriate clinical engagement?	N/A					
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	No					

assessment been undertaken?	
Has there been member practice and/or other stakeholder engagement if needed?	N/A

Version	Date	Comments
1.0 Draft	08/02/2019	Initial draft completed by BD
2.0 Draft	11/02/2019	TL review & amendments
3.0 final	12/02/2018	DC final

Primary Care Commissioning Committee Financial Report for the period to 31 January 2019

1. Purpose of Report

The purpose of this report is to present the Primary Care Commissioning Committee with the summary financial position for delegated general practice budgets as at month 10 (for the period ending 31 January 2019) and the forecast year end position for 2018/19.

2. Summary Financial Performance

The summary financial performance for delegated general practice budgets for 2018/19 is outlined below:

Category	Year to Date Budget (£000's)	Year to Date Actuals (£000's)	Year to Date Variance (£000's)	Annual Budget (£000's)	Forecast Outturn (£000's)	Variance (£000's)
General Practice - GMS	19,003	19,000	-3	22,803	22,786	-18
General Practice - PMS	2,692	2,692	-0	3,231	3,230	-0
Other List-Based Services (APMS inc.)	1,875	1,887	12	2,250	2,262	12
QOF	3,554	3,152	-403	4,265	3,778	-487
Enhanced Services	509	546	37	610	667	57
Premises Cost Reimbursement	2,638	2,724	86	3,166	3,268	101
Dispensing/Prescribing Drs	173	125	-47	207	160	-47
Other GP Services	3,223	3,370	148	3,868	4,097	230
Primary Care Reserves	0	0	0	243	210	-33
Total Primary Care Co-Commissioning	33,668	33,497	-171	40,644	40,459	-185

The CCG is currently forecasting an under-spend of £185k for delegated general practice budgets for 2018/19. The forecast under-spend is mainly due to slippage against the 2017/18 accrual for QOF after the completion of the validation exercise carried out by NHS England to determine achievement, which is partially offset by premises cost pressures and non-recurrent schemes.

The annual budget for other GP Services is £3,868k and includes expected charges for seniority, maternity and sickness cover and suspended GPs, as well as planned CCG investments such as the general practice quality premium. 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.

Primary Care Reserves is currently forecasting expenditure of £210k. This forecast for primary care reserves assumes expenditure on planned investments as follows:

- £200k – general practice equipment scheme; and
- £10k – estates support.

As well as the allocation for the Delegated General Practice Budget, the CCG has set aside an additional funding stream to support primary care in 2018/19, which is £400k from drawdown of the underspend on the delegated budget from 2017/18.

The GP Strategy Implementation Group has considered a number of proposals in to utilise non recurrent resources efficiently. A number of non-recurrent schemes to the value of £1,193k have already been approved by the Executive Committee, with a further scheme for £285k still under consideration by the GP Strategy and Implementation Group. At present it is forecast that the in-year expenditure for all these schemes will total £790k. Further schemes are being considered to utilise any further non recurrent resources. Please see Appendix 1 for a schedule summarising the approved non-recurrent schemes and their funding source.

Planned transformation support as required in the 2017-19 planning guidance from NHS England (£3 a head) was provided by the CCG in 2017/18 and so will not show in 2018/19, as outlined in previous reports.

The total budget for enhanced services in 2018/19 is £610k, which is outlined in the following table:

Enhanced Services	Year to Date Budget	Year to Date Actual	Year to Date Variance	Annual budget	Forecast Outturn	Variance
	(£'s)	(£'s)	(£'s)	(£'s)	(£'s)	(£'s)
Extended Hours	8	-16,268	-16,276	0	-16,268	-16,268
Learning Disabilities	127,249	212,120	84,871	152,692	249,249	96,557
Minor Surgery	297,808	265,899	-31,909	357,191	333,764	-23,427
Violent Patients	83,331	83,762	431	100,000	100,000	0
Choice GP	420	233	-187	503	316	-187
Intrapartum Care	0	0	0	0	0	0
Other	0	337	337	0	337	337
Total	508,816	546,083	37,267	610,386	667,398	57,012

As at month 10, the CCG is currently forecasting an overspend of £57k within the enhanced services budgets mainly due to pressure in the learning disabilities DES, which is a trend that has been seen across the region.

3. Additional non-recurrent funding

In January 2019, proposals were taken to the Executive Committee to allocate further non-recurrent funding to general practice, in addition to that discussed above.

It was agreed that the following additional resource would be made available from CCG programme resources as follows:

- £800k has been allocated to accelerate the General Practice Quality Premium to the level proposed in 2020/21 of £11.33 per registered patient. This equates to an additional £2.84 per registered patient, which will be paid for achievement of the following schemes:
 - Pathology Improvement Scheme (£2 per registered patient) - this aims to provide GPs with the knowledge and support tools to ensure that pathology tests requested are clinically appropriate to the patients' long term condition and are carried out in line with the recommended guidelines. The scheme supports clinicians to ensure that unnecessary repeating of tests, follow up testing, and high frequency monitoring, is reduced appropriately. This scheme fits with the Local Health Economy scheme to reduce the number and cost of inappropriate pathology testing.
 - Apex Insight Tool (£0.84 per registered patient) - practices will be incentivised to sign up to the Apex workforce tool, which is funded for the first year by NHS England and develop an action plan from any learning following the utilisation of the tool.
- £284k will be allocated from CCG Quality Premium funding to general practice (£1 per patient) in recognition of the work undertaken to support achievement of the standards on antibiotic prescribing.
- £510k has been allocated to practices as additional subsidies for NHS Property Services (NHSPS) charges in relation to facilities management and service charges. NHS England identified slippage against NHSPS budgets held within direct commissioning and made this available to the CCG with the requirement that this is used to support general practice. The resource will be allocated on the same basis as existing subsidy arrangements, which are in place and agreed by the CCG as being only for practices based in NHS Property Service Limited estate.

Lastly the CCG has received letters from the Sunderland Local Medical Council (LMC) and the British Medical Association (BMA) requesting the CCG considers allocating additional resources in 2018/19 to general practice of one percent on the core contract for agenda for change pressures identified to be funded nationally from 1 April 2019. The CCG has liaised with NHS England with regards these requests. The CCG has been advised that the additional one percent for 2019/20 is conditional on contract negotiations for 2019/20 and as such payment in 2018/19 has not been endorsed. Whilst the CCG has not been able to fulfill this request the additional non recurrent schemes approved at Executive Committee in January 2019 commit to supporting general practice pressures. Please see Appendix 2 for copies of the letters.

4. Recommendation

Members are asked

- to note the financial position of delegated general practice budgets for the period ending 31 January 2019
- to note and support the additional non-recurrent funding resources made available for 2018/19 and
- to note and support the decision not to bring forward the additional agenda for change funding of 1 percent (provided for from April 1 2019) to April 1 2018 following consultation with NHS England.

