NHS
Vale of York
Clinical Commissioning Group

Minutes of the Primary Care Commissioning Committee held on 21 November 2019 at West Offices, York

Present

Julie Hastings (JH)(Chair)	Lay Member and Chair of the Quality and Patient Experience Committee and Remuneration Committee in addition to the Primary Care Commissioning Committee
Simon Bell (SB	Chief Finance Officer
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Andrew Lee (AL)	Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Laura Angus (LA) – item 11	Head of Prescribing - Strategic Lead Pharmacist
Lisa Billingham (LB) – item 3	Training Manager, Haxby Group Training
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network
Sarah Goode (SG) – item 3	Lead Clinician for Quality and Compliance, Haxby Group Training
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement North Region (Yorkshire and the Humber)
Alex Kilbride (AK) – item 11	Commissioning and Transformation Manager
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the central York Primary Care Networks
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Vale of York Locality
Fiona Phillips (FP)	Deputy Director of Public Health, City of York Council
Lesley Pratt (LP)	Healthwatch York Representative
Michèle Saidman (MS)	Executive Assistant

Apologies

David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Phil Goatley (PG)	Lay Member and Audit Committee Chair
Phil Mettam (PM)	Accountable Officer
Stephanie Porter (SP)	Assistant Director of Primary Care
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Unless stated otherwise the above are from NHS Vale of York CCG

There were no members of the public in attendance and no public questions had been received.

Agenda

The agenda was discussed in the following order.

1. Welcome and Introductions

JH welcomed everyone to the meeting.

2. Apologies

As noted above.

3. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

5. Minutes of the meeting held on 19 September 2019

The minutes of the last meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 19 September 2019.

6. Matters Arising

PCCC35 Local Enhanced Services Review 2019/20: In addition to agenda item 10, AL reported that discussions were taking place with the Local Medical Committee regarding Local Enhanced Services. The Committee would continue to be kept informed of progress.

PCCC39 Committee Terms of Reference - Primary Care Networks representation on the Committee: This was noted as completed with the exception of the South Locality.

PCCC40 Primary Care Estates Strategy - Consideration to be given to engagement with City of York Council and North Yorkshire County Council: AL reported that discussions were taking place regarding the establishment of a “care in the community” programme board at a strategic, regional level with the aim of progressing development of collaborative working. CC and DI additionally confirmed that all potential opportunities for capital investment were being explored and they were working closely with SP in this regard. They also confirmed that it would be helpful if Primary Care Networks began to articulate gaps in their estate requirements.

PCCC41 Primary Care Resilience: This was partially completed as described in agenda item 8.

PCCC42 £3 per head Locality Updates: AL advised that the CCG was working with the Local Medical Committee to move forward from the associated issues, also noting that the Local Medical Committee had written to all GPs in this regard. TM highlighted the need to learn lessons in the context of future joint CCG and primary care initiatives.

PC43 Risk Update Report - Development of a system estates strategy and Primary care resilience to be added to the risk register: AL confirmed this had been completed.

Other matters were noted as agenda items or were carried forward.

The Committee:

Noted the updates.

LB and SG joined the meeting

4. Update from the Humber, Coast and Vale Primary Care Workforce and Training Hub Hosted by Haxby Training and Freshney Green

LB gave the attached presentation. She noted that in the national context Humber, Coast and Vale compared very favourably in terms of training and highlighted the highest number of student nurses on schemes in this regard.

PE and TM advised that their practices were benefitting from the training schemes.

Detailed discussion included:

- Confirmation that the training schemes were available to all 26 practices and that the information was circulated via the regular CCG practice communications.
- Aspects of funding, including noting the context of “invest to save”.
- Recognition of the different roles of the workforce in the context of Right Person and Right Place to meet the need of the patient.
- Noting that Advanced Clinical Practitioners required a GP mentor and therefore the associated time commitment.
- The need for a flexible workforce.
- Impact of market forces and associated resilience issues for practices.
- The welcome consistency from standardised training.
- Emphasis on the need for communication with patients to ensure understanding of the various roles within practices highlighting the fact that other than a GP appointment may be appropriate.
- The context of increasing capacity in General Practice.

With regard to communication with patients AL advised that discussions were already taking place with the CCG Communications Team. He proposed, and members agreed, that Haxby Group Training and LP work with the CCG to develop an approach to provide clarity about the various roles in primary care and remove the expectation that a GP appointment was always necessary.

