A Public meeting of NHS North Tyneside Primary Care Committee is to be held on Wednesday 3 October 2018, 2.00pm-4.00pm in Longsands North, Hedley Court

<table>
<thead>
<tr>
<th>Item No</th>
<th>Item</th>
<th>Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Welcome and Apologies for Absence</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verbal</td>
</tr>
<tr>
<td>02</td>
<td>Confirmation of Quoracy</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verbal</td>
</tr>
<tr>
<td>03</td>
<td>Declarations of Interest</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enclosure</td>
</tr>
<tr>
<td>04</td>
<td>Minutes of meeting held on 5 September 2018</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enclosure</td>
</tr>
<tr>
<td>05</td>
<td>Action Log</td>
<td>Chair</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enclosure</td>
</tr>
<tr>
<td>06</td>
<td>Primary Care Committee Process and Financial Limits</td>
<td>JC</td>
</tr>
<tr>
<td></td>
<td>(NTPCC/18/023 Action 1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To follow</td>
</tr>
<tr>
<td>07</td>
<td>GP Patient Survey</td>
<td>JM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enclosure</td>
</tr>
<tr>
<td>08</td>
<td>Internal Audit Framework for Delegated CCGs Guidance</td>
<td>JM</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Enclosure</td>
</tr>
<tr>
<td>09</td>
<td>Any Other Business</td>
<td>All</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Verbal</td>
</tr>
<tr>
<td>10</td>
<td>Date of Next Meeting:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Thursday 13 December 2018, 10.00am-11.30-pm</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Priory Room, Hedley Court</td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Current Position(s) held in CCG or Governing Body member/Committee member</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Adams</td>
<td>Mark</td>
<td>Governing Body member/Committee member</td>
</tr>
<tr>
<td>Adams</td>
<td>Mark</td>
<td>Governing Body member/Committee member</td>
</tr>
<tr>
<td>Adams</td>
<td>Mark</td>
<td>Governing Body member/Committee member</td>
</tr>
<tr>
<td>Adams</td>
<td>Mark</td>
<td>Governing Body member/Committee member</td>
</tr>
<tr>
<td>Airey</td>
<td>Gillian</td>
<td>NECS Employee supporting NTCCG</td>
</tr>
<tr>
<td>Charlton</td>
<td>Gary</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Charlton</td>
<td>Walter</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Charlton</td>
<td>Walter</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Charlton</td>
<td>Walter</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Charlton</td>
<td>Walter</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Charlton</td>
<td>Walter</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Connolly</td>
<td>Jon</td>
<td>Governing Body member/Committee member</td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Current Position(s) held in CCG i.e. Governing Body member/ Committee member; Council of Practice member (Member practice); CCG employee; other</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Coyle</td>
<td>Mary</td>
<td>Governing Body member/ Committee member</td>
</tr>
<tr>
<td>Coyle</td>
<td>Mary</td>
<td>Governing Body member/ Committee member</td>
</tr>
<tr>
<td>Coyle</td>
<td>Mary</td>
<td>Governing Body member/ Committee member</td>
</tr>
<tr>
<td>Coyle</td>
<td>Mary</td>
<td>Governing Body member/ Committee member</td>
</tr>
<tr>
<td>Evans</td>
<td>Ruth</td>
<td>Council of Practice member/ Committee Member CCG Employee</td>
</tr>
<tr>
<td>Evans</td>
<td>Ruth</td>
<td>Council of Practice member/ Committee Member CCG Employee</td>
</tr>
<tr>
<td>Evans</td>
<td>Ruth</td>
<td>Council of Practice member/ Committee Member CCG Employee</td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Current Position(s) held in CCG i.e. Governing Body member/ Committee member/ Council of Practice member (Member practice) CCG employee, other</td>
</tr>
<tr>
<td>-----------</td>
<td>----------</td>
<td>-----------------------------------------------------------------</td>
</tr>
<tr>
<td>Goldthorpe</td>
<td>Jeffrey</td>
<td>Head of Finance</td>
</tr>
<tr>
<td>Grieveson</td>
<td>Maureen</td>
<td>Committee member/ CCG employee</td>
</tr>
<tr>
<td>Hay</td>
<td>Richard</td>
<td>Committee member</td>
</tr>
<tr>
<td>Hayward</td>
<td>Eleanor</td>
<td>Governing Body member/ Committee member</td>
</tr>
<tr>
<td>Hingway</td>
<td>Jan</td>
<td>CCG Employee</td>
</tr>
<tr>
<td>Horsfield</td>
<td>Philip</td>
<td>Committee member</td>
</tr>
<tr>
<td>Horsfield</td>
<td>Philip</td>
<td>Committee member</td>
</tr>
<tr>
<td>Horsfield</td>
<td>Philip</td>
<td>Committee member</td>
</tr>
<tr>
<td>Kent</td>
<td>Alexandra</td>
<td>CCGs Employee - Clinical Director</td>
</tr>
<tr>
<td>Kitt</td>
<td>Iain</td>
<td>Healthwatch Trustee</td>
</tr>
<tr>
<td>Lackey</td>
<td>Shaun</td>
<td>Committee member/ CCG Employee</td>
</tr>
<tr>
<td>Lackey</td>
<td>Shaun</td>
<td>Committee member/ CCG Employee</td>
</tr>
<tr>
<td>Lunn</td>
<td>Dr James</td>
<td>Council of Practice member/ Committee member</td>
</tr>
<tr>
<td>Lunn</td>
<td>Dr James</td>
<td>Council of Practice member/ Committee member</td>
</tr>
</tbody>
</table>

- **Goldthorpe Jeffrey** Head of Finance
- **Grieveson Maureen** Committee member/ CCG employee
- **Hay Richard** Committee member
- **Hayward Eleanor** Governing Body member/ Committee member
- **Hemingway Jan** CCG Employee
- **Horsfield Philip** Committee member
- **Horsfield Philip** Committee member
- **Horsfield Philip** Committee member
- **Kent Alexandra** CCGs Employee - Clinical Director
- **Kitt Iain** Healthwatch Trustee
- **Lackey Shaun** Committee member/ CCG Employee
- **Lackey Shaun** Committee member/ CCG Employee
- **Lunn Dr James** Council of Practice member/ Committee member
- **Lunn Dr James** Council of Practice member/ Committee member