Name of Author: Beth Downing, Finance Manager

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

Date: 8 February 2019

Delegated Primary Care Non-Recurrent Schemes 2018/19

Scheme Number	Scheme Name	2018/19 Value £	2018/19 Forecast Spend £	Funding Source	Scoring					Approved
					Timescale	Savings/ Sustainability	Do-ability - Effort	Do-ability - Clinical Effort	Total Score	
01/2018	Training Budget	100,000.00	100,000.00	2018/19 Delegated Primary Care budget	3	3	3	2	11	Approved by Executive Committee 4 September 2018
02/2018	GP Trainers	-	-	As above	3	3	3	2	11	Approved by Executive Committee 4 September 2018
03/2018	Care Home Realignment	137,000.00	137,000.00	2018/19 Delegated Primary Care underspend	3	3	2	1	9	Approved by Executive Committee 4 September 2018
04/2018	Golden Hello	300,000.00	175,000.00	2018/19 Delegated Primary Care underspend	3	1	3	2	9	Approved by Executive Committee 4 September 2018
05/2018	Scanning of records	200,000.00	200,000.00	Drawdown	2	3	2	3	10	Approved by Executive Committee 4 September 2018
06/2018	Practice Nurse/ANP	120,000.00	10,000.00	Drawdown	3	3	3	2	11	Agreed at Executive Committee 4 September 2018
07/2018	Mental Health Clinical Worker	-	-	Not applicable - not approved.	1	3	2	1	7	Not applicable
08/2018	Direct Booking 111	11,000.00	11,000.00	Drawdown	3	3	2	3	11	Agreed at Executive Committee 4 September 2018
09/2018	Primary Care Winter Sitrep	75,000.00	82,000.00	Drawdown	3	3	2	3	11	Agreed at Executive Committee 4 September 2018
10/2018	GP Fellowship Programme	175,000.00	-	Discussions on-going as whether can be spent in 2018/19	3	3	2	3	11	Agreed at Exec Committee 2 October 2018 subject to discussions re funding being used in 2018/19
11/2018	Dr Gellia Practice Resilience	-	-	2018/19 Delegated Primary Care budget - merger & resilience budget	3	3	3	3	12	Agreed at Exec Committee 2 October 2018
12/2018	Social Prescribing	45,000.00	45,000.00	Drawdown	3	3	3	3	12	Agreed at Exec Committee 2 October 2018 Subject to discussions with Coalfields GP's
13/2018	Child Protection Conference report writer for primary care	30,000.00	30,000.00	2018/19 Delegated Primary Care underspend	3	3	1	2	9	Agreed at Exec Committee 2 October 2018
14/2018	Dr Weatherhead Practice Resilience			2018/19 Delegated Primary Care budget - merger & resilience budget	3	3	3	3	12	Agreed at Exec Committee 2 October 2018 - to come out of resilience funding
15/2018	Incentive Scheme to encourage practices to carry out cancer reviews in a standardised way	285,000.00	-	Not applicable	3	2	1	1	7	Not discussed at Exec Committee 2 October 2018 further discussion required outwith the Exec
Total		1,478,000	790,000							

SUNDERLAND LOCAL MEDICAL COMMITTEE

Secretary

Dr Roger N Ford

e-mail: roger.washingwells@gmail.com

Mobile: 0776 825 1867

Administrator

Maxine Allan

9 The Gardens

Axwell Park

Blaydon

NE21 5PJ

e-mail: maxine.allan@sunderlandlmc.co.uk

Tel/Fax: 0191 414 8962

Our Ref: OA/ma/PCCC/staff pay 18

29 October 2018

Mrs P Harle
Chair, Primary Care Commissioning Committee
NHS Sunderland Clinical Commissioning Group
Pemberton House
Colima Avenue
Sunderland
SR5 3XB

Dear Mrs Harle

Re: Correspondence from Dr Richard Vautrey

I am writing to you in your capacity as chairperson of the Primary Care Commissioning Committee of Sunderland CCG. I understand the correspondence has already been brought to your attention within the CCG but nevertheless I have attached the letter from Richard.

I need not tell you of the parlous state of general practice in the City, and feel this initiative would be a welcome boost to the morale of practices and staff. I have no doubt that some CCGs will struggle with such an additional payment, but in Sunderland we do have the quite unique benefit of a recurring underspend of c£18million per annum to draw upon.

I look forward to a positive response.

Yours sincerely



Dr Olagoke Aiyegbayo
Sunderland LMC Chairman

Enc: Richard Vautrey's letter – GP practice staff pay 2018
cc Ian Pattison, David Gallagher, David Chandler

To all CCG chairs in England
8 October 2018

GP practice staff pay 2018

Dear Sir/Madam

This year the government in England decided on a two per cent uplift for GPs and practice staff from April 2018. In addition to that, the Secretary of State announced that a further one per cent uplift would be made available from April 2019; effectively a three per cent uplift with one percent being delayed by 12 months.

The governments elsewhere in the UK have recognised the importance that a fair pay settlement has on the morale of the workforce and on recruitment and retention. As a result, in Scotland they have announced that they will uplift GP and practice staff pay by three per cent whilst in Wales they have implemented the DDRB recommendations in full, thereby awarding a four per cent uplift to GPs and practice staff from April 2018.

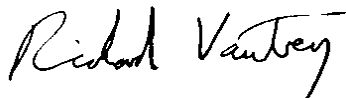
I am sure you share my concern about the recruitment and retention crisis that is not only impacting GPs, but also their practice staff. The difference in pay awards between staff on Agenda for Change and the GP practice workforce, who are increasingly working alongside one another, will undermine morale in your practices and make staff recruitment and retention worse.

With the Secretary of State reiterating his commitment to general practice at the recent Conservative Party Conference, I am writing to you to seriously consider funding the additional one per cent of the GP practice pay award backdated to April 2018 rather than from April 2019, so ensuring that every GP practice in your area can make a three per cent uplift to practice staff this year. As the Secretary of State announced, this funding will be made available to CCGs next year and therefore this will not be a recurrent cost to CCGs, simply a one-off payment for 2018.

As a CCG you will have committed to fund the agreed uplift for all staff on the Agenda for Change contract and I therefore hope you can see how important it is to do the same for all staff working in GP practices. The GPs and practice staff in your area deserve nothing less.

I would be grateful if you could confirm your decision by email to info.gpc@bma.org.uk

Yours sincerely



Dr Richard Vautrey
GP Committee England Chair

Pemberton House
Colima Avenue
Sunderland
SR5 3XB

Tel: (0191) 512 8484
www.sunderlandccg.nhs.uk

Dr O Aiyegbayo
Sunderland LMC Chairman
Sunderland Local Medical Committee
9 The Gardens
Axwell Park
Blaydon
NE21 5PJ

6 November 2018

Dear Dr Aiyegbayo

Thank you for your letter of the 29th October 2018 regarding correspondence from the BMA to CCG Chairs.

I can confirm we are considering all funding options within our governance framework, for delegated general practice, taking into account the guidance from NHS England.

The CCG and the Primary Care Commissioning Committee are fully committed to ensuring the sustainability of general practice in Sunderland. I can assure you we always aim to look to maximise the use of available resources, including making best use of the non-recurrent cumulative surplus held by the CCG.

