Northumberland Primary Care Commissioning Committee
Friday 14 May 2021 at 11:00am
via MS Teams

NHS Northumberland Clinical Commissioning Group

AGENDA

Item	Time	Topic	Enc	PDF page	Presenter
1	1100	1.1 Welcome 1.2 Apologies 1.3 Declarations of conflicts of interest 1.4 Quoracy*			Chair
2	1105	2.1 Previous Minutes – Public February 2021 2.2 Public Action Log – April 2021	✓ ✓	2 8	Chair
3	1110	<u>Operational</u> 3.1 Finance Update 3.2 Quality Assurance Report Q3 3.3 Estates and Principals	 ✓ ✓	 9 18	 J Connolly A Topping P Phelps
4	1135	<u>Strategic</u> 4.1 Recovery of general practice following COVID-19			P Phelps
5	1140	<u>Governance</u> 5.1 Review of ToR	 ✓	 27	J Guy/P Phelps
6	1150	Any Other Business			Chair
7	1155	Date and Time of Next Meeting: Wednesday 9 June 2021 at 10.00am **– to be confirmed subject to agenda** via Teams			Chair

* 3 members, including at least the Chair or the Lay Governor and at least the CCG Chief Operating Officer or the Chief Finance Officer.

Clinicians commissioning healthcare for the people of Northumberland

NHS
Northumberland
Clinical Commissioning Group

Minutes of the Public Meeting of NHS Northumberland Primary Care Commissioning Committee, held on 10 February 2021, via Teams

Members Present (on-line)

Janet Guy	Chair and Lay Member, NHS Northumberland CCG
Karen Bower	Lay Member – Corporate Finance and Patient and Public Involvement, NHS Northumberland CCG
Siobhan Brown	Chief Operating Officer, NHS Northumberland CCG
Jon Connolly	Chief Finance Officer, NHS Northumberland CCG
Richard Glennie	Chair, Local Medical Committee
Rachel Mitcheson	Service Director for Integration and Transformation, NHS Northumberland CCG
Annie Topping	Executive Director of Nursing, Quality and Patient Safety, NHS Northumberland CCG
Paul Turner	Director of Contracting and Commissioning, NHS Northumberland CCG

In attendance (on-line)

David Thompson	Healthwatch Northumberland
Pamela Phelps	NHS Northumberland CCG
Robin Hudson	NHS Northumberland CCG
Claire Lynch	NHS Northumberland CCG
Jamie Mitchell	NHS Northumberland CCG
Diane Gonsalez	NHS Northumberland CCG
David Lea	NHS Northumberland CCG
Michael Thewlis	NHS Northumberland CCG
Emma Robertson	NHS Northumberland CCG
Richard Sims	NHS Northumberland CCG
Chris Black	NHS England/Improvement
Kelly Wilson	NHS England/Improvement
Barbara Allsopp	NHS Northumberland CCG (Minutes)

NPCCC/21/01 Agenda Item 1.1 Welcome and questions on agenda items from the public

Janet Guy welcomed attendees to the Northumberland Primary Care Commissioning Committee (PCCC) and informed that the meeting would be recorded for use in the production of the minutes and the recording destroyed following their ratification. Members did not raise any objections.

Three emails from members of the public had been received via the public website. The matters raised were generic COVID-19 related and deemed not appropriate for the PCCC. The correspondence was read and actioned via appropriate CCG routes, prior to the meeting.

- One email related to the changes in medications prescribed to an elderly relative by a temporary GP during a period of short respite care in a North Tyneside care home.
- One email related to whether an individual would experience side effects when receiving their second COVID-19 vaccination.
- One email related to an individual asking when they would receive their COVID-19 vaccination.

NPCCC/21/02 Agenda Item 1.2 Apologies for absence

Apologies were received from:

Jenny Long, NHS England/Improvement
David Steel, NHS England/Improvement
Keith Davison, NHS England/Improvement

NPCCC/21/03 Agenda Item 1.3 Declaration of conflicts of interest

There were no conflicts of interest received.

NPCCC/21/04 Agenda Item 1.4 Quoracy

The meeting was quorate.

NPCCC/21/05 Agenda Item 2.1 Previous Minutes – Public December 2020

The minutes of the previous meeting held in December 2020 were reviewed and confirmed as a true record.

NPCCC/21/06 Agenda item 2.2 Public Action Log – February 2021

The action log was reviewed and outstanding actions discussed. The action log was subsequently updated with the additional information gained.

NPCCC/21/07 Agenda Item 3.1 Finance Update

Jon Connolly presented the report and PCCC was asked to note the original funding allocation for primary medical services in 2020/21 and the financial impact of the General Medical Services contract changes, the impact of temporary financial arrangements for CCGs in the first 9 months of 2020/21 and the financial risks identified.

A recap was given on the temporary finance arrangements under which the CCG was presently operating. Although an unusual year, this has mitigated the large gap between the CCG's allocation and spend for the current financial year.

Nothing significant had changed since the last report. The month 9 reported position showed an underspend of £348k forecast for the year-end. Main variances shown in the forecast outturn position included the reserves line showing an underspend of £261k which reflected the impact of the additional allocations received to fund investment and Investment Fund and the Care Homes Premium. Jon Connolly explained that having set a deficit budget, with the anticipation the CCG would receive the allocation money, this was not really an underspend; it is getting the position back to a breakeven point. Therefore, in real terms, the report was showing close to breakeven in terms of the forecast spend.

Other primary care spend outside the delegated budget, operating in the temporary financial arrangements, was outlined including the awareness of COVID-19 costs and the development arrangements around the current vaccination programme. There were no specific concerns or requirement for any particular action from PCCC, just to note the position.

Karen Bower asked for an explanation on the non-recurrent GP Forward View (GPFV). The CCG is currently awaiting further guidance for the remaining part of this year on how non-recurrent allocations will work with regard to GPFV, given the unprecedented nature of this financial year. Jon Connolly was confident there were no areas of concern but agreed he

would give more detailed information on GPFV at the next meeting of Corporate Finance Committee (CFC). Pamela Phelps confirmed a review of this was underway and she would also be willing to provide an update on GPFV for the next CFC.

NPCCC/21/07/01 ACTION: Pamela Phelps to provide an update on GPFV at the next CFC meeting scheduled for 17 March 2021.