- **Goldthorpe Jeffrey** Head of Finance Nothing to declare
- **Grieveson Maureen** Committee member/ CCG employee Nothing to declare
- **Hay Richard** Committee member Nothing to Declare
- **Hayward Eleanor** Governing Body member/ Committee member Suzanne Duncan - Daughter, HR Manager North Tyneside Council ✓ Indirect
- **Hemingway Jan** CCG Employee None
- **Horsfield Philip** Committee member The Village Green Surgery NHS England CNTW ✓ Indirect Daughter is Commissioning Manager for NHS England Health & Social Justice 2017 Ongoing
- **Horsfield Philip** Committee member The Village Green Surgery The Village Green Surgery ✓ Direct Partner 2016 Ongoing
- **Horsfield Philip** Committee member The Village Green Surgery Tynehealth GP Federation ✓ Direct Practice is shareholder in Tynehealth 2014 Ongoing
- **Kent Alexandra** CCGs Employee - Clinical Director Priory Medical Group ✓ Salaried GP Feb-19 Ongoing
- **Kitt Iain** Healthwatch Trustee None
- **Lackey Shaun** Committee member/ CCG Employee Woodlands Park Health Centre Woodlands Park Health Centre - GMS GP ✓ Indirect Emma Lackey (wife) is a GP employee in member practice (Woodlands Park Health Centre) PRESENT Ongoing
- **Lackey Shaun** Committee member/ CCG Employee FOREST HALL MEDICAL GROUP FOREST HALL MEDICAL GROUP GMS GP ✓ Direct GP EMPLOYEE 22/01/2018 31/08/2018
- **Lunn Dr James** Council of Practice member/ Committee member Forest Hall Gas House Lane Surgery, Morpeth ✓ Indirect Spouse is GP partner approx 2016 Ongoing
- **Lunn Dr James** Council of Practice member/ Committee member Forest Hall Forrest Hall Medical Group ✓ Direct GP Partner, sit on safety & quality committee and I’m the GP Medicines Optimisation lead for commissioning group approx 2011 Ongoing
<table>
<thead>
<tr>
<th>Surname</th>
<th>Forename</th>
<th>Current Position(s) held in CCG</th>
<th>GP Practice (if applicable)</th>
<th>Declared Interest (name of organisation and nature of business)</th>
<th>Financial</th>
<th>Non Financial Professional Interests</th>
<th>Non Financial Personal Interests</th>
<th>Is the interest direct or indirect?</th>
<th>Nature of interest</th>
<th>From</th>
<th>To</th>
<th>Action taken to mitigate risk</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunn</td>
<td>Dr James</td>
<td>Council of Practice member/ Committee member</td>
<td>Forrest Hall</td>
<td>Tynehealth (Provider Organisation)</td>
<td>✓</td>
<td>Direct</td>
<td></td>
<td></td>
<td>Shareholder</td>
<td>c.2014</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy</td>
</tr>
<tr>
<td>Martin</td>
<td>James</td>
<td>Committee member/ CCG employee</td>
<td></td>
<td>Northumberland Tyne and Wear NHS Foundation Trust</td>
<td>✓</td>
<td>Indirect</td>
<td>Wife is a Clinical Psychologist working for NTW Mental Health Trust</td>
<td></td>
<td>01/02/2014</td>
<td>Ongoing</td>
<td>Whilst NTW is a provider of services, the wife's role (Clinical Psychologist) is highly unlikely to lead to any conflict of interest. Notwithstanding this the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be</td>
<td></td>
</tr>
<tr>
<td>Matthews</td>
<td>Dr. John</td>
<td>Governing body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>Park Road Medical Practice</td>
<td>Spouse is a palliative care consultant at Newcastle Hospital FT</td>
<td>✓</td>
<td>Indirect</td>
<td>Spouse is a palliative care consultant</td>
<td></td>
<td></td>
<td>Ongoing</td>
<td>I will not participate in decision making</td>
<td></td>
</tr>
<tr>
<td>Matthews</td>
<td>Dr. John</td>
<td>Governing body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>Park Road Medical Practice</td>
<td>Partner of Park Road Medical Practice</td>
<td>✓</td>
<td>Direct</td>
<td></td>
<td></td>
<td>Partner of GMS Service</td>
<td>1991</td>
<td>Ongoing</td>
<td>I will not participate in decision making</td>
</tr>
<tr>
<td>Matthews</td>
<td>Dr. John</td>
<td>Governing body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>Park Road Medical Practice</td>
<td>Practice is a member of Tynehealth</td>
<td>✓</td>
<td>Direct</td>
<td></td>
<td></td>
<td>Provider Organisation</td>
<td></td>
<td>Ongoing</td>
<td>I will not participate in decision making</td>
</tr>
<tr>
<td>Matthews</td>
<td>Dr. John</td>
<td>Governing body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>Park Road Medical Practice</td>
<td>Board member/Trustee for Wallsend Memorial Hall &amp; Peoples Centre of Community Service</td>
<td>✓</td>
<td>Direct</td>
<td>Trustee (provider of community service)</td>
<td></td>
<td></td>
<td>Ongoing</td>
<td>I will not participate in decision making</td>
<td></td>
</tr>
<tr>
<td>Matthews</td>
<td>Dr. John</td>
<td>Governing body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>Park Road Medical Practice</td>
<td>Health Education North East</td>
<td>✓</td>
<td>Direct</td>
<td></td>
<td></td>
<td>Trainer</td>
<td></td>
<td>Ongoing</td>
<td>I will not participate in decision making</td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Current Position(s) held in CCG i.e. Governing Body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>GP Practice (if applicable)</td>
<td>Declared Interest (name of organisation and nature of business)</td>
<td>Financial</td>
<td>Non Financial Professional Interests</td>
<td>Non Financial Personal Interests</td>
<td>Is the interest direct or indirect?</td>
<td>Nature of interest</td>
<td>From</td>
<td>To</td>
<td>Action taken to mitigate risk</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>-------------------------------------------------</td>
<td>-----------------------------</td>
<td>---------------------------------</td>
<td>-----------</td>
<td>-----------------------------------</td>
<td>----------------------------------</td>
<td>-------------------------------</td>
<td>-------------------</td>
<td>------</td>
<td>----</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>Matthews</td>
<td>Dr. John</td>
<td>Governing Body member/ Council of Practice member/ Committee member/ CCG Employee/ Left 31.3.2018</td>
<td>Park Road Medical Practice</td>
<td>Northern CGG Joint Committee</td>
<td>✗</td>
<td>Direct</td>
<td>✗</td>
<td>Direct</td>
<td>Voting member of the Committee</td>
<td>Ongoing</td>
<td></td>
<td>I will comply with the NTCCG Standards of Business Conduct and Declarations of Interest Policy</td>
</tr>
<tr>
<td>Paradis</td>
<td>Anya</td>
<td>Governing Body CCG Employee</td>
<td>N/A</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rice</td>
<td>Marc</td>
<td>CCG Employee</td>
<td>employee</td>
<td>None</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Richardson</td>
<td>Kirsten</td>
<td>GP Partner &amp; Council</td>
<td>Bewicke Medical Centre</td>
<td>Bewicke Medical Centre</td>
<td>✗</td>
<td>Direct</td>
<td>✗</td>
<td>Direct</td>
<td>GP Partner</td>
<td>01.05.2008</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required</td>
</tr>
<tr>
<td>Richardson</td>
<td>Kirsten</td>
<td>GP Partner &amp; Council</td>
<td>Bewicke Medical Centre</td>
<td>Tynhealth (Provider Organisation)</td>
<td>✗</td>
<td>Direct</td>
<td>✗</td>
<td>Direct</td>
<td>Shareholder</td>
<td>2014/15</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required</td>
</tr>
<tr>
<td>Richardson</td>
<td>Kirsten</td>
<td>GP Partner &amp; Council</td>
<td>Bewicke Medical Centre</td>
<td>Local Health - a non profit making local organisation where members can share experiences and insight into the local health economy with a view to improving local health provision</td>
<td>✗</td>
<td>Direct</td>
<td>✗</td>
<td>Direct</td>
<td>Member of Local Health</td>
<td>30th March 2015</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required</td>
</tr>
<tr>
<td>Richardson</td>
<td>Kirsten</td>
<td>GP Partner &amp; Council</td>
<td>Bewicke Medical Centre</td>
<td>Locality Director - Wallsend</td>
<td>✗</td>
<td>Direct</td>
<td>✗</td>
<td>Direct</td>
<td>CCG Role</td>
<td>01.04.17</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required</td>
</tr>
<tr>
<td>Richardson</td>
<td>Kirsten</td>
<td>GP Partner &amp; Council</td>
<td>Bewicke Medical Centre</td>
<td>NTW FT</td>
<td>✗</td>
<td>Indirect</td>
<td>✗</td>
<td>Husband is Group Medical Director for South Locality and Trust Wide. This includes specialist services and neurological services.</td>
<td>Indirect</td>
<td>Employee</td>
<td>Apr-15</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Richardson</td>
<td>Kirsten</td>
<td>GP Partner &amp; Council</td>
<td>Bewicke Medical Centre</td>
<td>Castleside inpatient ward at Campus for Aging Vitality</td>
<td>✗</td>
<td>Indirect</td>
<td>✗</td>
<td>Husband is Old Age Psychiatrist</td>
<td>Indirect</td>
<td>Employee</td>
<td>Jan-06</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Ross</td>
<td>Rebecca</td>
<td>Council of Practices attendee, Practice</td>
<td>Mallard Medical Practice</td>
<td>GP Practice Manager</td>
<td>✗</td>
<td>Direct</td>
<td>✗</td>
<td>Direct</td>
<td>Employee</td>
<td>Sep-11</td>
<td>Present</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy</td>
</tr>
<tr>
<td>Rundle</td>
<td>Steve</td>
<td>Committee member/ CCG employee</td>
<td>Sheila Rundle (Spouse)</td>
<td>Sheila Rundle (Spouse)</td>
<td>✗</td>
<td>Indirect</td>
<td>✗</td>
<td>Indirect</td>
<td>Works as a Public Health Intelligence Analyst (Needs Assessment) at Sunderland City Council</td>
<td>04/01/2013</td>
<td>Ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy Notwithstanding this the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed</td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Position(s) held in CCG</td>
<td>GP Practice (if applicable)</td>
<td>Declared Interest (name of organisation and nature of business)</td>
<td>Financial</td>
<td>Non Financial Professionsal Interests</td>
<td>Non Financial Personal Interests</td>
<td>Is the interest direct or indirect?</td>
<td>Nature of interest</td>
<td>From</td>
<td>To</td>
<td>Action taken to mitigate risk</td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>-------------------------</td>
<td>----------------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------</td>
<td>-------------------------------------</td>
<td>----------------------------------</td>
<td>----------------------------------</td>
<td>------------------</td>
<td>------</td>
<td>------</td>
<td>------------------------------------------------</td>
</tr>
<tr>
<td>Rundle</td>
<td>Steve</td>
<td>Committee member/ CCG employee</td>
<td>Or Jan Panke (Brother in Law)</td>
<td>Partner at Claypath and University Medical Group, Durham and GP Constituency Deputy (Durham) at NHS North Durham Clinical Commissioning Group</td>
<td>Indirect</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Indirect</td>
<td>Partner</td>
<td>04/01/2013</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Rundle</td>
<td>Steve</td>
<td>Committee member/ CCG employee</td>
<td>Or Anna Basu (Sister in Law)</td>
<td>Honorary Consultant Paediatric Neurologist at The Newcastle upon Tyne Hospitals NHS Foundation Trust and NIHR Career Development Fellow at Newcastle University</td>
<td>Indirect</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Indirect</td>
<td>Wife, Tracy Scott works as a District Nurse for Northumbria Healthcare FT</td>
<td>07/01/2013</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Scott</td>
<td>Richard</td>
<td>Clinical Chair of CCG</td>
<td>Marine Avenue Medical Centre</td>
<td>Dr Jan Panke (Brother in Law)</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>GP Partner and GP trainer, member of CCG Council of Practices</td>
<td>2009</td>
<td>Present</td>
</tr>
<tr>
<td>Scott</td>
<td>Richard</td>
<td>Clinical Chair of CCG</td>
<td>Marine Avenue Medical Centre</td>
<td>Dr Anna Basu (Sister in Law)</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>Wife, Tracy Scott works as a District Nurse for Northumbria Healthcare FT</td>
<td>2013</td>
<td>Present</td>
</tr>
<tr>
<td>Scott</td>
<td>Richard</td>
<td>Clinical Chair of CCG</td>
<td>Marine Avenue Medical Centre</td>
<td>Dr Richard Scott</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>Voting member of the Committee</td>
<td>2018</td>
<td>Present</td>
</tr>
<tr>
<td>Shabde</td>
<td>Neela</td>
<td>Governing Body Member</td>
<td>N/A</td>
<td>Be Serene Limited - business of keeping health &amp; well</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>Director</td>
<td>2015</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Shabde</td>
<td>Neela</td>
<td>Governing Body Member</td>
<td>N/A</td>
<td>Arista Associates, UK Ltd - Training &amp; Development Company</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>One of the Directors</td>
<td>Aug-16</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Shabde</td>
<td>Neela</td>
<td>Governing Body Member</td>
<td>N/A</td>
<td>World Health Innovation Summit (Community Interest Company)</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>One of the Directors</td>
<td>Mar-18</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Shabde</td>
<td>Neela</td>
<td>Governing Body Member</td>
<td>N/A</td>
<td>Ishybruce Anxiety &amp; Weight Management, Life coaching &amp; Therapy Services</td>
<td>Indirect</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Indirect</td>
<td>No direct involvement</td>
<td>2016</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Southern</td>
<td>Alice</td>
<td>Practice Manager/Committee member of Quality &amp; Safety Committee</td>
<td>Collingwood Surgery</td>
<td>Practice Manager at GP Practice - Collingwood Surgery</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Stephens</td>
<td>Wendy</td>
<td>Primary Care Contract Manager (NHSE)</td>
<td>N/A</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Tomson</td>
<td>Dave</td>
<td>GP Partner</td>
<td>Collingwood Surgery</td>
<td>Collingwood Surgery</td>
<td>Direct</td>
<td>✔️</td>
<td>✔️</td>
<td>✔️</td>
<td>Direct</td>
<td>GP Partner</td>
<td>1992</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Current Position(s) held in CCG i.e. Governing Body member; Committee member; Council of Practices member; CCG employee; other</td>
<td>GP Practice (if applicable)</td>
<td>Declared Interest (name of organisation and nature of business)</td>
<td>Financial Non Professional Interests</td>
<td>Non Financial Personal Interests</td>
<td>Is the interest direct or indirect?</td>
<td>Nature of interest</td>
<td>From</td>
<td>To</td>
<td>Action taken to mitigate risk</td>
<td></td>
</tr>
<tr>
<td>---------</td>
<td>----------</td>
<td>---------------------------------------------------------------</td>
<td>----------------------</td>
<td>---------------------------------------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------------</td>
<td>-----------------------------</td>
<td>------------------</td>
<td>-----</td>
<td>----</td>
<td>-----------------------------</td>
<td></td>
</tr>
<tr>
<td>Tomson</td>
<td>Dave</td>
<td>GP Partner</td>
<td>Collingwood Surgery</td>
<td>Tynehealth (Provider Organisation)</td>
<td>✓</td>
<td>Direct</td>
<td>Shareholder</td>
<td>2011</td>
<td>Ongoing</td>
<td>I will comply with the standards of Business conduct and Declarations of interest policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tomson</td>
<td>Dave</td>
<td>Locality Director</td>
<td>Collingwood Surgery</td>
<td>CCG</td>
<td>✓</td>
<td>Direct</td>
<td>Paid by CCG</td>
<td>2018</td>
<td>Ongoing</td>
<td>I will comply with the standards of Business conduct and Declarations of interest policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tomson</td>
<td>Dave</td>
<td>Locality Director</td>
<td>Collingwood Surgery</td>
<td>CCG</td>
<td>✓</td>
<td>Direct</td>
<td>Freelance educationalist with interests in shared decision making and persistent pain - I sometimes do work for CCG on these areas</td>
<td>2018</td>
<td>Ongoing</td>
<td>I will withdraw from decision making at relevant meetings. I will comply with the standards of Business conduct and Declarations of interest policy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Walker</td>
<td>Irene</td>
<td>Committee member</td>
<td>East Bedlington Community Centre. Charity.</td>
<td>✓</td>
<td>Direct</td>
<td>East Bedlington Community Centre Trust. This is a charity responsible for developing and managing a local community centre in the Bedlington area.</td>
<td>01/01/2014</td>
<td>Ongoing</td>
<td>This is unlikely to present any conflict of interest. In any event the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westwood</td>
<td>Mark</td>
<td>Council of Practices Representative &amp; GP Partner</td>
<td>The Village Green Surgery</td>
<td>The Village Green Surgery</td>
<td>✓</td>
<td>Direct</td>
<td>Partner</td>
<td>ongoing</td>
<td>ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required I will not participate in any CCG business relating to the surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westwood</td>
<td>Mark</td>
<td>Council of Practices Representative &amp; GP Partner</td>
<td>The Village Green Surgery</td>
<td>Tynehealth GP Federation</td>
<td>✓</td>
<td>Direct</td>
<td>Practice is shareholder in Tynehealth</td>
<td>ongoing</td>
<td>ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required I will not participate in any CCG business relating to this organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westwood</td>
<td>Mark</td>
<td>Council of Practices Representative &amp; GP Partner</td>
<td>The Village Green Surgery</td>
<td>Newcastle upon Tyne Hospital Foundation Trust</td>
<td>✓</td>
<td>Direct</td>
<td>Clinical Assistant Neurology Trial</td>
<td>ongoing</td>
<td>ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required I will not participate in any CCG business relating to this organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westwood</td>
<td>Mark</td>
<td>Council of Practices Representative &amp; GP Partner</td>
<td>The Village Green Surgery</td>
<td>Academic Health Science Network</td>
<td>✓</td>
<td>Direct</td>
<td>Primary Care Lead for Connected Health Cities (Great North Care Project)</td>
<td>ongoing</td>
<td>ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required I will not participate in any CCG business relating to this organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Westwood</td>
<td>Mark</td>
<td>Council of Practices Representative &amp; GP Partner</td>
<td>The Village Green Surgery</td>
<td>Northumbria Healthcare Foundation Trust (NHCFT)</td>
<td>✓</td>
<td>Indirect</td>
<td>Operational Service Manager</td>
<td>ongoing</td>
<td>ongoing</td>
<td>I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required I will not participate in any CCG business relating to this organisation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surname</td>
<td>Forename</td>
<td>Current Position(s) held in CCG i.e. Governing Body member, Committee member, Council of Practice member (Member practice), CCG employee, other</td>
<td>GP Practice (if applicable)</td>
<td>Declared Interest (name of organisation and nature of business)</td>
<td>Financial Non-Declared Interests</td>
<td>Non Financial Professional Interests</td>
<td>Non Financial Personal Interests</td>
<td>Is the interest direct or indirect?</td>
<td>Nature of interest</td>
<td>From</td>
<td>To</td>
<td>Action taken to mitigate risk</td>
</tr>
<tr>
<td>-----------------</td>
<td>----------</td>
<td>-------------------------------------------------------------------------------------------------------------------------</td>
<td>----------------------------</td>
<td>----------------------------------------------------------------</td>
<td>--------------------------------</td>
<td>---------------------------------</td>
<td>---------------------------------</td>
<td>----------------------------------</td>
<td>---------------------</td>
<td>------</td>
<td>-----</td>
<td>--------------------------------</td>
</tr>
<tr>
<td>Willis</td>
<td>Dave</td>
<td>Governing Body member/ Committee member</td>
<td></td>
<td>No conflict of interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Young-Murphy</td>
<td>Lesley</td>
<td>Governing Body member, committee member Primary Care, CE, commissioning, HEE/ CRN Lead for NMAHP Research and Chair of HEE/CRN NMAHP Strategy Implementation Group</td>
<td>NA</td>
<td>Fellow at Northumbria University</td>
<td>✓</td>
<td>Direct</td>
<td>Professional reputation/ research/development role</td>
<td>01/04/2013</td>
<td>Ongoing</td>
<td></td>
<td>I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.</td>
<td></td>
</tr>
<tr>
<td>Young-Murphy</td>
<td>Lesley</td>
<td>Governing Body member, committee member Primary Care, CE, commissioning, HEE/ CRN Lead for NMAHP Research and Chair of HEE/CRN NMAHP Strategy Implementation Group</td>
<td>NA</td>
<td>HEE/ CRN Lead for NMAHP Research and Chair of HEE/CRN NMAHP Strategy Implementation Group</td>
<td>✓</td>
<td>Direct</td>
<td>Professional reputation/ research/development role</td>
<td>05-Feb-18</td>
<td>Present</td>
<td></td>
<td>I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.</td>
<td></td>
</tr>
</tbody>
</table>
Primary Care Committee
(Public)