Yours sincerely



Pat Harle
Chair, Primary Care Commissioning Committee

c.c. Dr I Pattison
Dave Gallagher
David Chandler

SUNDERLAND LOCAL MEDICAL COMMITTEE

Secretary

Dr Roger N Ford

e-mail: roger.washingwells@gmail.com

Mobile: 0776 825 1867

Administrator

Maxine Allan

9 The Gardens

Axwell Park

Blaydon

NE21 5PJ

e-mail: maxine.allan@sunderlandlmc.co.uk

Tel/Fax: 0191 414 8962

Our Ref: OA/ma/PCCC/staff pay 18.2

14 November 2018

Mrs P Harle
Chair, Primary Care Commissioning Committee
NHS Sunderland Clinical Commissioning Group
Pemberton House
Colima Avenue
Sunderland
SR5 3XB

Dear Mrs Harle

Re: Correspondence from Dr Richard Vautrey

Thank you for your letter of 5th November in response to mine of 29th October.

The LMC is well aware that Sunderland CCG's current £18million underspend is technically "non-recurrent" monies. However, this degree of underspend has itself been recurrent, virtually since the inception of the CCG. It can therefore be reasonably argued that the underspend itself is a recurrent underspend. The LMC has repeatedly expressed our concern that this amount of underspend has not been utilised by the CCG. Such an underspend is quite unique in the context of the current financial position of the NHS and individual CCGs. The risk is that at some stage, despite reassurance to the contrary from NHSE, these monies will be utilised to plug the financial gaps in other localities.

I hope the PCCC will carefully consider the LMC's request as per my letter of 29th October. I cannot emphasise enough the positive effect this would have on practices in Sunderland.

Yours sincerely



Dr Olagoke Aiyegbayo
Sunderland LMC Chairman

cc Ian Pattison, David Gallagher, David Chandler

Pemberton House
Colima Avenue
Sunderland
SR5 3XB

Tel: (0191) 512 8484
www.sunderlandccg.nhs.uk

Dr Aiyegbayo
Sunderland Local Medical Committee
9 The Gardens
Axwell Park
Blaydon
NE21 5PJ

30th January 2019

Dear Dr Aiyegbayo,

Thank you for your letters dated the 29th October 2018 and 14th November 2018.

I can continue to assure you that the CCG considers requests such as the BMA letter regarding back dated additional practice pay awards through our normal governance arrangements for delegated general practice, taking into account guidance from NHS England.

The CCG recognises the importance of and remains committed to assuring sustainability of general practice.

Yours sincerely,



Pat Harle
Primary Care Lay Member

CC: Dr Ian Pattison, Chair Sunderland CCG
David Gallagher, Chief Officer, Sunderland CCG

CATEGORY OF PAPER	✓
Proposes specific action	
Provides assurance	✓
For information only	

PRIMARY CARE COMMISSIONING COMMITTEE	
28 FEBRUARY 2019	
Report Title:	CQC Inspections Update Report
Purpose of report	
This report provides the Primary Care Commissioning Committee with an update to the current CQC Inspection status of the GP Practices in Sunderland and an overview of the processes followed when practices are placed into special measures or have inadequate areas within an inspection.	
Key points	
<p>Since the last CQC Inspections update report (December 2018) there have been two further reports published:-</p> <p>Sunderland GP Alliance – The Galleries has been rated as good (previously Requires Improvement) with one area (Safe) outstanding.</p> <p>Dr Bhate and Partners have been rated as good overall and good in all areas (previously good with requires improvement in one area (well-led).</p> <p>35 practices are currently rated GOOD 1 Practice is currently rated OUTSTANDING: Westbourne Medical Group 1 Practices is currently rated REQUIRES IMPROVEMENT: Harraton Surgery 3 Practices are yet to be inspected/have reports published : New Washington Medical Practice, Galleries Medical Practice, Sunderland GP Alliance – New Silksworth Medical Practice</p>	
Risks and issues	
There are no risks or issues	
Assurances	
<p>Assurance provided by the CQC that the services, overall, meet the CQC regulations.</p> <p>Assurance of the processes in place should a practice be placed in special measures or have inadequate elements of an inspection.</p>	
Recommendation/Action Required	
The Primary Care Commissioning Committee is asked to receive this report for discussion and assurance.	
	Clare Nesbit, Associate Director of OD and Workforce

Report author		Sarah Hayden, Locality Commissioning Manager				
Governance and Assurance						
Link to CCG corporate objectives (please tick all that apply)						
CO1: Ensure the CCG meets its public accountability duties						
CO2: Maintain financial control and performance targets						
CO3: Maintain and improve the quality and safety of CCG commissioned services						x
CO4: Ensure the CCG involves patients and the public in commissioning and reforming services						
CO5: Identify and deliver the CCG's strategic priorities						
CO6: Develop the CCG localities						
CO7: Integrating health and social care services, including the Better Care Fund						
CO8: Develop and deliver primary medical care commissioning						x
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No	x	N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	x
Key implications						
Are additional resources required?	N/A					
Has there been appropriate clinical engagement?	N/A					
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?	N/A					
Has there been member practice and/or other stakeholder engagement if needed?	N/A					

CQC Inspections Update Report

1. Introduction

The aim of this report is to provide the Primary Care Commissioning Committee with an update to the current CQC Inspection status of the GP Practices in Sunderland

2. CQC Inspections Outcomes

The CQC Report details the current status of each practice in Sunderland. Since the PCCC committee in December 2018 two further reports have been published;

Sunderland GP Alliance – The Galleries was rated as Good overall with one element (safe) outstanding.

The outstanding practice related to actively promoting staff involvement and communications across the three practice sites by initiatives including regular safety, safeguarding and complaints newsletters. Reflecting a genuinely open and transparent safety culture where concerns raised were valued as integral to learning and development.

There was one recommendation to the practice to continue to develop their QOF reporting including correcting historical coding and exception reporting issues.

Dr Bhate and Partners have been rated as good overall and good in all areas (previously good with requires improvement in one area (well-led)

Recommendations

The Primary Care Commissioning Committee is asked to receive this report for assurance.

Name of Author: Sarah Hayden, Locality Commissioning Manager

Name of Sponsoring Director: Clare Nesbit, Associate Director of OD and Workforce

Date: 8 February 2019

Practice	NHS Code	Inspection date	Status	SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED	OVERALL RATING	Enforcement action/other comments
Deerness Park Medical Group	A89001	05/04/2018 and 18/04/2018	Published	Good	Good	Good	Good	Outstanding	Good	Also OS for older people -
Dr SM Bhate and Dr H El-Shakankery	A89002	11/12/2019	Published	Good	Good	Good	Good	Good	Good	
Hetton Group Practice	A89004	15/09/2015	Published	Good	Good	Good	Good	Good	Good	
Dr Brigham and Dr Joseph	A89005	18/08/2016	Published	Good	Good	Good	Good	Good	Good	

Wearside Medical Practice (formerly Dr Shetty and Partners)	A89006	01/05/2018	Published	Good	Good	Good	Good	Requires improvement	Good	
Pallion Family Practice	A89007	07/11/2017	Published	Good	Good	Good	Good	Good	Good	
Redhouse Medical Centre	A89008	07/02/2017	Published	Good	Good	Good	Good	Good	Good	
Herrington Medical Centre	A89009	19/01/2016	Published	Good	Good	Good	Good	Good	Good	
Dr Stephenson and Partners	A89010	18/01/2016	Published	Good	Good	Outstanding	Good	Good	Good	