Siobhan Brown asked for Jon Connolly's thoughts around the 2021/22 financial year as she was aware that GP colleagues were sited on this for running the COVID-19 vaccine programme and providing primary care delivery. Jon Connolly explained that the interim financial arrangements in place at the present time are likely to roll forward to Q1 of 2021, similar to the umbrella arrangement of funding to date. However, this information had not been confirmed and guidance from NHSE/I is due shortly. Messages nationally are recommending that local systems be prepared for late guidance and some changes, and to be agile and able to respond quickly to those actions. It is unknown at this time what will be in place after Q1 but a return to more normal planning arrangements is expected. In terms of the vaccination programme, the CCG is being supported financially through this.

NPCCC/21/08 Agenda Item 3.2 Vaccine update

Pamela Phelps and Rachel Mitcheson presented an update on how primary care is progressing with the nationally controlled vaccine programme delivery in Northumberland.

Local vaccination services (LVS) went live from 15 December with 10 sites in the county. An overall positive response has been received within Northumberland, working collaboratively with the Primary Care Network (PCN), GP practices, hospital hubs, health and care teams and the Local Authority to deliver the programme. The translation from the national ask and delivery model to local level has been a complex process to date with tricky logistics, but results to date show the programme is working well. All care home residents had been offered a vaccine and 93% completed to date. Care worker vaccination had also commenced and good progress made. The programme schedule has included the incorporation of the national change in policy regarding the timing of second doses from 21 days to between 2 – 12 weeks.

A roving mobile model has been identified with a planned rollout with the aim to work collaboratively with the PCN vaccine sites and to plug gaps geographically, especially rurally, to increase the vaccination capacity in Northumberland. This will include working with Public Health England to vaccinate the hard to reach groups in the community.

Richard Glennie raised a concern about the secondary care statement asking the public to contact their GP practice for a vaccine appointment. The volume of these enquiries are subsequently blocking telephone access to the surgeries for others needing appointments.

David Thompson applauded primary care on the significant vaccination achievement to date. He highlighted a very small number of vulnerable and elderly people who had experienced difficulties with transport to vaccination sites and asked for GPs to inform more people about the free transport service currently provided by Age UK for first and second vaccines. Rachel Mitcheson confirmed a notice had been sent to GPs via the CCG's internal communication process to highlight, promote and a give reminder of the Age UK contact details.

A discussion regarding co-operation on external communication methods for the vaccine programme, including the use of local radio, was held. However, as the programme is nationally driven, the CCG currently has very little control over the communications process. It was noted that the CCG was grateful to the Local Medical Committee (LMC) for the interview with BBC Look North to explain about the vaccination cohorts and reminding the public to

remain patient. Press releases have gone out, but it was agreed local radio could be explored further in relation to the communications around second dose appointments.

Janet Guy shared her positive feedback received from elderly patients who had given a lot of praise for the well organised system and she encouraged Richard Glennie, via the LMC, to pass on this overall satisfaction.

NPCCC/21/09 Agenda Item 3.3 Freeing Up Capacity in General Practice

Pamela Phelps presented a report outlining recent national changes and the local amendments and communication required for General Practice in Northumberland. Following the letter dated 7 January 2021 from NHS England entitled 'Freeing Up Practice Time', the CCG, in collaboration with the LMC and PCN Clinical Directors, issued a Joint Statement to practices. This statement offered clarity on the local and national contract changes with the processes to enable continued safe delivery of services to patients. The letter highlighted the need for practices to prioritise delivery of the COVID-19 vaccination programme, but to ensure all patients who need care and assistance with their long term and acute medical ailments can access services in General Practice. Members of PCCC were asked to consider the Joint Statement, the associated documents, and provide comment.

David Thompson asked whether the wider community would be informed of these priorities. It was explained that PCNs, in collaboration with the practices and the LMC, would consider a set of communications to patients explaining why there may be delays to their Long Term Condition (LTC) review. Since February/March 2020 GPs have been informing patients if they call and ask what is happening in relation to their care. Patients are still going into practices and straightforward cases are seen remotely.

Janet Guy asked whether general practices felt there is a little bit more space and time becoming available to enable a way of getting back to normal. Richard Glennie informed there was, and meetings are being put in place to discuss restarting services, however, staff continue to be fully occupied delivering the COVID-19 vaccine programme and there is some exhaustion occurring within the workforce.

Janet Guy summed up the importance of recognising the need for primary care to be in a strong position and ready to cope with the return to business as usual, and confirmed PCCC had considered the documentation and provided comment.

NPCCC/21/10 Agenda Item 3.4 Primary Care Situation Report

Primary care situation reporting data and graphics were shared with PCCC. Pamela Phelps gave a detailed overview of the reporting mechanism put in place in April 2020 to measure the demands and pressures within primary care. The reported entailed practices giving daily reports on 21 questions in 8 key areas to enable the CCG to recognise the changes that were being brought about by the COVID-19 pandemic. It soon became evident that the practices were adapting phenomenally to demand. In October 2020 the process was changed to practices reporting on 6 key areas. This, accompanied by calls to practices on a regular basis, provided the CCG with soft intelligence to pick up the support required and sustainability within primary care over the winter period.

Data provided to PCCC showed the movement over the reported areas and showed how general practice adapted their capacity to meet demand using their different access models. The delivery models subsequently increased demand within the practices.

The hard work, and factors affecting general practice, behind the data was highlighted. Practices were managing high demands of their own, including sickness, staff absence,

COVID-19, lockdown, which reflected just how well primary care provided for patients, including prioritising for LTC patients across the different demographic areas.

Janet Guy recognised the data showed a very pleasing picture and praised the level of effective adaptation shown by primary care throughout the COVID-19 pandemic.

NPCCC/21/11 Agenda item 3.5 Quality Assurance Report Q2

David Lea presented the 2020/21 quality assurance update for Q2 which consisted of review outcomes by the Primary Care Quality and Sustainability Panel and findings of Care Quality Commission (CQC) inspections. It was confirmed that performance monitoring of practices continues and more information has been received to complete an in-depth data analysis for Q3. This data would be used, going forward, for supporting practices on areas that need to be focussed upon, given the current prioritisation work being undertaken in primary care. Annie Topping emphasised the wealth of intelligence that is received through primary care situation reports mentioned by Pamela in the previous agenda item and confirmed this information would be utilised in future quality assurance reports to give an overall holistic approach.

The usefulness of sustainability visits was discussed. Karen Bower was pleased to see these were going ahead, especially under the current pandemic circumstances. Janet agreed this was a good method to monitor quality. Robin Hudson explained the visits were COVID-19 focussed, and on areas listed in the situation reports, whilst recognising the importance of seeing practice staff face to face to focus on their actual wellbeing. It was noted these important factors have a direct impact on quality and successful delivery of primary care services.