Minutes of the Primary Care Committee Meeting held on Wednesday 5 September 2018, 2.30pm-4.00pm, in Longsands North Room, Hedley Court

Present:
Mary Coyle (MC) Chair, NTCCG
Jon Connolly (JC) Chief Finance Officer, NTCCG
Lesley Young-Murphy (LYM) Executive Nurse and Chief Operating Officer, NTCCG

In Attendance:
Dr Ruth Evans (RE) Medical Director, NTCCG
James Martin (JM) Commissioning & Performance Manager, NTCCG
Irene Walker (IW) Head of Governance, NTCCG
Phillip Horsfield (PH) Practice Manager
Wendy Stephens (WS) Primary Care Contracts Manager, NHS England
Paul Irving (PI) Primary Care Business Manager, NHS England
Keith Davison (KD) Finance Manager, NHS England
Dianne Effard PA, NTCCG

Agenda item, Discussion & Agreed Actions

NTPCC/18/034 Welcome & Apologies for Absence: Agenda Item 01
Mrs Mary Coyle (MC) welcomed everyone to the meeting and members introduced themselves. No apologies were received.

NTPCC/18/035 Confirmation of Quoracy: Agenda Item 02
The meeting was confirmed as being quorate.

NTPCC/18/036 Declarations of Interest: Agenda Item 03
The declarations of interest are published on the CCG website and included with the agenda for the meeting.

NTPCC/18/037 Minutes of the Previous Meeting 6 June 2018: Agenda Item 04
The minutes of the meeting held on 6 June 2018 were agreed to be accurate.

NTPCC/18/038 Action Log: Agenda Item 05

NTPCC/18/023, Action 1:
Operational Update: Jon Connolly (JC) to consider what level of funding could be signed off outside of the Primary Care Committee to ensure due process is being followed, and report back to the next meeting.

Update:
Jon Connolly (JC) gave a verbal update. There had been a previous discussion about what should be brought to this committee, its decision making process and what powers it should have in terms of funding. As the CCG has delegated responsibility for primary care, it may need to set a limit on what level of funding it can approve. It was suggested this may need to be £50k-60k. Wendy Stephens (WS) recommended checking the allocation agreement re funding limits.

In addition to the GMS budget this committee also oversees LES, PAS and Medicines Optimisation, and receives recommendations from sub-groups for validation. A process needs to be put in place to ensure things don’t need to wait for approval in this committee. Decisions can be made virtually outside of the meeting to ensure there is no impact on primary care. Any virtual decisions will need to be ratified by the committee and documented to satisfy governance and the Audit Committee.

Any business case with significant investment not normally part of the Primary Care Committee’s day to day business should come to this committee. Any decisions made about spending outside of the delegated budget will need to be approved by CCG as a whole and also this committee.

**Action:** JC to bring a brief report to the next meeting on process and financial limits.

**NTPCC/18/025, Action 2**
Local Enhanced Service Performance: The specification is being reviewed with practices and will come back to the Primary Care Committee.

**Update:**
The revised specification for the nursing homes enhanced service is still not finalised.

**Outstanding**

**NTPCC/18/028, Action 4:**
Strategy Update: JM to provide more information on specialist support.

**Update:**
James Martin (JM) advised that when the previous strategy update had been presented Ruth Evans (RE) had highlighted an area of the strategy where limited information presented was in relation to specialised support. This is to be discussed at Primary Care Strategy & Delivery Group to decide what actions are to be taken forward.

**Complete**

**NTPCC/18/039**
Ratification of Virtual Decision: Park Road Boundary Change:
Agenda Item 06

JM presented the report for members to ratify the virtual decision.
A request had been received to extend the boundary of Park Road practice. Because the Primary Care Committee had been stood down over the summer, the report was shared by e-mail with members for a decision. Feedback from members supported the request.

The Committee ratified the virtual decision made to support the request.

**NTPCC/18/040**

**Ratification of Virtual Decision: North East International GP Recruitment Programme: Agenda Item 07**

JM presented the report for members to ratify the virtual decision.

A request for decision was received during the summer, and the report was shared by e-mail with members. Decisions were required around endorsing terms of reference to advance the model, and to note national guidelines. The proposal had been supported by members. There is a need to ensure the overseeing board and group work as productively as possible.

The Committee ratified the virtual decision made to support the request.

**NTPCC/18/041**

**Primary Care Budget 2018/19: Agenda Item 08**

Keith Davison (KD) presented the report to update members on the current and forecast financial position with regard to Primary Care budgets.

He gave highlights from the report, which represents the position at month 4. Following the finalising of this position NHS England have announced an additional GP pay uplift of 1% to the 1% pay lift already implemented and budgeted. It is estimated this will cost the CCG an additional £223k to the presented position. At the time budgets were set there had been an issue around the closure of Earsdon Park and a line was left in the budget to reflect it was unknown at that which GP practices those patients would move to. The report shows an underspend on APMS and overspend on GMS, which do not match at the moment. The expectation of list size increase has been built in but has not yet materialised.

There is a QOF underspend against 2017/18 achievement, which is a one off benefit in this financial year.

KD explained risks going forward.

Final NHS Property Services figures are still not yet available for 2017/18.

Six practices have declined the extended hours DES, and one declined the Learning Disabilities DES. Practices had until the end of June to sign up, but this report reflects earlier information. All practices must be offered the DES but it is voluntary to sign up.
Concerns were raised that this could create a postcode lottery and there could be reduced quality of service for effected patients.

It is noted there are no dispensing practices, and KD advised there is an accrual from last year when there were some.

Members were concerned about the pay award uplift which could threaten other decisions the CCG may want to make. This is also being raised in CFO meetings, and concerns are being fed back to NHS England. The CCG has to accept policies and changes put in place by NHS England when the impact on the system has not been taken into consideration, and it should continue to raise concerns.

**Action 1:** LYM/RE to check which practices have not signed up to the DES.

The Committee noted the contents of the report.

**NTPCC/18/042  Strategy Update – 10 High Impact Actions:** Agenda Item 09

JM presented the report for the committee to note the progress being made in implementing the Tripartite Primary Care Strategy.

In 2015 a national study looked into what GPs spend their time doing, including clinical work such different types of consultation, and non-clinical work that took up their time. A number of things were proposed to be changed at a national level to reduce some of the non-clinical workload and a number of actions identified which, if introduced in practices, it was suggested could save 10% of GPs time. This formed part of the GP Forward View.

NTCCG is implementing these 10 High Impact Actions through its locality groups and locality support officers to work with practices, alongside the Transformation Team. The Transformation Team had started work with practices before the document came out, so the CCG is ahead of the game.

The Gap Analysis was undertaken to identify which practices had already implemented which actions, areas of good practice, as well as where the gaps were that with support could be addressed. Actions to do this were also presented. The national team is helping to support this.

LYM advised she received a call from Sheinaz Stansfield, the regional lead, to say they are really impressed with the work of the NTCCG team with practices, and are surprised so much has already been done. The CCG should be proud of the work it has done, and should share that work with others.

**Action 2:** JC and JM to meet to discuss if there is additional investment available that could help move any of these actions forward quicker.
Wellspring Medical Practice application to increase rent reimbursement: Agenda Item 10

JM presented the report for the committee to discuss the information within the report and to make a decision on the application.

An application has been received from Wellspring Medical Practice for increased rent reimbursement relating to space available which is currently used as a health education room by Northumbria Healthcare (NHC).

The lease is held by NHS Property Services (NHSPS) having been transferred from the PCT. If an area becomes void, the commissioning organisation is liable for the costs, so the CCG will have to pay £6k regardless of whether the space is used or not.

The practice would like to use the space for meetings and education events, and to support locality working. Although not detailed in their application, there is a significant amount of house building in the area and it is likely the practice list size will increase, and the room could then be used as additional clinical space in the future if converted.

The standard process is that the request goes to NHS England premises group who take a view on whether the additional space is needed. The recommendation from that group was that they did not feel that the practice needed the space, but it could help them to work more collaboratively.

Members did not agree with the space being used by the practice alone, but felt it should be made available for the locality, so as not to create a precedent. The locality budget could not be used, as it is not necessarily recurrent, and the rent is an annual cost.

WS clarified that from a process point of view, if you approve the request for this practice, you are approving space they don’t need and if you do it for one you would have to do it for all or have a good justification for the future. Often such applications are turned down because of this reason. With regard to void space costs, space could be used for any other service. The CCG would be funding the space for use by the practice for time immemorial, and although currently the practice were supportive of its use for a variety of uses to support the locality circumstances could change and the practice may choose not to let another group use the space.

It was suggested changing the practice lease and having an MoU around the use of the space. However, the MoU will not be legally binding. It was also suggested the CCG could take over the lease itself, so the space is not designated to one practice, but the practice will be able to use the space when the locality was not using it.

Members agreed to decline the application from Wellspring Medical Practice.
**Action 3:** JM to work with NHSPS to see if the CCG can take over the lease and then consider the best use of the room with the locality.

