Meeting of the Primary Care Committee - Public

North Tyneside Clinical Commissioning Group

A Public meeting of NHS North Tyneside Primary Care Committee is to be held on Thursday 2 July 2020, 10.00am-11.30am via Microsoft Teams

Agenda			
Item No	**Item**	**Lead**	
01	Welcome and Apologies for Absence	Chair	Verbal
02	Confirmation of Quoracy	Chair	Verbal
03	Declarations of Interest	Chair	Enclosure
04	Minutes of meeting held on 5 March 2020	Chair	Enclosure
05	Action Log	Chair	Enclosure
06	2020/21 Prescribing Engagement Scheme	SR	Enclosures
07	Operational Update (including COVID)	LYM/JM	Verbal
08	PCN Update	LYM/JM	Enclosures
09	LIVI Implementation – Current state	LYM/JM	Enclosure
10	Finance Updates: • 2019/20 Year end position • 2020/21 budget setting	JC/KD	Enclosures
11	Any Other Business	All	Verbal
12	Date of Next Meeting: 3 September 2020		

Published Register of Declarations of Interests by Decision Makers v2-0 issued 11 June 2020

This register lists members of Governing Body; members of Governing Body committees, and as appropriate sub committees; staff grade 8d and above if not already listed; members of new care models joint provider/commissioner groups/committees; members of advisory groups which contributes to direct or delegated decision making on the commissioning or provision of tax payer services

NHS North Tyneside Clinical Commissioning Group

					Type of Interest (tick as appropriate)							
Surname	Forename	Current Position(s) held in CCG i.e. Governing Body member; Committee member; Council of Practices member (Member practice); CCG employee; other	GP Practice (if applicable)	Declared Interest (name of organisation and nature of business)	Financial	Non Financial Professional Interests	Non Financial Personal Interests	Is the interest direct or indirect?	Nature of interest	From	To	Action taken to mitigate risk
Adams	Mark	Governing Body member/ Committee member		Beverley Park Leisure Ltd	✓			Direct	Director	2008	31/03/2020	Not relevant to CCG role
Adams	Mark	Governing Body member/ Committee member		GLSKR.com Ltd	✓			Direct	Director	2015	Ongoing	Will declare at meetings as appropriate
Adams	Mark	Governing Body member/ Committee member		NHS Newcastle Gateshead Clinical Commissioning Group	✓			Direct	Accountable Officer	01/12/2016	Ongoing	Will declare at meetings as appropriate
Adams	Mark	Governing Body member/ Committee member		NHS Northumberland Clinical Commissioing Group	✓			Direct	Accountable Officer	11/03/2019	Ongoing	Will declare at meetings as appropriate
Adams	Mark	Governing Body member/ Committee member		NHS North Cumbria Clinical Commissioing Group	✓			Direct	Accountable Officer	01/06/2020	Ongoing	Will declare at meetings as appropriate
AIREY	GILLIAN	NECS EMPLOYEE	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA
Bernardi	Mario	GP IT Strategic Manager	N/A	None	None	None	None	None	None	N/A	N/A	No Conflict
Blomfield	Kathryn	Primary Care Strategy & Delivery Group member	Forest Hall Medical Group/Stephenson Park	Salaried GP at Forest Hall Medical (	✓				Clinical Deputy Network Director	Jan-15	Present	Will comply with Standards of Business Conduct Policy
Blomfield	Kathryn	Primary Care Strategy & Delivery Group member	Forest Hall Medical Group/Stephenson Park	North West North Tyneside Primary	✓				Clinical Deputy Network Director	Apr-19	Ongoing	Will comply with Standards of Business Conduct Policy
Charlton	Gary	CCG Employee		Uncle (Wally Charlton) works for CCG - Head of Improvement & Development			Non-financial personal interest	indirect	relative working within CCG	13/05/2016	Ongoing	I will comply with standards of business conduct policy
Charlton	Walter	CCG Employee		Wife is a bio medical science technician at Freeman Hospital	✓			Indirect	Wife is a bio medical science technician at Freeman Hospital	Circa 2001	Ongoing	Will comply with Standards of Business Conduct Policy

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Charlton	Walter	CCG Employee		Daughter – in – law is employed as District nurse with Northumbria Healthcare Foundation Trust	✓			Indirect	Daughter – in – law is employed as District nurse with Northumbria Healthcare Foundation Trust	Circa 2014	Ongoing	Will comply with Standards of Business Conduct Policy
Charlton	Walter	CCG Employee		Nephew is employed by North Tyneside CCG as a Primary Care development manager	✓			Indirect	Nephew is employed by North Tyneside CCG as a Primary Care development manager	Circa 2013	Ongoing	Will comply with Standards of Business Conduct Policy
Charlton	Walter	CCG Employee		Citizens Advice Bureau	✓			Indirect	Employed by CAB (Son's Partner)	01/06/2018	Ongoing	Will comply with Standards of Business Conduct Policy
Connolly	Jon	Governing Body member/ Committee member		NHS Northumberland Clinical Commissioing Group	✓			Direct	Chief Finance Officer	01/03/2019		I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Coyle	Mary	Governing Body member/ Committee member		Newcastle University, Trustee Member of Pension Trustee Limited		✓		Indirect	There may be a connection between the University and the CCG	2011	Ongoing	Not required
Coyle	Mary	Governing Body member/ Committee member		Forum Member. Northumbrian Water Forum		✓		Indirect	Northumbrian Water and CCG may have some connection	2011	Ongoing	Not necessary
Coyle	Mary	Governing Body member/ Committee member		Board Chair, Shared Interest Society and Shared Interest Foundation		✓		Indirect	There may be connection between Shared Interest and CCG	2015	Ongoing	Not required
Craig	Lynn	Clinical Development Manager CCG	NA	Senior Lecturer (PT) Northumbria university		✓		Direct	Senior Lecturer (PT) Northumbria university	07/11/2019	ongoing	I will declare at meetings as required
Craig	Lynn	Clinical Development Manager CCG	NA	Newcastle upton Tyne Hospitals (NuTH)	✓			Indirect	My daughter works for (NuTH)	01/10/2019	Ongoing	I will declare at meetings as required
Crowther	Mathew	CCG Employee		Wife works for Newcastle upon Tyne Hospitals	✓				Wife works for Newcastle upon Tyne Hospitals	2011	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Crowther	Mathew	CCG Employee		Newcastle Upon Tyne Hospitals FT	✓				Secondment to Trust 2 days per week	Jan-20	Jul-20	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Davison	Keith	NHS England - Senior Finance Manager		Gluo-Rx			✓	Indirect	Daughter in Law is a Business Development Manager with this company	01/09/2019	Ongoing	I will comply with the standards of business conduct and declarations of interest policy

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Douglas	Leanne	Primary Care Business Manager, NHS England		None								
Evans	Ruth	Council of Practice member/ Committee Member CCG Employee	The Village Green Surgery	The Village Green Surgery	✓			Direct	Partner	2007	ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings and abide chair's instructions I will not participate in any CCG business relating to the surgery
Evans	Ruth	Council of Practice member/ Committee Member CCG Employee	The Village Green Surgery	Tynehealth GP Federation	✓			Direct	Practice is shareholder in Tynehealh	2015	ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Evans	Ruth	Council of Practice member/ Committee Member CCG Employee	The Village Green Surgery	Action Foundation (charity for refugees & asylum seekers providing housing, language and support)			✓	Indirect	Trustee	2006	ongoing	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
Evans	Ruth	Council of Practice member/ Committee Member CCG Employee	The Village Green Surgery	Wallsend Primary Care Network	✓			Direct	Practice is a member of Wallsend Primary Care Network	01/07/2019	ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Frankland	Neil	MO CSU pharmacist, Member of MOSC	N/A	Nil	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Goldthorpe	Jeffrey	Head of Finance		Nothing to declare								
Grieveson	Maureen	Committee member/ CCG employee		Nothing to declare								