The Committee:

1. Welcomed the presentation and commended the training opportunities provided.
2. Noted that AL would arrange for Haxby Group Training, LP and the CCG's Communication and Engagement Team to develop communication with patients on the various roles in primary care removing the expectation that a GP appointment was always necessary.

LB and SG left the meeting

7. Primary Care Commissioning Financial Report Month 7

In presenting this report SB noted a £302k forecast underspend against the £45.3m delegated commissioning budget, due mainly to technical adjustments relating to practice list size adjustments as well as the dispensing drugs tariff.

Other primary care budgets were forecast to overspend by £2.1m, mainly around primary care prescribing. This was a combination of unplanned price increases in category M drugs alongside an under-delivery of prescribing savings. Although the CCG was still forecasting that the 2019/20 £18.8million deficit plan would be achieved, further actions would be required than those described in the QIPP (Quality, Innovation, Productivity and Prevention) plan at the start of the year.

With regard to primary care QIPP SB reported that the second Prescribing Indicative Budgets scheme, PIB2, had been launched in September. Also that the primary care savings programme had been increased from £600k to £700k by the Executive Team as part of a number of mitigations intended to ensure the delivery of the CCG's overall plan

AL referred to the managing repeat prescriptions initiative and, whilst recognising its impact on General Practice and pharmacists, explained its potential to achieve £2m savings if fully realised. TM observed that impact assessment for such initiatives should take wider account of the system and patients' response.

With regard to the reported areas of underspend on additional roles AL assured members that this related to the timescales and challenges around recruitment. SB noted limited flexibility to recruit other posts than nationally specified. CC advised that greater flexibility was expected in 2021/22 regarding workforce roles.

TM expressed concern that the CCG was forecasting full spend of the budget associated with the Primary Care Networks given the likelihood that some posts would not be recruited to, noting the context of lessons learnt from the £3 per head issues as referred to earlier. Whilst recognising the CCG's intention he advised that this was not realistic at the present time due to factors such as market forces and the existing skill mix in primary care. SB welcomed TM's advice in the context of the CCG's overall financial position. He confirmed that the allocation was recurrent but that the underspend was non recurrent.

AL reported on a positive meeting with NHS England and NHS Improvement regarding aspects of the Primary Care Networks contract. He also highlighted the £3.3m uplift for primary care budgets in 2019/20, alongside the £1.4m allocation for clinical negligence

schemes nationally. JH emphasised the importance of timely and appropriate communication, relationships built on trust and the recognition of the complexity of the local system. In conclusion SB referred to the context of the CCG's determination to set a realistic financial plan which had been agreed at £18.8m deficit instead of the £14m deficit proposed by NHS England and NHS Improvement for 2019/20.

The Committee:

Received the Primary Care Commissioning Financial Report as at Month 7.

8. Primary Care Networks Update

AL referred to the report which provided an update on progress in the Central York Primary Care Network and Vale Primary Care Networks. He commended all the Primary Care Networks for their timely completion of the NHS England Development Needs/Maturity Matrix. In this regard DI reported that the Humber, Coast and Vale Primary Care Programme Board had approved organisational development monies for all Primary Care Networks on a fair share capitation basis. He noted there was a 20% backfill limit and £3.5k for Clinical Director development; the balance had been sent direct to the Primary Care Networks.

With regard to the primary care resilience update relating to Central York Primary Care Networks, AL explained the change in the Yorkshire Ambulance Service Urgent Care Practitioner hours to 7am to 7pm in response to times of highest need. PE noted that the Urgent Care Practitioners were also responding positively in areas other than the City. AL also described progress in development of an innovative, collaborative model to deliver extra urgent care capacity for 10-weeks (end of November to early February) to ease winter pressures expressing appreciation to Nimbuscare in this regard. TM advised that this initiative would test the concept of the model and provide additional capacity for the City practices but emphasised that GPs had concerns, particularly in the context of the existing difficulties in filling out of hours rotas.

AL reported that all the Vale Primary Care Networks were progressing well and commended South Hambleton and Ryedale Primary Care Network in being runner up in the Primary Care Network of the Year awards.

Discussion ensued in the context of the Primary Care Network contract, including such as complexities of VAT and impact from market forces with particular reference to clinical pharmacists. AM agreed to raise with the Local Medical Committee the concerns expressed by PE and TM about this at scale working in terms of both funding and also terms and conditions to try and facilitate a solution.