**NTPCC/18/044**  
**Any Other Business:** Agenda Item 11  
There were no other items of business.

**NTPCC/18/045**  
**Date and time of the next meeting:** Agenda Item 12  
Wednesday 3 October 2018, 2.00pm-4.00pm  
Longsands North, Hedley Court
## Primary Care Committee: Action Log

<table>
<thead>
<tr>
<th>Minute No./Action No.</th>
<th>Action</th>
<th>Responsible Officer</th>
<th>Target Date</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTPCC/18/023 Action 1</td>
<td>Operational Update: Jon Connolly (JC) to consider what level of funding could be signed off outside of the Primary Care Committee to ensure due process is being followed, and report back to the next meeting. <strong>Update:</strong> JC to bring a brief report to the next meeting on process and financial limits.</td>
<td>JC</td>
<td>03.10.18</td>
<td>On agenda 03.10.18</td>
</tr>
<tr>
<td>NTPCC/18/025 Action 2</td>
<td>Local Enhanced Service Performance: The specification is being reviewed with practices and will come back to the Primary Care Committee. <strong>Update</strong> The revised specification for the nursing homes enhanced service is still not finalised.</td>
<td>JM</td>
<td>13.12.18</td>
<td>Outstanding</td>
</tr>
<tr>
<td>NTPCC/18/041 Action 1</td>
<td>Primary Care Budget 2018/19: LYM/RE to check which practices have not signed up to the DES.</td>
<td>LYM/RE</td>
<td>03.10.18</td>
<td>Outstanding</td>
</tr>
<tr>
<td>NTPCC/18/042 Action 2</td>
<td>Strategy Update – 10 High Impact Actions: JC and JM to meet to discuss if there is additional investment available that could help move any of these actions forward quicker.</td>
<td>JC/JM</td>
<td>13.12.18</td>
<td>Outstanding</td>
</tr>
<tr>
<td>NTPCC/18/043 Action 3</td>
<td>Wellspring Medical Practice application to increase rent reimbursement: JM to work with NHSPS to see if the CCG can take over the lease and then consider the best use of the room with the locality.</td>
<td>JM</td>
<td>03.10.18</td>
<td>Outstanding</td>
</tr>
</tbody>
</table>
Report to: Primary Care Committee

Date: 3 October 2018  
Agenda item: 07a

<table>
<thead>
<tr>
<th>Title of report:</th>
<th>GP Patient Survey</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sponsor:</td>
<td>Lesley Young-Murphy, Executive Director of Nursing and Chief Operating Officer</td>
</tr>
<tr>
<td>Author:</td>
<td>James Martin, Commissioning and Performance Manager</td>
</tr>
</tbody>
</table>

**Purpose of the report and action required:** This report is to review the level of patient experience from the latest GP Patient Survey (Aug 2018). Members are asked to note the results and actions currently taking place to improve services within general practice in North Tyneside.

**Executive summary:**

The GP Patient Survey (GPPS) is an England-wide survey, providing practice level data about patient experience if their GP Practice.

The GP Patient Survey measure patient experience across a range of topics, including:

- Local GP services
- Access to online services
- Making appointments
- Perception of care at appointments
- Managing health conditions
- Appointment times
- Out of hours services

Appendix 1 shows an overview of the data based on the August 2018 GPPS publication. In 2018. The survey uses a consistent methodology to collect and analyse data at practice level and a weighting is applied to account for potential age and gender differences to improve comparison across organisations.

There are limitations to the survey which include some relatively small sample sizes when looking at practice level, and data is collected in a 3 month period and is therefore a snap shot. Additionally there is no qualitative data collected.

In North Tyneside CCG, 8,043 questionnaires were sent out, and 3,178 returned completed. This represents a response rate of 40% (a reduction of 3% on 2017).

The results show that:

1) Overall experience of GP practice (p9-12)
   - 87% or patients reported that their overall experience of local GP services is good, in comparison to 84% nationally.
• There is variation at practice level but the range has reduced with the difference from the best rated practice to the worst reducing from 35% to 22%.

2) Local GP services (p13-17)
• The level of patients that reported it was easy to get through to the GP practice on the phone increased from to 78% from 74% in 2017
• 91% of patients found the receptionists at their practice helpful, up from 88% in 2017
• The CCG position compares very favourably with both the national and local CCG averages for these measures but at practice level there a small number of notable exceptions to address.

3) Access to online services (p18-22)
• Patient awareness of the online services offered by the practice are generally much higher than the national average. The exception is in relation to accessing their medical record online.
• Patient reported use of GP online services was in line with the national average.

4) Making an appointment (p23-30)
• The level of satisfaction with making an appointment reduced by 1% from last years survey to 72% rating it as Good. The national average has reduced by 4% from last year to 69%.
• There are a few practices that score very low for this question, and in relation to both choice and satisfaction with the appointments offered.

5) Perceptions of care at patients last appointment (p31-34)
• The CCG compares favourably across all of the measures, with a rating of good of at least 90% for all measures. This includes a new question in this years survey asked if the patient felt the healthcare professional they saw recognised and/or understood any mental health needs they might have.

6) Managing health conditions (p35-37)
• CCG and Practice scores for this question compare favourably with nearly all practices above the national average.

7) Appointment times (p38-40)
• The proportion of patients that are satisfied with the appointment times that are available to them is low both nationally (66%) and in North Tyneside (67%)
• There is a large proportion that have responded as neither satisfied or dissatisfied for this question.
• There are a small number of local practices well below the national average for this measure.

8) Services when the GP practice is closed (p41-45)
• The CCG compares favourably for the range of questions asked in relation to OOH services although figures are generally lower than for the questions asked in relation to GP practices.
Overall the experience of local GP services benchmark well with local services being above the national figure for all of the measures.

There are a number of actions in place that will look to improve patient experience within North Tyneside, particularly in relation to access to services;
- Continued delivery of the GP extended access service
- GP Streaming at A&E at Cramlington hospital
- Training of Care Navigators within GP practices
- GP online consultations project
- Patient Partner pilot in a number of GP practices
- The CCGs Transformation Team has undertaken a range of projects with practices locally including;
  - Supporting the implementation of Patient Online (100% of practices able to offer online services)
  - Supporting an increase in the take up of online services with the national standard met of all practices having 20% of patients able to access by 31 March 2018
  - Set up of GP Innovation Group to develop practice websites
  - Provision of a self-care app

The report is on the agenda for the GP Quality Group meeting on 27th September and improvement actions will be discussed and agreed there.

The committee is requested to review the information provided and note the actions currently taking place to improve services within general practice locally.

Governance and Compliance

1. Links to corporate objectives

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
<th>Item links to objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
<td>✓</td>
</tr>
<tr>
<td>Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
<td></td>
</tr>
<tr>
<td>Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
<td>✓</td>
</tr>
<tr>
<td>Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
<td>✓</td>
</tr>
</tbody>
</table>

2. Consultation and engagement

Not applicable
3. Resource implications
   None

4. Risks
   None

5. Equality assessment
   None required

6. Environment and sustainability assessment
   None required
GP PATIENT SURVEY

NHS NORTH TYNESIDE CCG

Latest survey results

August 2018 publication
This slide pack provides results for the following topic areas:

- Background, introduction and guidance
- Overall experience of GP practice
- Local GP services
- Access to online services
- Making an appointment
- Perceptions of care at patients’ last appointment
- Managing health conditions
- Satisfaction with general practice appointment times
- Services when GP practice is closed
- Statistical reliability
- Want to know more?

Slide references:
- Slide 3
- Slide 8
- Slide 13
- Slide 18
- Slide 23
- Slide 31
- Slide 35
- Slide 38
- Slide 41
- Slide 46
- Slide 48
Background, introduction and guidance
Background information about the survey

• The GP Patient Survey (GPPS) is an England-wide survey, providing **practice-level data** about patients’ experiences of their GP practices.

• Ipsos MORI administers the survey on behalf of NHS England.

• For more information about the survey please refer to the end of this slide pack or visit [https://gp-patient.co.uk/](https://gp-patient.co.uk/).

• This slide pack presents some of the key results for **NHS NORTH TYNESIDE CCG**.

• The data in this slide pack are based on the August 2018 GPPS publication.

• In NHS NORTH TYNESIDE CCG, **8,043** questionnaires were sent out, and **3,178** were returned completed. This represents a response rate of **40%**.

• Prior to 2015 these slide packs presented Area Team averages for each CCG. These are no longer included following the integration of Area Teams into the four existing Regional Teams. However, CCGs can still see how their results compare to those of other local CCGs.

• The questionnaire has been redeveloped for 2018 in response to significant changes to primary care services as set out in the **GP Forward View**, and to provide a better understanding of how local care services are supporting patients to live well, particularly those with long-term care needs. The questionnaire (and past versions) can be found here: [https://gp-patient.co.uk/surveysandreports](https://gp-patient.co.uk/surveysandreports).
Introduction

- The GP Patient Survey measures patients’ experiences across a range of topics, including:
  - Making appointments
  - Perceptions of care at appointments
  - Managing health conditions
  - Practice opening hours
  - Services when GP practices are closed
- The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations.
- The survey has limitations:
  - Sample sizes at practice level are relatively small.
  - The survey does not include qualitative data which limits the detail provided by the results.
  - The data is provided once a year rather than in real time.
- However, given the consistency of the survey across organisations, GPPS can be used as one element of evidence.
- It can be triangulated with other sources of feedback, such as feedback from Patient Participation Groups, local surveys and the Friends and Family Test, to develop a fuller picture of patient journeys.
- This slide pack is intended to assist this triangulation of data. It aims to highlight where there may be a need for further exploration.
- Practices and CCGs can then discuss the findings further and triangulate them with other data – in order to identify potential improvements and highlight best practice.
- The following slide suggests ideas for how the data can be used to improve services.
- Given the extensive changes to the questionnaire in 2018, this pack does not include trends over time.
Guidance on how to use the data

The following suggest ideas for how the data in this slide pack can be used and interpreted to improve GP services:

• **Comparison of a CCG’s results against the national average:** this allows benchmarking of the results to identify whether the CCG is performing well, poorly, or in line with others. The CCG may wish to focus on areas where it compares less favourably.

• **Considering questions where there is a larger range in responses among practices or CCGs:** this highlights areas in which greater improvements may be possible, as some CCGs or practices are performing significantly better than others nearby. The CCG may wish to focus on areas with a larger range in the results.

• **Comparison of practices’ results within a CCG:** this can identify practices within a CCG that seem to be over-performing or under-performing compared with others. The CCG may wish to work with individual practices: those that are performing particularly well may be able to highlight best practice, while those performing less well may be able to improve their performance.
Interpreting the results

• The number of participants answering (the base size) is stated for each question. The total number of responses is shown at the bottom of each chart.

• All comparisons are indicative only. Differences may not be statistically significant – particularly when comparing practices due to low numbers of responses.

• For guidance on statistical reliability, or for details of where you can get more information about the survey, please refer to the end of this slide pack.

• Maps: CCG and practice-level results are also displayed on maps, with results split across 5 bands (or ‘quintiles’) in order to have a fairly even distribution at the national level of CCGs/practices across each band.

• All data is taken from the latest / August 2018 publication (fieldwork January to March 2018).

• For further information on using the data please refer to the end of this slide pack.

More than 0% but less than 0.5%

When fewer than 10 patients respond

In cases where fewer than 10 patients have answered a question, the data have been suppressed and results will not appear within the charts. This is to prevent individuals and their responses being identifiable in the data.

100%

Where results do not sum to 100%, or where individual responses (e.g. fairly good; very good) do not sum to combined responses (e.g. very/fairly good) this is due to rounding, or cases where multiple responses are allowed.
Overall experience of GP practice
Q31. Overall, how would you describe your experience of your GP practice?

**CCG’s results**

- Very good: 52%
- Fairly good: 35%
- Neither good nor poor: 9%
- Fairly poor: 3%
- Very poor: 3%

**Comparison of results**

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>87%</td>
<td>84%</td>
</tr>
<tr>
<td>Poor</td>
<td>4%</td>
<td>6%</td>
</tr>
</tbody>
</table>

**Practice range in CCG – % Good**

- Lowest Performing: 73%
- Highest Performing: 95%

**Local CCG range – % Good**

- Lowest Performing: 83%
- Highest Performing: 88%

Base: All those completing a questionnaire: National (746,847); CCG (3,146); Practice bases range from 70 to 131; CCG bases range from 1,270 to 6,624
Overall experience: how the CCG’s results compare to other local CCGs

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying ‘good’

Results range from 83% to 88%

The CCG represented by this pack is highlighted in red

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: CCG bases range from 1,270 to 6,624

<table>
<thead>
<tr>
<th>Overall Experience of GP practice</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>87.2 up to 93.0</td>
<td></td>
</tr>
<tr>
<td>84.9 up to 87.2</td>
<td></td>
</tr>
<tr>
<td>83.0 up to 84.9</td>
<td></td>
</tr>
<tr>
<td>80.2 up to 83.0</td>
<td></td>
</tr>
<tr>
<td>72.4 up to 80.2</td>
<td></td>
</tr>
</tbody>
</table>

%Good = %Very good + %Fairly good
Overall experience: how the CCG’s practices compare

Q31. Overall, how would you describe your experience of your GP practice?