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Hall	Margaret	Cabinet Member for Health and Wellbeing North Tyneside Council	LA Employee	Cabinet Member for Health and Wellbeing North Tyneside Council			GP Collingwood Surgery North Shields	Indirect	Daughter - GP Collingwood Surgery North Shields	1998	Ongoing	Compliance with CCG Conflicts of Interest policy.
Hall	Margaret	Cabinet Member for Health and Wellbeing North Tyneside Council	LA Employee	Cabinet Member for Health and Wellbeing North Tyneside Council			Cabinet Member for Health and Wellbeing North Tyneside Council	Direct	Self - Cabinet Member for Health and Wellbeing North Tyneside Council	May-16	Ongoing	Compliance with CCG Conflicts of Interest policy.
Hayward	Eleanor	Governing Body member/ Committee member		Suzanne Duncan - Daughter, Head of HR at NorthTyneside Council	✓			Indirect	Suzanne Duncan - Daughter, Head of HR at NorthTyneside Council	4 Years	Ongoing	Compliance with Business Standards Policy
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	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Horsfield	Philip	Committee member	The Village Green Surgery	The Village Green Surgery	✓			Direct	Partner	2010	ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Horsfield	Philip	Committee member	The Village Green Surgery	Tynehealth GP Federation	✓			Direct	Practice is shareholder in Tynehealh	2014	ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Jones	Paul	Director HealthWatch North Tyneside Attends CCG Comms committee; PCC; and Future Care Programme Board		None								
Kent	Alexandra	CCG Employee - Clinical Director		Priory Medical Group	✓				Salaried GP	Feb-18	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Lackey	Shaun	Committee member/ CCG Employee		Woodlands Park Health Centre - GMS GP	✓			Indirect	Emma Lackey (wife) is a GP employee in member practice (Woodlands Park Health Centre)	08/04/2013	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy - I will declare at meetings as required
Lackey	Shaun	Committee member/ CCG Employee		Director and share holder of TRUSTY LTD	✓			Direct	Director and shareholder of TRUSTY LTD, a company which provides GP services and consultancy (including website services in the near future)	09/04/2019	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy - I will declare at meetings as required

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Lunn	Dr James	GP Partner/Council of Practice Member	Stephenson Park Health	Gas House Lane Surgery, Morpeth	✓			Indirect	Spouse is GP partner	approx 2016	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Lunn	Dr James	GP Partner/Council of Practice Member	Stephenson Park Health	Tynehealth (Provider Organisation)	✓			Direct	Shareholder	c.2014	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Lunn	Dr James	GP Partner/Council of Practice Member	Stephenson Park Health	Stephenson Park Health	✓			Direct	GP Partner	approx 2011	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Lunn	Dr James	GP Partner/Council of Practice Member	Stephenson Park Health	North West North Tyneside Primary Care Network	✓			Direct	Network Director	01/07/2019	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Martin	James	Committee member/ CCG employee		Northumberland Tyne and Wear NHS Foundation Trust			✓	Indirect	Wife is a Clinical Psychologist working for NTW Mental Health Trust	01/02/2014	Ongoing	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 followed.
McEntee	Kaye Amanda	Senior Provider Management Lead	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	No Conflict
Murray	Catherine	Salaried GP/Council of Practices Representative/Primary Care Network Director	49 Marine Avenue	Northumbria Primary Care	✓			Direct	Salaried GP	01/09/2016	Current	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Murray	Catherine	Salaried GP/Council of Practices Representative/Primary Care Network Director	49 Marine Avenue	NUTH	✓			Indirect	Husband is a consultant neurosurgeon there	29/12/2016	Current	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Murray	Catherine	Salaried GP/Council of Practices Representative/Primary Care Network Director	49 Marine Avenue	49 Marine Avenue	✓			Direct	GMS Contract Holder	01/09/2018	Current	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Murray	Catherine	Salaried GP/Council of Practices Representative/Primary Care Network Director	49 Marine Avenue	Tynehealth (provider)	✓			Direct	Member	01/09/2018	Current	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Murray	Catherine	Salaried GP/Council of Practices Representative/Primary Care Network Director	49 Marine Avenue	Whitley Bay Primary Care Network	✓			Direct	Network Director	01/07/2019	Current	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required

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Paradis	Anya	CCG Employee	N/A	Nothing to declare								
Reynold	Steven	IM&T Member	N/A	N/A	N/A	N/A	N/A	N/A	N/A			N/A
Rice	Marc	CCG Employee	employee	None								
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	Bewicke Medical Centre	✓			Direct	GP Partner	01.05.2008	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	Tynehealth (Provider Organisation)	✓			Direct	Shareholder	2014/15	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	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.		✓		Direct	Member of Local Health	30th March 2015	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	Locality Director - Wallsend	✓			Direct	CCG Role	01.04.17	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	NTW FT			✓	Indirect	Husband is Group Medical Director for South Locality and Trust Wide. This includes specialist services and neurological services.	Apr-15	Ongoing	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 NTW FT.
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	Castleside inpatient ward at Campus for Aging Vitality			✓	Indirect	Husband is Old Age Psychiatrist	Jan-06	Ongoing	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 service.
Richardson	Kirsten	GP Partner & Cour	Bewicke Medical Centre	Wallsend Primary Care Network	✓			Direct	Network Director	Jul-19	Current	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Rundle	Steve	Committee member/ CCG employee		Sheila Rundle (Spouse)	✓			Indirect	Works as a Public Health Intelligence Analyst (Needs Assessment) at Sunderland City Council	04/01/2013	Ongoing	Unlikely to lead to any conflict of interest. Notwithstanding this the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed

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Rundle	Steve	Committee member/ CCG employee		Dr Jan Panke (Brother in Law)			✓	Indirect	Partner at Claypath and University Medical Group, Durham Director of Claypath and University Primary Care Network Executive GP for North Durham and DDES CCG Trustee for RTProject , a mental health charity in Durham	04/01/2013	Ongoing	Unlikely to lead to any conflict of interest. Notwithstanding this the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed
Rundle	Steve	Committee member/ CCG employee		Dr Anna Basu (Sister in Law)			✓	Indirect	Clinical Senior Lecturer, Newcastle University. Honorary Consultant Paediatric Neurologist at The Newcastle upon Tyne Hospitals NHS Foundation Trust Honorary Consultant Paediatric Neurologist at City Hospitals Sunderland NHS Foundation Trust	07/01/2013	Ongoing	Unlikely to lead to any conflict of interest. Notwithstanding this the NTCCG Standards of Business Conduct and Declarations of Interest Policy will be followed
Scott	Richard	Clinical Chair of CCG	Marine Avenue Medical Centre	Marine Avenue Medical Centre, Whitley Bay	✓			Direct	GP Partner and GP trainer; member of CCG Council of Practices.	2008	ongoing	I will comply with the Standards of Business Conduct & Declarations of Interest Policy
Scott	Richard	Clinical Chair of CCG	Marine Avenue Medical Centre	Tyne Health (North Tyneside GP Federation)	✓			Direct	Partner in a GP Practice that is a shareholder of TyneHealth. Practice Manager is a director of TyneHealth	2013	ongoing	I will comply with the Standards of Business Conduct & Declarations of Interest Policy
Scott	Richard	Clinical Chair of CCG	Marine Avenue Medical Centre	Northumbria Healthcare FT			✓	Indirect	Wife, Tracy Scott works as a District Nurse for Northumbria Healthcare FT	2008	ongoing	I will comply with the Standards of Business Conduct & Declarations of Interest Policy
Scott	Richard	Clinical Chair of CCG	Marine Avenue Medical Centre	Whitley Bay Primary Care Network	✓			Direct	Practice is a member of Whitley Bay Primary Care Network	01/07/2019	ongoing	I will comply with the Standards of Business Conduct & Declarations of Interest Policy
Shabde	Neela	Governing Body Member	N/A	Be Serene Limited - business of keeping health & well			✓	Direct	Director	2015	Ongoing	No conflict as not trading
Shabde	Neela	Governing Body Member	N/A	Aristia Associates, UK Ltd - Training & Development Company	✓			Direct	One of the Directors	Aug-16	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Shabde	Neela	Governing Body Member	N/A	World Health Innovation Summit (Community Interest Company)	✓			Direct	One of the Directors	Mar-18	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy
Shabde	Neela	Governing Body Member	N/A	My daughter has a company Ishybruce Anxiety & Weight Management. Life coaching &	✓			Indirect	No direct involvement	2016	Ongoing	No conflict
Snowdon	Hilary	Member of Primary Care Strategy and Assurance Committee; Primary Care Home Board		TyneHealth Limited (GP Federation)	Yes			Direct	Director of Strategy	Nov-19	To date	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required

