

NORTH TYNESIDE – PRIMARY CARE COMMITTEE MEETING IN PUBLIC
Thursday 31 March 2016, 2.30pm-4.00pm
Longsands North, Hedley Court, North Shields

ITEM No	ITEM	LEAD	TIME
1.0	Opening Remarks	Mary Coyle (Chair)	2.30pm
1.1	Welcome & Introductions		
	<ul style="list-style-type: none"> • Apologies for Absence • Quoracy • Declarations of Interest 		
1.2	Minutes of Previous Meeting: 19 November 2015	Mary Coyle (Chair)	Enc
	<ul style="list-style-type: none"> • Action Log • Matters Arising 		Enc
2.0	Strategy and Forward View		2.45pm
2.1	Update on GP Strategy – Public Engagement – Verbal		
3.0	Operational Performance – verbal updates		2.55pm
3.1	PMS Review	Christine Keen (NHS England)	
3.2	CQC Contract Breach Notice		
3.3	Proposed Sub-Contracting Agreement		
3.4	Application for variation to APMS contract		
4.0	Governance		3.15pm
4.1	Primary Care Committee Self-Assessment	James Martin, (North Tyneside CCG)	Enc
5.0	Closing Remarks	Mary Coyle (Chair)	3.30pm
5.1	Any Other Business		
5.2	Resolution to exclude Representatives of the Media and Members of the Public from the remainder of the meeting (due to the confidential nature of the business to be transacted).		
6.0	Date and Time of Next and Future Meetings in Public to be held in Hedley Court:		
	Thursday 30 June 2016, 2.30pm-4pm		
	Thursday 29 September 2016, 2.30pm-4pm		
	Thursday 22 December 2016, 2.30pm-4pm		
	Thursday 30 March 2017, 2.30pm-4pm		
7.0	Closure of meeting		3.50pm

Minutes of the North Tyneside Primary Care Committee Meeting held in Public on Thursday 19 November 2015, 1.10pm-2.20pm, at Hedley Court

Present:

Mary Coyle	Deputy Lay Chair NTCCG (Chair)
Christine Keen	Director of Commissioning, NHS England
Lesley Young-Murphy	Executive Director of Nursing & Transformation, NTCCG

In Attendance:

Councillor Lesley Spillard	North Tyneside Council
Iain Kitt	Board Member, Healthwatch
James Martin	Commissioning & Performance Manager, NTCCG
Dianne Effard	PA, NTCCG (Minutes)

Apologies:

John Matthews	Clinical Chair, NTCCG
Wendy Burke	Acting Director of Public Health, North Tyneside Council

	Opening Remarks (Agenda Item No 1.0)
NTPCC/15/029	Welcome & Introduction (Agenda Item No 1.1)
	Mary Coyle welcomed everyone to the North Tyneside Primary Care Committee meeting in public.
	Apologies for Absence
	Apologies for absence were noted as above.
	Quoracy
	The meeting was declared as being quorate.
	Declarations of Interest
	There were no declarations of interest.
NTPCC/15/030	Minutes of Previous Meeting: 22 July 2015 (Agenda Item No 1.2)
	Accuracy
	The minutes of the meeting held on 22 July 2015 were confirmed as accurate.
	Matters Arising

	Operational Performance – Section 106 Agreement (NTPCC/15/024)
	James Martin gave an update to the discussion at the last meeting regarding the section 106 agreement. The decision to split the funding was based on registered practice list size. On review following the meeting it had been realised that Wideopen had a satellite practice in another area and the list size used in the calculation of the split had included patients in that practice. The revised calculation increased the funding to Woodlands Park Practice to £76,229 and reduced Wideopen Medical Centre’s funding to £90,209. An e-mail had been sent out to members outside of the meeting explaining the different split, which members had agreed to accept and minute accordingly.
	Action Log
	Minute NTPCC/15/015, action no. 2: The Operational Group Terms of Reference had been presented to the Primary Care Committee but they may need to be reviewed again. Action 1: James Martin to review Operational Group Terms of Reference.
	Minute NTPCC/15/021, action 1: On agenda.
	Minute NTPCC/15/013, action 1: Completed.
	Minute NTPCC/15/022, action 2: Budgets reviewed annually. Completed.
	Minute NTPCC/15/022, action 3: Completed.
	Minute NTPCC/15/022, action 4: NHS England lead for meeting with Martin Craddock identified. Completed.
	Minute NTPCC/15/024, action 5: Completed.
	Minute NTPCC/15/024, action 6: Completed.
	Mary Coyle asked that the action log should include dates when actions are expected to be completed, and subsequent completed actions to be greyed out.
	Governance (Agenda Item No 2.0)
NTPCC/15/031	Terms of Reference for Ratification (Agenda Item No 2.1)
	Lesley Young-Murphy presented the report and members were asked to consider and agree the proposed changes to the Primary Care Committee Terms of Reference, and recommend them to the Governing Body for approval.
	Changes related to changes in personnel as reflected in earlier discussions to ensure business could continue regardless of changes of