NPCCC/21/12 Agenda Item 4.1 Contract Baseline Report

Kelly Wilson presented PCCC with information regarding numbers and types of primary medical care contracts; the directed enhanced services provided and a summary of on-going contractual issues/changes across the 38 practices within Northumberland. PCCC was asked to review and provide comment on the contract baseline report. No specific areas were required to be highlighted to PCCC.

It was noted that a GP retention scheme application had initially been put forward to PCCC for February 2021, but subsequently had been withdrawn by the practice.

Karen Bower asked whether the table listing the contract number, type, list size and partner changes data could be grouped by PCNs, rather than by practices, as this would be easier to review going forward. This was agreed and PCCC was happy to accept the report having reviewed and made comment.

NPCCC/21/12/01 ACTION: Kelly Wilson to group the contract number, type, list size and partner changes data by PCNs on future reports, rather than by practices for going forward.

NPCCC/22/12 Agenda Item 4.2 Workforce Aims and Next Steps

Michael Thewlis presented his second update on workforce aims and next steps to provide PCCC with a broad and strategic look at workforce across Northumberland within the PCNs. This included a detailed look at staffing, challenges, change curves and graphs of data utilised within workforce planning with PCNs.

A look at career start programmes followed, including GP fellowships, nursing and mentoring programmes and their associated funding. The need to tailor development programmes for

primary care was recognised, including career development for practice nurses, providing nursing opportunities and training. The importance of a strong workforce on strong clinical career pathways, from entry level, was discussed, as well as leadership programmes and professional development. All these factors play an important part in sustainability for the next 10 years.

Age profile data was discussed, noting that changes in workforce have occurred over the past 30+ years. Many nursing posts emerged at that point through significant investment in community nursing. Those staff are at the latter part of their career life cycle and consequently age profile data will reflect this.

Janet Guy asked whether the higher number of intakes of new roles would mitigate the risk of the ageing workforce, particularly in the nursing arena. It was explained that new clinical roles will help take the pressure off GPs and the training of nursing associates coming in at entry level would help mitigate this risk.

The need to develop the nursing model was discussed, recognising that one of the challenges of nursing in general practices is that some rural practices have nurses with varying degrees of experience needing to carry out tasks beyond that of nurses in an urban setting. The question was asked whether new practice nurses coming through training would be willing to do the same, with the same levels of responsibility.

NPCCC/23/12 Agenda Item 5 Any Other Business

There were no matters raised.

NPCCC/24/12 Agenda item 6 Date and Time of Next Meeting

The next meeting will be held on Wednesday 14 April 2021 at 10am via Teams.

NHS Northumberland Clinical Commissioning Group

Public Primary Care Commissioning Committee - REGISTER OF ACTIONS

Log owner: PCCC Chair

DATE: May 2021		**Private Primary Care Commissioning Committee**				
Number	**Date Identified**	**Target Completion Date**	**Description and Comments**	**Owner**	**Status**	**Comment**
NPCCC/20/24/03	10/06/2020	12/08/2020	Riversdale Operational Group, CCG, to explore the development of a Riversdale transport working group.	R Mitcheson	In-progress	* ongoing liaison with Patient Participation Groups. Meeting with Healthwatch arranged for 22 October. Update Dec 2020: PP to liaise with RM to review progress and priorities re COVID-19 restrictions. Update Feb 2021: RM confirmed ongoing but cannot progress until after lockdown position; will progress as soon as able to do so**. • Upon relocation to Oaklands. the practice requested reception staff to note any complaints or comments regarding patient transport. None have been received up to this point. During the pandemic. The practice have delivered mainly online consultations. The practice nurse/HCA tend to do face to face. This could be the reason that no complaints have been made in relation to travel. •The practice are happy to engage with patients, as outlined in the PCCC report – however they have asked that consideration is given to the potential pressure this places on staff, during the present time. •To support the practice Emma and I will outline an engagement plan which will outline the options the practice could adopt. • Agreed to meet in a couple of weeks to review the plan**
NPCCC/20/42/01	12/08/2020	15/09/2020	C Black to chase up the district valuation in relation to the Rothbury surgery to enable the breach to be taken off hold.	C Black	In-progress	Update at 30/9/20: This was chased up but the district valuation has been delayed due to COVID-19. **Update at 14/10/20:** L Douglas confirmed she would chase for a further update in October 2020. Length of time outstanding was noted by Chair at October PCCC. Update Dec 2020: PP liaising with Julie Danskin re delays - almost complete just need to clarify current position. Update Feb 2021: Continuing to chase up DV in relation to Rothbury. More information has been provided to DV and now awaiting final assessment. Also following up with Comms in relation to this. **Update requested from Jenny Long 20/4/21 - Following a premises meeting last week, the DV advised that they are waiting on information on the exact space that is occupied by the provider and has also been agreed by the CCG**. **Update from JM 28/4/21 plans received from NPC but not good enough detail for DV to use and not a clear indication of space; awaiting further lease plans to define areas to provide to DV. Practice moved in 2017 - JM to raise with Arlene w/c 3/5/21 and discuss a potential deadline date to complete this.**
NPCCC/21/07/01	10/02/2021	17/03/2021	P Phelps to provide an update on GPFV at the next CFC meeting scheduled for 17 March 2021.	P Phelps	Complete	Paper provided/presented as planned.
NPCCC/21/12/01	10/02/2021	01/08/2021	K Wilson to group the contract number, type, list size and partner changes data by PCNs on future reports, rather than by practices for going forward.	K Wilson	Complete	Next report due at PCCC August 2021. **Confirmed with K Wilson this will reflect in new report. Complete.**

Northumberland Clinical Commissioning Group

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	14 May 2021	
Agenda item	3.1	
Report title	Finance Update – Month 12	
Report author	Chief Finance Officer	
Sponsor	Chief Finance Officer	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	✓
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks	Strategic Risk 946 – Financial Balance Operational Risk 1983 - Primary Care delegated allocation	
Resource implications	N/A	

Consultation/engagement	N/A
Quality and Equality impact assessment	Completed
Research	N/A
Legal implications	CCG statutory financial duties
Impact on carers	N/A
Sustainability implications	N/A