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Snowdon	Hilary	Member of Primary Care Strategy and Assurance Committee; Primary Care Home Board		Hadrian Primary Care Limited (GP Federation in West Northumberland)		Yes		Direc	Executive Manager	Jan-18	To date	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Snowdon	Hilary	Member of Primary Care Strategy and Assurance Committee; Primary Care Home Board		West Northumberland Primary Care Network		Yes		Direct	Management Lead	May-19	To date	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Snowdon	Hilary	Member of Primary Care Strategy and Assurance Committee; Primary Care Home Board		Mtech Access Liimited		Yes		Direct	Faculty Member	Nov-19	To date	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required
Swanepoel	Riaan	and adult safeguarding NT CCG See Decision Maker Register July 19	Care Plus (Appleby surgery)	Worktogether ltd -safeguarding consultancy	I do this privately			indirect	private clients and work on behalf of other CCGs	since 2016		I will declare at meetings
Swanepoel	Riaan	See Decision Maker Register July 19		Private GP Newcastle Nuffiled Hospital	I do this privately			indirect	private clients	since 2016		No conflict
Tomson	Dave	GP Partner	Collingwood Surgery	Collingwood Surgery	✓			Direct	GP Partner	1992	Ongoing	no conflict - other than that which all GPs have who are members of CCGs
Tomson	Dave	GP Partner	Collingwood Surgery	Tynehealth (Provider Organisation)	✓			Direct	Shareholder	2011	Ongoing	I will comply with the standards of Business conduct and Declarations of interest policy
Tomson	Dave	GP Partner	Collingwood Surgery	CCG	✓			Direct	Freelance educationalist with interests in shared decision making and persistent pain - I sometimes do work for CCG on these areas	2018	Ongoing	I will withdraw from decsion making at relevant meetings. I will comply with the standards of Business conduct and Declarations of interest policy

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Tomson	Dave	GP Partner	Collingwood Surgery	North Shields Primary Care Network	✓			Direct	Primary Care Network Director	01/07/2019	Ongoing	I will withdraw from decsion making at relevant meetings. I will comply with the standards of Business conduct and Declarations of interest policy
Walker	Irene	Committee member		None								
Wardle	Stephanie	Other - PCN Project Lead (North Shields) as per SLA with Northumbria Healthcare	N/A	Permanent employee of Northumbria Healthcare	Yes	None	None	None	Employment outside of CCG	May-10	Ongoing	I will comply with the Standards of Business Conduct and Declarations of Interest Policy I will declare at meetings as required.
Westwood	Mark	CCG - Member of IM&T		The Village Green Surgery	✓			Direct	Salaried GP	Aug-19	ongoing	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
Westwood	Mark	CCG - Member of IM&T		Newcastle upon Tyne Hospital Foundation Trust	✓			Direct	Clinical Assistant Neurology Trial	Feb-98	ongoing	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
Westwood	Mark	CCG - Member of IM&T		Academic Health Science Network	✓			Direct	Primary Care lead for Connected Health Cities (Great North Care Project)	May-17	ongoing	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
Westwood	Mark	CCG - Member of IM&T		Northumbria Healthcare Foundation Trust (NHCFT)	✓			Indirect	Operational Service Manager	N/K	ongoing	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
Willis	Dave	Governing Body member/ Committee member		No conflict of interests								
Young-Murphy	Lesley	Governing Body member, committee member Primary Care, CE, commissioning,	NA	Professor at Northumbria University		✓		Direct	Professional reputation/ research/development role	01/04/2013	Ongoing	I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.

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Young-Murphy	Lesley	Governing Body member, committee member Primary Care, CE, commissioning,	NA	HEE/ CRN Lead for NMAHP Research and Chair of HEE/CRN NMAHP Strategy Implmentaton Group		✓		Direct	Professional reputation/ research/development role	05-Feb-18	Present	I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.
Young-Murphy	Lesley	Governing Body member, committee member Primary Care, CE, commissioning,	NA	Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust (CNTWFT)	✓			Indirect	My daughter Hannah Murphy is an assistant psychologist with CNTW FT in the Specialist Eating Disorders Service	14/10/2019	Ongoing	I will comply with the Standards of Business Conduct and Declarations Policy. I will declare at meetings as required.

Primary Care Committee
(Public)

North Tyneside Clinical Commissioning Group

Minutes of the Primary Care Committee Meeting held on Thursday 5 March 2020, 2.35pm-3.30pm, in Longsands North, Hedley Court

Present:

Mary Coyle (MC)	Deputy Lay Chair, NTCCG (Chair)
Jon Connolly (JC)	Chief Finance Officer, NTCCG

In Attendance:

James Martin (JM)	Commissioning & Performance Manager, NTCCG
Phillip Horsfield (PH)	Practice Manager, Village Green Surgery
Keith Davison (KD)	Senior Finance Manager, NHS England
Cllr Margaret Hall (MH)	Chair, Health & Wellbeing Board
Paul Jones (PJ)	Healthwatch North Tyneside
Dianne Effard	PA, NTCCG

	Agenda Item, Discussion & Agreed Actions
NTPCC/19/068	**Welcome & Apologies for Absence:** Agenda Item 01
	Mrs Mary Coyle (MC) welcomed everyone to the meeting and advised that the meeting was being audio recorded for minuting purposes, and by signing to confirm attendance you were also agreeing to the proceedings being recorded**.** The recording would be destroyed once the final minutes have been agreed. Apologies were noted from Lesley Young-Murphy, Ruth Evans, Irene Walker and Jenny Long. James Martin (JM) advised that Jenny Long would be added to the invitation list for the meeting, and she would attend when Leanne Douglas (LD) was not available. However, neither had been available for today's meeting.
NTPCC/19/069	**Confirmation of Quoracy:** Agenda Item 02
	The meeting was confirmed as being quorate.
NTPCC/19/070	**Declarations of Interest:** Agenda Item 03
	There were no declarations of interest pertinent to today's agenda.
NTPCC/19/071	**Minutes of the Previous Meeting:** Agenda Item 04
	The minutes of the meeting held on 9 January 2020 were agreed to be accurate.
NTPCC/19/072	**Action Log:** Agenda Item 05

	NTPCC/19/063, Action 6: Committee Effectiveness 2019/20 & Work Plan 2020/21: JM advised he had discussed the Terms of Reference with Ruth Evans, which were based on a standard template produced by NHS England. Issues about strategy were discussed in other committees. Jon Connolly (JC) advised the same discussion had taken place in Northumberland CCG and they had agreed procedural decisions were made in the Primary Care Committee with other issues being the broader responsibility of the CCG. It had not been clear what would have been a better way. **Complete**
	NTPCC/19/065, Action 7: Contract Baseline Report July 2019 December 2019: JM had received feedback from LD and the number of CQC inspections noted in the report which had been presented to the last meeting should have stated one inspection, not seven. **Complete**
NTPCC/19/072	**Operational Update**: Agenda Item 06
	JM advised that this was a standard item as meetings were held every two months and if items needed to be considered in between meetings, a summary of those items would be brought to the next meeting. On this occasion there were no items of business to update the Committee on.
NTPCC/19/073	**Hadrian Park Pharmacy Conversion**: Agenda Item 07
	JM presented the report and advised that the Hadrian Park surgery had made an application to increase the amount of reimbursable rent and increase the footprint of their building as there was a pharmacy on the site which was currently not being used and they would like to use the space for clinical use.
	Based on an assessment, their current space was 844m^2 of net internal area compared to the guidance which would be 902m^2 for their list size. Implications in terms of cost would be £2,200 per annum for an increase of 18.8m^2. Even with the additional space, the practice would still have less space than recommended in the guidance. The recommendation from NHS England was to approve, which the CCG also recommended.
	It was clarified that the building was owned by a landlord and privately leased to the practice, and the owner had agreed to undertake the necessary work for the practice. The Pharmacy was part of the structure of the building but had its own entrance, and had been closed for some time. There would be an extra consulting room accessed from within the building. It would be good use of the premises and made sense in terms of internal layout.
	Keith Davison (KD) queried whether the lease would be extended as he was concerned the practice may be tied into a long lease. JM advised that using the empty space would benefit the practice, and there were no plans to move the practice, so the length of the lease should not be an

	issue.
	The Committee approved the application.
NTPCC/19/074	**Primary Care Strategy Workplan:** Agenda Item 08
	JM presented the Primary Care Strategy Workplan which showed the main projects being undertaken. An update would be brought on a regular basis. Items which were rated as Amber were reviewed.
	Care Plus: There had been some ongoing issues around referrals and an action plan was now in place.
	Car Home Nursing Team Pilot: This was in the North West and Wallsend Networks. There had been some under-delivery against the contract in North West. An action plan was now in place.
	Understanding Capacity and Demand, and Workforce Planning: These were related items. Additional funding went to practices to use Apex Insight software to look at current demand and capacity of the current provision. There was a workforce scenario planning tool attached to it. There had been a delay in rolling out the system due to issues which had now been resolved, and some practices were still behind on training.
	CCG Workforce Strategy: Dr Shaun Lackey (SL) had been working on this and it would be presented to the committee for sign off at next meeting.
	Estates Profile: There was now a national programme to understand primary care estates. The North East was to be a pilot for this but it had been delayed. The programme had been signed off at end of February 2020 and should now move forward.
	Members felt the workplan was useful to be able to see all projects, and gave a good indication of everything that had been invested in.
	The Committee received the report.
	Action 1: CCG Workforce Strategy to be presented to the committee for sign off at next meeting (08.04.20)
NTPCC/19/075	**Update to GP Contract 2020-21:** Agenda Item 09
	JM presented the update to the GP contract. There have been some challenges around some of the expectations of the Primary Care Networks (PCN). In early February 2020, the five year contract had been published and the update presented outlined some of the main changes.
	Funding to PCNs had increased to increase the number of additional staff from 20,000 to 26,000. For the average sized network this meant

