Item 4

Minutes of the Primary Care Commissioning Committee held on 19 September 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
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Dr Andrew Lee (AL)	Executive Director of Director of Primary Care and Population Health
Phil Mettam (PM)	Accountable Officer

In attendance (Non Voting)

Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Caroline Goldsmith (CG) – item 6	Deputy Head of Finance
Lesley Pratt (LP)	Healthwatch York Representative
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement North Region (Yorkshire and the Humber)
Stephanie Porter (SP)	Assistant Director of Primary Care
Michèle Saidman (MS)	Executive Assistant
Gary Young (GY) – items 9 and 10	Lead Officer for Primary Care York

Apologies

Simon Bell (SB)	Chief Finance Officer
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Paula Evans (PE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member and Audit Committee Chair
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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

There was one member of the public in attendance and no public questions had been received.

Agenda

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.

4. Minutes of the meeting held on 11 July 2019

The minutes of the meeting held on 11 July were agreed.

The Committee:

Approved the minutes of the meeting held on 11 July 2019.

5. Matters Arising

PCCC35 Local Enhanced Services Review 2019/20: AL reported that Local Enhanced Services were continuing to be reviewed across the CCG for the report to the next meeting, also noting SP, not SS, should be listed as Responsible Officer.

PCCC37 Care Quality Commission Ready Programme Update: AL reported that all the CCG's practices had completed the self assessment and no major issues had been identified. He commended Unity Health on their outcome of 'Good' following the Care Quality Commission's recent re-assessment visit; LP added that Healthwatch had received positive feedback from Unity Health patients. AL had additionally met with members of City of York Health Overview and Scrutiny Committee earlier in the week to discuss General Practice issues, particularly recruitment. In this regard he referred to agenda item 9.

Other matters were agenda items, had not yet reached their scheduled date or were carried forward.

The Committee:

Noted the updates.

6. Primary Care Commissioning Committee Terms of Reference

SP highlighted that the proposed amendments were in the Membership section of the terms of reference to reflect the establishment of Primary Care Networks. She agreed to obtain the views of the six Primary Care Networks on how they would wish to be represented at the Committee.

Discussion ensued with regard to facilitating wider engagement, for example through the Lead Officers for Primary Care, a pre-meet or pre-discussion. AB additionally noted that Dr John Crompton, former Chair of North Yorkshire Branch of YOR Local Medical Committee, was now their Primary Care Network and System Integration Lead, and as such could potentially represent the six Primary Care Networks.

PM referred to the Committee's statutory responsibility of resource allocation and contracts with primary care as providers which would continue through the development of Integrated Care Partnerships. He also emphasised the CCG's commitment to support the development of Primary Care Networks, including in terms of innovation and resilience noting in this regard the appointment of the two Lead Officers for Primary Care.

The Committee:

1. Approved the changes to the Primary Care Commissioning Committee Terms of Reference.
2. Requested that SP progress with the Primary Care Networks their representation on the Committee.

CG joined the meeting

7. Primary Care Commissioning Financial Report Month 5

CG referred to the report that forecast an £8k over spend against the delegated primary care budget of £45.3m, reduced from the original plan of £45.8m due to the transfer of £313k Personal Medical Services monies to the CCG core budget as detailed. She explained the forecast variance of £120k in General Medical Services would be largely offset by the over spend in 'Other GP services' and described the negative adjustment relating to the £230k shortfall included in reserves during the planning stage.

CG emphasised the expectation that the £48k year to date underspend for additional roles in the Primary Care Networks, namely Clinical Pharmacists and Social Prescribing Link Workers, would be fully spent by the end of the year. AL noted in this regard that Tadcaster and Selby Primary Care Network had appointed a Clinical Pharmacist and a Social Prescribing Link Worker but they had not yet taken up post.