Northumberland Clinical Commissioning Group

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Finance Update – Month 12					
2. Project Lead	**Director Lead**	**Project Lead**				**Clinical Lead**
	Chief Finance Officer	Chief Finance Officer				Clinical Director
3. Project Overview & Objective	Primary Care finance update.					
4. Quality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
Patient Safety	N/A					
Clinical Effectiveness	N/A					
Patient Experience	N/A					
Others including reputation, information governance and etc.	N/A					
5.Equality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?	N/A					
What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?	N/A					
6. Research *Reference to relevant local and national research as appropriate.*	N/A					

7. **Metrics** *Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.*	**Impact Descriptors**	**Baseline Metrics**	**Target**
	N/A		

8. Completed By	**Signature**	**Printed Name**	**Date**
Chief Finance Officer	**Jon Connolly**	Jon Connolly	22.04.21
Additional Relevant Information:			

8. Clinical Lead Approval by	**Signature**	**Printed Name**	**Date**
Additional Relevant Information:			

9. Reviewed By	**Signature**	**Printed Name**	**Date**

Comments

Northumberland
Clinical Commissioning Group

Northumberland Primary Care Commissioning Committee
14 May 2021
Agenda Item: 3:1
Primary Care Finance Update – Month 12
Sponsor: Chief Finance Officer

Members of the Northumberland Primary Care Commissioning Committee are asked to consider:

1. **The original funding allocation for primary medical services in 2020/21 and the financial impact of the GMS contract changes**

2. **The impact of temporary financial arrangements for CCGs in 2020/21**

3. **The financial pressures identified**

Background

This report presents the financial position for the CCG commissioned and Delegated Primary care services for the year ending 31 March 2021. The report takes into account the temporary financial arrangements that have been issued by the government for CCGs to follow this year in response to the covid-19 pandemic.

Note the figures reported are subject to audit, as part of the annual accounts process.

Update on temporary Financial Arrangements 2020-21

As previously reported due to the unprecedented situation of Covid-19 pandemic, operational planning was suspended for the 2020-21financial year, and temporary financial arrangements for NHS organisations including CCGs were implemented by the government.

The financial arrangements were split into two parts for the year, a retrospective top up arrangement for the first 6 months of the year and then an integrated care system (ICS) plan for the second 6 months of the year, for which the CCG contributed an individual organisation finance plan.

The main difference between the two arrangements was that for the first half of the year the CCG was able to claim a retrospective top up for any variance against the nationally set allocation in order to get to a reported breakeven position. For the second half of the year the CCG was given an allocation prospectively (based on the submitted system plan figures), the CCG then had to manage within those figures for the remainder of the financial year, much the same as it would, in a normal financial year, against its published allocations.

It is worth noting that these financial funding arrangements are temporary and just for the period to 31 March 2021. Beyond that point, the CCG is currently working through guidance that applies a similar financial framework for the first half of next financial year to 30 September 2021. At the time of reporting it is still unknown what the funding arrangements will be for the second half of the 2021-22 financial year.

Delegated Budget Allocations

In respect of Primary Care delegated budgets for Northumberland CCG, the below table shows a breakdown of how the allocation was made up for the year.

As mentioned above, the allocation was made up of a nationally set allocation, with a retrospective top up process for Month 1-6 and then a set allocation for Months 7-12 with some additional NR allocations and covid support monies for practices.

Table 1- CCG Allocations 2020-21

Delegated Budget Allocations	(£000's)
Months 1-6 allocation	23,866
Retro Allocation M1-6	1,191
Months 7-12 allocation	25,056
Total Base allocation	**50,113**
Non recurrent allocations	
IIF	137
Care Homes Premium	155
Increase in Practice Funding	57
GP Support Fund	863
Total 2020-21 allocation	51,325

This allocation is only temporary and as part of the context of understanding the underlying position of the delegated primary care allocation, it is important to note that the published allocation equivalent for this year would have been £48,862k.Therefore, if the outturn position is £314k under the £51,325k allocation leaving £51,011k as expenditure for the year, this represents a funding gap of £2,149k in the delegated allocation (if there was a return to pre-covid funding arrangements and published allocations).

The CCG needs to be mindful that this pressure may still materialise in future years if or when CCGs are required to move back to published allocation funding.

2020-21 Financial Year - Reported Position

Appendix 1 sets out the financial position for the year to date as at financial year end 31 March 2021. This shows an underspend of £314k, subject to audit.

In terms of the main variances in the forecast outturn position:

- The reserves line shows an underspend of £261k which reflects the impact of the additional allocations received to fund Investment & Impact Fund and the Care Homes Premium. As these schemes had already been funded from baseline allocation, the CCG was able to hold this funding in reserve.

- The CCG is showing an underspend of £37k against DES Minor Surgery. This has arisen because of an over accrual in 2019-20 accounts to cover outstanding payments from that financial year.

- The Other GP services section is showing underspends of £17k against CQC fees and £61k against Dispensing Doctor's costs because of similar over accruals in 2019-20 accounts.

- The CCG has added a general provision into its accounts for GP Seniority payments. Although this scheme ended in March 2020 the CCG is aware that the PCSE is still reconciling historic payments made to GPs. The CCG has decided that it is prudent to set aside a provision of £63k in case there are any adjusting payments to be made.

Other CCG Primary Care

The CCG has a number of other areas in which it makes payments into primary care outside of the delegated primary care commissioning allocation. These areas are also being reported in line with the temporary financial arrangements in place nationally for this year due to COVID-19 pandemic as mentioned above:

Out of Hours:
The CCG has continued it's out of hours contract with Vocare limited for the provision of GP out of hour's access in 2020/21.

Local Enhanced Services (LES):
The CCG has a service specification of additional Local Enhanced Services available for GP practices to sign up to; the six priority areas to be delivered are:

- Engagement
- Supporting transfer into core contract
- Increase activity in out of hospital pathways including:
    - Deep Vein Thrombosis treatment and prophylaxis service (DVT)
    - Immune Modifying Drugs blood monitoring service (IMD)
    - Prostate Specific Antigen blood monitoring service (PSA)

- Population Health – proactively target cohorts.
- Practice Medicines Management (PMM)
- Practice Activity Scheme (PAS)

GPIT:
The North of England Commissioning Support Unit (NECS) manages this spend on behalf of the CCG and use it to maintain the GPIT infrastructure in accordance with the core requirements set nationally.

NECS have coordinated all of the primary care IT requirements during the COVID-19 period. This category also contains the costs of other software packages the CCG funds for primary care use, including GPTeamNet and Sunquest.