	21 additional staff by the end of 2023-24. There had been a change to the roles which could be reimbursed and some roles normally associated with community services were now included.
	Previously Networks received 70% reimbursement with the practise funding the remaining 30%, but now the full amount of 100% would be reimbursed.
	There was a reduction in expectation for service specifications to be delivered in this financial year. It had previously been five but was now three: structured medication review, care homes and early cancer diagnosis.
	It was felt that the overall changes around workforce would be helpful. There were issues around funding as the expected increase of 3% to the contract would now be 4%. That had created a deficit gap in other CCGs in this patch. There had been a revision to the allocations which meant that North Tyneside should be alright for the next year.
	For PCNs there was a risk of over-complication about who would recruit to the posts. The CCG and PCC needed to think about how to help PCNs and practices understand what the benefits were and how they could be supported to identify that and what would help.
	It was noted that some of the additional roles were already being provided so it would be important to think about what would actually make a difference. There was a finite pot of money which would grow year on year as Networks recruited additional roles. Philip Horsfield (PH) had attended a meeting where there had been discussion about how to spend the money practically. There was an issue in many practices about infrastructure and capacity. Village Green Surgery (VGS) had looked at training capacity which may have to be cut back because there was no space for the new roles. As Wallsend PCN could get 20-25 WTE extra clinicians, they were considering extending the VGS building to provide additional consulting rooms, but that would not be quick or cheap. It was a significant challenge. There was not a vast amount of space available in North Tyneside. It would be important to have the PCN roles embedded within practices and to be part of teams. Wallsend PCN would be holding a stakeholder mapping event on 10 March 2020.
	Margaret Hall (MH) advised that the local authority had a lot of properties. She wanted to see health and local authority working across each other and had hoped for that from PCNs with better use of valuable expertise. There were libraries, sports centres, community buildings, YMCA and other centres available in the borough.
	It was noted that people working in a clinical room will have to have access to the clinical IT network. There were infrastructure costs in moving staff out of NHS buildings into other buildings and issues about whether rooms were reimbursable. From a team building point of view staff needed to feel they are part of the Network and not just a practice.

	JM explained how Living Well Locally fitted with the PCNs, which were under the umbrella of the CCG.
	Members sometimes found it difficult to keep track of what each Network was doing and it was suggested mapping that out for ease of understanding. It was important to understand how different services inter-connected with each other as a cohesive system.
	PCNs would need to consider how they would spend the available funding on additional roles to identify potential gaps in service. There were a lot of different ways the money could be used, and the patients' perspective would be different.
	MC noted that at a recent meeting at a local University there was discussion about the future of further and higher education in terms of demands on campuses. The expectation was that over the next 10-20 years people would start to do virtual learning and distance learning. In practices, members of the public should be encouraged to use technology more with practitioners working from home or from a surgery.
	The Committee received the report and MC thanked members for the useful discussion.
NTPCC/19/076	**Finance Report:** Agenda Item 10
	JC presented the finance report and advised there was little change since the last meeting. There was a forecast of a small underspend against budget which was likely to go up by the end of the financial year. From a risk point of view, many of the risks related to underspending rather than overspending. The forecast underspend was £34k against a budget of £29m, which is around 0.1% of the budget.
	PJ noted that he understood the report better this time and thanked JC and KD for their help with that. MC advised that it was important for lay people that the information provided was straightforward and understandable, so they could ask questions more easily.
	MH noted that the Council used variances for comparison, and JC advised that people understood that but there was a need to be careful because it was about what you were understanding as a variance.
	The Committee received the report.
NTPCC/19/077	**Internal Audit Primary Care Commissioning 2019/20:** Agenda Item 11
	JM presented the Internal Audit Report which focused on the second part of the National Internal Audit Framework for Primary Care Commissioning, relating to contract levels. The Audit was on a three year cycle. NTCCG PCC had been given a full assurance rating with some low reported findings.

	It was noted that Internal Audit rarely gave a rating of full assurance but levels of assurance were specified.
	MC noted that fantastic work had been done to achieve the rating, and the Committee received the report.
NTPCC/19/078	**Committee Attendance 2019/20:** Agenda Item 12
	JM advised that the schedule of attendance had not been sent out with the report, in error, and would be sent to all members after the meeting. A paper copy was shown to members and the schedule showed there had been good attendance over the year from members and from Healthwatch and the Health & Wellbeing Board.
	MC noted that the Deputy Chair was noted on the schedule but she had not attended any meeting as she was only expected to attend when the Chair was not available. As the schedule was to be included in the Annual Report it was agreed the Deputy Chair should not be included in the attendance schedule.
	An issue was noted in relation to the Clinical Director or nominated GP, which was usually Dr Ruth Evans (RE). A nominated GP had not been put in place, so if RE was unable to attend there was no-one else available to attend in her place.
	Action 2: DE to send schedule of attendance to all members.
	Action 3: DE to advise Irene Walker (IW) of the Committees request that the Deputy Chair be taken off the attendance schedule.
	Action 4: JM to follow up with IW and RE regarding a nominated GP.
NTPCC/19/079	**Any Other Business:** Agenda Item 13
	There was no other items of business raised.
NTPCC/19/080	**Date and Time of the Next Meeting:** Agenda Item 14
	Thursday 7 May 2020, 10.00am-11.30am

NHS
North Tyneside
Clinical Commissioning Group

Primary Care Committee: Action Log **Agenda Item No. 05**

Minute No./ Action No.	Action	Responsible Officer	Target Date	Status
NTPCC/19/062 Action 4	**Operational Update: Special Allocation Scheme Review:** Updated review of the Special Allocation Scheme to be brought back to the Committee in six months time (July 2020).	JM	July 2020	Outstanding
NTPCC/19/074 Action1	**Primary Care Strategy Workplan** CCG Workforce Strategy to be presented to the committee for sign off at next meeting (08.04.20)	JM	May 2020	Outstanding
NTPCC/19/078	**Committee Attendance 2019/20:**			
Action 2	DE to send schedule of attendance to all members.	DE	May 2020	Complete
Action 3	DE to advise Irene Walker (IW) of the Committees request that the Deputy Chair be taken off the attendance schedule.	DE	May 2020	Complete
Action 4	JM to follow up with IW and RE regarding a nominated GP.	JM	May 2020	Complete

North Tyneside
Clinical Commissioning Group

Report to: Primary Care Committee	
Date: 2 July 2020	**Agenda item: 06a**
Title of report: 2020/21 Prescribing Engagement Scheme	
Sponsor: Dr Ruth Evans, Medical Director **Author**: Neil Frankland, Medicines Optimisation Pharmacist, North of England Commissioning Support Steve Rundle, Head of Planning & Commissioning, NTCCG	
Purpose of the report and action required: This report is for approval. Members are asked to approve the NHS North Tyneside CCG 2020/21 Prescribing Engagement Scheme.	
Executive summary: • Each year, the CCG offers a Prescribing Engagement Scheme to its practices in order to improve prescribing. • A budget of £102k is available to fund the scheme. • This year, due to COVID-19, development of the scheme has been delayed. • The draft 2020/21 scheme (attached) follows the direction of travel set over the last few years, incentivising practices to improve value for money through adherence to their prescribing budgets, and to improve prescribing quality and safety in four key areas – management of rescue packs for acute exacerbation of COPD (ACECOPD), antimicrobial stewardship, transfers of care and persistent pain management. • The financial balance domain will only apply from August 2020 to March 2021 when the NHS is in the *"open for business"* phase. • The other four areas (the prescribing quality and safety initiatives) will apply from July 2020 to March 2021.	

Governance and Compliance

1. Links to corporate objectives

2020/21 corporate objectives	Item links to objectives √
1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.	√
2. Meet the CCG's statutory duties.	√
3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria & North East system.	√
4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.	√

2. Consultation and engagement

The draft 2020/21 Prescribing Engagement Scheme was considered at the Medicines Optimisation Sub Committee in May 2020 and June 2020, and has been discussed with some GPs and the NECS MO team.

3. Resource implications

£102k budget already available

4. Risks

There are no risks associated with this report

5. Equality assessment

An equality assessment has not yet been carried out.

