



Darlington Clinical Commissioning Group
 Durham Dales, Easington and Sedgfield Clinical Commissioning Group
 Hartlepool and Stockton-on-Tees Clinical Commissioning Group
 North Durham Clinical Commissioning Group
 South Tees Clinical Commissioning Group

Agenda Item No:
Date of Meeting:

**Governing Bodies in Common
 DDES CCG and North Durham CCG**

Purpose of Paper	For Decision						
Which CCG is this report applicable too? Please (✓) as relevant	All	D'ton	DDES	HaST	North Durham	S Tees	HRW CCG
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Title	Decision Making Business Case: Improving 7 day Access Service, DDES CCG						
Responsible Director / Sponsor	Sarah Burns, Director of Commissioning						
Author of the Report	Clair White, Head of Commissioning Sarah Burns, Director of Commissioning						
Name of the person presenting at the meeting:	Sarah Burns, Director of Commissioning						
Date of the report:	May 2019						
Report Status	<ul style="list-style-type: none"> • Official 						
Is this report confidential?	Yes						
Recommendation(s)	<p>This report is making recommendations DDES CCG governing body (non-conflicted members only) to seek approval to implement changes to 7 day services across DDES CCG;</p> <ul style="list-style-type: none"> • Support the proposed new model of delivery and individual recommendations set out in the decision making business case <p>It is important to note that the CCG is scheduled to present the outcome of the consultation to the Health Overview and Scrutiny Committee on 11th June. The purpose of this is to seek feedback and assurance from the committee on the consultation process that was undertaken and the way that the CCG has responded to any issues that were raised as part of this process. It would be improper for the CCG to publish a recommended decision that has not been supported by the Governing Body, however it must be</p>						

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	<p>noted that any support from the Governing Body would be dependent on the views of the OSC and the process undertaken to consult on this service change.</p>		
<p>Summary</p>	<p>This decision making business case builds on all previous information shared in the outline business case, including responding to the public consultation and feedback from stakeholders.</p> <p>Move to implement the following:</p> <p>Dales</p> <ul style="list-style-type: none"> The service will operate 12 noon-8 pm during the week and 10am – 2pm on a weekend from one site at Bishop with better transport options, more booked appointments and enhanced frail/housebound services. <p>Easington</p> <ul style="list-style-type: none"> This service will operate 12 noon – 8 pm during the week at Peterlee and from Seaham 6-8pm and 8am – 1pm on a weekend from Peterlee and Seaham with better transport options, more booked appointments and enhanced frail/housebound services. <p>Sedgefield</p> <ul style="list-style-type: none"> This service will operate 12 noon - 6 pm during the week as an overflow service to practices and will operate weekends 10am-2pm from Sedgefield, Newton Aycliffe and Spennymoor and 6-8 pm during the week from Newton Aycliffe and Spennymoor with better transport options, more booked appointments and enhanced frail/housebound services. <p>Support the detailed recommendations set out in the business case that have been compiled following the public consultation</p>		
<p>Declarations of interest and how they have been/will be managed</p>	<p><i>GPs or those with a financial interest in delivery of extended primary care services in DDES, namely: Mr Joseph Chandy, Dr James Carlton, Dr Rushi Mudalagiri, Dr Dilys Waller, Dr Winny Jose</i></p> <p>Types of conflict:</p> <ul style="list-style-type: none"> <i>Financial</i> <p><i>The conflicted member(s):</i></p> <ul style="list-style-type: none"> <i>Cannot receive the report, or take part in either discussion or decision</i> 		
<p>Consultation Route <i>Please detail any consultation and other approval routes</i></p>	<p><u>Meeting</u></p>	<p><u>Date</u></p>	<p><u>Outcome</u></p>
	<p>GB OSC</p>	<p>May 2019 July 2019</p>	

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Does this need to be reported to another Committee?	DDES CCG and North Durham CCG Confidential Governing Body in Common on 28 May	
Strategic Aims	Does this report support the achievement of relevant CCG Strategic Aims?	YES
Financial Implications	The cost of services delivered may change as a result of any changes to the service models. Detailed costings are included. There may be an impact on the number of staff required to deliver services now the model is different.	
Legal Implications	The existing contracts for service are for three years. A variation proposal would need to be submitted, negotiated and agreed by the existing service providers in line with the terms and conditions of the NHS standard contract. The expertise of the procurement and provider management teams will be used to support this process	
Assurance Framework/Risk Register Implications	No risk identified	
Details of Patient and Public Involvement and/or Implications	A full public consultation was carried out in 2016 to inform the new service model for urgent care services and again November 2018 – end of January 2019 – this is the outcome of that piece of work.	
Has an Equality Impact Analysis been completed?	Engagement has taken place including targeted engagement with particular patient groups.	
Attachments	APPENDIX 1 – DMBC	