Joshi Na	A89011	19/06/2016	Published	Good	Good	Good	Good	Good	Good	
Galleries Medical Practice	A89012									
The New City Medical Group	A89013	07/06/2018	Published	Good	Requires Improvement	Good	Good	Good	Good	Requirement Notice: Regulation 19 HSCA (RA) Regulations 2014 Good Governance (staff training, audit and practice development)
Fulwell Medical Centre	A89015	14/06/2016	Published	Good	Good	Good	Good	Good	Good	

St Bede Medical Centre	A89016	05/07/2016	Published	Requires improvement	Good	Good	Good	Good	Good	
Millfield Medical Group	A89017	26/01/2016	Published	Good	Good	Good	Outstanding	Good	Good	
Ashburn Medical Centre	A89018	07/09/2016	Published	Good	Good	Good	Good	Good	Good	
Drs Cloak, Choi and Milligan	A89019	21/06/2016	Published	Good	Good	Good	Good	Good	Good	
Forge Medical Practice	A89020	03/01/2018	Published	Good	Good	Good	Good	Good	Good	

Kepier Medical Practice	A89021	20/01/2016	Published	Good	Good	Good	Good	Good	Good	
Concord Medical Practice	A89022	16/08/2016	Published	Good	Good	Good	Good	Good	Good	
Houghton Medical Group	A89023	05/01/2016	Published	Good	Good	Good	Good	Good	Good	
Broadway Medical Practice	A89024	21/04/2015	Published	Good	Good	Good	Good	Good	Good	
Sunderland GP Alliance - The Galleries	A89025	17/10/2017	Published	Outstanding	Good	Good	Good	Good	Good	Requirement Notice Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Victoria Medical Practice	A89026	07/06/2016	Published	Good	Good	Good	Good	Good	Good	
Springwell Medical Group	A89027	28/07/2016	Published	Good	Good	Good	Good	Good	Good	
Grangewood Surgery	A89028	05/01/2016	Published	Good	Good	Good	Good	Good	Good	
Westbourne Medical Group	A89030	16/08/2016	Published	Good	Outstanding	Outstanding	Outstanding	Outstanding	Outstanding	
Hylton Medical Group	A89031	28/09/2017	Published	Good	Good	Good	Good	Good	Good	

Sunderland GP Alliance - Silksworth Health Centre	A89032									
Park Lane Practice	A89034	13/01/2016	Published	Good	Good	Good	Good	Good	Good	
Southlands Medical Group	A89035	01/04/2015	Published	Good	Good	Outstanding	Good	Good	Good	
Castletown Medical Centre	A89036	15/08/2016	Published	Good	Good	Good	Good	Good	Good	
Monkwearmouth Health Centre (Drs Gellia & Balaraman)		13/12/2016	Published	Good	Good	Good	Good	Good	Good	

Happy House Surgery	A89041	29/06/2016	Published	Good	Good	Good	Good	Good	Good	
Dr Rex Obonna	A89603	03/07/2018	Published	Requires improvement	Good	Good	Good	Good	Good	
Dr Martin Weatherhead	A89604	14/01/2016	Published	Good	Good	Good	Good	Good	Good	
South Hylton Surgery	A89614	23/04/2015	Published	Good	Good	Good	Good	Good	Good	
Rickleton Medical Centre	A89616	17/05/2016	Published	Good	Good	Good	Good	Good	Good	

Harraton	A89617	11/01/2018		Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement	
Dr Ahmed El Safy	A89623	16/02/2018	Published	Good	Good	Good	Good	Good	Good	
Sunderland GP Alliance – Extended Access Coalfields		TBC								
Sunderland GP Alliance – Extended Access East		TBC								
Sunderland GP Alliance – Extended Access North		TBC								

Sunderland GP Alliance – Disruptive Patient Service		20/03/2018	Published	Requires Improvement	Good	Good	Good	Good	Good	Requirement Notices Regulation 1 HSCA (RA) Regulations 2014 Good governance
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Practices awaiting deregistration

Dr Hegde and Partners (The Galleries Health Centre)	A89003	05/01/2016	Published	Good	Good	Good	Good	Good	Good	
JR Nathan (due to de-register)	A89612	15/09/2015	Published	Good	Good	Good	Good	Good	Good	
Dr Annie Thomas	A89620	05/01/2016	Published	Good	Good	Good	Good	Good	Good	

Dr NJ Bhatt	A89624	12/01/2016	Published	Good	Good	Good	Good	Good	Good
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CATEGORY OF PAPER	✓
Proposes specific action	✓
Provides assurance	
For information only	



PRIMARY CARE COMMISSIONING COMMITTEE	
28 FEBRUARY 2019	
Report Title:	Update for General Practice communications and engagement
Purpose of report	
To provide an overview of the activity to date and to provide an update on how this work will progress in the future.	
Key points	
<ul style="list-style-type: none"> • A plan for communications around General Practice was agreed in April 2018 by this committee • This paper provides an update on the activity to date and how this work has been aligned to other projects within the CCG • A new way of working is proposed in this paper which the committee is asked to consider and approve 	
Risks and issues	
<ul style="list-style-type: none"> • Plans are developed to attempt to mitigate the negative press coverage in Sunderland in relation to general practice through highlighting the good work that Sunderland CCG and practices are doing within the city. • The work to date has been aligned to other priority projects within the CCG therefore the budget has not as yet been spent 	
Assurances	
<ul style="list-style-type: none"> • Plans are reviewed at the communications and engagement steering group and will be discussed and agreed at the GP Strategy Group • A new way of working is proposed in this paper with quarterly meetings with the head of general practice commissioning and the senior communications and engagement manager to review activity 	
Recommendation/Action Required	
The primary care commissioning committee is asked to review the contents of this report and approve the revised plan for communications activity.	
Sponsor/approving directors	

Report author	Helen Fox, senior communications and engagement manager (NECS) Jackie Spencer, head of general practice commissioning					
Governance and Assurance						
Link to CCG corporate objectives (please tick all that apply)						
CO1: Ensure the CCG meets its public accountability duties						
CO2: Maintain financial control and performance targets						
CO3: Maintain and improve the quality and safety of CCG commissioned services	✓					
CO4: Ensure the CCG involves patients and the public in commissioning and reforming services	✓					
CO5: Identify and deliver the CCG's strategic priorities	✓					
CO6: Develop the CCG localities	✓					
CO7: Integrating health and social care services, including the Better Care Fund						
CO8: Develop and deliver primary medical care commissioning						
Relevant legal/statutory issues						
NA						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	✓
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	✓
Key implications						
Are additional resources required?	Budget of £23,400 has been identified to fund this work but to date there has been nothing spent against this. For any agreed activity a page in the Sunderland Echo (online and paper) which is circa £2,000 included in the budget outlined above					
Has there been appropriate clinical engagement?	NA					
Has there been/or does there need to be any patient and public involvement?	NA					
Is there an expected impact on patient outcomes/experience? If yes, has a quality impact	NA					

assessment been undertaken?	
Has there been member practice and/or other stakeholder engagement if needed?	NA

Update for General Practice communications and engagement

1. Update on the work to date

A plan was agreed in April 2017 for communications support around general practice with an action plan of activity. The aim was to promote the work the CCG is doing to sustain and transform general practice in line with the CCG Commissioning Strategy for General Practice and the General Practice Forward View.

An overview of activity to date is provided in the appendix.

2. Planning for future communications

It has emerged throughout the year that this plan is no longer fit for purpose. Due to the changing nature of commissioning within Sunderland (the ten-year plan, ICS/ICP) the communications for general practice needs to become much more fluid.