Percentage of patients saying ‘good’

Overall Experience of GP practice
- 92.5 up to 100.0
- 88.1 up to 92.5
- 83.2 up to 88.1
- 76.0 up to 83.2
- 35.0 up to 76.0

Results range from 73% to 95%

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: Practice bases range from 70 to 131

%Good = %Very good + %Fairly good
Overall experience: how the CCG’s practices compare

Q31. Overall, how would you describe your experience of your GP practice?

**Percentage of patients saying ‘good’**

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire: National (746,847); CCG (3,146);
Practice bases range from 70 to 131

%Good = %Very good + %Fairly good

Ipsos MORI
Social Research Institute
© Ipsos MORI 17-043177-06 Version 1 | Public
Local GP services
Ease of getting through to GP practice on the phone

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?*

CCG’s results

- Very easy: 54%
- Fairly easy: 24%
- Not very easy: 16%
- Not at all easy: 6%

Comparison of results

<table>
<thead>
<tr>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>Easy</td>
</tr>
<tr>
<td>78%</td>
<td>70%</td>
</tr>
<tr>
<td>Not easy</td>
<td>Not easy</td>
</tr>
<tr>
<td>22%</td>
<td>30%</td>
</tr>
</tbody>
</table>

Practice range in CCG - % Easy

- Lowest Performing: 52%
- Highest Performing: 95%

Local CCG range - % Easy

- Lowest Performing: 63%
- Highest Performing: 78%

*Those who say ‘Haven’t tried’ have been excluded from these results.

Base: All those completing a questionnaire excluding ‘Haven’t tried’: National (729,884); CCG (3,069); Practice bases range from 67 to 129; CCG bases range from 1,240 to 6,514
Ease of getting through to GP practice on the phone: how the CCG’s practices compare

Q1. Generally, how easy is it to get through to someone at your GP practice on the phone?

Percentage of patients saying it is ‘easy’ to get through to someone on the phone

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to lower numbers of responses

Base: All those completing a questionnaire excluding ‘Haven’t tried’: National (729,884); CCG (3,069);
Practice bases range from 67 to 129

%Easy = %Very easy + %Fairly easy
Q2. How helpful do you find the receptionists at your GP practice?*

**CCG’s results**

- Very helpful: 47%
- Fairly helpful: 44%
- Not very helpful: 8%
- Not at all helpful: 4%

**Comparison of results**

- **CCG**
  - Helpful: 91%
  - Not helpful: 9%

- **National**
  - Helpful: 90%
  - Not helpful: 10%

**Practice range in CCG - % Helpful**

- Lowest Performing: 72%
- Highest Performing: 99%

**Local CCG range - % Helpful**

- Lowest Performing: 88%
- Highest Performing: 92%

*Those who say ‘Don’t know’ have been excluded from these results.

Base: All those completing a questionnaire excluding ‘Don’t know’: National (738,643); CCG (3,073); Practice bases range from 68 to 129; CCG bases range from 1,256 to 6,560
Helpfulness of receptionists at GP practice: how the CCG’s practices compare

Q2. How helpful do you find the receptionists at your GP practice?

Percentage of patients saying receptionists at the GP practice are ‘helpful’

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding ‘Don’t know’. National (738,543); CCG (3,073);
Practice bases range from 68 to 129

%Helpful = %Very helpful + %Fairly helpful

Ipsos MORI
Social Research Institute
© Ipsos MORI 17-043177-06 Version 1 | Public
Access to online services
Q4. As far as you know, which of the following online services does your GP practice offer?

- Booking appointments online
- Ordering repeat prescriptions online
- Accessing my medical records online
- None of these
- Don't know

Comparisons are indicative only: differences may not be statistically significant

Base: All those completing a questionnaire: National (735,717); CCG (3,100);
Practice bases range from 69 to 130
Online service use

Q5. Which of the following general practice online services have you used in the past 12 months?

- Booking appointments online: 13% (CCG), 13% (National)
- Ordering repeat prescriptions online: 14% (CCG), 14% (National)
- Accessing my medical records online: 2% (CCG), 3% (National)
- None of these: 80% (CCG), 79% (National)

Comparisons are indicative only: differences may not be statistically significant.

Base: All those completing a questionnaire: National (742,492); CCG (3,108);
Practice bases range from 67 to 128.
Ease of use of online services

Q6. How easy is it to use your GP practice’s website to look for information or access services?*

CCG’s results

- Very easy: 29%
- Fairly easy: 11%
- Not very easy: 5%
- Not at all easy: 5%

Comparison of results

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Easy</td>
<td>84%</td>
<td>78%</td>
</tr>
<tr>
<td>Not easy</td>
<td>16%</td>
<td>22%</td>
</tr>
</tbody>
</table>

Practice range in CCG - % Easy

<table>
<thead>
<tr>
<th>Lowest Performing</th>
<th>Highest Performing</th>
</tr>
</thead>
<tbody>
<tr>
<td>62%</td>
<td>97%</td>
</tr>
</tbody>
</table>

Local CCG range - % Easy

<table>
<thead>
<tr>
<th>Lowest Performing</th>
<th>Highest Performing</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>86%</td>
</tr>
</tbody>
</table>

*Those who say ‘Haven’t tried’ have been excluded from these results.

Base: All those completing a questionnaire excluding ‘Haven’t tried’: National (234,144); CCG (881);
Practice bases range from 14 to 49; CCG bases range from 440 to 1,731
Ease of use of online services

Q6. How easy is it to use your GP practice’s website to look for information or access services?

Percentage of patients saying it is ‘easy’ to use their GP practice’s website

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding ‘Haven’t tried’. National (234,144); CCG (881);
Practice bases range from 14 to 49

%Easy = %Very easy + %Fairly easy

Ipsos MORI
Social Research Institute
© Ipsos MORI 17-043177-06 Version 1 | Public
Making an appointment
Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?*

CCG’s results

- Yes, a choice of place: 14%
- Yes, a choice of time or day: 55%
- Yes, a choice of healthcare professional: 9%
- No, I was not offered a choice of appointment: 36%

Comparison of results

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>64%</td>
<td>62%</td>
</tr>
<tr>
<td>No</td>
<td>36%</td>
<td>38%</td>
</tr>
</tbody>
</table>

Lowest Performing

Practice range in CCG - % Yes

- Lowest Performing: 38%
- Highest Performing: 83%

Local CCG range - % Yes

- Lowest Performing: 60%
- Highest Performing: 70%

*Those who say ‘Doesn’t apply’ or ‘Can’t remember’ have been excluded from these results. The ‘Yes’ options are multi-code and so the summation of the three ‘Yes’ options does not equal the combined ‘Yes’ offered a choice statistic.

Base: All tried to make an appointment since being registered excluding ‘Doesn’t apply’ and ‘Can’t remember’: National (586,602); CCG (2,443); Practice bases range from 58 to 103; CCG bases range from 1,031 to 5,235

%Yes = either offered a ‘Choice of place’, a ‘Choice of time or day’ or a ‘Choice of healthcare professional’
Q16. On this occasion (when you last tried to make a general practice appointment), were you offered a choice of appointment?

**Percentage of patients saying ‘yes’ they were offered a choice of appointment**

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses.

Base: All tried to make an appointment since being registered excluding ‘Doesn’t apply’ and ‘Can’t remember’: National (586,602); CCG (2,443); Practice bases range from 58 to 103.
Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

CCG’s results

- Yes, and I accepted an appointment: 76%
- No, but I still took an appointment: 19%
- No, and I did not take an appointment: 5%

Comparison of results

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, took appt</td>
<td>76%</td>
<td>74%</td>
</tr>
<tr>
<td>No, took appt</td>
<td>19%</td>
<td>20%</td>
</tr>
<tr>
<td>No, didn’t take appt</td>
<td>5%</td>
<td>6%</td>
</tr>
</tbody>
</table>

Practice range in CCG - % Yes

- Lowest Performing: 57%
- Highest Performing: 90%

Local CCG range - % Yes

- Lowest Performing: 73%
- Highest Performing: 78%

Base: All tried to make an appointment since being registered: National (701,961); CCG (2,944); Practice bases range from 65 to 126; CCG bases range from 1,192 to 6,226
Satisfaction with appointment offered

Q17. Were you satisfied with the type of appointment (or appointments) you were offered?

Percentage of patients saying ‘yes’ they were satisfied with the appointment offered

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All tried to make an appointment since being registered: National (701,961); CCG (2,944); Practice bases range from 65 to 126
What patients do when they are not satisfied with the appointment offered and do not take it

Q19. What did you do when you did not take the appointment you were offered?

Comparisons are indicative only: differences may not be statistically significant

Base: All who did not take the appointment offered (excluding those who haven't tried to make one): National (32,326); CCG (133)
Q22. Overall, how would you describe your experience of making an appointment?

CCG’s results

- Very good: 32%
- Fairly good: 4%
- Neither good nor poor: 15%
- Fairly poor: 9%
- Very poor: 4%

Comparison of results

- CCG: 72% Good
- National: 69% Good
- CCG: 13% Poor
- National: 15% Poor

Practice range in CCG - % Good
- Lowest Performing: 49%
- Highest Performing: 88%

Local CCG range - % Good
- Lowest Performing: 65%
- Highest Performing: 74%

Base: All tried to make an appointment since being registered: National (693,912); CCG (2,904); Practice bases range from 64 to 125; CCG bases range from 1,170 to 6,134

%Good = %Very good + %Fairly good
%Poor = %Fairly poor + %Very poor
Overall experience of making an appointment: how the CCG’s practices compare

Q22. Overall, how would you describe your experience of making an appointment?

Percentage of patients saying they had a ‘good’ experience of making an appointment

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All tried to make an appointment since being registered: National (693,912); CCG (2,904);
Practice bases range from 64 to 125

%Good = %Very good + %Fairly good
Perceptions of care at patients’ last appointment
Perceptions of care at patients’ last appointment with a healthcare professional

Q26. Last time you had a general practice appointment, how good was the healthcare professional at each of the following*

### CCG’s results

<table>
<thead>
<tr>
<th></th>
<th>National results % ‘Poor’ (total)</th>
<th>CCG results % ‘Poor’ (total)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Giving you enough time</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Listening to you</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Treating you with care and concern</td>
<td>4%</td>
<td>3%</td>
</tr>
</tbody>
</table>

*Those who say 'Doesn't apply' have been excluded from these results.

**Base:** All had an appointment since being registered with current GP practice excluding 'Doesn't apply': National (706,895; 705,167; 706,882); CCG (2,979; 2,970; 2,981)

\[
\text{%Poor (total)} = \text{%Very poor} + \text{%Poor}
\]
### Perceptions of care at patients’ last appointment with a healthcare professional

**Q28-30. During your last general practice appointment...**

**CCG's results**

<table>
<thead>
<tr>
<th></th>
<th>National results</th>
<th>CCG results</th>
</tr>
</thead>
<tbody>
<tr>
<td>% 'No, not at all'</td>
<td>7%</td>
<td>4%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Perception</th>
<th>National results</th>
<th>CCG results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Felt involved in decisions about care and treatment</td>
<td>30%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>65%</td>
<td>30%</td>
</tr>
<tr>
<td>Had confidence and trust in the healthcare professional</td>
<td>23%</td>
<td>3%</td>
</tr>
<tr>
<td></td>
<td>74%</td>
<td>23%</td>
</tr>
<tr>
<td>Felt their needs were met</td>
<td>28%</td>
<td>4%</td>
</tr>
<tr>
<td></td>
<td>68%</td>
<td>28%</td>
</tr>
</tbody>
</table>

*Those who say 'Don’t know / doesn’t apply' or 'Don’t know / can’t say' have been excluded from these results.