6. Environment and sustainability assessment

There are no environmental or sustainability risks

NHS
North Tyneside
Clinical Commissioning Group

Prescribing Engagement Scheme (PES)

July/August 2020 to March 2021

- *Financial balance*
- *Management of rescue packs for exacerbation of COPD*
- *Antimicrobial stewardship*
- *Transfers of care*
- *Persistent pain management*

1. Summary sheet

Criteria	Detail	Incentive available
Incentivise practices to improve value for money (August to March)		
Financial balance	• End of year position based on PMD and budget allocation August 2020 to March 2021	20%
Incentivise practices to improve prescribing quality and safety (July to March)		
Management of rescue packs for acute exacerbation of COPD (ACECOPD)	• Collate baseline information for patients on AEDCOPD rescue packs	5%
	• Clinical meeting to discuss baseline information on rescue packs	10%
	• GP Template[1] (completed for COPD rescue packs that are issued)	10%
	• Pharmacist/PN Template[1] (completed for COPD rescue pack education and review)	15%
	• Quarterly audit	5%
Antimicrobial stewardship[2]	• Ensure 5 days prescribing of antibiotics in COPD	5%
	• Ensure 14 days prescribing of antibiotics in bronchiectasis	5%
	• Review of patients on long-term macrolides for respiratory conditions	5%
Transfers of care	• Non clinical staff involved in processing transfer of care documents to complete PrescQIPP online training	10%
Persistent pain management [3]	• Clinicians to discuss bi-monthly CROP[4] reports. A twice yearly summary of action and reflection points to be submitted to CCG November 2020 and March 2021	10%

Proportionate share of £102K based on Carr-Hill Formula

[1] Use of template is advisory and not mandatory - but all criteria will still need to be met
[2] Search to be run every quarter by NECS MO Team; 95% of R_x issued in Q4 should comply with local guidance
[3] Updated opioid template available for use - on request from NECS MO Team
[4] CROP - Campaign to Reduce Opioid Prescribing

2. Prescribing Engagement Scheme 2020/21

The five elements to the Prescribing Engagement Scheme (PES) in the remaining months of 2020/21 are:

- **Financial balance (August 2020 to March 2021)**
    - Cost effectiveness
- **Management of rescue packs for acute exacerbation of COPD (July 2020 to March 2021)**
    - Safety & quality
        - promote appropriate use of rescue packs
        - support prudent antimicrobial stewardship and reduce unnecessary exposure to steroids
- **Antimicrobial stewardship (July 2020 to March 2021)**
    - Safety and quality
        - support prudent antimicrobial stewardship by improving data quality
- **Transfers of care (July 2020 to March 2021)**
    - Safety & quality
        - support drug management, including shared care drugs, by training non-clinical staff involved in processing of transfer of care documents
- **Persistent pain management (July 2020 to March 2021)**
    - Safety & quality
        - implementation of actions proposed in practice specific bi-monthly CROP reports

and these are explained in further detail below.

3. Financial balance

As in previous years, and especially with the potential implications of the COVID-19 pandemic, there remains a significant financial imperative to control prescribing costs as CCGs enter the *open for business* phase – August 2020 to March 2021.

Living within means and decommissioning cost to make new developments affordable wherever possible will continue with the need to consider the legacy implications of oversupply and additional prescribing during the first 4 months of financial year 2020/21.

Financial performance in 2019/20 was very challenging with prescribing cost growth linked to list size increase, Category M price increase, and the many medicines that were in short supply. Many of the medicines in short supply had to be granted NCSO[5] or concessionary prices and in generally prices did not return to pre-shortage prices once stock issues were resolved.

Cost growth for the CCG mirrored national cost growth indicating that financial pressure was unlikely to have been related to changes in prescribing behaviour.

The Category M costs and effects of shortages are likely to persist during the *open for business* months.

Horizon scanning, prior to COVID-19, by the Regional Drug & Therapeutics Centre predicted the potential cost growth and indicated that up to 3% of additional resources should be allocated to the prescribing budget for 2020/21, based on the forecast outturn position at month 9. The additional resource has been provided by the CCG minus the proposed full year QIPP cost efficiency target of £950k.

There are a number of schemes planned for 2020/21 that will help deliver the QIPP target, namely:

- The re-introduction of the CCG funded additional pharmacist/ technician support that will help support the delivery of structured medication reviews in line with the PCN DES;

[5] NCSO – '*no cheaper stock obtainable'*

- The realisation of prescribing services provided by Non-Medical Prescribers (NMPs) for oral nutritional support, continence and stoma products;
- Ongoing work by the NECS MO practice support team, delivered in line with the agreed work plan.

Should a second wave of COVID-19 engulf the whole of the UK or parts of the North East some localities and practices may be significantly affected whilst others may be in a position to carry on business as usual. NHS Test and Trace means that, even without large numbers of cases, a GP practice could suddenly need to activate resilience plans making financial prudence less of a consideration whilst the practice concentrates on delivering care, making delivery against the PES targets impossible. Where such extenuating circumstances exist, this section of the PES may need to be suspended on the recommendation of the Medicines Optimisation Sub-Committee (MOSC). The allocated points will be reallocated, pro rata, to the remaining elements of the 2020/21 scheme.

4. Management of rescue packs for acute exacerbation of COPD (ACECOPD)

Background

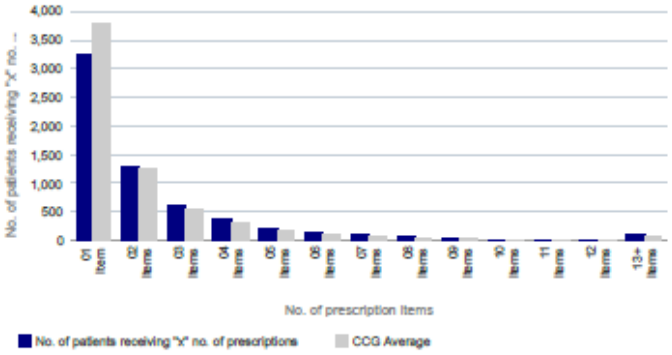
Based on benchmarked prescribing data identifying the total number of short courses[6] of oral steroids prescribed during a rolling 12 month period, the CCG is above the national average for all except the supply of a single course.

Invariably these same patients receive a short course of amoxicillin, contributing to the antibacterial items per STAR-PU, a KPI by which the CCG is judged on the success of its antimicrobial stewardship.

[6] Each item relates to a quantity of 60 tablets or fewer oral steroid tablets supplied to patients receiving medication to treat asthma or COPD

CCG Prescribing Frequency

99C00 highlighted against all CCGs in England
Reporting Period: Dec-19



No. of prescription Items	No. of patients receiving "X" no. of prescriptions	CCG Average
01 Item	3,227	3,767
02 Items	1,289	1,252
03 Items	609	560
04 Items	369	302
05 Items	205	181
06 Items	160	121
07 Items	115	82
08 Items	69	58
09 Items	58	43
10 Items	36	34
11 Items	30	28
12 Items	34	28
13+ Items	124	99

It is recognised not all patients with COPD should have home rescue packs (although they should have an exacerbation plan). NICE[7] guidance advises the issuing of rescue packs to a limited population: those with an exacerbation in the previous year and who remain at risk of exacerbation.

The guidance advises the patient should:

- Understand when and how to take these medications;
- Be aware of the potential benefits and harm;
- Know how to communicate with their healthcare professional when they have taken the rescue pack;
- Know how to obtain replacements.

Briefly, as an exacerbation plan NICE advocates:

- Adjusting bronchodilators for a mild exacerbation;
  - Adding oral corticosteroids if there is an interference with activities of daily living;
  - Adding antibiotics when a change in sputum colour (to dark yellow or green) occurs with an accompanying increased quantity and thickness.

[7] https://www.nice.org.uk/guidance/NG115 Chronic obstructive pulmonary disease in over 16s: diagnosis and management NICE guideline [NG115] Published date: December 2018 Last updated: July 2019

Local guidance[8] for COPD flare-ups recommends that steps should be taken to optimise treatment to reduce the risk of ACECOPD by providing an annual flu vaccine, encouraging the patient to stop smoking, providing pulmonary rehabilitation, and recommending they try as much as possible to avoid persons with colds and flu.

To reduce the overuse of antibiotics and promote effective stewardship use should be restricted and are only indicated:

- If the patient has experienced a substantial increase in sputum volume/ purulence for at least two consecutive days.

To reduce the risks associated with repeated steroid courses it is recommended they are only used:

- If the patient has experienced a substantial increase in breathlessness / wheeze for at least two consecutive days.

Rescue packs should be accompanied with:

- Clear indications as to when to take the rescue packs; this instruction should be provided as written and verbal information on exacerbation recognition and management. Steps should be taken to ensure the patient understands how and when to use the rescue medication otherwise they should not be issued.