The aim for the communications will be to highlight the developments within Sunderland that will contribute towards better care for patients and alleviate pressure on practices.

The General Practice Strategy is currently being refreshed and there will be areas that will need clear communication and engagement support. This will be added to the action plan once the strategy has been agreed.

All communications will continue to focus on the five key areas including workforce, capacity (workload), access, care redesign (out of hospital), prevention and self-care.

The strategy will explain some of the work that has already been undertaken to ensure the future sustainability of general practice, including moves, mergers and transformation. It will consider the key initiatives from NHS Sunderland CCG's updated Commissioning Strategy for General Practice and the GPFV, paying particular attention to workforce.

3. Planning for future communications

It is proposed that quarterly meetings with the communications and engagement manager and the head of primary care commissioning take place to agree the priorities for that particular quarter. This will ensure that any communications are aligned with the out of hospital transformation project as well as the communications and engagement strategy.

A new process has been outlined below for communications for General Practice which will take place quarterly:

- Meeting with senior communications and engagement manager (NECS) and head of primary care commissioning to outline objectives and to discuss key areas in detail
- NECS to draft the key messages
- Reviewed by head of primary care commissioning and GP Primary Care Lead
- Reviewed by NECS Comms team to make any changes
- For any agreed activity a page in the Sunderland Echo
- Final comments and sign off by the General Practice Strategy Implementation group (meets monthly)
- NECS to receive final document for publication
- Evaluation will be via the GP Strategy Implementation Group with updates to the Primary Care Commissioning Committee. It will also be included in the Involving People - Project and Action Plan which is part of the communications and engagement steering group and the quality, safety committee updates

Recommendations

The Primary Care Commissioning Committee is asked to approve this updated approach to communications with general practice and the public.

Name of Author: Helen Fox, senior communications and engagement manager (NECS)
Jackie Spencer, head of general practice commissioning

Name of Sponsoring Director: Clare Nesbitt, Associate Director of OD and Workforce, Director Lead for Primary Care

Date: 7 February 2019

4. Appendix

Project theme	Description	CCG responsible lead	Timing	Update
Workforce	<p>Like many other areas, Sunderland has a shortage of GPs, but the CCG are working hard to attract more GPs to the city and encourage them to stay.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • GP career start scheme: this means that newly qualified GPs can get extra peer support when taking on their first job in a Practice • Practice nurse career start scheme: there is also a shortage of nurses so this scheme is similar to the GP career start scheme. It means nurses who are new to working in a GP practice can gain extra peer support and skills needed for chronic disease management • Golden hello scheme and GP training bursary: financial incentives to support GPs to come and work in Sunderland • Working with universities: developing training programmes with placements in GP Practices now taking place in Sunderland to help staff understand the benefits of working in Practices. 	Jacquie Lambie, Janet Rutherford	May 2018	<p>Public relations activity was originally planned for May 2017 and there were some initial difficulties obtaining the information The first area from the work plan related to general practice workforce, which was due in May and then encountered further delays with contacting the case study person identified.</p> <p>Golden Hello – Sunderland Echo and Journal Story appeared about the incentive scheme to recruit GPs and this information was taken directly from the commissioning committee meeting.</p> <p>Links to the coverage: https://www.sunderlandecho.com/news/health/gps-offered-golden-hello-of-up-to-20-000-to-work-in-sunderland-1-9229932 https://www.sunderlandecho.com/news/health/health-bosses-defend-golden-hellos-for-doctors-to-work-in-sunderland-and-hint-they-could-be-offered-to-nurses-1-9244426</p> <p>The reach of the above articles (how many could have viewed them) is 60,000.</p>
Capacity	The CCG is looking to see how capacity	Jackie Spencer	July 2018	This was incorporated into the urgent care consultation

(workload)	<p>within General Practice can be improved.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Reviewing all enhanced services • Reviewing existing roles and skill mix to address capacity, including practice based pharmacy • Support General practice to become sustainable e.g. Quality Premium, pharmacy schemes 	Jacquie Lambie		messages around GP capacity.
Access	<p>GP practices across Sunderland are working together to offer patients better access to GP appointments at times which are more convenient for many patients. Again, this is one of the key objectives of the Commissioning Strategy. Extended Access will be a key part and work will need to be done around how we communicate and engage with public and practices on any changes.</p> <p>The General Practice Alliance and the city's five localities are delivering this service.</p> <p>Public satisfaction with general practice remains high, but in recent years patients have increasingly reported - through the GP Patient Survey - more difficulty in accessing services, including a decline in good overall experience of making an appointment in general practice.</p>	Sarah Hayden	September 2018	<p>This linked into the work around the COPD app and New Consultation Types.</p> <p>COPD</p> <p>Objectives</p> <p>Generate patient requests for myCOPD app.</p> <p>To secure positive media coverage throughout November (COPD Awareness Month).</p> <p>Increase engagement on social media.</p> <p>Raise awareness of COPD symptoms.</p> <p>Encourage patients with COPD symptoms to seek medical advice.</p> <p>The strategy promotes myCOPD app through a targeted multi-channel media campaign and raise awareness of COPD through news stories, case studies and social media.</p> <p>Outputs</p> <p>Press release was issued and received coverage https://www.sunderlandecho.com/news/health/new-app-to-help-10-000-sunderland-patients-with-copd-manage-their-lung-conditions-1-9455355</p> <p>Special feature in the Sunderland Echo for one month –</p>

				<p>including social media channels https://www.sunderlandecho.com/special-features-2-19215/two-million-people-in-the-uk-have-undiagnosed-copd-and-you-could-be-one-of-them-1-9428276?fbclid=IwAR1iewXiPm1e9oaZrcTLXGGXSNeYJsQ8zrnEeXFSO9Q6RLpWOgJ108SLQPc Print advertising, bus panels and radio advertising Animation - https://youtu.be/gPKbKx8ro0Y GP bulletin and wider stakeholder bulletin Video case study https://www.youtube.com/watch?v=hONe18l8x-s Letter for patients provided to GP practices Posters and 15,000 materials delivered to GP practices, pop up banners and pens All activity was also updated on the CCG website</p> <p>New Consultation Types The CCG are looking to hold a roadshow awareness event. This will now take place in March:</p> <ul style="list-style-type: none"> • Bridges Shopping Centre (3 days) WB 11 March 19 (exact dates to be confirmed) • Hetton Shopping Centre (1 day) date to be confirmed • The Galleries Shopping Centre (3 days) WB 25 March 19 (exact dates to be confirmed) <p>The roadshow events will provide information about digital technologies, and providing demonstrations of the technologies. This activity will be branded as a Sunderland Health Forum.</p> <p>Further consideration will be given for education and using IT equipment to support Long Term Conditions.</p>
Prevention	This will focus on how General Practice is	Elizabeth Mallett	November	This work has been incorporated into the local urgent