The Committee:

1. Received the Primary Care Networks update.
2. Noted that AM would raise with the Local Medical Committee the concerns expressed by PE and TM about this at scale working in terms of both funding and also terms and conditions to try and facilitate a solution.

9. Care Quality Commission Ready Programme

This was covered under item 6 Matters Arising.

10. Update on Local Enhanced Services

SM referred to previous presentations to the Committee noting the aspiration to simplify Local Enhanced Services, ensure value for money from the commissioning perspective, consider quality of service provision and understand variation of uptake of these services across the CCG. He explained that the process for practice claims for Local Enhanced Services had been simplified and was now on a quarterly basis noting that no issues had been raised in this regard.

SM highlighted the information in the report relating to the PSA Local Enhanced Service which included notification of aspects of clarification being sought prior to the specification being amended. He also noted the Neonatal Checks Local Enhanced Service had been withdrawn in accordance with the Committee's approval at the previous meeting.

In terms of future proposals SM referred to the proposed establishment of a project group in December to review the CCG's overall approach to Local Enhanced Services with a view to simplifying and reducing the number from 16. He highlighted the example of Leeds CCG where there were only two Local Enhanced Services, phlebotomy and shared care drugs. SM advised that work was taking place with practices and the Local Medical Committee in this regard and the ambition was for new contracts, which would have simplified reporting and monitoring requirements, to be in place from April 2020. It was hoped that all practices would take up the Local Enhanced Services noting the potential for them to be aligned with Primary Care Network contracts.

PE and TM expressed a number of concerns, including: the proposed 1 April 2020 timescale as practices required at least three months' notice for such initiatives; the context of practice resilience; the fact that staff had been employed to deliver the Local Enhanced Services; the historic issue whereby some Local Enhanced Services had not been open to all practices; and the potential for any resources resulting from this work to be reinvested to provide additional support to primary care, such as through an uplift at least in line with inflation.

AL emphasised that this work was not a QIPP. The intention was to consider potential alternative ways of delivering services with simplified governance and equity across the CCG, noting that the Local Medical Committee was involved in the review.

The Committee:

Noted the ongoing work to review the CCG's approach to Local Enhanced Services, which was expected to be reported in full to the March 2020 meeting.

LA and AK joined the meeting

11. Statin Optimisation Pilot Evaluation

AK presented the report which detailed the findings of the Statin Optimisation Pilot at Haxby Group Practice from February 2019 noting that an evaluation had been completed to capture the mobilisation process, uptake of optimisation, improved cholesterol management, financial impact and lesson learnt. The overarching assumptions based on pilot findings were:

- People who take atorvastatin were more likely to achieve target cholesterol of ≤4 mmol/l (2/3rds of pilot cohort achieved target cholesterol, whilst vast majority of people's cholesterol improved post switch).
- Achievement of target cholesterol would reduce people's risk of developing a heart attack or stroke by 2% over ten years.
- Additional prescribing costs were marginal.
- Results were consistent with NICE guidance and atorvastatin was recommended as first line treatment.

Members sought clarification on aspects of the report and commended the pilot as evidence of positive clinical change. Detailed discussion ensued including: the need for patient education and reassurance about the switch to atorvastatin, which would become routine care; the context of the current pressures on GPs; potential for implementation to be progressed via the Primary Care Networks, in particular the clinical pharmacists; the context of patients with multi morbidity and opportunities to incorporate additional aspects of care through learning from work in other areas; and suggestion of a session at a future Protected Learning Time. In respect of the latter AK advised that she had a session booked at the April event.

FP referred to the opportunity for partnership working through Public Health Trainers as a resource to identify eligible patients and AL highlighted the aspects of prevention and population health. He proposed establishing a Population Health Working Group, including Public Health and Healthwatch representation, to implement a targeted approach to statin optimisation across the whole CCG.

The Committee

1. Commended the clinical change achieved through the statin optimisation pilot at Haxby Group Practice.
2. Supported establishment of a Population Health Working Group.
3. Noted that a session on statin optimisation would be included in the 30 April 2020 Protected Learning Time.

LA and AK left the meeting

12. NHS England Primary Care Update

DI presented the report which provided updates under the headings of NHS Vale of York CCG Delegated Commissioning Primary Care Commissioning Committee Annual Chair's Report, GP Forward View / Transformation, and the Community Pharmacist Consultation Service launched on 29 October. In relation to the GP Forward View / Transformation DI highlighted the Estates and Technology Transformation Fund Improvement Grants information and noted with regard to the GP Retention Scheme that the CCG had applied to be part of a national pilot to test video consultations.