CG highlighted slippage in primary care prescribing as the main variance in 'Other Primary Care' explaining that there was no QIPP (Quality, Innovation, Productivity and Prevention) included in the reported position. She noted the imminent implementation of the second Prescribing Indicative Budgets scheme, a gain share incentive and confirmed that the forecast was premised on the full achievement of primary care prescribing QIPP. CG additionally noted that the Medicines Management Team had already identified savings programmes for the new Prescribing Indicative Budgets scheme, unlike the first occasion when practices had been required to identify opportunities in advance. AL additionally emphasised the risk associated with the £2m efficiency savings noting that it was contingent on achievement by GPs.

Discussion and clarification included: emphasis that the Prescribing Indicative Budgets schemes were good practice in terms of medicine as well as achieving cost savings; the recently implemented changes to repeat prescribing; the need for patients to be informed in advance of changes; and recognition of the risk associated with the financial value of the savings requirement but noting that mitigations had been identified.

The Committee:

Received the Primary Care Commissioning Financial Report as at Month 5.

CG left the meeting

8. Primary Care Estates Strategy

SP gave a presentation *Vale of York CCG's Primary and Community Estates Strategy* which provided analysis to 21 August 2019 by consultants *Shared*Agenda who had been appointed in April to support development of the strategy. She noted that this position statement had also been presented at a Practice Managers meeting. The information included: estates and clinical data; key service development opportunities; and various aspects of capacity analysis to inform assessment of estate capability to manage known growth and changes such as skill mix developments. SP advised that the Local Authorities were involved in the work, particularly in terms of housing growth, and noted the context of Integrated Care Systems including co-location of service delivery and new ways of working. She also highlighted the pressures on clinical rooms across the Primary Care Networks, referred to an initial assessment of proposed property disposals and explained potential project requirements, pressure points and opportunity areas. SP provided clarification on aspects of the latter, including the fact that practices would experience the impact of increased patient registration before funding became available, the context of working with the Local Authorities to build homes for the future and support keeping people at home for longer, and noting City of York Council's proposal for an additional 200 nursing home beds in Acomb with the associated impact on General Practice. SP emphasised estates as an enabler for transformation but highlighted timescales of up to five years, affordability and availability of land. She also noted that engagement was already taking place with practices and Primary Care Networks.

AB referred to the fact that his practice, York Medical Group, currently had eight sites across York, four within 2.5 miles of each other. He emphasised that this was not sustainable and rationalisation was required but noted that practices were required to follow process for site closure. In response SP explained that full consultation and consolidation was required across the system but in particular in the City of York and as part of transformation. She noted that the CCG's 26 practices currently had 62 buildings of various quality and highlighted indicators of estates, digital developments and workforce as indicators for service change. AL emphasised the need for public consultation and noted the role of Healthwatch in this regard.

In response to DB seeking clarification about this strategy in the context of local investment and the wider developments, including across Humber, Coast and Vale, SP explained that the wider system strategy was being built up from a 'place based' approach and that discussions were taking place with partner organisations to develop short, medium and long term plans by December 2019. Work was taking place in terms of co-locating primary and community services.

PM commended the scoping work described in the presentation but highlighted the need for engagement with partner organisations, particularly City of York Council and North Yorkshire County Council. He emphasised that, in the absence of available capital, innovation was required. AB additionally noted the potential for efficiencies to be identified through engagement with NHS Property Services and LP reminded members about the patient perspective of service change, including transport, but also noting the role of the voluntary sector, such as through car sharing, in this regard. PM in response noted opportunities to learn from other areas referring to work in the North Locality to address rurality issues through developing new ways of providing care.

The Committee:

1. Noted the ongoing work to develop the CCG's Primary and Community Estates Strategy.
2. Requested that PM give consideration to engagement with City of York Council and North Yorkshire County Council.

GY joined the meeting

9. Primary Care Resilience

GY apologised for the late circulation of his report which emanated from a Rapid Review of General Practice across the City of York to understand the risks and issues affecting General Practice resilience. He explained that a series of structured interviews and meetings with GPs, Practice Managers, and GP Rota Managers had been undertaken during August and September. Ten of the twelve central practices had responded to offer a deeper insight into the health of General Practice across the Central locality and all practices reported they were operating at, or near, maximum capacity with some reflecting a feeling on some days of possibly operating beyond maximum capacity.