	people in posts.
	The Committee accepted the proposals.
NTPCC/15/032	Memorandum of Understanding Between CCG and NHS England (Agenda Item No 2.2)
	Christine Keen presented the Memorandum of Understanding for primary care co-commissioning between NHS England and North Tyneside CCG. Members were asked to approve the agreement.
	A typo was noted on page 3 of the Memorandum of Understanding document, at the end of the paragraph following the list of CCGs. "Relayed functions" should have read "related functions".
	In light of changes to levels at which CCGs across the patch will be involved in primary care commissioning from April 2016, NHS England will look at all CCGs in January to review ways of working to ensure the way in which they are operating meets the needs of the CCGs. It was not expected that this would change anything significantly. Christine Keen clarified that CCGs had been given the option to remain working at their current level or to move to a higher level. North Tyneside CCG was working at level 2 and had decided not to move to level 3 which would shift decision making responsibility to the CCG.
	It was noted that there was no communication between NHSE complaints team and the CCGs, but work was in progress.
	Lesley Young-Murphy noted that there was national work in terms of safeguarding MOU which has been omitted however the CCG continued to fulfil the functions of safeguarding in relation to primary care.
	Councillor Spillard queried the fact that the MOU only covered up to 31 March 2016 and whether there would be something changing because of the expected ACO in North Tyneside. Christine Keen advised that the MOU could be put in place until 2017, and there would be no potential changes in the next twelve months as a result of the ACO. The MOU would be a relevant document for the ACO for co-commissioning arrangements.
	Iain Kitt queried whether, in the longer term, the ACO would eventually take on the role of commissioning primary care. Lesley Young-Murphy advised that it was too early to say at the moment and that conversation would depend on the speed of the direction of travel and how quickly the organisation matured. Current joint commissioning arrangements would remain for the foreseeable future.
	The Committee approved the agreement. Christine Keen will forward the final agreement, to run until 2017, to Lesley Young-Murphy for signature.
	Action 2: Christine Keen to forward final agreement to Lesley Young-Murphy for signature.

NTPCC/15/033	Primary Care Co-Commissioning Arrangements (Agenda Item No 2.3)
	Lesley Young-Murphy presented the report for members to note the opportunity to move to fully delegated primary care commissioning arrangements and the decision by the CCG to remain as a level 2 co-commissioner.
	The CCG's Clinical Executive had made the recommendation to remain at level 2 having considered the CCG's financial position and also the changing landscape. This decision has been noted in the CCG's Council of Practices.
	Strategy and Forward View (Agenda Item No 3.0)
NTPCC/15/034	Implications of North Tyneside Local Plan on General Practice (Agenda Item No 3.1)
	James Martin presented the report for members to note the estimated implication of the North Tyneside Council Local Plan on GP services.
	James Martin and Christine Keen had met with the Council to discuss the plans for the two new housing developments and joint work has been done with NHS England to look at the implications in terms of the number of additional residents and the current capacity of GPs.
	Latest data available on GP workforce is from September 2014, which is refreshed annually. Currently GPs have open lists and are still accepting new patients. Based on increasing the patient to GP ratio to the national recommended ratio of 1 GP per 1,500 patient list size, and the expected additional number of residents, an additional 8.3 full time equivalent GPs would be required. NHS Property Services formula for mapping space for practices showed 1,000sqm of additional space would be required at a build cost of £2.6m and an estimated annual rental cost of £160k. The cost of the GPs contracts would increase as the list size increased.
	It was noted that the number of GPs in training was under-subscribed and it was expected there would be a reduction in terms of capacity in general practice.
	The impact on general practice and the fact that service delivery will need to be reviewed has been fed back to the Council for inclusion in the Local Plan. There will be a section 106 agreement for the new developments which will include funding for estates infrastructure for primary care.
	Councillor Spillard confirmed that the Local Plan has been to Council and will now go to Cabinet for approval. The original plans for the development showed a GP practice but this had been removed when an amended version was produced. She had raised this issue with the Council and the developers, and had been told that the CCG had said there was no need for an additional practice as there were sufficient GPs in an existing practice. She was concerned about the practices having