The Committee:

Received the NHS England Primary Care Update, including the Committee Chair's Annual Report 1 April 2018 to 31 March 2019.

13. Risk Update Report

AL referred to the report that comprised risks relating to the Estates and Technology Transformation Strategy, Commissioning of evening and weekend access to General Practice for 100% of the population and Primary Care Team resource to deliver the CCG's statutory functions.

SM reported in respect of evening and weekend access that this was in place for the North and Central Localities. Work was taking place in the South Locality with Sherburn Group Practice and South Milford Surgery with a view to a contract being in place in December 2019. There would then be 100% coverage across the CCG as required. SM expressed appreciation to the practices in this regard.

AL advised that one of the secondees from NHS England and NHS Improvement to the CCG's Primary Care Team was no longer based within the CCG but would still be available to assist. He expressed appreciation to NHS England and NHS Improvement colleagues for their support.

The Committee:

Reviewed all risks and risk mitigation plans for the cohort of risk under the management of the Committee.

14. Key Messages to the Governing Body

The Committee:

- Commended the clinical change achieved by the statin optimisation pilot and supported its extension through partnership working across the CCG.

- Welcomed the presentation from the Primary Care Workforce and Training Hub and the opportunities offered.

The Committee:

Agreed the above would be highlighted by the Committee Chairman to the Governing Body.

15. Next meeting

9.30am, 30 January 2020 at West Offices.

Exclusion of Press and Public

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend the following part of the meeting due to the nature of the business to be transacted. This item would not be heard in public as the content of the discussion would contain commercially sensitive information which if disclosed may prejudice the commercial sustainability of a body.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 21 NOVEMBER 2019 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC35	24 January 2019 9 May 2019 21 November 2019	Local Enhanced Services Review 2019/20	• Report on PSA review as part of the LES report to the November meeting • Full LES report to March meeting	SP	9 May 2019 11 July 2019 21 November 2019 19 March 2020
PCCC37	11 July 2019 21 November 2019	Care Quality Commission Ready Programme	• Full review report to November meeting • Deferred to next meeting	AL	21 November 2019 30 January 2020
PCCC38	11 July 2019 19 September 2019 21 November 2019	Estates Capital Investment Proposals – Progress Report	• SS to facilitate engagement with City of York councillors through Members Briefings	SS	19 September 2019 21 November 2019 30 January 2020

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC41	19 September 2019	Primary Care Resilience	• DB to discuss with AL and GY opportunities to learn from Rochdale Health Alliance Limited.	DB, AL, GY	
PCCC44	21 November 2019	Update from the Primary Care Workforce and Training Hub	• Communication with patients to be developed on the various roles in primary care removing the expectation that a GP appointment was always necessary.	AL:	
PCCC45	21 November 2019	Primary Care Networks Update	• AM to raise with the Local Medical Committee concerns about this at scale working in terms of both funding and also terms and conditions to try and facilitate a solution. •	AM	

Haxby GROUP TRAINING

Yorkshire & Humber

PRIMARY CARE

WORKFORCE & TRAINING HUBS

Humber, Coast & Vale

Primary Care Workforce & Training Hub

Hosted by:

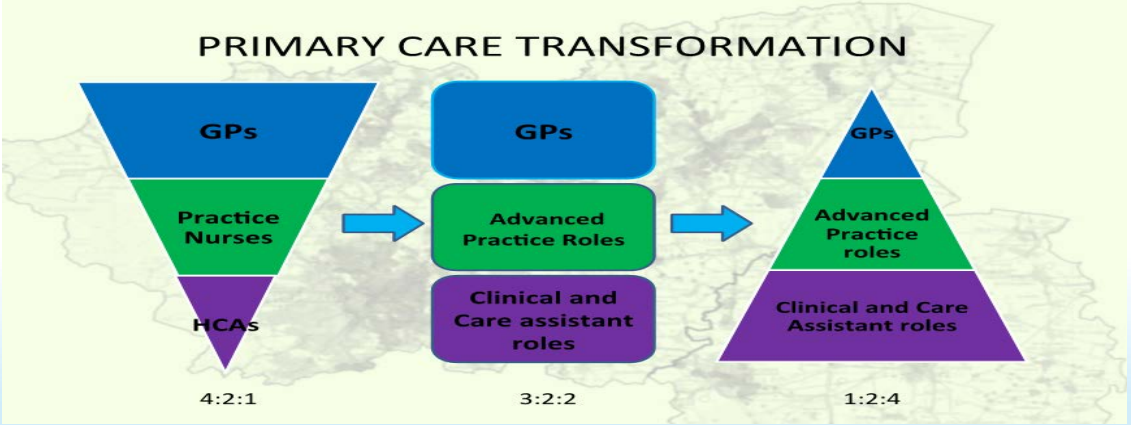
- Haxby Group Training

- Freshney Green

‘Major primary care supply challenge’