GP Forward View (GPFV):
National funding as part of the GP forward view continues to be allocated to the CCG of a Non recurrent basis each year with the exception of extended access which is funded in CCG baseline allocation. The areas of funding received and paid across to primary care in 2020-21 include:

- Local GP Retention Fund
- General Practice Resilience Programme
- PCN Development and Support
- Reception and Clerical Training
- Online consultation
- Training Hubs and Fellowships

COVID-19 Reimbursement:
During the COVID-19 period the CCG has reimbursed additional expenditure claimed by practices incurred as a direct result of COVID-19. The CCG has worked with practices and NHS England and Improvement to try and ensure no practice is financially disadvantaged as a result of COVID-19.

The CCG has received all of the covid retrospective top up claims it has made for primary care from NHSEI this year.

Recommendation

The Committee are asked to:

- note the impact of temporary financial arrangements for CCGs in 2020-21,
- note the reported financial position for financial year ended 31 March 2021.

Appendix 1: Primary Care Overview

Appendix 1

Northumberland CCG Primary Care Overview - Month 12 2020-21

FMR Heading	Detail	Annual Budget	YTD Budget	YTD Actual	YTD Variance	Forecast outtutn	Forecast Variance	Description of budget area
General Practice	GMS	10,149	10,149	10,254	104	10,254	104	Payment for core essential services based upon weighted practice list size.
	PMS Contract	23,037	23,037	22,953	-85	22,953	-85	
	Total	33,187	33,187	33,206	20	33,206	20	
QOF	QOF	5,444	5,444	5,352	-92	5,352	(92)	Quality and Outcomes Framework (QOF) is a annual reward and incentive scheme for practices based upon achievement against set indicators.
	Total	5,444	5,444	5,352	-92	5,352	-92	
Enhanced Services	DES - Learning Disabilities	176	176	194	18	194	18	Additional services provided by practices to assist with local and national population need or priorities. Practices have to sign up to deliver these services.
	DES - Minor Surgery	486	486	450	-37	450	-37	
	Northumberland Premium	645	645	645	0	645	0	
	Total	1,308	1,308	1,289	-18	1,289	-18	
Premises Cost Reimbursement	Rates	624	624	653	29	653	29	Reimbursements made to practices in respect of the their premises costs.
	Rent	3,964	3,964	3,973	9	3,973	9	
	Water Rates	68	68	72	4	72	4	
	Total	4,657	4,657	4,699	42	4,699	42	
Other GP Services	CQC Fees	204	204	187	-17	187	-17	Reimbursement to practices for CQC fees
	GP Retainer	100	100	98	-2	98	-2	Support scheme for GPs considering leaving the profession.
	Dispensing/Prescribing	1,529	1,529	1,468	(61)	1,468	-61	Costs of GP prescribing reimbursed on a cost per script basis
	Locum Sickness/Parental	400	400	400	-	400	-	Costs of locum cover for both maternity and sickness.
	Seniority	-	-	63	63	63	63	Costs of GP Seniority payment scheme.
	Suspended GP	21	21	29	8	29	8	Costs of suspended GPs.
	Total	2,254	2,254	2,244	-10	2,244	-10	
Primary Care Networks (PCNs)	DES - Extended Hours	476	476	476	1	476	1	Costs in relation to the newly developed Primary Care Networks (PCNs). Payments are made in line with national guidance.
	PCN Clinical Director	237	237	238	0	238	0	
	PCN Participation	649	649	650	1	650	1	
	PCN Additional Roles	1,570	1,570	1,570	0	1,570	0	
	Care Home Premium	200	200	204	4	204	4	
	Investment & Impact Fund	219	219	219	0	219	0	
	Total	3,352	3,352	3,358	6	3,358	6	
GP Support Fund	GP Support Fund	863	863	863	-	863	-	
	Total	863	863	863	-	863	-	
Reserves	Reserves	261	261	-	-261	-	-261	
	Total	261	261	-	-261	-	-261	
Grand Total		**51,326**	**51,326**	**51,012**	**-314**	**51,012**	**-314**	
Other CCG funded services								
Out of Hours		2,265	2,265	2,267	2	2,267	2	Main out of hours contract with Vocare LTD, Revised Agreed contract lower than annual budget set.
Local Enhanced Services		2,685	2,685	2,815	130	2,815	130	Local Enhanced service specification schemes plus other schemes including Sharps and Pharmacy first payments and optical contract with Primary eyecare LTD.
GPIT		1,306	1,306	1,091	-215	1,091	-215	GPIT contract with North of England Commissioning Support Unit. Also includes GPIT resilience non recurrent allocation, and cost of local primary care software packages
Primary Care Networks (PCNs)		493	493	487	-6	487	-6	Additional £1.50 per head funding for establishing PCN's.
Primary care COVID-19 Reimbursement		1,211	1,211	1,211	0	1,211	0	Cost of reimbursement made to general practice for COVID-19 claims (reclaim funding runs one month in arrears) effective breakeven position once retrospective top ups are made.
Sub Total Other CCG Primary Care Services		**7,959**	**7,959**	**7,871**	**-89**	**7,871**	**-88**	
GP Forward View Allocations								
GPFV Access funding (REC)		1,936	1,936	1,936	-	1,936	-	Extended access funding as applied to CCG baselines.
GPFV Other - (NR)		852	852	854	2	854	2	National support allocation.
Sub Total GP Forward View		**2,788**	**2,788**	**2,790**	**2**	**2,790**	**2**	
Total CCG Primary Care		**62,073**	**62,073**	**61,673**	**-401**	**61,673**	**-400**	

Northumberland Clinical Commissioning Group

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	14 May 2021	
Agenda item	3.2	
Report title	Quarterly Quality Assurance Report Q3 2020/21	
Report author	Head of Performance and Assurance	
Sponsor	Chief Operating Officer and Medical Director	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	
	Development/Discussion	✓
	Decision/Action	
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks	Strategic Risk 407 – National and local agreed outcomes	
Resource implications	N/A	

