

## Health and Wellbeing Board

26 July 2016



### **Primary Care Strategies – Durham Dales, Easington and Sedgefield CCG and North Durham CCG**

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### **Joseph Chandy, Director of Primary Care, Partnerships and Engagement, North Durham and Durham Dales, Easington and Sedgefield Clinical Commissioning Groups**

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#### **Purpose of the Report**

- 1 The purpose of this report is to present the Health and Wellbeing Board with the Durham Dales, Easington and Sedgefield CCG Primary Care Strategy (Appendix 2) and the North Durham CCG Primary Care Strategy and Implementation Plan (Appendix 3) for comment.

#### **Background**

- 2 Durham Dales, Easington and Sedgefield Clinical Commissioning Group (DDES CCG) is a member practice organisation made up of 40 GP practices with 14 branch surgeries. North Durham Clinical Commissioning Group is an organisation made up of 31 GP practices with 15 branch surgeries.
- 3 Both organisations commission services from three main acute care providers, two mental health providers, independent and voluntary providers as well as commissioning additional primary care services from member general practices by way of core contract and Enhanced Services. Since April 2015 the CCG's undertook new responsibilities for commissioning Primary Care which was previously commissioned by NHS England. Commissioning Secondary, Primary and Community Care allows the CCG to develop services around the patient journey.
- 4 The CCG vision for Primary Care is to develop a modern, accessible, patient centred General Practice and the strategies describe the way in which the CCGs aim to achieve that vision through a range of objectives. The objectives have also been aligned to the vision of the Health and Wellbeing Board along with the key messages from the Joint Strategic Needs Assessment.
- 5 In May 2016 NHS England published the General Practice Forward View. The CCGs have mapped their local primary care strategies against the national strategy and revised the delivery plans to reflect specific areas for development within the scope of their primary care strategic objectives (Appendix 4).

## Strategy Development

- 6 DDES and North Durham have developed their primary care strategies in different ways.

DDES developed a strategy with its key stakeholders. On 24th September 2015, The Council of Members agreed the vision and objectives which formed the basis of the strategy development. Feedback was sought from the Council of members on the initial draft of the strategy during October 2015.

The CCG also felt that it was vital to receive feedback from a range of different stakeholders and this was engagement exercise was therefore undertaken in November 2015. These stakeholders included members of the public, member practices, secondary care NHS Foundation Trusts, Public Health and the Health and Wellbeing Board. A standardised proforma was developed to ensure that feedback was received in a consistent format. Following the release of the General Practice Forward View an exercise was undertaken to ensure that the strategy was aligned to the key areas highlighted within the document.

This feedback has been incorporated into the final strategy which was initially taken to the Executive Committee meeting on 26th January 2016, approved following further minor amendments at the Executive Committee on 3rd May and ratified at the Primary Care Commissioning Committee on 10th May 2016.

North Durham's strategy is in development. It is being refreshed in line with the 5YFV and then will go out to wider consultation. The first draft is attached as Appendix 3 for comment.

## Recommendations

- 7 The Health and Wellbeing Board is recommended to:
- Provide comments on the Durham Dales, Easington and Sedgefield CCG Primary Care Strategy (Appendix 2) and the North Durham CCG Primary Care Strategy and Implementation Plan (Appendix 3).

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## **Appendix 1: Implications**

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**Finance** – Expansion of GP Career Start programme to include both CCGs and potential development of Specialist Practice Managers

**Staffing** – As above

**Risk** – Highlights issues of recruitment/workforce within member practice

**Equality and Diversity / Public Sector Equality Duty** – Equality and diversity has been given due consideration during the production of this report.

**Accommodation** – Premises and Estates are included within the strategies

**Crime and Disorder** – N/A

**Human Rights** – Have been given due consideration

**Consultation** - Consultations have been carried out through Patient Reference Groups, Area Action Partnerships, Council of Members, DDES Wide Meeting, Public Health Away Day alongside opportunity for email feedback from all those named previously plus other stakeholders such as secondary care Foundation Trusts and the Health and Wellbeing Board

**Procurement** – N/A

**Disability Issues** – N/A

**Legal Implications** – N/A