- 90% of patient contact in primary care
- Demand for consultations to double in next 10 years
- Circa 22% of GPs over 55
- Circa 20% of nurses over 55

- **Growing the workforce**
- **Reshaping the workforce**
- **‘Inverting the Toblerone’ ➔Evolved Toblerone!**



Background

- ATP - Yorkshire-wide initiative lead by HEE, started 2009
- Develop training infrastructure in primary care
- Increase placements for undergraduate student nurses in general practice to promote practice nursing as a career pathway
- Increasing involvement and support from key stakeholders
- Workforce 'Ready' schemes introduced

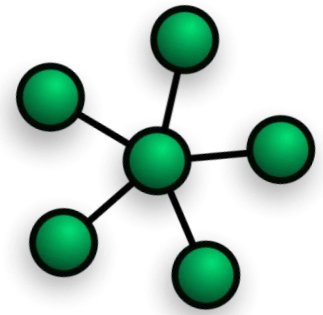
- Hub & Spoke model

- Future – linking with Primary Care Networks

PCWTH Model

- **Hub & Spoke**
  - 3 Y&H Hubs aligned within each of the 3 STP footprints - 7 ‘hosts’

- **Hubs/Hosts:**
  - Recruit and support spoke practices, support mentors, host meetings etc.
  - Claim and distribute funding to spokes
  - Undertake admin responsibilities for HEE
  - Link with Universities & maintain mentor register
  - Promotion of general practice at career fairs etc.
  - Host a larger amount of student activity
  - Coordinate workforce schemes



- **Spokes:**
  - Provide a minimum of 2-3 undergraduate student nurse placements per year
  - Report activity to their Hub practice
  - Links to other schemes

PRIMARY CARE

WORKFORCE & TRAINING HUB

Workforce & Training Schemes

- **Student Nurse Placements in General Practice**
- **HCA Ready** – supporting apprentice HCAs
- **GPN Ready** – supporting newly qualified nurses
- **ACP Ready** – supporting trainee Advanced Clinical Practitioners
- **PA Ready** – supporting new Physician Associates
- **TNA Ready** – supporting trainee Nursing Associates