Consultation/engagement	Patient, public, stakeholder, clinical.
Quality and Equality impact assessment	Completed.
Data Protection Impact Assessment	N/A
Research	N/A
Legal implications	N/A
Impact on carers	N/A
Sustainability implications	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Quarterly Quality Assurance Report Q3 2020/21					
2. Project Lead	**Director Lead**	**Project Lead**			**Clinical Lead**	
	Chief Operating Officer	Head of Performance and Assurance			Medical Director	
3. Project Overview & Objective	This report provides a quarterly assurance update on the quality of primary medical services.					
4. Quality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
Patient Safety	N/A					
Clinical Effectiveness	N/A					
Patient Experience	N/A					
Others including reputation, information governance and etc.	N/A					
5.Equality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?	N/A					
What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?	N/A					
6. Research *Reference to relevant local and national research as appropriate.*	N/A					
7**. Metrics** *Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.*	**Impact Descriptors**	**Baseline Metrics**			**Target**	
	N/A					
	N/A					
	N/A					
8. Completed By		**Signature**			**Printed Name**	**Date**

Head of Performance and Assurance	**David Lea**	David Lea	04/05/2021
Additional Relevant Information:			
8. Clinical Lead Approval by	**Signature**	**Printed Name**	**Date**
Additional Relevant Information:			
9. Reviewed By	**Signature**	**Printed Name**	**Date**
Comments			

Northumberland
Clinical Commissioning Group

Northumberland Primary Care Commissioning Committee
14 May 2021
Agenda Item: 3.2
Quarterly Quality Assurance Report Q3 2020/21
Sponsor: Chief Operating Officer

Members of the Northumberland Primary Care Commissioning Committee are asked to:

1. **Consider the 2020/21 Q3 quality assurance update and provide comment.**

Purpose

This report provides the 2020/21 Q3 quality assurance update which consists of review outcomes by the Primary Care Quality & Sustainability Panel and findings of Care Quality Commission (CQC) inspections.

Background

In April 2013, NHS England (NHSE) published the Primary Medical Services Assurance Framework. The framework sets out a 3-stage assurance process:

- Stage 1: Intelligence gathering and Local Assurance Meeting at NHSE
- Stage 2: Local Quality Group (LQG) at NHS Northumberland Clinical Commissioning Group (CCG) level to review data shared by NHSE
- Stage 3: Escalation from CCG to NHSE for formal contract management if deemed necessary.

As a delegated commissioner of primary medical services, the CCG convened its first LQG meeting in July 2016. Subsequent meetings are held after receipt of NHSE, QOF and other locally generated quarterly data.

The CCG has built on the above process and developed an enhanced Quality Assurance Framework. This revised framework was shared with PCCC in December 2019.

GP Quality Dashboard

At the time of carrying out the assessment in Quarter three, there was limited access to recent data as NHS England, as a part of generating some resilience for the management of COVID-19 patients, did not publish all the national data sets which is a part of the information used in this assessment. This is likely to remain an issue for the remaining period of 2020/21. Where possible the CCG local data has been used to overcome this issue.

The GP Quality Dashboard contains other datasets (in addition to the NHSE data) and normally, the data is more up to date. However due to COVID-19, a proportion of the data for the dashboard has not been refreshed since 2019/20. The CCG had managed to update

elements of it, but the rest of the dashboard remains at a previous position. This means that the risk scores are not a true reflection of the Q3 position.

In addition, many practices across both the CCG and the country were asked by NHS England / Improvement to prioritise their workload and workforce. This prioritisation was to ensure a robust COVID-19 vaccine delivery programme and to ensure all patients registered are risk stratified, their needs identified and those at greatest risk have access to the care and support they need. The vaccination programme continues to be delivered successfully with the performance reported within Northumberland to be one of the strongest both within the region and across the country. One of the limiting and more challenging factors has been ensuring consistent supply of the vaccines.

The CCG also continues to monitor overall performance, identifying where the greatest emphasis will be required when services begin to return to more routine work.

Update for Quarter 3

With the pressures that practices are under resulting in a shift in their work prioritisation combined with the limited access to data for reporting current activity, the Local Quality Group undertook a review of the indicators and areas to focus upon with the practices over the forthcoming months during the period of the pandemic.

It was agreed to focus upon the following areas:

- Performance indicators for the Medicine management indicators, child hood immunisation and Cervical screening
- Serious Incidents and SIRMS issued by providers
- Breaches
- Sustainability visits and outcomes

Performance indicators

The quarterly performance for the medicine management indicators have been refreshed and overall, the performance is strong across the CCG although there is some variation across practices in the review of the medicines' management information. The most recent childhood vaccination data (quarter two) indicates generally strong performance against the 95% threshold with the performance locally being stronger than the overall national position. Cervical screening data had not been refreshed recently so will be updated in the next report.

Serious incidents

There were no serious incidents reported during this period relating to GP practices within Northumberland.

SIRMS issued by providers

There was a total of six SIRMS reported by providers in quarter two compared with eight in the previous quarter. Four of the SIRMS were reported by NEAS, one by Northumbria Healthcare NHS Foundation Trust and one by Newcastle upon Tyne Hospitals. None of the incidents caused any serious risks to patients as the incidents were reported as having no or minor harm.

There was a total of six internal SIRMS reported during quarter three compared with a total of 18 reported in the previous quarter.

In reviewing the common themes of the SIRMS the impact ranged from no harm to moderate/ short term harm or disruption. In the actions following the SIRMS there was discussion with the relevant parties to seek a resolution to the problem that had emerged. In many instances the outcome included discussing the issues with the wider team to reduce the risk of a further reoccurrence.

Sustainability visits

Despite the pressures of COVID-19, practice sustainability visits have been maintained. During the quarter four, 25 visits were conducted. 14 were conducted in January, four in February and seven in March 2021. Visits continue to occur and have been planned during 2021/22.

The most common themes discussed during the meetings include:

- The wellbeing of staff during the COVID-19 pandemic
- The management of the workload – balancing non-COVID-19 healthcare with the additional pressures of COVID-19
- Development of the Primary Care Networks (PCNs)
- Management of estates – both generating capacity to resource the management of COVID-19 patients along with the vaccination programmes and the reconfiguration of practice surgeries including the closure of branch surgeries.

Following the sustainability visits the Team including Medical Directors, Senior Head of Commissioning and Locality Portfolio Leads have reviewed the outcomes of all visits. Actions to support practices are focussed on the themes identified:

- Workforce – the CCG continues to oversee the workforce programme for primary care – education sessions are underway for all clinical staff – in addition workforce support is available for all NHS employees and practices are provided with the information to access this support.
- Workload – The PCCC has been presented with a paper in previous meetings and most recently in February 2021 to outline the prioritisation of workload for general practice.
- Development of Primary Care Networks – PCNs have continued to develop strongly and through the pandemic the collaborative working across practices has been expedited. Support to Care Homes, Early Cancer Diagnosis, Community Mental Health services

and Structured Medical Reviews as well as the response to the COVID-19 pandemic has been the focus for PCNs.