It is advisable to consider:

- Not having rescue packs on repeat prescriptions;
- Reviewing patients prior to reissuing a rescue pack: the purpose of the review is to establish whether the taking of the previous rescue pack was appropriate. This provides an opportunity to fine-tune the self-management plan;
- Ensuring that the patient's symptoms are not caused by a comorbidity, such as heart failure;
- Patients issued three or more rescue packs per annum should be reviewed and consideration of a referral to a respiratory specialist be made if indicated.

8 http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2020/02/COPD-management-guidelines-v2.0.pdf COPD management North Tyneside, Northumberland, Newcastle and Gateshead

5. Antimicrobial stewardship

- Ensure 5 days prescribing of antibiotics in COPD.
- Ensure 14 days prescribing of antibiotics in bronchiectasis.
- Review of patients on long-term macrolides for respiratory conditions and reflect the work they are doing with CRP-POCT.

6. Transfers of care

- Non-clinical staff involved in the processing of transfer of care documentation, e.g. discharge letters, outpatient correspondence, etc. to undertake PrescQIPP online training.

7. Persistent pain management

- North Tyneside CCG has signed up to an Academic Health Science Network (AHSN) initiative that will involve general practices receiving CROP reports.
- CROP is an audit and feedback intervention where each practice will receive a bi-monthly enhanced audit and feedback report on their opioid prescribing that will be tailored to include behavioural change techniques to help GPs consider how to reduce prescribing of opioids alone or in conjunction with other medicines, such as gabapentinoids.
- As part of the 2020/21 PES, clinicians are required to discuss the bi-monthly reports, and twice yearly to compile a summary of actions and reflection points – November 2020 and March 2021.

North Tyneside
Clinical Commissioning Group

Report to: Primary Care Committee	
Date: 02 July 2020	**Agenda item: 08a**
Title of report: Primary Care Network Update	
Sponsor: Sponsor: Lesley Young Murphy, Executive Director of Nursing: Chief Operating Officer **Author**: **James Martin, Commissioning and Performance Manager**	
Purpose of the report and action required: This report is for information	

Executive summary:

A paper detailing agreement for the 2020/21 GMS contract and an update of the existing five year contract agreement Investment and Evolution was presented to the Primary Care Committee in March 2020.

Following this the attached letter detailing the publication of the Primary Care Network Direct Enhanced Service (PCN DES) and associated guidance. Due to the impact of the COVID pandemic a number of changes were made in order to free up capacity within GP practices.

- Postponement of the implementation date for the Structured Medication Review service requirements until 1 October.
- Postponement of the contractual start date of the Early Cancer Diagnosis specification until 1 October – networks asked to make every possible effort to begin work as planned unless work to support the COVID-19 response intervenes
- Postponement of the introduction of the Investment and Impact Fund (IIF) for minimum of six months. £16.25m of funding previously earmarked for the IIF to be recycled into a PCN support funding stream and paid on the basis of a PCN's weighted population at 27p per weighted patient for the six month period to 31 September 2020.
- Postponement of the requirement for PCNs to submit their workforce plans for 2020/21 until the end of August, and to submit indicative plans for 2021/22 to 2023/24 until the end of October

The deadline for practice to sign up to the DES agreement was 31st May 2020. All practices in North Tyneside have confirmed their sign up to the enhanced service with no changes to current PCN membership. This means that the number of PCNs in North Tyneside remains four and the footprint of the four PCNs remains the same.

PCNs are now moving forward with recruitment plans into Additional Roles posts and planning for the mobilisation of the additional services for 1st October with support form the CCG.
The committee are asked to note the contents of the report.

Governance and Compliance

1. Links to corporate objectives

2020/21 corporate objectives	Item links to objectives √
1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.	√
2. Meet the CCG's statutory duties.	√
3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria & North East system.	√
4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.	√

2. Consultation and engagement

N/A

3. Resource implications

N/A

4. Risks

N/A

5. Equality assessment

N/A

6. Environment and sustainability assessment

N/A

FAO:
GP practices
Primary Care Networks
Regional Directors of Commissioning
Regional Heads of Primary Care
CCG Clinical Leads and Accountable Officers

Publishing approval number: 001681

31 March 2020

PRIMARY CARE NETWORKS: REVISED NETWORK CONTRACT DIRECTED ENHANCED SERVICE FOR 2020/21

EXPLANATORY NOTE

1. Following the agreement and publication of the update to the GP contract agreement 2020/21-2023/24 in February 2020, NHS England and NHS Improvement has today published the Network Contract Directed Enhanced Service (DES) for 2020/21 alongside associated guidance. The DES and guidance have been agreed with GPC England, and put into contractual form the agreements reached in February.

2. We recognise that the rapidly increasing COVID-19 pandemic is placing different pressures on general practice, and we are very grateful to all colleagues for the work they are doing to respond swiftly and professionally. For at least the next six months, and potentially beyond, the response to COVID-19 will be the priority for practices. The key principle is that we free up general practice capacity to prioritise workload to both prepare for and manage the COVID-19 outbreak. In light of this, Nikki Kanani and Ed Waller's letter of 19 March sets out a number of activities practices and PCNs may suspend or postpone in order to free up capacity.

3. This note provides more detail about the changes to the Network Contract DES for 2020/21 which we have agreed with GPC England to support practices and Primary Care Networks (PCNs) to enhance their capacity and ability to respond to the outbreak. We have done so because PCNs will play a vital role in the response to COVID-19: providing a structure to support general practice resilience, a mechanism to secure additional capacity, and a framework to deliver some of the urgent responses needed to manage the outbreak.

4. These measures will be kept under review over the coming weeks and months, and are being supplemented by other action and funding – relating to the GP

contract and beyond – to support and sustain general practice during the COVID-19 situation. Further information will be provided by NHS England and NHS Improvement shortly.

5. In summary, the specific changes to the Network Contract DES for 2020/21 are as follows:

    - We have postponed the implementation date for the Structured Medication Review service requirements until 1 October. This date will be kept under review. Networks should make every possible effort to begin work on the Early Cancer Diagnosis specification as planned unless work to support the COVID-19 response intervenes, and the contractual start date for this work is 1 October in recognition of this possibility. The Enhanced Health in Care Homes requirements remain in place given the vital importance of organizing and delivering a coordinated service to care home residents, many of whom will be at very high risk of a severe negative impact (directly or indirectly) from COVID-19. In the current circumstances, we expect digital technology to play an important role in supporting the delivery of the Enhanced Health in Care Homes service remotely where it is clinically appropriate to do so.

    - We have postponed the introduction of the Investment and Impact Fund (IIF) for at least six months. We will recycle £16.25m of funding previously earmarked for the IIF into a PCN support funding stream – which will be paid on the basis of a PCN's weighted population at 27p per weighted patient for the six month period to 31 September 2020. This equates to half the total IIF funding, except the previously anticipated payment for flu immunizations where activity was not expected to commence until September in any event. We will discuss the remaining IIF funding with GPC England later in the year as the impact of COVID-19 becomes clearer, and will communicate this in good time before 1 October. The anticipated data collection to inform the IIF will continue as planned (which will help us to understand the impact of COVID-19 on PCNs) and, where possible, we will look to report PCN performance against the previously anticipated IIF metrics via the PCN dashboard. However, PCN income for at least the first six months of the year will no longer be contingent on this performance.

    - Given that supporting increases to general practice capacity is more important than ever, the Additional Roles Reimbursement Scheme will continue as planned: offering 100% reimbursement of actual salary and defined on-costs, up to the maximum amounts, for ten PCN roles. We have postponed the requirement for PCNs to submit their workforce plans for 2020/21 until the end of August, and to submit indicative plans for 2021/22 to 2023/24 until the end

of October, to ensure that PCNs can focus on their recruitment activity as a priority to build capacity.

6. We urge practices and commissioners to reconfirm their participation in the Network Contract DES at the earliest possible opportunity in the coming days, so that there is no interruption in PCN payments at this critical moment and so PCNs can focus on the response to COVID-19 and move forward as swiftly as possible with using the DES to build their capacity and support their resilience.

7. Thank you again for your responsiveness and commitment in the context of a very fast-moving situation.

Primary Care Strategy and NHS Contracts Group
NHS England and NHS Improvement

North Tyneside
Clinical Commissioning Group

Report to: Primary Care Committee	
Date: 02 July 2020	**Agenda item: 09**
Title of report: LIVI Implementation – Current state	
Sponsor: Lesley Young Murphy, Executive Director of Nursing: Chief Operating Officer **Author**: **Wally Charlton, Head of Improvement and Development**	
Purpose of the report and action required: This report is to update members on the current position of the LIVI rollout	

Executive summary

1. Background

The NHS Long Term Plan (NHS England 2019) states that over the next decade investments to upgrade technology and digitally enabled care will result in "a NHS where digital access to services is widespread, where patients and their carers can better manage their health and condition. Where clinicians can access and interact with patient records and care plans wherever they are, with ready access to decision support and Artificial Intelligence (AI), and without the administrative hassle of today. Where predictive techniques support local Integrated Care Systems to plan and optimise care for their populations."