and self-care	working together for winter.	Jackie Spencer Rachel Lumsden Johannes Dalhuisen	2018	care marketing campaign. Further work will need to be done in this area.
Care redesign (out of hospital)	<p>The NHS and social care services are working more closely together (since 2014) to provide better services in the community. Called All Together Better, this approach is making sure services delivered out of hospital are joined up and delivers effective, seamless care that the people of Sunderland deserve.</p> <p>Examples include:</p> <ul style="list-style-type: none"> • Recovery at Home Service: this team responds quickly to provide intensive support to those who need more help while they're getting back to normal after a short term illness or injury in their own home, residential or nursing care home or on discharge from hospital • GP Home Visiting Service: from 1 October 2018, GPs will also be part of the Recovery at Home team and will visit people in their homes or support the nurses visiting when they are unable to get to their GP practice. This service will free up appointments from individual GP practices as they won't all need to do their own home visits (unless a patient needs to see their own GP for continuity due to for example 	Paul Gibson	January 2019	<p>Engagement will be taking place for the Recovery at Home service.</p> <p>Key messages have also been used as part of the urgent care consultation and will also be incorporated into any work communicating about the changes to urgent care.</p>

	their long term condition or complex care needs)			
Prevention and self-care	<p>The CCG are starting to shift the focus in general practice to well-being and prevention to empower patients to take a greater responsibility for their health and to make necessary changes in their lifestyles.</p> <p>Examples of the capabilities and their potential use include:</p> <ul style="list-style-type: none"> Developments in self-care, the child illnesses app, NHS Choices, Telehealth and social prescribing Signposting patients from practice web sites to appropriate services such as pharmacies and self-care guidance Enhanced telephony systems that enable 24/7 booking and cancelling of appointments integrated with the GP clinical system while also allowing direct dial out from the patients electronic clinical record (e.g. click on the patients phone number to dial within EMIS) Online self-triage tools (developed by clinicians) to gather the patients details of their presenting problem or request for services and where appropriate deal with these efficiently without the need for a face to face appointment 		March 2019	This will link into the New Consultation Type work.

	<p>Providing e-consultation technology that follow on from self-triage and enable a convenient method of patients communicating with practices for transactional and simple services</p> <p>Where appropriate and clinically safe, offering video consultation which offers convenience for patients and reduces activity within waiting rooms. This could also potentially be used for group consultations and clinician to clinician communications.</p>			
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CATEGORY OF PAPER	✓
Proposes specific action	
Provides assurance	
For information only	



PRIMARY CARE COMMISSIONING COMMITTEE	
28 FEBRUARY 2019	
Report Title:	Update on Primary Care Networks
Purpose of report	
The purpose of this report is to update the Primary Care Commissioning Committee regarding the implications of the recently announced GP Contract on the development of Primary Care Networks (PCNs)	
Key points	
<p>Sunderland CCG is in the process of refreshing the General Practice Strategy, which gives an ideal opportunity to work with practices in locality groups to help them understand the implications of the developments in relation to Primary Care Networks, as well as gather ideas about the priorities of each locality going forward.</p> <ul style="list-style-type: none"> • By 15 May 2019, PCNs need to complete Directed Enhanced Services (DES) registration form detailing member practices, lead practice or organisation that will receive the PCN funding, details of the clinical director and confirmation that the practices have signed the network agreement • By 30 June 2019, 100% of practices need to be signed up to PCNs • PCNs will received £1.50 per head of population for their management and organisation development each year until March 2024 and additional funding for 0.25 WTE of a clinical director per 50,000 of population, support in kind from CCGs (for example support staff) and access to national support and development programmes. Networks can also receive the reimbursement for new roles (social prescribers, clinical pharmacists, first contact physiotherapists and physician associates) 	
Risks and issues	
The risk is that we have 5 Networks working in silo.	
Assurances	
Robust communication with GP Practices is key to ensuring joint working and linking with strategic direction i.e. All Together Better Alliance (ATBA)	
Recommendation/Action Required	
The primary care commissioning committee is asked to note the contents of this report	

Sponsor/approving director	Clare Nesbit, Associate Director of OD and Workforce and Director Lead for Primary Care					
Report author	Donna Bradbury, Locality Commissioning Manager					
Governance and Assurance						
Link to CCG corporate objectives (please tick all that apply)						
CO1: Ensure the CCG meets its public accountability duties						x
CO2: Maintain financial control and performance targets						x
CO3: Maintain and improve the quality and safety of CCG commissioned services						x
CO4: Ensure the CCG involves patients and the public in commissioning and reforming services						
CO5: Identify and deliver the CCG's strategic priorities						x
CO6: Develop the CCG localities						x
CO7: Integrating health and social care services, including the Better Care Fund						
CO8: Develop and deliver primary medical care commissioning						x
Relevant legal/statutory issues						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		N/A	
If yes, please specify						
Equality analysis completed (please tick)	Yes		No		N/A	
Key implications						
Are additional resources required?	NHSE will be working through the finances with CCG finance teams. The paper itself details the additional resources that will be available to networks in financial and support terms					
Has there been appropriate clinical engagement?	NHSE has consulted widely with the BMA, GPC and LMCs on the development of the new primary care contract deal					
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?	The intention of the PCN development is to allow for more integration of services, delivery of personalised care and addressing health inequalities in order to improve patient experience and outcome					
Has there been member practice and/or other stakeholder engagement if	Member practice engagement will take place via the locality General Practice Strategy Refresh sessions, locality arrangements and a dedicated TITO session					

needed?	
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1. Background

The NHS Operational Planning and Contracting Guidance 2019/20 set out the requirement for practices to work as part of local primary care networks by 30 June 2019. Refreshing NHS Plans for 2018-19 first set out the ambition for CCGs to actively encourage every practice to be part of a local primary care network so that these cover the whole country as far as possible by the end of 2018/19. Primary care networks will be based on GP registered lists, typically serving natural communities of around 30,000 to 50,000. They should be small enough to provide the personal care valued by both patients and GPs, but large enough to have impact and economies of scale through better collaboration between practices and others in the local health and social care system.

Primary care networks support groups of practices to come together locally, in partnership with community services, social care and other providers of health and care services. Where developing primary care networks are in place, there are clear benefits for patients and clinicians, and these approaches are emerging as the delivery model for primary care of the future. Primary care networks build on the core of current primary care and enable greater provision of proactive, personalised, coordinated and more integrated health and social care.

The core characteristics of a Primary care network are:

- Practices working together and with other local health and care providers, around natural local communities that make sense geographically, to provide coordinated care through integrated teams
- Providing care in different ways to match different people's needs, including flexible access to advice and support for 'healthier' sections of the population, and joined up multidisciplinary care for those with more complex conditions
- Focus on prevention, patient choice, and self-care, supporting patients to make choices about their care and look after their own health, by connecting them with the full range of statutory and voluntary services
- Use of data and technology to assess population health needs and health inequalities, to inform, design and deliver practice and population scale care models; support clinical decision making, and monitor performance and variation to inform continuous service improvement
- Making best use of collective resources across practices and other local health and care providers to allow greater resilience, more sustainable workload and access to a larger range of professional groups

2. Requirements of NHS Operational Planning and Contracting Guidance 2019/20

1. By 30 June 2019, 100% of practices need to be signed up to Primary Care Networks serving populations of around 30,000 – 50,000.

This will be by signing up to a network agreement, and a template agreement will be mandated. The agreement should detail how the practices will work together and make decisions. We can expect to see this in March 2019, as the detail is still being worked through from a legal perspective. 30,000 is a “hard bottom” but 50,000 is a “soft top” – PCNs can be larger but thought needs to be given to mechanisms of working together and ensuring a local population focus.