  - Further work has been ongoing to develop the maturity of PCNs, including engagement with their populations, developing population health management, additional roles employment and leadership.

- Premises and estates – throughout 2020 and into 2021 the CCG Primary Care Team has identified premises adaptations required to address infection prevention control issues and invest in changes to accommodate social distancing. In addition to the pandemic priorities, the CCG continues to support all practices requiring a review of space and providing support to ongoing contract and more permanent solutions. The digitisation of patient records will release some space to many practices, and this will resume once the immediate pressures of the vaccination programme eases.

Practice income during the period of the COVID-19 pandemic and subsequent recovery continues to be protected in the form of QOF payments until the end of June 2021. Practices at the start of 2021/22 are expected to refocus their activity on the achievement of the QOF indicators which will ensure the recovery and achievement of many of the key quality indicators.

Practice activity schemes including the Primary Care Commissioning Scheme and the direct enhanced services are being developed for 2021/22 with many of the indicators being incentivised for achievement that will recover the performance that deteriorated as a consequence of the reprioritisation of activities as a consequence of the pandemic.

Towards the end of 2020/21 an activity scheme to promote the achievement of the Learning Disability annual health check resulted in the practices achieving the long-term plan target in advance of the deadline which is a tremendous achievement.

Funding has also been made available to improve the patient perception in relation to access following the results of the 2020 patient access survey where there was a wide variation in the patient experience survey results across the Northumberland practices.

CQC Inspection

As outlined previously and in the national letter to general practice 26 January 2021 "*Reducing burden and releasing capacity to manage the COVID-19 Pandemic",* the CQC has suspended routine assessments and currently uses a risk-based transitional monitoring approach. The Director of Nursing, Quality & Patient Safety and the Senior Head of Commissioning for Primary Care meet frequently with the local CQC representatives. There are no practices highlighted as high risk at this time in Northumberland.

Summary

Due to COVID-19 there has been an interruption in the availability of data and therefore the quality group is necessarily focusing its monitoring of quality on different methods with an emphasis on soft intelligence. In addition to the continuation of sustainability visits and investigating SIRMs as outlined above, the CCG is:

- Meeting with PCN leads on a weekly basis
- Meeting Locality Member Practices monthly
- Continuing with Sit-rep monitoring
- Sustainability visits
- Offering support to practices to ensure business continuity

Recommendation

The Primary Care Commissioning Committee is asked to consider the quality assurance update and provide comment.

NHS
Northumberland
Clinical Commissioning Group

Meeting title	Northumberland Primary Care Commissioning Committee	
Date	14 May 2021	
Agenda item	5.1	
Report title	Northumberland Primary Care Commissioning Committee Terms of Reference	
Report author	Corporate Affairs Manager	
Sponsor	Northumberland Primary Care Commissioning Committee Chair	
Private or Public agenda	Public	
NHS classification	Official	
Purpose (tick one only)	Information only	
	Development/Discussion	
	Decision/Action	✓
Links to Corporate Objectives	Ensure that the CCG makes best use of all available resources	✓
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	✓
Northumberland CCG/external meetings this paper has been discussed at:	N/A	
QIPP	N/A	
Risks	N/A	
Resource implications	N/A	
Consultation/engagement	N/A	

Quality and Equality impact assessment	N/A
Data Protection Impact Assessment	N/A
Research	Not applicable
Legal implications	Not applicable
Impact on carers	Not applicable
Sustainability implications	Not applicable

QUALITY and EQUALITY IMPACT ASSESSMENT						
1. Project Name	Northumberland Primary Care Commissioning Committee Terms of Reference					
2. Project Lead	**Director Lead**	**Project Lead**			**Clinical Lead**	
	Chair					
3. Project Overview & Objective	Amendment to the Terms of Reference					
4. Quality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
Patient Safety						QEIA not applicable to this paper
Clinical Effectiveness						
Patient Experience						
Others including reputation, information governance and etc.						
5.Equality Impact Assessment	**Impact Details**	**Pos/ Neg**	**C**	**L**	**Scores**	**Mitigation / Control**
What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?	None					QEIA not applicable to this paper
What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?	None					QEIA not applicable to this paper
6. Research *Reference to relevant local and national research as appropriate.*	N/A					
7. Metrics *Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.*	**Impact Descriptors**	**Baseline Metrics**			**Target**	
	N/A					

8. Completed By	Signature	Printed Name	Date
Corporate Affairs Manager	**R Long**	R Long	22/04/21
Additional Relevant Information:			
8. Clinical Lead Approval by	**Signature**	**Printed Name**	**Date**
Additional Relevant Information:			
9. Reviewed By	**Signature**	**Printed Name**	**Date**
Comments			

Northumberland Clinical Commissioning Group

Northumberland Primary Care Commissioning Committee
Agenda Item: 5.1
14 May 2021
Northumberland Primary Care Commissioning Committee Terms of Reference
Sponsor: Chair of the Northumberland Primary Care Commissioning Committee

Members of the Northumberland Primary Care Commissioning Committee are asked to:

1. **Consider the proposed amendments to the Committee's Terms of Reference.**
2. **Approve the Terms of Reference**

Purpose

This report outlines proposed amendments to the Northumberland Primary Care Commissioning Committee Terms of Reference.

Background

NHS England's Managing conflicts of interest: Revised statutory guidance for CCGs 2017 clause 102 states that:

"In the interest of minimising the risks of conflicts of interest, it is recommended that GPs do not have voting rights on the primary care commissioning committee. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision."

Proposed Amendments to the Terms of Reference

In order to follow the NHS England guidance, it is proposed that the Northumberland Primary Care Commissioning Committee's Terms of reference be amended.

The proposed amendment is for Membership for the Chair of the Local Medical Committee to be removed, and instead for a standing invitation to be made to the Chair of the Local Medical Committee in a non-voting capacity.

Recommendation

The PCCC is asked to approve the amended Terms of Reference.