	<p>the ability to absorb the expected number of additional patients. The Cabinet member for housing was also aware of the health needs issue.</p>
	<p>Lesley Young-Murphy noted that the CCG needed an opportunity and time to make plans which will need to be presented to its Clinical Executive on the impact of the increased population on community and mental health services, not just primary care.</p>
	<p>It was thought the growing population coming into North Tyneside from outside the area would also contribute to the pressure on services. Christine Keen confirmed that this had been discussed with the Council and it was critical to be clear that this was a net increase in population. There were implications on where the increased capacity was placed, as people tend to stay with their original practices when they move.</p>
	<p>Councillor Spillard noted the 30 year plan involved other developments, and some sites would progress very quickly, and some more slowly.</p>
NTPCC/15/035	<p>North Tyneside General Practice Strategy (initiation and timelines) (Agenda Item No 3.2)</p>
	<p>James Martin gave a verbal update on North Tyneside General Practice Strategy, which was in an embryonic stage.</p>
	<p>The CCG in partnership with the Federation are engaging with practices to get their views. Issues affecting GPs going forward included an increasing population, increasing numbers of old age people, seven day working and reduced capacity. There are GP workforce issues due to the proportion of GPs over the age of 50, and GPs wanting to work part time, or as salaried GPs and not as partners.</p>
	<p>Engagement with practices will continue until the end of December. Practices have packs to give to patients to get their views on the future of primary care. Views will be collated from all practices and fed back to inform actions to deliver change. Examples of what has been done in other areas will be sought.</p>
	<p>It was noted that it was important to ensure local residents were asked for their views and to consider what the next generation needs, to ensure any decision was future-proof. People were usually sceptical of change, but needed to be encouraged to see different as good.</p>
	<p>All CCGs had been told by NHS England that the challenge was to develop an operating model for primary care which would be fit for the future. A large number of initiatives have come out from the centre around supporting primary care and they needed to understand where the CCGs are and what can be done to move forward and ensure support for the direction of travel. Even if practices are willing to adopt a change, it would be difficult if they were still operating on a national contract.</p>
	<p>Health Education North East and the Deanery were looking at trying to keep more student doctors in the area when they have finished their</p>

	<p>training. General practice needed to be more proactive, and not saying the situation is bad. Patients tended to think Doctors did not have a difficult life, but there was a lot of stress identified among Doctors. Patients needed to be encouraged to see other staff in practices, such as pharmacists who have a great depth of knowledge. If the strategy worked it could make North Tyneside an area where Doctors wanted to work. There needed to be a succession plan in place.</p>
	<p>It was noted that the general practice strategy was closely associated with the work on New Models of Care. The strategy was about maintaining core GP services for the future and New Models of Care was about looking after a cohort of patients.</p>
	<p>A project plan was in the process of being produced and regular updates will be brought to the Primary Care Committee. Any decisions will need to be approved by the Primary Care Committee.</p>
	<p>Operational Performance (Agenda Item No 4.0)</p>
NTPCC/15/036	<p>CQC GP practice inspections (overview of results and actions put in place) (Agenda Item No 4.1)</p>
	<p>Christine Keen presented the report to provide an update regarding the changes to the CQCs inspection of GP Practices and provide an update on the outcomes of the inspections of North Tyneside CCG member practices. Members were asked to note the information provided.</p>
	<p>The CQC had changed the way it worked to assess practice visits in the last twelve months. There will be a named inspector in each case who will have a better understanding of the practices they inspect. Practices rated as outstanding would be seen as examples to learn from.</p>
	<p>In North Tyneside, 10 of the 29 practices have been inspected by CQC, with one being rated as inadequate. Unless a practice was rated as inadequate, the CCG and Area Team would only know if there were any issues arising from an inspection when the report was published. This was being pursued to try to get prior notification of outcomes for practices rated as requiring improvement.</p>
	<p>With a practice rated as inadequate, an NHS England internal assessment group would review the report to assess the level of severity. If there were concerns about patient safety the NHS England would visit the practice within a matter of days to assess the situation and a contract breach notice could be issued. NHS England would help to support the practice to produce an action plan for CQC. Support would often be provided by the LMC also.</p>
	<p>It was noted that six North Tyneside practices were due to be inspected before Christmas, but will only be given two weeks' notice. There was now greater emphasis on system processes not clinical issues. Some things noted in a report may not be a real issue in a practice, but anything related to patient safety would be considered an issue.</p>