In addition to a detailed overview of the pressures and challenges, the report specified risks and drivers, namely: GP workforce; changes in services, specifications and waiting times; IT and estate, and individual practice support. It also described proposals for improvement and offered recommendations.

GY highlighted GP workforce as the major concern noting that GP recruitment was a national problem but also expressing concern in the context of capacity being a risk to the whole health and social care system. He also noted differential rates of pay compared with Leeds and Hull; recognition of potential from the new roles but noting the timescale for recruitment, training and supervision; concern about impact from risk aversion; and room space in practices. Additionally, implementation of Improving Access to General Practice, whilst helping some, was not equitable and also had impact on continuity of care. GY expressed concern that the various challenges detailed in his report made for a potential "perfect storm". He did note that his appointment as Lead Officer for Primary Care in Central Locality and that of Fiona Bell in the North and South Localities appeared to be appreciated by GPs and enabled the CCG to gain a greater understanding.

GY referred to the key proposals for improvement detailing those emerging in response to this rapid review. He emphasised the importance of listening to GPs locally. DB additionally noted potential learning opportunities from his role as a Non Executive Director at Rochdale Health Alliance Limited and agreed to discuss this with AL and GY outside the meeting.

AB welcomed the report but commented that the Local Medical Committee had been raising concerns, particularly about the impact on General Practice from the out of hospital agenda, for a long time.

AL requested that AB feedback to local GPs that the CCG is cognizant of the stresses and pressures they are experiencing. AL also noted that whilst capacity and resilience was a national problem, the local system was one where patient expectations were beyond what could be provided from the available resources. He also referred to the context of hospitals not being permitted to fail but emphasised the knock on effect if a practice failed. JH noted the CCG wished to be proactive in terms of support.

Further discussion included: recognition that despite the challenges and issues patient survey results were of good services in the Vale of York; the context of staff retention, other than GPs, in light of varying rates of pay between practices; pressures from work associated with registering and de-registering patients from neighbouring practices; the need to educate patients in terms of expectations, including costs of medical interventions such as scans.

PM commended GY's work and requested that he work up some of the proposals described for consideration by the Committee. PM also referred to the context of opportunities of support, other than financial, being identified by the Primary Care Networks and presented to the Committee, such as through the Protected Learning Time or training; notably a holistic approach that could be mobilised quickly.

In response to AB referring to the risk register, including at Governing Body meetings, and the context of decisions relating to the hospital impacting on General Practice, PM emphasised that the CCG fully recognised the significant risk to continuity of primary care. He noted that relevant governance processes were in place to manage such as quality issues.

The Committee:

1. Received and commended the report on Primary Care Resilience and Capacity in the Central Locality.
2. Noted that DB would discuss with AL and GY opportunities to learn from Rochdale Health Alliance Limited.
3. Requested that GY develop some of the improvement proposals and work with the Primary Care Networks on opportunities for consideration at a future meeting.

10. Primary Care Networks Update

Central York

GY reported that, as referred to above, feedback indicated appreciation on the part of the Primary Care Networks for the CCG's appointment of the two Lead Officers for Primary Care. The Clinical Directors were meeting on a monthly basis, communication now reflected the Primary Care Home model which included the Local Authority and the voluntary sector, and there was a coherence in terms of addressing the different health needs. GY also reported that two Clinical Directors from different Primary Care Networks were now co-chairing the meeting.

GY referred to geographical boundaries between Primary Care Networks and highlighted positive relationships across these with local as well as system conversations. He noted the Clinical Directors had completed their Maturity Matrix. There were three contract

holders plus the City and the Local Medical Committee was providing support, including from a wider perspective.