The five-year framework for GP contract reform (NHS England and BMA 2019) sets out that 'all patients will have the right to digital-first primary care, including web and video consultations by April 2021.

With increasing demands on GP practices across the UK and the Impact of COVID 19 there is pressure to create more capacity and an improved experience for patients, doctors and surgery staff. Digital care is part of the solution.

Under the new Primary Care Networks initiative, a key part of the NHS Long-Term Plan and the new GP Contract, GPs are expected to provide a wider range of primary care services. This includes a deadline of April 2021 for all providers to ensure access to online and video Consultations.

Access to on line and video consultations is predicated on having the workforce to do so and therefore significant business change will be required in order to meet the requirement of NHSE.

In North Tyneside there continues to be increasing demand on practices, urgent care services and A&E with patients citing problems in accessing GP appointments as the reason for presenting elsewhere in the system.

Nationally (as well as internationally) there is an increasing market for digital GP services which are well received by patients who choose to use them. It was agreed

at Future Care Executive to explore the opportunities and additional capacity this may bring for North Tyneside residents and determine the impact on the system.

2. Work undertaken to date

At the outset the following principles were used as a guide when considering the implementation of a pilot in North Tyneside:

- The integrity of the patient registered list would be maintained (patients would not move from the list).
- The integrity of the patient recorded would be maintained as any consultations should require access to the patient record and records of the consultation would go back into the patient record.
- Any GP's undertaking video consultations will comply with all local guidelines including prescribing.
- The agility to increase / decrease the number of video consultation appointments available for the population based on demand
- The online service should provide both the technology platform and the GP capacity to deliver the required appointments
- Compliant with NHSE National Framework for GP IT
- The agility to deploy as pilot in a short time frame in order to support winter pressures.

Based on the above criteria other organisations were considered including Babylon (GP at Hand) and Push Doctor, in the end, Livi were invited to give a demonstration and share their experience to date with Clinical Directors, IT transformation and Primary Care staff. Information can be seen in relation to case studies from Surrey and Birmingham.

LIVI Summary:

- *LIVI Partner with NHS organisations providing their population with access to our app/platform.*
- *We can operate during both core and extended hours, which enables patients to be able to see one of our GMC registered GP's typically within 30 minutes during operating hours via a video consultation.*
- *We work with both EMIS and S1 Clinical systems to access a patients full medical record, and ensure that everything normally done within a consultation (referrals, prescriptions, fit notes, and follow ups) are completed inline with local protocols)) is dealt with by our team; removing a large burden of work for both clinical and administrative staff.*
- *To date, LIVI have delivered over 1.3 million consultations across Europe, and the service is currently available to 2.3 million patients in the UK.*

Current Position

Due to the COVID pandemic the deployment of LIVI was placed on hold as this was deemed as not a priority during the pandemic and would add additional pressures to both the CCG and practices. During this period limited resource was allocated to the project and was dedicated to ensuring the relevant contractual and governance arrangements were in place/arranged. The project was picked back up on 1st June with a view to reinstating all project resource.

Contract
The sign-off of the mobilisation and AMPS contracts was completed this week which has allowed the project to progress. The project had a dependency on the sign-off of the contracts and the Clinical Risk Assessment (CRA) before LIVI would proceed and further activities could be started. As a result of sign-off the project is now able to proceed.

Governance
A DPIA (Data Protection Impact Assessment) has been developed and the CCG has agreed to sign this off on behalf of all practices following their approval. The DPIA was distributed to all practices on 04/06/20 with a closure date of 10/06/20. Due to limited responses this has been extended until 19/06/20.
In addition, TyneHealth have voice concerns over the use of their TPP SystmOne unit and as a result it has been agreed a Memorandum Of Understanding (MOU) is to be drafted and an agreement put in place between LIVI and TyneHealth. Currently in draft and awaiting sign off.

Following the sign-off of the contract it was scheduled for LIVI to gain access to the clinical system and begin configuration. However, due to the request for an MOU and the delay in responses to the DPIA sign-off, this has been delayed as there is a requirement to get these in place before LIVI are able to gain access. This is to prevent any governance issues. This is now scheduled to be complete by Friday 26th June 2020.

Implementation Plan & Timeline
Due to COVID this has had to be re-planned as the project was placed on hold. An updated Project Plan was requested from LIVI last week and this was sent through yesterday. This is in the process of reviewing and the CCG Project Plan updated based on this.

The go live date will be moved back by a week to the 14th July which will allow us further time to complete all governance tasks as agreed earlier this week, which will then allow us to grant LIVI access to the clinical systems to begin configuration.
High Level Deliverables/Milestones
- Complete Governance tasks – 26/06/20
- Grant access to clinical systems (TyneHealth TPP Unit / Wallsend PCN EMIS CS Module) – 26/06/20
- Clinical System / User Configuration – 2 weeks – 26/06/20 to 10/07/20
- Practices Engagement – 26/06/20 to 07/08/20
- Marketing and advertising – 26/06/20 to 07/08/20
- Go-Live – 10/07/20

Risks
Highlighted high level risks:
- There is a risk the DPIA/Data Sharing Agreement (DSA) will not be signed by practice(s)
- The Wallsend PCN EMIS CS Module will not be in place in time for go-live (10 July) and as a result LIVI will be unable to view EMIS patients records (this risk will be mitigated through the temporary use of the TyneHealth hub)
- Linked to above – The Wallsend PCN module may only have sharing

agreements setup with the Wallsend practices. Need to investigate DSA arrangements

Governance and Compliance

3. Links to corporate objectives

2020/21 corporate objectives	Item links to objectives √
1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.	√
2. Meet the CCG's statutory duties.	√
3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria & North East system.	√
4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.	√

4. Consultation and engagement

Engagement with practices and patients (through patient forum) has taken place and continues to take through mobilisation.

5. Resource implications

N/A

6. Risks

Highlighted in summary

7. Equality assessment

N/A

8. Environment and sustainability assessment

N/A

North Tyneside
Clinical Commissioning Group

Report to: Primary Care Committee - Public	
Date: 02 July 2020	**Agenda item: 10a**
Title of report: **2019/20 Primary Care Co-Commissioning Budget Year End Position**	
Sponsor: Jon Connolly **Author**: Keith Davison -Senior Finance Manager – NHS England	
Purpose of the report and action required: This report is to update members of the 19/20 financial position in respect of Primary Care budgets.	
Executive summary: The Primary Care Committee is asked to review and note: 1.) The financial summary for the year ended 31 March 2020.	

Governance and Compliance

1. Links to corporate objectives

2020/21 corporate objectives	Item links to objectives √
1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.	√
2. Meet the CCG's statutory duties.	√
3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria & North East system.	
4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.	

2. Consultation and engagement

N/A

3. Resource implications

N/A

4. Risks

Potential risk to CCG financial position

5. Equality assessment

Applicable to all equally

6. Environment and sustainability assessment

N/A

Primary Care Co-Commissioning Budgets for 2019/20

1. Background

1.1 Appendix 1 sets out the final outturn position as at 31 March 2020 of the delegated Primary Care budget.

The final year end position is reported as an underspend of £ 26k.

2. Variances at Year End

2.1 Main variances reported are:

- The GMS baseline shows an overspend of £ 142k. The weighted list size growth in year has been minimal (0.22%) but the CCG has provided financial support for practice mergers which have been funded from this budget line causing the overspend.

- QOF Achievement payments in respect of 2018/19 were paid in June. Practice achievement and payments were less than that anticipated and accrued for in 18/19 accounts. The CCG realised a non-recurrent benefit from this of £ 82k. However, this has now been more than offset by an additional provision which has been set aside by the CCG to cover the risk of disease prevalence factors which also impact on the final calculation increasing from 18/19. This provision was also made in the light of income guarantees to practices whose QOF achievements may have been affected by the Covid-19 situation.

- The CCG is currently reporting an underspend of £ 200k in respect of reimbursements for GP practice premises. This represents an improvement from the last reported position, and this recognises that the CCG has been able to finalise of outstanding negotiations around these re-imbursements.

- The CCG received a non-recurrent benefit from over accruals made in respect of Enhanced Services from 18/19. These outstanding payments have now largely been finalised and has allowed the CCG to declare an underspend of £ 10k.

- In 19/20 there were several new elements of cost relating to Primary Care Networks (PCNs). These elements included reimbursements for the new Additional Roles announced. As these were new roles there were delays in recruitment that meant this budget could not be fully utilised in year resulting in an underspend of £ 36k.

3. Summary

3.1 The Primary Care Commissioning Committee are asked to:

- note the final financial position for the year ended 31 March 2020.