2. ICSs must include a primary care strategy as part of the system strategy that will be developed in autumn 2019 and this must include a PCN development plan, local investment plan and local workforce plan.

For our ICS, a draft primary care strategy and PCN development plan will be developed for April and discussions are already underway with CCGs about mechanisms of achieving this.

3. Support the introduction of any nationally agreed contract arrangements for PCNs ensuring that community services are configured in line with PCN boundaries.

The Network Contract will be a Directed Enhanced Service (DES). As a DES, it is an extension of the core GP contract. The commissioner of the Network Contract DES is the CCG. We are expecting the specification to be available in March.

This will have three components:

1. The national Network Service Specifications that all networks will need to deliver
2. The national schedule of Network Financial Entitlements. Alongside these entitlements come clear transparency requirements, including for subcontracting arrangements
3. The Supplementary Network Services. CCGs and Primary Care Networks may develop local schemes, and add these as an agreed supplement to the Network Contract, supported by additional local resources.

To be eligible for the Network Contract DES, a Primary Care Network needs to submit a completed registration form to its CCG by no later than 15 May 2019, and have all member practices signed-up to the DES including the following information:

- The names and the ODS codes of the member practices;
- The Network list size, i.e. the sum of its member practices' registered lists as of 1 January 2019;
- A map clearly marking the agreed Network area;
- The initial Network Agreement signed by all member practices;
- The single practice or provider that will receive funding on behalf of the PCN; and
- The named accountable Clinical Director.

Extended Access DES funding will be part of the Network DES arrangements.

4. Provide a minimum of £1.50 per head of financial support to PCNs for their management and organisational development. This will commence in 19/20 and continue each year until March 2024.
5. Support PCNs in their development including practically supporting to access the PCN Development Programme by 31 March 2020.
6. Ensure PCNs are provided with primary care data analytics for population segmentation and risk stratification complemented with local flows to help understand their population's health and care needs. This will include screening and immunisation services by 1 July 2019 at the latest.
7. Ensure that PCNs work together including at place level to ensure they play a full role in improving the services commissioned and provided and ensure every PCN is working to implement the comprehensive model for personalised care.

From 2020 networks will be expected to deliver national network service specifications. Five will start by April 2020: structured medication reviews, enhanced health in care homes, anticipatory care (with community services), personalised care and supporting early cancer diagnosis. The other two start by 2021: cardiovascular disease case-finding and locally agreed action to tackle inequalities. The specifications will be developed by the GPC and NHS England as part of annual contract negotiations.

Networks will receive 100% recurrent funding to employ social prescribers and 70% funding for clinical pharmacists in 2019/20. In future years they will receive

70% funding for physiotherapists and physician associates (from 2020/21) and paramedics (from 2021/22) as they are introduced. Model role specifications will be published by March 2019 as a guide for networks. Networks will decide the job descriptions of their own staff, and in so doing they will want to bear in mind the new service requirements in the Network Contract DES

8. Ensure that the delegated budgets received are used to support the development of all practices in the context of PCN development with a detailed local plan published by 1 July 2019 showing that all activity is completed by 31 March 2020

3. Support Available to Primary Care Networks

- Clinical Director support funding
- Primary Care Networks will also be guaranteed a cash payment of £1.50 per registered patient. From 1 July 2019, this will become a Network Financial Entitlement and will be based on the agreed network list size (based on practices' registered lists) as of 1 January each year. This payment is a recurrent extension of the existing £1.50 per head support scheme, which was set out in the December 2018 NHS planning guidance 39. It is a contribution to network effectiveness. As they do now, CCGs will continue to fund this out of their general CCG allocations, rather than the specific NHS England primary medical care allocation. Taken with the Clinical Director together, the two funds combine to create a £2.19 per head fund each year (£2.01 in 19/20), equating to over £109,000 for a typical 50,000 population network each year.
- Many CCGs also provide support in kind for their Primary Care Networks, e.g. through seconding and paying for staff to help with particular functions. Devolved support to PCNs is likely to increase as CCGs evolve, and this local help and assistance will be an important factor in their success.
- During 2019, NHS England will establish a significant new national development programme for PCNs, working with Integrated Care System leaders and national bodies including GPC England, the Royal College of GPs, the National Association of Primary Care and the NHS Confederation Community Network.
- The new NHS Chief People Officer will ensure there is a strong focus on supporting and developing future generations of Primary Care Network Clinical Directors as part of the national work on NHS leadership development.

3. Possible next steps

- Discussions with localities regarding the DES template, including identifying clinical leadership and re-confirming other leadership roles in light of new responsibilities.

- PCNs to consider their collaboration arrangements (for example governance and voting arrangements) for the transparency around decision making – which will be needed early on for decisions to be made about clinical leadership and lead practices or providers to host the funding. Further information will be included in the DES about transparency requirements, including for subcontracting arrangements
- Given extended access DES funding will sit with the PCN DES going forward, should QP be part of the local schemes in the DES?
- The GP Strategy Refresh sessions are giving us a good start to forming PCN development plans and understanding their priorities
- Considerations regarding dashboards – this should include considering public health elements
- Sunderland has a firm foundation for close integrated working arrangements as part of the All Together Better Alliance. The PCN developments should fit as part of the overall model for the city whilst delivering the requirements set out in the planning guidance, including greater PCN influence and ownership as a key part of system-wide working arrangements.

Donna Bradbury
Locality Commissioning Manager

General Practice Workforce Steering Group

Wednesday 28 November 2018

Steve Cram Suite, Pemberton House

Present:

Geoff Stephenson	GP, SCCG (chair)
Jacque Lambie	Strategic Primary Care Workforce Lead
Janet Rutherford	General Practice Workforce Development Lead
Eric Harrison	Exec Practice Manager
Dawn Innes	Board Nurse SGPA
Susan Price	HR Manager SGPA

In Attendance:

Maria Hutchinson	Minutes
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Absent:

Juliet Fetcher	Meds Op SCCG
Raj Bethapudi	Exec GP
Jon Twelves	Director SGPA

1. Apologies

Beth Downing	Finance Manager, SCCG
Karen Giles	Lecture Sunderland University

2. Declaration of interest

JL raised a declaration of interest in regards to Item 6 on the Agenda; University of Sunderland Medical School. There was no other declaration of interest raised throughout the meeting.

3. Notes and Action form the last meeting 10.10.18

a. Accuracy

The following changes were made to the minutes;

- Karen Giles added to the present column
- Page 5, Item 9, 3rd Paragraph "as this expected to be negligible and less that £1k added to the end of the sentence

b. Matters Arising

4. Nursing Update

Nursing workforce subgroup went ahead 27 November 2018, notes will be available at the next meeting for information. Nurses from East and Coalfields localities have joined the group so now all localities have representatives attending.

CWD – Sunderland University are continuing to run updates/masterclasses for practice nurses and HCAs until the end of January when their funding from Health Education England for these programmes will run out. They will continue to provide other funded training programmes e.g. prescribing and clinical skills etc. Uptake and feedback for updates/masterclasses has been very good.

Northumbria and Teesside universities will now be providing updates/masterclasses and information on this is going out to practices. Funding for this type of training has been reduced so both universities are working with the regional nursing group to identify essential programmes and closely monitor uptake.