GY reported on a positive meeting between the CCG and the Clinical Directors from across the Vale of York earlier in the week as a first step to setting up a common framework. He noted that his role was to continue to foster relationships between the Practices, the Primary Care Networks and Nimbuscare Limited. GY also noted the many demands and expectations placed on the Primary Care Networks, particularly the Clinical Directors, from across the health and care system including the context of attendance at meetings. AB echoed the latter highlighting that the Clinical Directors were only funded for one day a week.

AL emphasised the crucial role of the two Primary Care Lead Officers in supporting the development of the Primary Care Networks, particularly in terms of quickly becoming system players. He proposed that the Committee receive regular progress updates.

AB left the meeting during the following discussion

Vale

SP reported that the North Locality had more of a history of collaborative working noting a number of pilot projects. She highlighted the many faceted demands on the Primary Care Networks from the CCG, the system and NHS England, the latter including the Maturity Matrix, and some having short timescales. AL added that South Hambleton and Ryedale had been nominated as Primary Care Network of the Year for their work focusing on the frail elderly and cancer care.

With regard to the South Locality SP reported that progress was being made and noted, as referred to at item 7 above, Tadcaster and Selby Primary Care Network had appointed a Clinical Pharmacist and a Social Prescribing Link Worker who were due to take up post in November.

The Committee:

1. Noted the updates.
2. Agreed that this would be a standing agenda item at each meeting.

GY left the meeting

11. £3 per head Locality Updates

MA-M noted that the Council of Representatives later in the day was also being briefed on the £3 per head position. He advised that a document was being developed that was aimed at providing clarity to all practices about access to and invoicing for the primary care funding streams available in 2019/20 whose components were Personal Medical Services monies, Prescribing Incentive Budgets (PIB) and additional resources to support the Primary Care Networks.

MA-M referred to the historic issues and differing perspectives associated with General Practice's ability and capacity to access the 2017-19 £3 per head funding emphasising

the CCG's focus now was to move forward in a way that maximised the available resource and minimised the complexity of access within the context of this being public money. He confirmed that information to this effect would be circulated to General Practice but also emphasised the need for trust from all parties.

PM explained that the CCG, while under legal Directions, had made the £3 per head available in full to General Practice without the support of the Regulators in 2018/19, noting too that any part of this resource not deployed in year could not be carried forward. He highlighted the lack of financial flexibility due to the deficit position of both the CCG and the system as a whole which meant decisions and autonomy of those decisions created an unhelpful timeline which he hoped would be better and more transparent going forward. PM advised that discussion at the Council of Representatives would be reported back to the next meeting of the Committee.

AB returned to the meeting

AB advised that the Local Medical Committee appreciated the CCG's transparency and now wished to move forward on this matter in the way the CCG had described. He noted however that, whilst welcoming the block contract with York Teaching Hospital NHS Foundation Trust, GPs continued to have major concerns about impact on the primary care workload. MA-M commented that secondary care had similar concerns about referral rates. He re-emphasised that the CCG was working to, within the rules, maximise the primary care funding streams availability as far as possible and reduce processes for accessing these.

The Committee:

1. Noted the update.
2. Noted that feedback from the discussion at the Council of Representatives later in the day would be provided at the next meeting.

12. Primary Care Neonatal Local Enhanced Service

SP referred to discussion at previous meetings regarding neonatal checks. She presented the report which described the position whereby the CCG had recently become aware of changes in the commissioning arrangements for maternity services, and specifically the newborn checks that had been undertaken by some practices through the CCG's Neonatal Local Enhanced Service. She advised that hospital maternity services were now commissioned to undertake these newborn checks, and in order to ensure compliance with national commissioning arrangements and avoid duplication, approval was sought for withdrawal of this Local Enhanced Service from General Practice at a date to be notified. SP noted that the CCG had engaged informally with the four practices who currently carried out these checks and confirmed that assurance had been sought from the perspective of the hospital carrying out the checks.

