NHS
North Durham
Clinical Commissioning Group

Pre-notified Questions for the Primary Care Commissioning Committee – 2015/16

DATE OF MEETING: 22 July 2015

No pre-notified questions had been received from members of the public. The Chair invited questions from the members of the public present and the following question was received:

Question 1:

Why do patients who had received day treatment or outpatient treatment at a hospital, have to instigate their own follow up from the GP practice? There should be closer liaison between practices and the hospital trust. Leicester CCG had a formal meeting with its local trust to discuss such issues, has North Durham CCG considered a similar meeting with its local trust. – **Mr F Sudder**

Response:

Dr Neil O'Brien responded to the question by assuring Mr Sudder and the Committee that the CCG was in regular contact with County Durham and Darlington NHS Foundation Trust (CDDFT), its local acute trust, where issues such as this were discussed. He confirmed that there were lots of service areas where the CCG and CDDFT were working very closely to ensure seamless care for patients between primary care and secondary care. It was noted that discharge information was currently sent from CDDFT to practices electronically but there had been delays in that on some occasions. He acknowledged that there was difficulty in making the IT systems in CDDFT and those in the practices work well together but that issue would be addressed as part of the work on the primary care strategy.

DS highlighted the work underway with regard to multi-specialty community providers (MSCP) to develop new models of care which should result in better integration of services between primary and secondary care.

DATE OF MEETING: 28 October 2015

No pre-notified questions had been received from members of the public. The Chair invited questions from the members of the public present and the following question was received.

Question 1:
How does the pharmaceutical industry work with the CCG to develop care pathways? He highlighted that the primary care strategy had stated that frail elderly was a priority area. He highlighted that iron deficiency anaemia was often found within that cohort of people. He said that Darlington CCG had commenced working with Vifor Pharma to develop telehealth care in care homes. – **Mr Ian Coates, Vifor Pharma**

Michael Houghton, Director of Commissioning and Development advised Mr Coates that the main forum to consider that work would be the CCG's Quality, Research and Innovation (QRI Committee, where learning and innovation would be considered. Mr Coates was advised that any areas for development would need to be part of the CCG's commissioning intentions before any work could be considered.

DATE OF MEETING: 24 February 2016

Question1:

What are the advantages and disadvantages had been of the CCG being responsible for primary care commissioning? – **Ms Carole Reeves**

Dr Ian Davidson, Director of Quality and Safety responded that both CCGs in the County Durham area had been given fully delegated authority for commissioning of primary care since 1 April 2015, which had allowed those CCGs to be able to commission services across the whole patient journey from primary care to secondary care. The CCG had been able to engage with local people and practices in a more personal manner than NHS England had, which had been more remote than CCGs that were locally based. The improved engagement had enabled the CCG to support practices and improve the quality of services in primary care, working with County Durham and Darlington NHS Foundation Trust (CDDFT), Durham County Council (DCC) and GP Federations.

The conflict of interest for clinicians in the CCG was highlighted and the Committee was assured that the CCG had robust arrangements in place to manage those conflicts. The Primary Care Commissioning Committee had been made up of a majority of non-conflicted members.

Ms Reeves highlighted the document '*Risk or Reward – CCGs and primary care commissioning'*, which had been published by the King's Fund. She said it stated the importance of conflicts of interest and asked who was responsible for monitoring performance in general practices. Dr Davidson confirmed that performance of individual GPs was the responsibility of NHS England but the management of performance of practices, as contractors had been a shared responsibility for some

time. It was felt the balance of that responsibility between NHS England and the CCG had changed as a result of delegated authority.

Ms Reeves stated that she felt it was unnecessary bureaucracy and added more layers of involvement of various bodies. Ms Reeves was reminded that it was Government policy and all CCGs had been encouraged to undertake full delegated authority.

Matt Brown, NHS England representative provided assurance that commissioning of primary care at a local level, where the CCG could work more closely with practices than NHS England would be more effective. He acknowledged the importance of the CCG managing conflicts of interest robustly and stated that he felt the Committee managed that effectively.

It was suggested to Ms Reeves that any further queries be submitted in writing to the CCG as the initial question had been addressed.