	Practices have to be registered with CQC and the amount they have to pay was under discussion. The proposal is that the figure will increase significantly, but it is not an option. The CCG meets regularly with CQC.
NTPCC/15/037	GP Patient Survey (overview of 3 key measures and actions with practices) (Agenda Item No 4.2)
	James Martin presented the report for members to note current patient experience of General Practice in North Tyneside and the improvement actions undertaken.
	Appendix 2 related to two questions about the ease of getting through to a surgery by phone and the ability to get an appointment to see or speak to someone, and showed the national picture and how North Tyneside practices scored against each. Simple processes could be put in place to give a positive impact. The CCG transformation team were undertaking some targeted work with practices.
	Appendix 3 showed which practices were outliers for each of the three questions. Further work had been done to split the information down further.
	Lesley Young-Murphy advised that from a nursing point of view, any learning is taken to the Practice Nurse Forum to share experiences.
	In response to query from Councillor Spillard about expectation from the feedback, James Martin advised that weighting was added depending on a number of factors. When the next survey is published in six months' time, the surveys will be compared to see what has changed. The fact that North Tyneside ranking were so good should make it a more attractive areas for future GPs.
	Closing Remarks (Agenda Item No 5.0)
NTPCC/15/038	Any Other Business (Agenda Item No 5.1)
	There was no other business to be considered.
NTPCC/15/039	Exclusion (Agenda Item No 5.2)
	Representatives of the press and members of the public were asked to withdraw from the remainder of the meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest.
NTPCC/15/040	Date and Time of Next Meeting (Agenda Item No 6.0)
	Thursday 21 January 2016, 1.00pm-2.30pm
NTPCC/15/042	Closure of meeting (Agenda Item No 7.0)

Mary Coyle closed the meeting at 2.20pm.

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North Tyneside Primary Care Committee
Action Log

Meeting Date	Minute	Action No.	Action	Resp. Officer	Target Date	Status
18.05.15	NTPCC/15/015	2	Mr Clow to bring the Operational Group Terms of Reference back to the Primary Care Committee	James Martin	21.01.16	Complete
19.11.15	NTPCC/15/030	1	James Martin to review Operational Group Terms of Reference	James Martin		
19.11.15	NTPCC/15/032	2	Christine Keen to forward final MoU agreement to Lesley Young-Murphy for signature	Christine Keen	Dec-15	Complete

North Tyneside Clinical Commissioning Group

Report to: Primary Care Committee	
Date: 31 March 2016	Agenda item: 4.1
Title of report: Primary Care Committee Self-Assessment	
Sponsor: James Martin, Commissioning and Performance Manager	
Author: Pauline Fox, Head of Governance	
Purpose of the report and action required: This report is to provide the committee with the information needed for the annual self-assessment.	
<p>Executive summary: It is good practice for each committee to undertake an annual review of effectiveness. This is the final meeting of the committee in its first year. To facilitate the review a range of relevant papers are attached.</p> <p>Appendix 1: The committee terms of reference. Appendix 2: An extract from the Internal Audit report on primary care commissioning Appendix 3: The text from the draft 2015/16 annual governance statement including the attendance records to date for 2015/16</p> <p>Committee members are asked to carefully consider this range of information, to reflect on the work of the committee and to make suggestions for improvements going forward.</p> <p>Preliminary observations and recommendations: The Committee Terms of Reference were initially drafted using nationally prepared templates. The ToR were reviewed and amended in November 2015 and revised ToR were approved in January 2016. It is recommended that the ToR are sufficiently up to date and do not require further review at this stage.</p> <p>The ToR indicate that the committee will meet not less than 4 times per year. The committee has met in public 5 times during 2015/16 (the committee has met 6 times in private). Meeting frequency has remained under review. Four meetings in public are scheduled for 2016/17.</p> <p>The CCGs Internal Auditors completed an audit of primary care co-commissioning in year, reporting in November 2015. Members are asked to note that this audit gave 'significant assurance.'</p> <p>The Primary Care Committee is just completing its first year of business and this is the first time it will be referred to in the CCG annual report. The draft text for the 2015/16 Annual Governance Statement, briefly showing the range of work undertaken by the committee, is attached for members to consider and approve.</p> <p>Members are invited to reflect on the committee's first year of operation and to make suggestions for improved ways of working.</p>	