In response to AB enquiring about the position if a practice wished to continue the Local Enhanced Service, AL advised that the CCG would seek to understand the reasons. SP highlighted that this was as a result of a nationally commissioned service but agreed to write to the practices, for purposes of an audit trail, detailing the rationale and giving a period of notice before the cessation date.

The Committee

Approved the contract termination notice for the Neonatal Local Enhanced Service.

13. NHS England Primary Care Update

DI presented the report which provided updates under the headings of: Contractual relating to Personal Medical Services contract variations to support alignment of General Medical Services and Personal Medical Services payments and primary care provision across multiple site practices. With regard to the former MA-M referred to discussion at item 7 above noting that the £117k was in addition to the £320k Personal Medical Services monies.

PM sought an update on the commissioning decision to move the anti coagulation service from hospital in to primary care. SP reported that this allowed an accessible service to patients; consultation with patients' own GP gave a more integrated service; and a single visit for patients. Therefore the quality of the service to the patient had improved.

The report also provided updates on: Estates relating to business as usual capital estate schemes, for which six had been approved, and notional rent approvals; General Practice Forward View/Transformation in respect of Primary Care Networks Additional Roles Reimbursement Scheme: Establishing the workforce baseline and assessing additionality and Primary Care Network Development Support Prospectus and Maturity Matrix, National review of access to General Practice and the regular General Practice Forward View transformation programme update. DI also reported the Humber, Coast and Vale Health and Care Partnership Long Term Plan workforce planning requirement noting that the CCG had met the requisite timescale for submission in this regard.

SP expressed appreciation for the support provided by DI and his team embedded in the CCG which enabled access to regional funds such as the schemes for Business as Usual Capital Estates

The Committee:

Received the NHS England Primary Care Update.

14. Risk Update Report

SP described risks and associated mitigations for risk references PRC11 Estates and Technology Transformation Fund Strategy, PRC 12 Commissioning of evening and weekend access to General Practice for 100% of population and PRC13 Primary Care Team resource to deliver statutory CCG functions. Members requested two further risks be added to the risk register: Development of a system estates strategy and Primary care resilience.

The Committee:

1. Agreed that references PRC11 Estates and Technology Transformation Fund Strategy, PRC 12 Commissioning of evening and weekend access to General

Practice for 100% of population and PRC13 Primary Care Team resource to deliver statutory CCG functions be accepted on the risk register.

2. Requested the addition of two further risks: Development of a system estates strategy and Primary care resilience to the risk register.

15. Key Messages to the Governing Body

The Committee:

- Emphasised the need to be mindful of the pressures in primary care noting that the CCG would give this consideration in the context of risk mitigation and resilience
- Acknowledged and supported discussion of financial resources between the Primary Care Commissioning Committee and the Finance and Performance Committee.

The Committee:

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

16. Next meeting

9.30am, 21 November 2019 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 19 SEPTEMBER 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	Local Enhanced Services Review 2019/20	• Report on PSA review as part of the LES report to the November meeting	SP	9 May 2019 11 July 2019 21 November 2019
PCCC37	11 July 2019	Care Quality Commission Ready Programme	• Full review report to November meeting	AL	21 November 2019
PCCC38	11 July 2019 19 September 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
PCCC39	19 September 2019	Committee's Terms of Reference	• SP to progress with the Primary Care Networks their representation on the Committee	SP	
PCCC40	19 September 2019	Primary Care Estates Strategy	• Consideration to be given to engagement with City of York Council and North Yorkshire County Council.	PM	

Unconfirmed Minutes

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. • GY develop some of the improvement proposals and work with the Primary Care Networks on opportunities for consideration at a future meeting.	DB, AL, GY GY	
PCCC42	19 September 2019	£3 per head Locality Updates	• Feedback from the discussion at the Council of Representatives to be provided at the next meeting	PM	21 November 2019
PCCC43	19 September 2019	Risk Update Report	• Development of a system estates strategy and Primary care resilience to be added to the risk register	SP	