PRIMARY CARE

WORKFORCE & TRAINING HUB

Humber, Coast & Vale

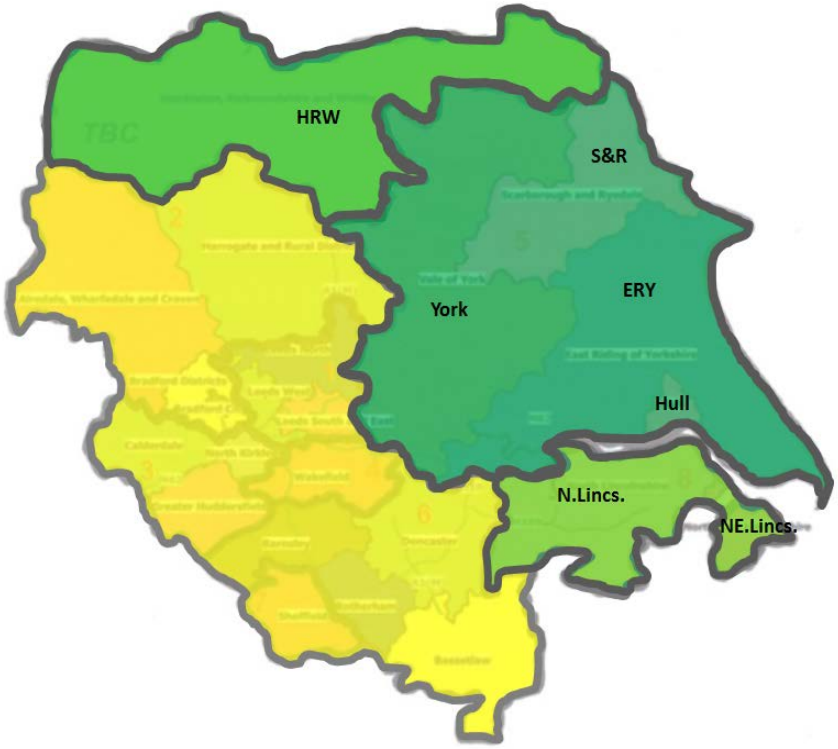
Primary Care Workforce & Training Hub

72 SPOKES taking student nurses

- 8 HULL
- 8 YORK
- 14 ERY
- 12 S&R
- 6 HRW
- 24 N/NE L

120 Practices across all schemes

Circa **55%** of practices in HCV



596 Student Nurse Placements

194 Nurse Mentors

84 Newly Qualified Nurses Employed

86 HCA Ready Apprentices (since 2015)

56 GPN Ready Nurses (since 2016)

88 ACP Ready Trainees (since 2017)

14 PA Ready Physician Associates (since 2018)

Student Nurses

- Great recruitment tool
- Professional development opportunity for staff
- Help secure the primary care workforce of the future
- Bring enthusiasm and two-way learning into the practice
- Provide quality placements
- Receive **£120 per student per week** (pro rata **£24 per day**)
- Funding currently available for mentor training

GPN Ready Scheme

- Funded initiative to support practices to employ & train newly qualified nurses or return-to-practice nurses
- *'The next step in converting enthusiastic students into practice nurses'*

- Access up to £8,000 in funding;
  - £3,000 bursary over two years to support recruitment and employment
  - up to £5,000 to cover education and training course fees
- Support network and guidance

PRIMARY CARE
WORKFORCE & TRAINING HUB

HCA Apprenticeship Scheme

- Funded initiative to support practices to employ and train an Apprentice HCA

- Receive a bursary of £6,800 to support in recruiting and employing an apprentice HCA, and to cover the apprenticeship levy.
- Includes a fully funded programme of study days and 'bolt-on' clinical training modules.
- HCAs completing the apprenticeship gain a Level 3 Diploma in Healthcare Support, Level 2 English and Maths and the Care Certificate.
- Coordinated on a cohort basis starting around September.

ACP Ready Scheme

- Supporting practices to employ and train an Advanced Clinical Practitioner, working towards completing the MSc in Advanced Clinical Practice
  - Training Grant - £18,000 per annum per post for 2 years
  - MSc course fees - Paid directly to the chosen University so the trainee can complete their full MSc award (3 years)
- - Support network, workshops and guidance

- Open to a full variety of roles who may develop into an ACP, e.g:
  - Registered nurses
  - Paramedics
  - Physiotherapists
  - Pharmacists

- *Developing new roles in Primary Care to increase the workforce*
- *ACPs can address acute demand to free GPs for more complex patient management*

PA Ready Scheme

- Provides funding and support for practices to recruit and develop a new Physician Associate over an initial two year preceptorship period.
- Support network, workshops and guidance

- Funding consists of:
  - £5,000 in year one under a national HEE programme for General Practice
  - £10,000 per year for two years local preceptorship grant within HCV
- Practices must agree to providing the support outlined in the preceptorship programme criteria

TNA Ready Scheme

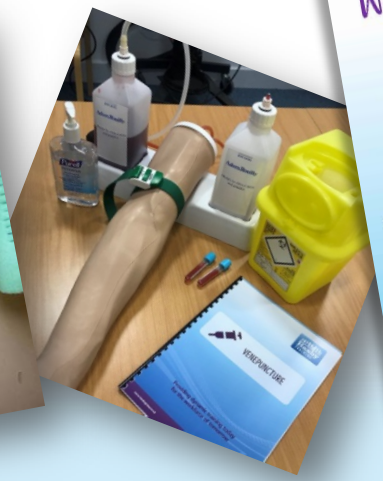
- Support for practices to develop a Nursing Associate undertaking the TNA Apprenticeship Programme.
- Partnership working with local HEIs and healthcare employers
- Help to access a levy transfer

- Funding:
  - £7,200 available from HEE nationally (currently until 31st March 2020)

Other Projects and Offers

- Cervical Screening Training Coordination
- Next Generation GP
- Leadership & Management Training

- HGT Ltd Short Courses



Key contacts

- Haxby Group Training Team
- haxbygroup@training.co.uk

Freshney Green PCWTH Training Hub

- Freshney Green (N/NE Lincs)
- FreshneyGreen.PCWTH@nhs.net

PRIMARY CARE

WORKFORCE & TRAINING HUB

Any Questions?