Base: All had an appointment since being registered with current GP practice excluding 'Doesn’t apply':
National (628,938; 695,421; 696,267); CCG (2,669; 2,938; 2,944)
Q27. During your last general practice appointment, did you feel that the healthcare professional recognised and/or understood any mental health needs that you might have had?*

**CCG’s results**

- Yes, definitely: 62%
- Yes, to some extent: 28%
- No, not at all: 10%

**Comparison of results**

<table>
<thead>
<tr>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>90%</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>10%</td>
</tr>
<tr>
<td>No, not at all</td>
<td>13%</td>
</tr>
</tbody>
</table>

**Practice range in CCG - % Yes**

- Lowest Performing: 79%
- Highest Performing: 98%

**Local CCG range - % Yes**

- Lowest Performing: 86%
- Highest Performing: 91%

*Those who say ‘I did not have any mental health needs’ or ‘Did not apply to my last appointment’ have been excluded from these results.

Base: All had an appointment since being registered with current GP practice excluding ‘I did not have any mental health needs’ or ‘Did not apply to my last appointment’. National (277,497); CCG (1,232); Practice bases range from 22 to 67; CCG bases range from 461 to 2,606

%Yes = %Yes, definitely + %Yes, to some extent
Managing health conditions
Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?*

**CCG’s results**

- Yes, definitely: 47%
- Yes, to some extent: 37%
- No: 16%

**Comparison of results**

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>84%</td>
<td>79%</td>
</tr>
<tr>
<td>No</td>
<td>16%</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Practice range in CCG - % Yes**

- Lowest Performing: 61%
- Highest Performing: 94%

**Local CCG range - % Yes**

- Lowest Performing: 77%
- Highest Performing: 84%

*Those who say ‘I haven’t needed support’ and ‘Don’t know / can’t say’ have been excluded from these results.

Base: All with a long-term condition excluding ‘I haven’t needed support’ and ‘Don’t know / can’t say’: National (284,887); CCG (1,304); Practice bases range from 30 to 60; CCG bases range from 557 to 2,774

\%Yes = \%Yes, definitely + \%Yes, to some extent
Q38. In the last 12 months, have you had enough support from local services or organisations to help you to manage your condition (or conditions)?

**Percentage of patients saying ‘yes’ they have had enough support to manage their condition(s)**

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses.

Base: All with a long-term condition excluding ‘I haven’t needed support’ and ‘Don’t know / can’t say’. National (284,887); CCG (1,304);
Practice bases range from 30 to 60
Satisfaction with general practice appointment times
Q8. How satisfied are you with the general practice appointment times that are available to you?*

**CCG’s results**

- Very satisfied: 25%
- Fairly satisfied: 17%
- Neither satisfied nor dissatisfied: 6%
- Fairly dissatisfied: 10%
- Very dissatisfied: 6%

**Comparison of results**

- **CCG**
  - Satisfied: 67%
  - Dissatisfied: 16%
- **National**
  - Satisfied: 66%
  - Dissatisfied: 17%

**Practice range in CCG - % Satisfied**

- Lowest Performing: 46%
- Highest Performing: 85%

**Local CCG range - % Satisfied**

- Lowest Performing: 65%
- Highest Performing: 71%

*Those who say 'I'm not sure when I can get an appointment' have been excluded from these results.

Base: All those completing a questionnaire excluding 'I'm not sure when I can get an appointment': National (689,659); CCG (2,893); Practice bases range from 62 to 120; CCG bases range from 1,172 to 6,124

%Satisfied = %Very satisfied + %Fairly satisfied

%Dissatisfied = %Very dissatisfied + %Fairly dissatisfied
Satisfaction with appointment times: how the CCG’s practices compare

Q8. How satisfied are you with the general practice appointment times that are available to you?

Percentage of patients saying they are ‘satisfied’ with the appointment times available

Comparisons are indicative only: differences may not be statistically significant, particularly at practice level due to low numbers of responses

Base: All those completing a questionnaire excluding ‘I’m not sure when I can get an appointment’: National (689,659); CCG (2,893); Practice bases range from 62 to 120

%Satisfied = %Very satisfied + %Fairly satisfied
Services when GP practice is closed

- The services when GP practice is closed questions are only asked of those who have recently used an NHS service when they wanted to see a GP but their GP practice was closed. As such, the base size is often too small to make meaningful comparisons at practice level; practice range within CCG has therefore not been included for these questions.

- Please note that patients cannot always distinguish between out-of-hours services and extended access appointments. Please view the results in this section with the configuration of your local services in mind.
Use of services when GP practice is closed

Q45. Considering all of the services you contacted, which of the following happened on that occasion?

<table>
<thead>
<tr>
<th>Service</th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>I contacted an NHS service by telephone</td>
<td>50%</td>
<td>62%</td>
</tr>
<tr>
<td>A healthcare professional called me back</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>A healthcare professional visited me at home</td>
<td>5%</td>
<td>5%</td>
</tr>
<tr>
<td>I went to A&amp;E</td>
<td>34%</td>
<td>36%</td>
</tr>
<tr>
<td>I saw a pharmacist</td>
<td>9%</td>
<td>12%</td>
</tr>
<tr>
<td>I went to another general practice service</td>
<td>32%</td>
<td>18%</td>
</tr>
<tr>
<td>I went to another NHS service</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>Can't remember</td>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Base: All those who have contacted an NHS service when GP practice closed in past 12 months: National (138,025); CCG (531)
Q46. How do you feel about how quickly you received care or advice on that occasion?*

CCG’s results

- 66% About right
- 34% Took too long

Comparison of results

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>About right</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Took too long</td>
<td>34%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Local CCG range – % About right

- Lowest Performing: 66%
- Highest Performing: 72%

*Those who say ‘Don’t know / doesn’t apply’ have been excluded from these results.

Base: All those who have contacted an NHS service when GP practice closed in past 12 months excluding ‘Don’t know / doesn’t apply’:
National (129,429); CCG (508); CCG bases range from 198 to 1,062
Confidence and trust in staff providing services when GP practice is closed

Q47. Considering all of the people that you saw or spoke to on that occasion, did you have confidence and trust in them?*

CCG’s results

- Yes, definitely 46%
- Yes, to some extent 5%
- No, not at all 49%

Comparison of results

<table>
<thead>
<tr>
<th></th>
<th>CCG</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, definitely</td>
<td>95%</td>
<td>91%</td>
</tr>
<tr>
<td>Yes, to some extent</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>No, not at all</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

Local CCG range – % Yes

- Lowest Performing 88%
- Highest Performing 95%

*Those who say ‘Don’t know / can’t say’ have been excluded from these results.

Base: All those who have contacted an NHS service when GP practice closed in past 12 months excluding ‘Don’t know / can’t say’.
National (132,710); CCG (521); CCG bases range from 211 to 1,106

%Yes = %Yes, definitely + % Yes, to some extent
Overall experience of services when GP practice is closed

Q48. Overall, how would you describe your last experience of NHS services when you wanted to see a GP but your GP practice was closed?*

CCG’s results

- Very good: 34%
- Fairly good: 14%
- Neither good nor poor: 10%
- Fairly poor: 4%
- Very poor: 1%

Comparison of results

- CCG: 73% Good, 14% Poor
- National: 69% Good, 15% Poor

Local CCG range - % Good

- Lowest Performing: 68%
- Highest Performing: 78%

*Those who say ‘Don’t know / can’t say’ have been excluded from these results.

Base: All those who have contacted an NHS service when GP practice closed in past 12 months excluding ‘Don’t know / can’t say’:
National (133,444); CCG (519); CCG bases range from 208 to 1,103.
Statistical reliability
Participants in a survey such as GPPS represent only a sample of the total population of interest – this means we cannot be certain that the results of a question are exactly the same as if everybody within that population had taken part (“true values”). However, we can predict the variation between the results of a question and the true value by using the size of the sample on which results are based and the number of times a particular answer is given. The confidence with which we make this prediction is usually chosen to be 95% – that is, the chances are 95 in 100 that the true value will fall within a specified range (the “95% confidence interval”).

The table below gives examples of what the confidence intervals look like for an ‘average’ practice and CCG, as well as the confidence intervals at the national level.

### An example of confidence intervals (at national, CCG and practice level) based on the average number of responses to the question “Overall, how would you describe your experience of your GP practice?”

<table>
<thead>
<tr>
<th>Average sample size on which results are based</th>
<th>Approximate confidence intervals for percentages at or near these levels</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Level 1: 10% or 90%</td>
</tr>
<tr>
<td></td>
<td>Level 2: 30% or 70%</td>
</tr>
<tr>
<td></td>
<td>Level 3: 50%</td>
</tr>
<tr>
<td>National</td>
<td>+/-</td>
</tr>
<tr>
<td>758,165</td>
<td>0.09</td>
</tr>
<tr>
<td>0.15</td>
<td></td>
</tr>
<tr>
<td>0.16</td>
<td></td>
</tr>
<tr>
<td>CCG</td>
<td>1.32</td>
</tr>
<tr>
<td>2.02</td>
<td></td>
</tr>
<tr>
<td>2.20</td>
<td></td>
</tr>
<tr>
<td>Practice</td>
<td>6.93</td>
</tr>
<tr>
<td>10.21</td>
<td></td>
</tr>
<tr>
<td>11.08</td>
<td></td>
</tr>
</tbody>
</table>

For example, taking a CCG where 4,000 people responded and where 30% answered ‘Very good’ in response to ‘Overall, how would you describe your experience of making an appointment’, there is a 95% likelihood that the true value (which would have been obtained if the whole population had been interviewed) will fall within the range of +/-2.02 percentage points from that question’s result (i.e. between 27.98% and 32.02%).

When results are compared between separate groups within a sample, the difference may be “real” or it may occur by chance (because not everyone in the population has been interviewed). Confidence intervals will be wider when comparing groups, especially where there are small numbers e.g. practices where 100 patients or fewer responded to a question. These findings should be regarded as indicative rather than robust.
Want to know more?
Further background information about the survey

• The survey was sent to **c.2.2 million adult patients** registered with a GP practice.

• Participants are sent a **postal questionnaire**, also with the option of completing the survey online or via telephone.

• Past results dating back to 2007 are available for every practice in the UK. From 2017 the survey has been annual; previously it ran twice a year (June 2011 – July 2016), on a quarterly basis (April 2009 – March 2011) and annually (January 2007 – March 2009).

• For more information about the survey please visit [https://gp-patient.co.uk/](https://gp-patient.co.uk/).

• The overall response rate to the survey is **34.1%**, based on **758,165** completed surveys.

• **Weights have been applied** to adjust the data to account for potential age and gender differences between the profile of all eligible patients in a practice and the patients who actually complete a questionnaire. Since the first wave of the 2011-2012 survey the weighting also takes into account neighbourhood statistics, such as levels of deprivation, in order to further improve the reliability of the findings.

• Further information on the survey including questionnaire design, sampling, communication with patients and practices, data collection, data analysis, response rates and reporting can be found in the technical annex for each survey year, available here: [https://gp-patient.co.uk/surveysandreports](https://gp-patient.co.uk/surveysandreports).
Where to go to do further analysis …

• For reports which show the National results broken down by CCG and Practice, go to https://gp-patient.co.uk/surveysandreports - you can also see previous years’ results here.

• To look at the survey data at a national, CCG or practice level, and filter on a specific participant group (e.g. by age), break down the survey results by survey question, or to create and compare different participant ‘subgroups’, go to https://gp-patient.co.uk/analysistool

• For general FAQs about the GP Patient Survey, go to https://gp-patient.co.uk/faq
For further information about the GP Patient Survey, please get in touch with the GPPS team at Ipsos MORI at GPPatientSurvey@ipsos.com

We would be interested to hear any feedback you have on this slide pack, so we can make improvements for the next publication.
Report to: Primary Care Committee

Date: 3 October 2018  Agenda item: 08a

Title of report: Internal Audit Framework for Delegated CCGs Guidance

Sponsor: Lesley Young-Murphy, Executive Director of Nursing and Chief Operating Officer

Author: James Martin, Commissioning and Performance Manager

Purpose of the report and action required: This report is for information. Members are asked to note the content of the ‘Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Group’ guidance and the cycle of audit as agreed by the Audit Committee

Executive summary:

In July 2018, NHS England issued a draft Internal Audit Framework for delegated Clinical Commissioning Groups, setting out the assurances that it would expect to be provided by internal audit around delegated primary medical care commissioning arrangements. This document was finalised at the end of August 2018.

The document makes it clear that from 2018/19 delegated commissioning arrangements should be covered annually as part of the internal audit plan, although different aspects of primary medical care commissioning could be covered on a cyclical basis. The framework further states that:

‘Delegated CCGs will:

a. Plan and implement an audit programme to cover the scope of delegated primary medical care commissioning as detailed in this framework

b. Start this programme in 18/19 unless, following review of audit plans, those plans cannot be changed (in which case they will need to start with 19/20 audit plans).

c. In addition to its own management response ensure the outcome of each audit is reported in line with this framework.’