Appendix 1 - Northumberland Primary Care Commissioning Committee Terms of Reference

Primary Care Commissioning Committee
Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 1 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Northumberland CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Northumberland CCG Primary Care Commissioning Committee ("the Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following organisations:

- NHS Northumberland CCG
- Northumberland Local Medical Committee
- Northumberland County Council
- Healthwatch Northumberland
- NHS England / NHS Improvement

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between NHS England and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England and NHS Improvement for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:

- Management of conflicts of interest (section 14O);
- Duty to promote the NHS Constitution (section 14P);
- Duty to exercise its functions effectively, efficiently and economically (section 14Q);
- Duty as to improvement in quality of services (section 14R);
- Duty in relation to quality of primary medical services (section 14S);
- Duties as to reducing inequalities (section 14T);
- Duty to promote the involvement of each patient (section 14U);
- Duty as to patient choice (section 14V);
- Duty as to promoting integration (section 14Z1);

- Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England / NHS Improvement, exercise those set out below:

- Duty to have regard to impact on services in certain areas (section 13O);
- Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body in accordance with Schedule 1A of the "NHS Act".

10. The members acknowledge that the Committee is subject to any directions made by NHS England and NHS Improvement or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Northumberland, under delegated authority from NHS England and NHS Improvement.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Improvement and NHS Northumberland CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of a desire to promote delegated commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act. This includes, but is not limited, to the following:

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers;
- Primary Care Networks and
- Making decisions on 'discretionary' payment (e.g. returner/retainer schemes).

In addition the Committee shall ensure that the CCG:

- Plans, including needs assessment, primary medical care services in Northumberland.
- Undertakes reviews of primary medical services in Northumberland.
- Co-ordinates a common approach to the commissioning of primary medical care services generally.

- Manages the budget for commissioning of primary medical care services in Northumberland.

Geographical Coverage

15. The geographical area covered by NHS Northumberland Clinical Commissioning Group is the area covered by Northumberland County Council.

Membership

16. The Committee shall consist of:

- Committee Chair - CCG Deputy Lay Chair (or in his/her absence Lay Governor for Corporate Finance and Patient and Public Involvement)
- Lay Governor for Corporate Finance and Patient and Public Involvement
- The CCG Chief Operating Officer (or a nominated director).
- The CCG Chief Finance Officer (or a deputy).
- Executive Director of Nursing, Quality and Patient Safety
- Service Director for Integration and Transformation
- Director of Contracting and Commissioning
- ~~The Chair of the Local Medical Committee (or a deputy)~~

17. A standing invitation will be made to specific partners in a non-voting capacity, namely:

- The Chair of the Local Medical Committee (or a deputy)
- Northumberland Health and Wellbeing Board.
- Healthwatch Northumberland.
- NHS England and NHS Improvement.
- Medical Director

18. The Chair of the Committee shall be the CCG's Deputy Lay Governor who is appointed in accordance with the CCG's Standing Orders.

19. The vice Chair of the Committee shall be a CCG's Lay Governor who is appointed in accordance with the CCG's Standing Orders.

20. The Chair of the Local Medical Committee will be invited to attend all meetings. To ensure effective management of actual or potential conflicts of interest he or she will withdraw from the meeting as requested to do so by the Chair of the committee.

21~~0~~. The Medical Director or a GP Director nominated by him/her will be invited to attend all meetings. To ensure effective management of actual or potential conflicts of interest he or she will withdraw from the meeting as requested to do so by the Chair of the committee. Other CCG Governing Body members, officers, employees and practice representatives may be invited to attend all or part of meetings of the committee to provide advice or support particular discussions.

22~~1~~. Those invited to attend will not be entitled to vote.

232. The Chief Operating Officer will be the lead officer for the committee, or will nominate a Director to undertake this role.

Meetings and Voting

243. The Committee will operate in accordance with the CCG's Standing Orders insofar as they relate to the:

- Notice of meetings.
- Handling of meetings.
- Agendas.
- Circulation of papers.
- Conflicts of interest.

254. The secretarial support will be provided by the CCG's Business Support Team. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the committee deems it necessary in light of urgent circumstances to call a meeting at short notice, the notice period shall be such as he/she will specify

265. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

276. The quoracy for the committee is 3 members including:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

287. Where a conflict of interest arises which prevents committee members from being involved in the discussion and/or voting on any matters, and/or the quoracy of the meeting or for individual agenda items cannot be maintained, the quoracy of the meeting will be:

- At least the Chair or the Lay Governor.
- At least the Chief Operating Officer or the Chief Finance Officer

Frequency of meetings

298. The committee will meet at regular intervals and not less than 5 times per year.

3029. Meetings of the Committee shall:

a) Be held in public, subject to the application of 23(b);
b) The Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature

of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

310. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

321. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest.

332. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

343. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

354. The Committee will present its minutes to the Cumbria and North East area team of NHS England and NHS Improvement and the governing body of NHS Northumberland CCG, at least four times a year at regular intervals, for information including the minutes of any sub-committees to which responsibilities are delegated under paragraph 33 above.

365. The CCG will also comply with any reporting requirements set out in its constitution.

376. It is envisaged that these Terms of Reference will be reviewed from time to time, reflecting experience of the Committee in fulfilling its functions. NHS England and NHS Improvement may also issue revised model terms of reference from time to time.

Accountability of the Committee

387. The committee will be a committee of the governing body and therefore be accountable to the governing body and subject to the CCG's scheme of reservation and delegation.

Procurement of Agreed Services

398. The CCG will make procurement decisions as relevant to the exercise of its delegated authority and in accordance with the detailed arrangements regarding procurement as set out in the delegated agreement.

Decisions

4039. The Committee will make decisions within the bounds of its remit.

410. The decisions of the Committee shall be binding on NHS England / NHS Improvement and NHS Northumberland CCG.

Schedule 1 Delegated commissioning arrangements.
Schedule 2 Delegated functions
Schedule 3 List of members

Approved by	Version	Date	Review Date
Reviewed & approved by PCCC & Governing Body	Versions 1	September 2015	January 2016
Reviewed & approved by PCCC & Governing Body	Version 1.1	January 2016	January 2017
Reviewed & approved by PCCC & Governing Body	Version 2	October 2017	October 2018
Reviewed & approved by PCCC & Governing Body	Version 3	January 2020	January 2021
Minor update agreed by PCCC These changes were to include 3 additional members; the Lay Governor for Corporate Finance and Patient and Public Involvement, the Executive Director of Nursing, Quality and Patient Safety and the Service Director for Integration and Transformation.	Version 3 .1	April 2020	January 2021
Minor update agreed by PCCC PCN s added to section 14	Version 3.2	June 2020	January 2021
Minor update agreed by PCCC Director of Commissioning and Contracting added to the membership	Version 3.3	October 2020	January 2021