NHS
North Durham
Clinical Commissioning Group

Pre-notified Questions for the North Durham CCG Governing Body 2014/15

DATE OF MEETING: 23 April 2014

Question 1:

When would the contracts for 2014/15 be finalised and would the CCG publish those as it did the previous year? – **Mr F Sudder**

Response:
Michael Houghton, Director of Commissioning and Development confirmed that the aim was to publish the list of contracts once those had all been agreed. Mr Sudder asked if they could be presented differently when published and stated that he would write to Dr Kate Bidwell, Chair of NHS North Durham CCG about that. MH asked if Mr Sudder could email his suggestions to the CCG as soon as possible in order for those to be included in the current work.

DATE OF MEETING: 24 September 2014

Question 1:

Are there any plans to merge North Durham CCG and Durham Dales, Easington and Sedgefield (DDES) CCG in light of the fact that Nicola Bailey had been appointed as Chief Operating Officer for both organisations? – **Mr F Sudder**

Response:
Dr Neil O'Brien, Clinical Chief Officer confirmed that North Durham CCG worked closely with DDES CCG to avoid duplication of work as they were both small organisations within County Durham. He confirmed that the joint role had enabled better communication and improved working between the two CCGs.

Mr Sudder stated that if the two CCGs merged, it would bring the NHS commissioners in line with the Health and Wellbeing Board (HWBB) area. Dr O'Brien highlighted that the two CCGs currently met as a Unit of Planning which enabled the joint work to occur at the present time.

Question 2:

A recent radio article had indicated that some CCGs did not provide the provision for invitro-fertilisation (IVF), does NHS North Durham CCG provide that service? - **Ms Carole Reeves**

Response:

Dr Ian Davidson, Director of Quality and Safety confirmed that the CCG did fund IVF as per National Institute for Clinical Excellence (NICE) guidance. Ms Reeves asked how many cycles the CCG funded and it was confirmed that when a patient was under 40 years of age, three cycles would be funded. For a women between 40-42 years of age, one cycle would be funded.

Dr Davidson highlighted that the Value Based Commissioning policies had not been published on the CCG website in error but stated that the policies were under review and would be re-submitted to the CCG for approval by the next meeting. He said would ensure the current and future policy was place in a suitable place on the CCG's website.

DATE OF MEETING: 26 November 2014

Question 1:

What advantage is there for the patient in CCGs commissioning primary care and how was the CCG going to avoid possible allegations of a breach of ethical behaviour when one group of doctors was commissioning another group or doctors, or possibly commissioning from each other? – **Mr F Sudder**

Response:

Dr Neil O'Brien, Clinical Chief Officer responded that there was an opportunity for the CCG to co-commission primary care with the NHS England Area Team as discussed earlier in the meeting. It was felt the advantage to the patient was that it could break down the NHS boundaries of primary care and secondary care. Dr O'Brien felt that if the CCG was commissioning primary care as well as secondary care, there would be more scope to redevelop pathways to make a patient's journey more seamless. Primary care was currently commissioned by the Area Team and it was felt that public involvement was not as robust at the Area Team as at the CCG and that CCG clinical leaders understood primary care better than the Area Team. It was highlighted that there would be issues with regard to the management of conflicts of interest and strong guidance had been put in place about how those conflicts of interest would be managed. The proposed new committee of the Governing Body for primary care co-commissioning would include lay members and non-clinical executive members in addition to representatives from HealthWatch and the Health and Wellbeing Board for part of the meeting. There would be training offered on conflicts of interest for lay members and a register of decisions made in relation to the committee discussions would be published. Dr O'Brien said he felt that the advantages of primary care co-commissioning outweighed the risks.

Mr Sudder asked about the commissioning arrangements for pharmacies and dentists. Dr O'Brien responded that there was work underway to join the different areas of health services in order to break down barriers. It was noted that NHS England would directly commission very little in the future, ie specialised services.

Mr Sudder asked how pharmacy services were currently commissioned and it was confirmed that they were commissioned via an NHS contract. Dr Ian Davidson, Director of Quality and Safety said that a lot of work was underway with community pharmacies including work on medication safety. He said that pharmacies currently had a contract with NHS England to undertake a medication use review whereby patients would be asked by pharmacists about their medications once pear year. It was felt that general practices were not being made aware of the outcomes of those reviews and that needed to be rectified to avoid duplication of that work by the practice. Mr Sudder said he would not like his medications to be reviewed by a pharmacist and would expect that to be done by his GP. He believed that the public's perception of the role of a pharmacist was that they dispensed prescriptions. ID said that pharmacists were very skilled people and some had been employed by the CCG to ensure best prescribing activity within the local practices.

Mr Sudder outlined his personal experience of attending accident and emergency (A&E) at University Hospital of North Durham (UHND). His visit to UHND had lasted 15 hours in total and Mr Sudder said that more than half of the other patients within the A&E department had only minor injuries which could have been treated at Shotley Bridge minor injuries unit. He felt that patients should be attending their GP practices and minor injuries units for their minor problems to alleviate the pressure on A&E. Dr David Smart, Clinical Chair assured Mr Sudder that work was under way to ensure patients attended the most relevant point of care and said that the CCG would take on board Mr Sudder's comments.

Question 2:

Have County Durham and Darlington NHS Foundation Trust's (CDDFT's) request for more funds been addressed and if so, how? – **Ms Carole Reeves**

Response:

Dr Neil O'Brien said that an update had been given earlier in the meeting in relation to the contract agreement and asked Ms Reeves if she required any further information. Ms Reeves stated that there were similar issues between CCGs and trusts across the country and wondered what the outcome would be. Dr O'Brien highlighted that the issue would become an important political point in the forthcoming elections.

DATE OF MEETING: 28 January 2015

Question 1:

At the last North Durham CCG Governing Body meeting reference was made to the difficulty of providing continuity of care to patients in the event of a reorganisation of primary care. Could the CCG clarify the changes to primary care being envisaged that might jeopardise continuity of care for patients? – **Ms Carole Reeves**

Response:

Dr David Smart responded that the question had been considered and it was felt the question related to the development of federations and the possibility that by bringing groups of practices together, patient care would be jeopardised. Ms Reeves confirmed that there was concern that practices would be removed from villages which she felt would make practices less accessible to patients.

Dr Smart said that in the future there might be smaller practices joining with other practices to become one larger practice. He provided assurance that the CCG would not want to remove practices from villages but acknowledged that a federation model would protect smaller practices and make them more viable for the future. It was noted that practices had been asked to communicate with each other to consider economies of scale in primary care.

Dr Neil O'Brien highlighted that in the future, it was likely that the CCG would be responsible for commissioning primary care services ad it would not be an intention of the CCG to withdraw local services from local communities.