Placement of student nurses is new for practices and Sunderland University so everyone has been on a learning curve. Placements are proceeding well, there have been 18 placements to date and 5 more in the pipeline. Feedback from the student nurses has been excellent and they have really enjoyed being on placement. Practice nurse mentors had felt that communication from the university needed to be improved, giving more notice about placement dates and providing the opportunity to give feedback/voice opinions. Simone Bedford, the nursing programme leader at the university, attended the nursing subgroup meeting on 27 November 2018 to help resolve issues and agree a plan for future placements.

There has been a lot of discussion around medical indemnity and an SLA for student nurse placement. Health Education England have previously advised that they consider the risk of having student nurses on placement if they are observational or directly supervised in practice. Sunderland University have advised they discuss this when they carry out practice visits. It was agreed with the university that an SLA was not necessary at this stage and they would prepare a memorandum of understanding which would go out to practices soon instead.

a. Non-Medical Prescribers – Mentor Payments

It has been reported that practice nurses in Sunderland and South Tyneside are having difficulty in getting GPs to be their mentor for non-medical prescribing. Discussions are taking place with South Tyneside to work together for a standardised approach across both South Tyneside and Sunderland.

b. Advanced Clinical Practice

A draft SLA *Promoting Advanced Clinical Practice in Nursing Bursary* has been created to support practices. The Bursary will aim to support the

development of advanced clinical practice knowledge and skills within the practice nursing workforce in Sunderland.

Outlined below are the two options within the SLA

Option 1

- A bursary of £1,000 will be paid to the practice for each NP/ANP wishing to undertake the RCN Credentialing programme
- The bursary is intended to cover the cost of the RCN programme and locum cover for 20 learning hours
- The bursary will be made available to any practice with a NP/ANP meeting the RCN programme entry requirements.
- It is a requirement of the service that all applicants in receipt of the bursary complete the RCN Credentialling Programme and remain working as a NP/ANP in Sunderland for a minimum of 12 months upon completion.

Option 2

- A bursary of £20,000 will be paid to the practice for each practice nurse wishing to undertake a full master's degree programme (programme minimum 2 years)
- The bursary is intended to cover the cost of the university programme and locum cover for 420 learning hours
- The bursary will be made available to any practice with a practice nurse meeting the university programme entry requirements
- It is a requirement of the service that all applicants in receipt of the bursary complete a full master's degree programme and remain working as a NP/ANP in Sunderland for a minimum of 12 months upon completion.
- Should practice nurses, NPs/ANPs leave employment before the end of the 12 month term of employment the CCG may reserve the right to clawback the funding. In this instance a supportive dialogue would be had with practices.

After discussion within the meeting it was agreed it would be appropriate to separate options 1 and 2 into individual SLA's as this is two different services which are being offered. Option 2 is to state that the practice nurse should remain in Sunderland for 2 years.

Going forward communication is the next step to have with general practice. GS and FG will release a joint letter requesting any expressions of interest.

The bursary is being funded from 2018 -19 non-recurrent funding and will be paid directly the practice.

Action:

- JR to discuss with finance if the payment can be paid in full to the practice.
- JR to separate the draft SLA into two separate SLA's
- GS & FG release joint letter to practices regarding Advanced Clinical Practice in Nursing Bursary

The nurses at the sub group flagged that they are very concerned about the issues they are having with templates. The old Kerpier medical practice templates can no longer be used and the EMIS ones aren't adequate. This is causing delays when seeing patients and they are concerned about quality/consistency of data being gathered. JR has taken this up with Paul Gibson Head of Digital session to discuss

5. Finance

GP trainers bursary budget is currently overspent possibly due to the support being offered to Dr Keith Birrell; for the Real General Practice project. There have only been three claims for intending trainers and only 2 claims for current training practices so an influx of claims is expected towards the end of the financial year. However, other areas of the overall training budget has slippage.

6. Real General Practice

Real General practice has been created by Dr Keith Birrell, to support GPs, GP trainees, medical students and patients with consulting skills and shared decision making.. The resource includes real case scenarios, video clips and text.

The website is not yet live but can be viewed at <https://realgeneralpractice.org/>

7. Training Academies

The aim of GP training academies is to develop a training infrastructure in primary care with a particular focus on increasing number of medical and clinical placements available in general practice. The academies will act as a hub and spoke model. A potential costing of the academies will be 1.5 million for reoccurring over three years. This was not felt to be sustainable so other models to be explored.

8. Apex Workforce and Workload Tool

Practices have been asked to install a new workload analysis and workforce planning software, Apex Insight. It provides a comprehensive workload analysis and workforce planning capability and has been implemented at over 400 GP Practices across the NHS in England. The system is to provide the following;

- View detailed analysis of activity in your practice and better understand your workload
- Accurately assess your current workforce resilience
- Develop robust future workforce plans.

The CCG needs to achieve a 50% sign up from practices and practices will be receiving 2.84 per head funding. Data from the system will only be used at practice discretion.

9. School of Medicine update

Dr Scott Wilkes, Professor of General Practice and Primary Care, has been appointed Head of School and JL met with him to discuss the expectations of General Practice.

Key points below;

Year	Activity	Payment
1	7x half days in pairs; 3-4 patients per visit	£595 per student
2	10x half days in pairs; 3-4 patients per visit	£850 per student
3	4 weeks in pairs plus an additional 4 week ssp; 8 session basic consultations	£4,827 per pair, £8,146 per 2 pairs
4	4 weeks in pairs plus an additional 4 weeks ssp; 8 sessions advanced consultation skills	£5,340 per pair, £8,146 per 2 pairs
5	10 weeks assistantship x1 student, 9 sessions parallel consulting with own caseload	£6,750 per student

- Remuneration directed by HEENE same as Newcastle Medical School
- Placements ideally all in one practice but is open to the idea of training academies
- 1st cohort 60 students then rising to 100 per annum in 1 intake

Educator requirements

- Any practices who has achieved CQC can host a student
- Quality assurance process around LEP's (Local education providers)
- Practices can take both Sunderland Newcastle students (suggest separate pastoral support)
- Training for educators (if already train for Newcastle not required)

Discussion took place around a potential locally resourced coordinator to help support and manage the flow of medical students from the University. The idea would be one practice would facilitate the medical students, coordinating what practice they would go to.

It was agreed to ask for expressions of interest and as part of the selection process ask interested practices to work up what the role would consist of and how it would work. This could initially be piloted to see if this is the best way going forward and to understand what connection there is between practices. Funding would be provided to help support the role.

10. Workplan

It was agreed Real General Practice it to be added onto the workplan and community pharmacy to be removed.

9. Workplan

SGPA has accepted 3 applications with an additional 4 GPs being eligible for the programme.

Practice Nurse & Health Care Assistant career start with be ending in May 2019.

International Recruits update

There were two successful recruits who came over in September – one is relocating to Chester-le-Street and the other is still in the process of being matched with a practice.

There have been two successful skype interviews and currently working with recruitment agent and the candidates to bring them across to the use. The second interview will be going ahead in January 2019.

There are also another two potential recruitments taking a language exam with the hope of them passing this will receive another skype interview in early January.

The recruitment agents have advised there are more potential recruitments coming in the future.

10 Any Other Business

Next meeting – Please note change of date to Wednesday **3.2.19** due to a clash with TITO