The assurance to be provided by the CCG’s internal audit function will form part of a suite of assurances, including self-assurances, to be provided by the CCG to NHS England around delegated responsibilities, with the purpose of the internal audit framework being to: ‘provide information to CCGs that they are discharging NHS England’s statutory primary medical care functions effectively, and in turn use this information to provide aggregate assurance to NHS England and facilitate NHS England’s engagement with CCGs to support improvement.’

The areas to be covered as part of the cyclical plan are:
a. Commissioning and procurement of primary medical services.

b. Contract Oversight and Management Functions.

c. Primary Care Finance.

d. Governance.

Further information on the elements within each area to be included within testing is given in the framework, which is attached in Appendix 1.

Primary Medical Care Commissioning is not currently included within the 2018/19 Internal Audit Plan. The guidance does state that: Delegated CCGs who conducted an audit of their primary medical care commissioning arrangements in 2017/18 may count this towards their implementation of this framework providing the audit and its objectives are clearly in scope of this framework and the outcome is [retrospectively] reported in line with this framework.

However, while an audit was carried out in 2017/18, mapping the scope of that audit to the new Framework shows that the audit did not cover all areas for which NHS England are seeking assurance. The scope of the 2017/18 audit most closely aligns to the Framework as follows:

a. Commissioning and procurement of primary medical services;

   i. planning the provision of primary medical care services in the area, including carrying out needs assessments and consulting with the public and other relevant agencies as necessary

The audit did not, however, provide any assurance in relation to a ii) to v).

c. Primary Care Finance

   i. Overall management and the reporting of delegated funds – processes for forecasting, monitoring and reporting

The audit did not, however, provide any assurance in relation to c ii) to v) – the audit primarily focused on the compensating controls that the CCG had put in place around the weaknesses identified in the Capital SAR report, and we did raise an issue about the CCG’s approach largely being a year-end exercise to support the accounts as opposed to an ongoing process throughout the year.

and:

d. Governance

   i. Operation and oversight of the Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) in regard to the points a-c above (but not in relation to the management of Conflicts of Interest)

Again, while Internal Audit looked at overall governance arrangements, they did not
cover the level of detail to which NHS England is currently seeking assurance, particularly in relation to reporting.

The Audit Committee recently met to consider the following options:

- whether the 2017/18 assurance should be rolled forward and reported to NHS England in 2018/19 even though it doesn’t map to one area of the framework
- If not, whether to include primary medical care commissioning within the 2018/19 internal audit plan or start the three-year cycle set out in the Framework in 2019/20
- If the audit is to be included within the 2018/19 plan, whether another audit should be removed from the plan to accommodate it – and, if so, which audit – or whether to commission this as additional work. Our current estimate is that to cover the areas set out in the framework will require additional resources of around £3,300 pa.

The decision was to include primary medical care commissioning within the 2018/19 internal audit plan on the following a three-year cycle

a. Commissioning and procurement of primary medical services – 2018/19
b. Contract Oversight and Management Functions – 2019/20
c. Primary Care Finance – 2020/21
d. Governance - 2020/21

Members are asked to note the content of the ‘Primary Medical Care Commissioning and Contracting: Internal Audit Framework for delegated Clinical Commissioning Group’ guidance and the cycle of audit as agreed by the Audit Committee

**Governance and Compliance**

1. **Links to corporate objectives**

<table>
<thead>
<tr>
<th>2018/19 corporate objectives</th>
<th>Item links to objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.</td>
<td>✓</td>
</tr>
<tr>
<td>Meet the CCG’s financial duties and support delivery of the CCG’s other objectives, on a sustainable basis.</td>
<td>✓</td>
</tr>
<tr>
<td>Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria &amp; North East system.</td>
<td>✓</td>
</tr>
<tr>
<td>Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.</td>
<td>✓</td>
</tr>
</tbody>
</table>
2. **Consultation and engagement**  
   Not applicable

3. **Resource implications**  
   None

4. **Risks**  
   None

5. **Equality assessment**  
   None required

6. **Environment and sustainability assessment**  
   None required
Primary Medical Care Commissioning and Contracting:

Internal Audit Framework for delegated Clinical Commissioning Groups
Promoting equality and addressing health inequalities are at the heart of NHS England’s values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and,

- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

This information can be made available in alternative formats, such as easy read or large print, and may be available in alternative languages, upon request. Please contact 0300 311 22 33 or email england.contactus@nhs.net stating that this document is owned by Primary Care Commissioning, Operations and Information Directorate.
This document provides a framework for delegated Clinical Commissioning Groups (CCGs) to undertake an internal audit of their primary medical care commissioning. The purpose of this is to provide information to CCGs that they are discharging NHS England’s statutory functions effectively, and in turn to provide aggregate assurance to NHS England and facilitate improvement.

Audit findings to be reported to NHS England within 1 calendar month of completion (sign off)

**Contact Details for further information**
Primary Care Commissioning  
Quarry House  
Quarry Hill  
Leeds  
LS2 7UE.  
(0113) 825 4164  
england.primarycareops@nhs.net

**Document Status**
This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.
Contents

Contents ......................................................................................................................... 3
Introduction .................................................................................................................... 5
  Background .................................................................................................................. 5
  Context ....................................................................................................................... 5
  Internal Audit of Primary Medical Care Commissioning and Contracting ............. 6

Audit Framework .......................................................................................................... 8
  Objective of the audit framework .............................................................................. 8
  Scope of the primary medical services audit framework ........................................... 8
  Audit Approach ......................................................................................................... 11
  Reporting .................................................................................................................... 11
  Audit approach for 2019/20 onwards ..................................................................... 12

Appendix A .................................................................................................................. 14
Appendix B .................................................................................................................... 15
**Introduction**

1. This document provides the framework for delegated Clinical Commissioning Groups (CCGs) undertaking internal audit of their primary medical care commissioning arrangements from 2018/19.

**Background**

2. NHS England became responsible for the direct commissioning of primary medical care services on 1 April 2013. Since then, following changes set out in the NHS Five Year Forward View, primary care co-commissioning has seen CCGs invited to take on greater responsibility for general practice commissioning, including full responsibility under delegated commissioning arrangements.

3. In 2017/18, 84 per cent of CCGs had delegated commissioning arrangements (82 per cent - £6,247.6 million – of the primary medical care budget, with the remainder being spent directly by NHS England local teams). In 2018/19 this has increased to 96 per cent with 178 CCGs now fully delegated.

4. Where NHS England delegates its functions to CCGs, it still retains overall responsibility and liability for these and is responsible for obtaining assurances that its functions are being discharged effectively.

**Context**

5. While NHS England’s CCG Improvement and Assessment Framework reports CCG performance in key areas, including primary care, it does not provide specific assurance on the management of delegated primary medical care commissioning arrangements.

6. In agreement with the NHS England Audit and Risk Assurance Committee, we will be requiring the following from 2018/19:

   a. **Reported self-assessment of compliance with published primary medical care policies from each lead commissioner** (NHS England local team or delegated CCG). This is being managed through the annual Primary Care Activity Report collection\(^1\).

   b. **Report published by each delegated CCG covering the outcomes achieved** through their delegated responsibilities and the way in which

---

\(^1\) The collection seeks to identify any known exceptions of non-compliance against key primary medical care policies. Feedback, in addition to supporting oversight and assurance, will support ongoing central review of primary medical care policies and the design of support for local commissioners. With a new Primary Medical Care Policy and Guidance Manual published (November 2017) local commissioners are also asked to confirm their operating procedures have been updated accordingly to reflect these.


assurances have been gained locally, particularly where innovative approaches are taken. This is to be accommodated through amendment of the CCG annual governance statement template².

c. **Internal audit of delegated CCGs primary medical care commissioning arrangements.** The purpose of this being to provide information to CCGs that they are discharging NHS England’s statutory primary medical care functions effectively, and in turn use this information to provide aggregate assurance to NHS England and facilitate NHS England’s engagement with CCGs to support improvement.

7. This document focuses solely on the internal audit requirement and provides the framework to support NHS England and CCGs in this regard. The scope of this audit framework has been discussed and developed with key stakeholders including the CCG audit chair network.

**Internal Audit of Primary Medical Care Commissioning and Contracting**

8. The Delegation Agreement entered into between NHS England and CCGs sets out the terms and conditions on how delegated primary medical care functions are to be exercised. The scope of this audit framework is designed around this by mirroring these functions through the natural commissioning cycle:

- Commissioning and procurement of services
- Contract Oversight and Management Functions
- Primary Care Finance
- Governance (common to each of the above areas)

9. The audit framework is to be delivered as a 3-4 year programme of work to ensure this scope is subject to annual audit in a managed way and within existing internal audit budgets.

10. It is recognised that CCGs annual audit plans for 2018/19 may have been settled on in advance of notification for including delegated primary medical care and the subsequent publication of this framework. Where no provision has been made for a primary medical services audit in 2018/19 delegated CCGs should review their plans to accommodate this.

11. Where 2018/19 plans cannot be changed (for example, to proceed would mean displacing planned audit areas identified as greater risk or funding for additional audit days cannot be prioritised) delegated CCGs should ensure this audit is included in their 2019/20 audit plans at the very latest. To implement the framework CCGs will need to plan and undertake a series of internal audits to ensure all areas in scope of this framework are audited by March 2021. If commencing with audit plans from 2019/20, this audit framework must be completed by March 2022.

² Further details expected to be published July 2018.
12. Follow-up audits for areas of no assurance will need to be planned for in addition.

13. Delegated CCGs who conducted an audit of their primary medical care commissioning arrangements in 2017/18 may count this towards their implementation of this framework providing the audit and its objectives are clearly in scope of this framework and the outcome is [retrospectively] reported in line with this framework. Earlier audits will be able to be used to ensure audits under this framework are effectively targeted.

14. This framework will provide a comprehensive baseline for assurance of delegated CCGs primary medical care commissioning and provide the basis for moving to a more risk-based approach in future years.

15. The outcome of each annual audit will be reported to the CCG Audit Committee. The CCG Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) should have a lead role in discussing and agreeing the report. The outcome will be reported in the CCG’s annual report and governance statement. The subsequent report and management actions will also need to be discussed with NHS England local team\(^3\) as appropriate (see ‘Reporting’ section).

16. CCGs should tailor their approach to take account of the findings from any previous or related audit work, and make use of local assessment of risk to determine appropriate focus within the scope of work detailed.

17. Where a CCGs staffing model for delegated commissioning relies on NHS England assignment (where NHS England staff remain in their current roles and locations and provide services to the CCG under service level agreement) CCGs will need to discuss and agree the scope their audit with NHS England.

18. For further information or any queries on the audit, please contact: england.primarycareops@nhs.net

---

\(^3\) This framework does not seek to pre-empt the outcome of new operating model which will emerge under the 7 new regional geographies following next steps on NHS England and NHS Improvement closer working. References to NHS England local teams are a reference to the current model which support function of primary care commissioning (DCO, Heads of Primary Care, Primary Care Teams etc).
Audit Framework

Objective of the audit framework

19. The overall objective of this audit framework is to evaluate the effectiveness of the arrangements put in place by CCGs to exercise the primary medical care commissioning functions of NHS England as set out in the Delegation Agreement.

Scope of the primary medical services audit framework

20. This section sets out the key components in scope of the primary medical services audit framework and provides guidance under each component on the areas to be covered.

21. Given the breadth of areas under scope, delegated CCGs will need to ensure the focus and objectives of each annual audit is proportionate to- and targeted by- their local assessment of risks (risk registers, past audits etc.). There is no requirement to follow the scope in the order that is presented here.

22. Excluded from scope is the management of conflicts of interests which is subject to its own internal audit framework, including governance through the Primary Care Commissioning Committee.

