

Minutes of the *Private* Meeting of the NHS Northumberland Primary Care Commissioning Committee, held on Wednesday 8 June 2022

Members Present (on-line)

Janet Guy (JG)	Chair and Lay Member, NHS Northumberland CCG
Karen Bower (KB)	Lay Member – Corporate Finance and Patient and Public Involvement, NHS Northumberland CCG
Siobhan Brown (SB)	Chief Operating Officer, NHS Northumberland CCG
Rachel Mitcheson (RM)	Service Director for Integration and Transformation, NHS Northumberland CCG
Annie Topping (AT)	Executive Director of Nursing, Quality and Patient Safety, NHS Northumberland CCG
Paul Turner (PT)	Executive Director of Commissioning, Contracting and Corporate Governance, NHS Northumberland CCG

In attendance (on-line)

Chris Black (CB)	NHS England/Improvement
Jane Lothian (JL)	Local Medical Committee (LMC)
Robin Hudson (RH)	NHS Northumberland CCG
Claire Lynch (CL)	NHS Northumberland CCG
Jamie Mitchell (JM)	NHS Northumberland CCG
Pamela Phelps (PP)	NHS Northumberland CCG
Emma Robertson (ER)	NHS Northumberland CCG
Richard Turnbull (RT)	NHS Northumberland CCG
Hannah Weddle (HW)	NHS England/Improvement
David Thompson (DT)	Healthwatch Northumberland
Barbara Allsopp (BA)	NHS Northumberland CCG (Minutes)

Dr Saul Miller (SM) joined the meeting for agenda item 4.1 Contract Change – Lindisfarne Health Union of Partnerships - *Text redacted as not in scope*

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NPCCC/CONF/22/47 Agenda Item 1.1 Welcome

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NPCCC/CONF/22/48 Agenda Item 1.2 Apologies for absence

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NPCCC/CONF/22/49 Agenda Item 1.3 Declarations of conflicts of interest

One declaration of interest was received in relation to agenda item 4.3 Estates – Dinnington Project Initiation Document (PID): RH declared that he is a GP within Ponteland Medical Group and, from time to time, delivers surgeries at Dinnington surgery. RH is not part of the senior

management team. JG confirmed there was no reason for RH to leave the meeting when the agenda item was discussed, but asked RH not to take part in the discussion during the item. This was agreed by RH and those members present.

NPCCC/CONF/22/50 Agenda Item 1.4 Quoracy

OFFICIAL SENSITIVE: COMMERCIAL

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NPCCC/CONF/22/51 Agenda Item 2.1 Previous Minutes – May 2022

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NPCCC/CONF/22/52 Agenda Item 2.2 Private Action Log – June 2022

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NPCCC/CONF/22/53 Agenda Item 2.3 Minutes of PCCOG – May 2022

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NPCCC/CONF/22/54 Agenda Item 2.4 PCCOG Action Log – May 2022

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NPCCC/CONF/22/55 Agenda Item 3.1 Finance Update

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NPCCC/CONF/22/56 Agenda Item 3.2 GP Out of Hours Report

Text redacted as not in scope

NPCCC/CONF/22/57 Agenda Item 3.3 ICS/ICP development updates relating to PCCC

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NPCCC/CONF/22/58 Agenda Item 4.1 Contract Change – Lindisfarne Health Union of Partnerships

JG confirmed an additional letter had been circulated to members after the meeting papers pack had been issued.

PP highlighted the link to the PCCOG minutes in relation to Felton Surgery which were discussed earlier in the meeting and confirmed the four practices applying for the Lindisfarne Health Group, in the collective partnership administration, included the merged practices Felton Surgery and Widdrington Surgery that formed the merged practice of Northumberland Health.

Given the challenges with premises with Felton, PP confirmed she, and JL, were working with the Lindisfarne Health Group to ensure due diligence is completed and they will continue to meet. There is no risk to CCG or commissioners or the patients. This does not change the application status and PCCC can approve the recommendations but needs to ensure the risks are understood by the partners based on the situation with the Felton premises. JL backed up what PP had said. This is a situation that has been going on for a very long time. JL fully commended the innovation that the practices are doing regarding the contractual change and LMC support this development of another provision model which gives a greater chance of retaining staff, but although the Felton situation has been difficult over the years, the population there is moderately affluent, and a lot of provision is around. Other practices are supporting around that area. There are no concerns other than the need to support this diversity of employment and legal models.

SM joined the meeting.

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PP introduced the report which was the second PCCC had received about the formal application for an Administrative Merger in relation to the 'union of partnerships' contract change requested to form the Lindisfarne Health body. The report recommended the Committee consider and support the formal application for the Administrative Merger contract variation between Cheviot Medical Group, Glendale Surgery, Northumberland Health and Well Close Surgery, in the Well Up North PCN, for the following reasons:

- Lindisfarne Health 'union of partnerships' will ensure the efficiency and consistency of practice to service provision to patients.
- The practices involved in the merger will benefit from enhanced sustainability and resilience of the overarching organisation.
- This will secure stable, future long-term delivery of high-quality and safe services to patients.

PP referred to the letter received from the partners of Lindisfarne Health which had been shared with PCCC members. This contained a request from the Partnership that once the decision is made and once NHSE are satisfied with the accuracy of the information, the Partnership would note in writing the existing Contracts shall continue with the existing contractors, as varied by the addition of the additional contractors and the written variation of each contract to reflect the addition of the additional contractors. The CCG would work with NHSE to pick up those actions, should PCCC approve the request. JG checked if this was to be a condition of the approval and it was confirmed this would be a condition.

[REDACTED]

[REDACTED]

The Decision:

JG confirmed PCCC was satisfied to agree to the recommendations in the report and confirmed PCCC had considered the formal Administration Merger and approved the final contract change and gave two conditions:

- Lindisfarne Health receiving in writing confirmation that the existing Contracts shall continue with the existing contractors, as varied by the addition of the additional contractors and the written variation of each contract would reflect the addition of the additional contractors.
- Completion of stage 2 of the Administration Merger where Lindisfarne Health would be required to develop an action plan that would be monitored by NHSE/I and this would include:
 - o Practices to confirm date of administrative merger.
 - o Practices completion of required contract variations to add the additional partners to the two or more practices.
 - o Practices completion of required contract variation to vary premises.
 - o Practices confirmation of communication plan for patients and stakeholders.
 - o Patients advised of their options regarding their right to exercise choice of GP practice.

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NPCCC/CONF/22/58/01 ACTION: The CCG to liaise with NHSE/I to ensure the two conditions set for the Administrative Merger of Lindisfarne Health are completed and met.

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NPCCC/CONF/22/59 Agenda Item 4.2 Contract Change – Merger of Cheviot Medical Group and Glendale Surgery Update

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NPCCC/CONF/22/60 Agenda Item 4.3 Estates – Dinnington Project Initiation Document (PID)

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NPCCC/CONF/22/61 Agenda Item 5 PCCC Forward Plan

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NPCCC/CONF/22/62 Agenda Item 6 Any Other Business

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NPCCC/CONF/22/63 Agenda Item 7 Date and Time of Next Meeting

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