Terms of reference for the North Tyneside Primary Care Committee (January 2016)

Introduction

1. The North Tyneside primary care committee is a joint committee of NHS England and NHS North Tyneside Clinical Commissioning Group formed with the primary purpose of jointly commissioning primary medical services for the people of North Tyneside.

Statutory Framework

2. The National Health Service Act 2006 (as amended) ("**NHS Act**") provides, at section 13Z, that NHS England's functions may be exercised jointly with a CCG, and that functions exercised jointly in accordance with that section may be exercised by a joint committee of NHS England and the CCG. Section 13Z of the NHS Act further provides that arrangements made under that section may be on such terms and conditions as may be agreed between NHS England and the CCG.

Role of the North Tyneside primary care committee

3. The role of the North Tyneside primary care committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act (except those relating to individual GP performance management, which have been reserved to NHS England) and such CCG functions under sections 3 and 3A of the NHS Act as have been delegated to the joint committee.
4. This includes the following activities:
 - General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Providers of Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
 - Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
 - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);

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- Primary Care needs assessments;
 - Commissioning new GP practices in an area;
 - Planning new primary care estate;
 - Approving practice mergers; and
 - Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).
5. In performing its role the North Tyneside primary care committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS North Tyneside CCG, as appended, which sit alongside the delegation and terms of reference.

Geographical coverage

6. The North Tyneside primary care committee will comprise NHS England (Cumbria and North East) and NHS North Tyneside CCG. It will undertake the function of jointly commissioning primary medical services for North Tyneside.

Membership

7. The Committee shall consist of:
- a) CCG Deputy Lay Chair (or a lay member nominated by him/her) (Chair of the committee)
 - b) One other CCG Lay member (vice chair of the committee)
 - c) A Director from North Tyneside CCG or deputy
 - d) A Director from NHS England Cumbria and North East Area Team or deputy
 - e) A nominated GP (non-voting member)

To ensure effective management of actual or potential conflicts of interest, the GP member will withdraw from the meeting as requested to do so by the Chair of the committee.

Other CCG Governing Body members, GPs, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussion from time to time. Those invited to attend will not be entitled to vote.

8. The CCG Director will be the lead officer for the committee.
9. A standing invitation will be made to specified partners in a non-voting capacity, namely:
- a) North Tyneside Health and Wellbeing Board and
 - b) Healthwatch North Tyneside

Meetings and Voting

10. The Committee shall adopt the Standing Orders of NHS North Tyneside CCG insofar as they relate to the:
 - a) Notice of meetings;
 - b) Handling of meetings;
 - c) Agendas;
 - d) Circulation of papers; and
 - e) Conflicts of interest
11. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary, except where:
 - a) NHS England will have a casting vote for any functions within NHS England's statutory obligations.
 - b) CCG members will have a casting vote on any of the CCG's statutory functions that are included within the scope of the joint committee's responsibilities.
12. The quoracy for the committee is 3 members, including at least one member from North Tyneside CCG and one member from NHS England
13. The committee will meet at regular intervals and not less than 4 times per year.
14. Meetings of the Committee:
 - a) Shall, subject to the application of 14(b), be held in public.
 - b) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.
15. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
16. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.
17. Members of the Committee shall respect confidentiality requirements as set out in the CCG Standing Orders unless separate confidentiality requirements are set out for the committee in which event these shall be observed.

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18. The secretariat support will be provided as agreed by NHS England and the CCG.
19. The secretariat to the Committee will:
 - a) Present the minutes and action notes to Cumbria, Northumberland, Tyne and Wear Area Team of NHS England and the governing body of NHS North Tyneside CCG.