23. The following is in scope of the primary medical services audit framework:

   a. Commissioning and procurement of primary medical services;
      i. planning the provision of primary medical care services in the area, including carrying out needs assessments and consulting with the public and other relevant agencies as necessary
      ii. the processes adopted in the procurement of primary medical care services, including decisions to extend existing contracts
      iii. the involvement of patients / public in those commissioning and procurement decisions
      iv. the effective commissioning of Directed Enhanced Services and any Local Incentive Schemes (including the design of such schemes)
      v. commissioning response to urgent GP practice closures or disruption to service provision

   b. Contract Oversight and Management Functions. Generally these will be those relating to the accessibility and quality of GP services, including but not limited to ensuring relevant national and locally applied contract terms in relation to;
      i. GP Practice opening times and the appropriateness of sub contracted arrangements
      ii. Managing patient lists and registration issues  (for example, list closures, targeted list maintenance, out of area registration, special allocation schemes)
iii. Identification of practices selected for contract review to assure quality, safety and performance, and the quality of the subsequent review and implementation of outcomes
iv. Decisions in relation to the management of poorly performing GP practices and including, without limitation, contractual management decisions and liaison with the CQC where the CQC has reported non-compliance with standards (but excluding any decisions in relation to the performers list)
v. Overall management of practice: (1) mergers (2) closures

c. Primary Care Finance

i. Overall management and the reporting of delegated funds – processes for forecasting, monitoring and reporting
ii. Review of financial controls and processes for approving payments to practices
iii. Review of compliance with coding guidance on a sample basis
iv. Processes to approve and decisions regarding ‘discretionary’ payments (e.g. Section 96 funding arrangements, Local Incentive Schemes)
v. Implementation of the Premises Costs Directions

d. Governance

i. Operation and oversight of the Primary Care Commissioning Committee (or alternative committee with responsibility for the delegated function) in regard to the points a-c above (but not in relation to the management of Conflicts of Interest)

24. As a general guide, delegated CCGs annual audit will want to consider whether:

a. Relevant policies, procedures and guidance have been authorised, and communicated to relevant personnel.

b. Local processes established by the CCG are aligned to NHS England policies and guidance e.g. Primary Medical Care Policy and Guidance Manual.

c. Roles and responsibilities for activities have been clearly defined.

d. Processes are in place to confirm compliance with policies and procedures.

e. Documentation is retained, including records of decisions. There is evidence to show decisions were exercised in accordance with NHS England’s statutory duties, for example:

   i. Equality and Health Inequalities duties
      1. Equality Act 2010

ii. Other non-equality and health inequalities related duties
1. The "Regard Duties"
2. The "View To Duties"
3. The "Promote Duties"
4. The "Involve Duty"
5. Duty to act fairly & reasonably
6. Duty to "obtain appropriate advice"
7. Duty to exercise functions effectively
8. Duty not to prefer one type of provider

Guidance for NHS Commissioners on Equality and Health Inequalities Duties

https://www.england.nhs.uk/about/gov/equality-hub/legal-duties/

EDS2 is a generic system designed for both NHS commissioners and NHS providers to improve on their equality performance as an organisation.

https://www.england.nhs.uk/about/equality/equality-hub/eds/

Further details on how these apply (and therefore evidence to be illustrated) are set out in the Primary Medical Services Policy and Guidance Manual available here:


f. With specific relation to decisions impacting GP practices registered population (e.g. mergers / closures / relocations) the CCG undertakes all necessary involvement and consultation, and keeps clear records thereof. The consultation undertaken is appropriate and proportionate in the circumstances of each case and should include consulting with the Local Medical Committee and affected patients. Consultation with patients / the public follows statutory guidance available here:


g. The CCG has considered its obligations in relation to procurement (e.g. The NHS (Procurement, Patient Choice and Competition) Regulations 2013, Public Contracts Regulations 2015) where appropriate.

25. Whilst planning and performing the primary medical services audit, auditors should consider coverage of any previous internal audit work undertaken and any
additional areas of risk to be included (e.g. workforce/operating model with NHS England and/or other CCGs);

**Audit Approach**

26. The CCG should ensure that their internal audit work is performed according to UK Public Sector Internal Audit Standards (PSIAS).

**Reporting**

27. A report should be produced detailing the observations identified from the annual audit, the recommendations required to ensure the appropriate delivery of the delegated functions and the agreed management actions (including responsible owners and timeframes for implementation).

28. For each annual audit, auditors for delegated CCGs should assign an overall assurance rating of either Full, Substantial, Limited or No assurance. Appendix A provides further guidance on definitions to ensure there is national consistency in reporting assurance ratings. It is recognised CCGs will have their own assurance ratings and definitions and may want to continue to use these to support local management. Where this is the case CCGs’ internal auditors should nevertheless also include recommendations on conversion of the local rating to the overall ratings to be reported to NHS England (Full, Substantial, Limited or No assurance).

29. The assurance rating of all primary medical services annual audits will be included in the CCG’s annual report and governance statement and discussed at a Governing Body meeting in public.

30. All audits reporting “No-assurance” or “Limited-assurance” must be shared and discussed with the NHS England local team to review how NHS England can support improvement. Again, recognising the different operating (workforce) models that may apply in the delivery of delegated commissioning by CCGs, the NHS England local teams may need to make a clear distinction in how it manages this review to support improvement (i.e. where the regional local team is engaged directly in delivery of the delegated function and where this oversight/assurance and support for improvement takes place).

31. NHS England will also collate assurance ratings from delegated CCGs and report these annually to its relevant committees to ensure there is national oversight on assurance of its delegated functions.

32. To ensure the timely reporting to NHS England as above delegated CCGs should complete the reporting template at Appendix B and return to primarycareops@england.nhs.uk within 1 month of the date of a final report for each annual audit.

33. As part of this reporting process NHS England will also ensure learning from annual audit reports is maximised. NHS England will produce (on at least an annual basis) a report to showcase best practice and highlight the common
themes and risks being encountered within scope of the audit framework which jeopardise effective commissioning of primary medical services. Delegated CCGs will want to use this information to inform their future audit plans and support management action to improve.

Audit approach for 2019/20 onwards

34. For future internal primary medical services audits, CCGs should tailor their audit approach subject to the severity and volume of the observations identified as a result of their first internal audit. The CCG will want to consider if significant issues were identified (e.g. “no” or “limited” assurance rating) make allowance for any future re-audit whilst also progressing outstanding areas in scope.

35. The CCG’s Internal Audit function should consider the following when developing the scope of future Internal Audit work:

- Specific risk areas
- Management concerns
- Particular issues identified, including consideration of known issues at other CCGs
- Known control failures
- Actions/ issues from previous audits.

36. NHS England will seek to review these arrangements after the first year of operation. Recognising the phased approach to implementation across 18/19 and 19/20 this review will likely extend in to 19/20 as and until sufficient internal audit activity and reporting has taken place. Any proposals for change will again be subject to discussions with key stakeholders including the audit chairs network.

Summary

37. Delegated CCGs will:

a. Plan and implement an audit programme to cover the scope of delegated primary medical care commissioning as detailed in this framework

b. Start this programme in 18/19 unless, following review of audit plans, those plans cannot be changed (in which case they will need to start with 19/20 audit plans).

c. In addition to its own management response ensure the outcome of each audit is reported in line with this framework.

38. NHS England will:

a. Review and discuss with delegated CCGs individual reports submitted in line with this framework to identify what support and assistance it can provide to help with improvement (local teams)
b. Collate and report assurance levels of delegated CCGs to its oversight and commissioning committees (central team)

c. Collate and report learning and sharing from audit to regional local teams and delegated CCGs on at least an annual basis (central team)

d. Keep this framework under review ideally after the first 12 months of operation to ensure the approach develops appropriately (central team with stakeholder input)

39. For any queries or assistance please contact the Primary Care Commissioning central team at: primarycareops@england.nhs.uk
Appendix A

Categories of Primary Medical Care Commissioning Assurance

NHS England requires delegated CCGs internal audit assign one of four categories to their assurance of primary medical services commissioning

<table>
<thead>
<tr>
<th>Assurance level</th>
<th>Evaluation and testing conclusion</th>
</tr>
</thead>
</table>
| Full            | • The controls in place adequately address the risks to the successful achievement of objectives; and,  
|                 | • The controls tested are operating effectively. |
| Substantial     | • The controls in place do not adequately address one or more risks to the successful achievement of objectives; and / or,  
|                 | • One or more controls tested are not operating effectively, resulting in unnecessary exposure to risk. |
| Limited         | • The controls in place do not adequately address multiple significant risks to the successful achievement of objectives; and / or,  
|                 | • A number of controls tested are not operating effectively, resulting in exposure to a high level of risk. |
| No assurance    | • The controls in place do not adequately address several significant risks leaving the system open to significant error or abuse; and / or,  
|                 | • The controls tested are wholly ineffective, resulting in an unacceptably high level of risk to the successful achievement of objectives. |

The assurance grading’s provided here are not comparable with the International Standard on Assurance Engagements (ISAE 3000) issued by the International Audit and Assurance Standards Board and as such the grading of ‘Full Assurance’ does not imply that there are no risks to the stated control objectives.
### Appendix B

**NHS England Report Template**

Please use spreadsheet template published alongside this document.

Below is for illustration purposes.

#### 1 Audit Summary Page

<table>
<thead>
<tr>
<th>CCG Name</th>
<th>1. Month reported</th>
<th>2. Scope of report</th>
<th>3. Assurance level</th>
<th>Learning and Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>CCG Anytown A</td>
<td>Apr-18</td>
<td>Commissioning and procurement of services</td>
<td>Full</td>
<td>Click here to enter details</td>
</tr>
<tr>
<td>CCG Anytown B</td>
<td>Jan-19</td>
<td>Contract oversight and management functions</td>
<td>Substantial</td>
<td>Click here to enter details</td>
</tr>
<tr>
<td>CCG Anytown C</td>
<td>Mar-20</td>
<td>Primary Care Finance</td>
<td>Limited</td>
<td>Click here to enter details</td>
</tr>
<tr>
<td>CCG Anytown D</td>
<td>Mar-21</td>
<td>Governance (if separate)</td>
<td>No assurance</td>
<td>Click here to enter details</td>
</tr>
<tr>
<td>[Pick from list]</td>
<td>[Pick from list]</td>
<td>[Pick from list]</td>
<td>[Pick from list]</td>
<td>Click here to enter details</td>
</tr>
</tbody>
</table>

Please complete and send to: england.primarycareops@nhs.net
2 Learning and Sharing Page

<table>
<thead>
<tr>
<th>Learning and Sharing</th>
</tr>
</thead>
<tbody>
<tr>
<td>If limited or no assurance has been reported:</td>
</tr>
<tr>
<td>To assist other CCGs target their planned audits to areas of identified risk nationally, please describe below what specific aspects of the delegated function you have found to be operating ineffectively.</td>
</tr>
<tr>
<td>EXAMPLE: Our overall assessment of no assurance in respect of Contract Oversight and Management concerns the local design and operating effectiveness of the processes for performance management of GP practices. A number of controls tested are not operating effectively, resulting in exposure to a high level of risk. This assessment has been provided on the following basis:</td>
</tr>
<tr>
<td>• The roles and responsibilities for monitoring and managing GP performance, have not been clearly defined, as a result there is no monitoring of the performance of GP practices;</td>
</tr>
<tr>
<td>• The approach to identifying GP practices that are underperforming and require a practice review across the area is not consistent with published national policy.</td>
</tr>
<tr>
<td>• Regular practice reviews are not performed when a practice has been identified as requiring a review to identify and address the root-cause of the underperformance. As a result there is a lack of action plans being established with practices to assist underperforming practices.</td>
</tr>
<tr>
<td>• There is no regular monitoring of KPIs in both APMS and PMS contracts.</td>
</tr>
<tr>
<td>• There is no onward reporting of GP performance, breaches and terminations to the Primary Care Commissioning Committee or validation of information submitted via Primary Care Activity Report to the NHS England national team.</td>
</tr>
<tr>
<td>• There is no consistent approach to documenting and issuing termination notices.</td>
</tr>
<tr>
<td>• There is an inconsistent approach to feeding information from the GP performance monitoring back into our commissioning processes.</td>
</tr>
<tr>
<td>If full or substantial assurance has been reported:</td>
</tr>
<tr>
<td>Are you happy to share your audit report so the NHS England central team can review this for the purposes of extracting and sharing (anonymised) best practice? If yes, please be sure to attach a copy of the report with your return</td>
</tr>
<tr>
<td>Are you happy to be contacted by other CCGs seeking support on the area in scope? If yes, please enter email contact here</td>
</tr>
<tr>
<td>Return to front page</td>
</tr>
</tbody>
</table>