Detail	Annual Budget (£)	EOY Forecast Outturn (£)	EOY Variance (£)	Description of Budget Area
General Practice - GMS	20,504,578	20,647,055	142,477	Payment to practices for core essential services based upon weighted practice list size. This weighting takes account of local population needs.
QOF	3,271,203	3,322,452	51,249	Quality and Outcomes Framework (QOF) is an annual reward and incentive scheme for practices based upon achievement against set indicators.
Enhanced Services	509,708	499,537	-10,171	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
Premises Cost Reimbursement	2,414,490	2,214,371	-200,119	Reimbursements made to practices in respect of premises costs.
Dispensing/Prescribing Drs	207,343	247,655	40,312	Costs of GP prescribing reimbursed on a cost per script basis.
Other GP Services	724,640	711,091	-13,549	Includes:- Reimbursement to practices of Care Quality Commission annual charges GP Retention - a support scheme for GPs and practices who may be considering leaving the profession Reimbursement to practices for the cost of locum cover for both Parental and Sickness Leave Seniority payments to GPs based on years of Reckonable service Cost of Suspended GPs - costs allocated on a Risk Share basis across Cumbria & North East CCGs
PC Networks	1,176,038	1,139,773	-36,265	Costs in relation to the newly developed Primary Care Networks (PCNs). Payments are made in line with national guidance
Reserves	0	0	0	
Reserves - 1% Headroom	0	0	0	
	28,808,000	28,781,933	-26,067	

North Tyneside
Clinical Commissioning Group

Report to: Primary Care Committee - Public	
Date: 02 July 2020	**Agenda item: 10b**
Title of report: **2020/21 Primary Care Co-Commissioning Budget**	
Sponsor: Jon Connolly **Author**: Keith Davison -Senior Finance Manager – NHS England	
Purpose of the report and action required: This report is to update members of the 2020/21 allocations for the delegated Primary Care budgets. The report also sets out the Temporary Arrangements that have been put in place for Months 1-4 because of the Covid-19 situation.	

Executive summary:

The Primary Care Commissioning Committee is asked to note:

1. The original funding allocation for primary medical services in 2020/21 and the financial impact of the contract changes,
2. The impact of temporary financial arrangements for CCGs in the first 4 months of 2020/21,
3. The financial risks identified.

Governance and Compliance

1. Links to corporate objectives

2020/21 corporate objectives	Item links to objectives √
1. Commission high quality care for patients, that is safe, value for money and in line with the NHS Constitution.	√
2. Meet the CCG's statutory duties.	√
3. Work collaboratively with partners and stakeholders to develop sustainable health and social care in North Tyneside and the wider Cumbria & North East system.	
4. Continue to develop North Tyneside CCG as a patient focused, clinically led commissioning organisation with a continuous learning culture.	

2. Consultation and engagement

N/A

3. Resource implications

N/A

4. Risks

Potential risk to CCG financial position

5. Equality assessment

Applicable to all equally

6. Environment and sustainability assessment

N/A

Primary Care Budgets 2020/21

1. **Background**

This report presents a summary of the 2020/21 budget for delegated primary care, including a summary of the nationally negotiated contract changes and the impact on initial expected primary care budgets. The report also details the temporary financial arrangements for CCGs in the first 4 months of the year in response to Covid-19 and resulting changes in primary care funding allocations.

2. Funding Allocations March 2020

In March 2020 revised funding allocations for Primary Medical Services were published as a result of changes to the Long-Term Plan.

Details of the funding allocations for North Tyneside CCG are shown below:

Table 1 – Funding Allocations 20/21

	19/20 £000s	20/21 £000s	Growth £000s	Growth %-age
Initial Allocation	**28,808**	**30,542**	**1,734**	**6.02%**
Increase notified March 2020				
Increase in Practice Funding		73		
Care Home Premium		103		
Investment & Impact Fund		148		
Total Additional Funding		**324**	**324**	
Revised Allocation as at March 2020	**28,808**	**30,866**	**2,058**	**7.14%**

3. Operational Budgets

The proposed opening operational budgets for Primary Medical Services are detailed in Table 2 below. The main areas to highlight are:

3.1 Overall uplift to GP contract funding

NHS England and the General Practice Committee (GPC) of the British Medical Association (BMA) have reached an agreement on a range of key principles that will apply to all contracting routes (General Medical Services [GMS], Personal Medical Services [PMS] and Alternative Provider Medical

Services [APMS]) for 2020/21. There is a 4% uplift to practice contract funding,

3.2 Additions / Changes to the Primary Care Network DES

- Expansion of Additional roles in 2020/21:
  - PCN's can choose to recruit from the following roles, in addition to those previously agreed:
    - Pharmacy Technicians, Care Co-ordinators, Health Coaches, Dieticians, Podiatrists and Occupational Therapists
  - Reimbursement increases from the current 70% to 100% for all roles, up to a maximum reimbursable amount.
  - The reimbursement to the PCN equates to £7.13 per weighted patient, £4.26 of which is funded from CCG Delegated budgets with the remaining to be claimed from NHS England central funding. This is an increase to the CCG of £2.42 per weighted patient.
- Clinical Director reimbursement increases by £0.20 per registered patient to £0.72.
- Practice Participation and Extended access remains at the rates as 19/20.
- Care Home Premium payment at £60 per CQC registered bed from October 2020, and £120 per year thereafter.
- Investment and Impact Fund - an incentive scheme which will pay out to PCNs based on performance metrics.

3.3 Changes to QOF for 19/20

- Value of a QOF point will rise from £187.74 to £194.83.
- The Contractor Population Index (CPI) will also be adjusted resulting in the price increase being cost neutral.
- Additional 8 points added for a new QOF indicator - annual blood glucose testing for non-diabetic hyperglycaemia.

Table 2 – Operational Budgets 2020/21

Detail	20/21 Baseline Budget
	(£000s)
General Practice - GMS	21,521
QOF	3,437

Enhanced Services	388
Premises Cost Reimbursement	2,430
Dispensing/Prescribing Drs	214
Other GP Services	470
PC Networks	1,987
Reserves	419
	30,866

4. Temporary Financial Arrangements in response to Covid-19

The above information was based on initial operational plans and notified allocations as at March 2020, however due the unprecedented situation of Covid-19 operational planning has been suspended and temporary financial arrangements for CCGs have been implemented for the first 4 months of the year by NHS England.

The temporary financial arrangements are intended to mirror those in place for NHS providers and ensure all CCGs end up in a breakeven position overall. In summary there are two stages to the process:

NHS England have calculated expected monthly expenditure for all CCGs for the first 4 months of the year based on prior year spend with some national growth assumptions applied. A 'prospective' allocation adjustment is then made to ensure funding allocations match the expected monthly expenditure for the first 4 months.

Actual costs will then be monitored and a retrospective allocation adjustment will then be made each month to ensure funding allocations match actual costs (where these are deemed by NHS England to be 'reasonable'. There is no clarity, as yet, on how reasonableness will be determined).

The intention is that all CCGs will then be in an overall breakeven position after both sets of adjustments.

In respect of primary care delegated budgets for North Tyneside CCG, the initial allocation for the first 4 months of the financial year is £ 10,011k. This represents a defund of £ 278k over the 4 month period against the original confirmed funding allocation (£ 30,866k annual allocation = £ 10,289k over the 4 month period).

Table 3 -Amended allocations for months 1-4

M1 (April)	M2 (May)	M3 (June)	M4 (July)	Total	Annualised
£'000	£'000	£'000	£'000	£'000	£'000

Allocation as at March 2020	2,572	2,572	2,572	2,572	**10,289**	30,866
Revised as per Temporary Arrangements	2,503	2,503	2,503	2,503	**10,011**	30,036
Non-recurrent allocation adjustment	**(69)**	**(69)**	**(69)**	**(69)**	**(278)**	**(830)**

Subsequent retrospective allocation adjustments should be made for the CCG (where variances are deemed 'reasonable') to produce an overall breakeven position. As noted above there is currently a lack of clarity around what will be considered 'reasonable'.

5. Risks

Based on the original allocation of £ 30,866k the CCG had been able to prepare a balanced budget meeting all expected commitments and, also, set aside a small contingency of £ 419k to cover any in year financial pressures.

The temporary financial arrangements implemented for the first 4 months present a potential risk if actual costs were not deemed to be 'reasonable'.

At this point it is not known what the financial arrangements will be for Month 5 onwards.

6. Summary

The Primary Care Commissioning Committee are asked to:

- note the original funding allocation for primary medical services in 2020/21 and the financial impact of the contract changes,
- note the impact of temporary financial arrangements for CCGs in the first 4 months of 2020/21,
- note the potential risks outlined in the report.