Decisions

20. The Committee will make decisions within the bounds of its remit.
21. The decisions of the Committee shall be binding on NHS England and NHS North Tyneside CCG.
22. Decisions will be published by both NHS England and NHS North Tyneside CCG
23. The secretariat will produce an executive summary report which will be presented to NHS England Cumbria and North East Area Team and the governing body of NHS North Tyneside CCG each quarter for information.

Review of Terms of Reference

24. These terms of reference will be formally reviewed by NHS England Cumbria and North East Area Team and NHS North Tyneside CCG in April of each year, following the year in which the joint committee is created, and may be amended by mutual agreement at any time to reflect changes in circumstances which may arise.

Date approved by CCG Governing Body: 24 March 2015

Date revised and approved by CCG Governing Body 26 January 2016

North Tyneside CCG Internal Audit of primary care co-commissioning

Has internal audit reviewed your processes?	Yes - report dated 3 November 2015
If so, what was their conclusion and recommendations for improvement?	
<p>Internal audit did a full review of primary care co-commissioning arrangements at the CCG including a review of conflicts of interests in October 2015.</p> <p>The audit was systems based and covered the following aspects:</p> <ul style="list-style-type: none"> • reviewing the governance arrangements that have been established around primary care co-commissioning against issued guidance and nationally recognised good practice to ensure that there are clear lines of accountability in place both within the CCG and between the CCG and NHS England • ensuring that appropriate agreements have been put in place between the two organisations and reviewing whether these arrangements manage risks to the CCG effectively • ensuring that the CCG has drafted adequate guidance around primary care co-commissioning that covers all aspects of the process and complies with best practice, and that this guidance has been made available to staff • reviewing the establishment of a Joint Committee in practice with NHS England and associated changes to the CCG's constitution, including considering whether the CCG has appropriate mechanisms in place to manage any potential conflicts of interest that may arise • reviewing the operation of the Joint Committee in practice to ensure that it is delivering against its Terms of Reference and any action plans put in place. <p>The outcome of the audit was Significant assurance with no issues of note.</p> <p>There were management actions identified as 'minor' relating to: Conflicts of interest and member training and to the need for the committee to complete an annual self-assessment. Those actions will be completed by the year end.</p>	

DRAFT TEXT FOR THE CCG 2015/16 ANNUAL GOVERNANCE STATEMENT**Primary Care Committee**

The Primary Care Committee is Joint Committee with NHS England formed with the primary purpose of jointly commissioning primary medical services for the people of North Tyneside.

It was established in April 2015 and remains in place. There are agreed terms of reference for the committee. The terms of reference were reviewed by the Committee in November 2015 and a revised version was approved by the Governing Body in January 2016.

The committee membership is as follows:

- Mary Coyle MBE, CCG Deputy Lay Chair (Chair)
- One other CCG Lay Member
- A Director from North Tyneside CCG or deputy
- A Director from NHS England (Cumbria and North East) or deputy
- A nominated GP (non-voting member)

There is a standing invitation to the meetings of this committee to specified partners in a non-voting capacity, namely the North Tyneside Health and Wellbeing Board and Healthwatch North Tyneside

The terms of reference require that the Primary Care Committee will meet not less than four times per year. The committee has met five times in public during the period April 2015 to March 2016 and continues to meet. The principal items of business have included agreeing ways of working for jointly commissioning primary care services, development of a General Practice Strategy, the GP Practice survey, CQC inspections of GP practices, proposed variations to contracts and the development of the North Tyneside Local Plan and its implications for General Practice.

Primary Care Committee - Attendance records 2015/16

Name	Post held	Primary Care committee meetings 2015/16							Total (out of 5)
		09.04.15	18.05.15	22.07.15	24.09.15	19.11.15	31.03.16		
Mary Coyle	Lay Vice Chair	✓	✓	✓	Cancelled	✓			
Christine Keen	Director of Commissioning, NHS England	✓	x	✓		✓			
Phil Clow	Director of Commissioning Development	✓	✓	✓		x			
John Matthews	Clinical Chair	✓	x	x		x			
Lesley Young-Murphy	Exec Director of Nursing & Transformation	x	x	x		✓			

This information is for the CCG annual governance statement. Attendance of committee members, but not attendees is required for that report.