NHS
Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

19 September 2019, 9.30am to 11.30am

Snow Room (GO35), West Offices, Station Rise, York YO1 6GA

AGENDA

Prior to the commencement of the meeting a period of up to 10 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate in respect of the business of the meeting.

1. 9.40am	Verbal	Welcome and Introductions		
2.	Verbal	Apologies		
3.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
4.	Pages 3 to 11	Minutes of the meeting held on 11 July 2019	To Approve	Julie Hastings Committee Chair
5.	Verbal	Matters Arising including Care Quality Commission Ready Programme Update	To Note	All Dr Andrew Lee Executive Director of Director of Primary Care and Population Health
6. 9.55am	Pages 13 to 21	Review Primary Care Commissioning Committee Terms of Reference	To Agree	Dr Andrew Lee Executive Director of Director of Primary Care and Population Health
7. 10.10am	Pages 23 to 28	Primary Care Commissioning Financial Report Month 5	To Receive	Michael Ash-McMahon Deputy Chief Finance Officer
8. 10.20am	Presentat ion	Primary Care Estates Strategy	To Receive	Stephanie Porter Assistant Director of Primary Care
9. 10.35am	Verbal	Primary Care Resilience	To Note	Dr Andrew Lee Executive Director of Director of Primary Care and Population Health

10. 10.45am	Verbal	Primary Care Networks Update	To Note	Dr Andrew Lee Executive Director of Director of Primary Care and Population Health
11. 11.00am	Verbal	£3 per head Locality Updates	To Note	Stephanie Porter Assistant Director Primary Care
12. 11.05am	Pages 29 to 33	Primary Care Neonatal Local Enhanced Service	For Decision	Stephanie Porter Assistant Director Primary Care
13. 11.15am	Pages 35 to 46	NHS England Primary Care Update	To Receive	David Iley Primary Care Assistant Contracts Manager NHS England – North
14. 11.20am	Pages 47 to 51	Risk Update Report	To Receive	Dr Andrew Lee Executive Director of Primary Care and Population Health
15. 11.25am	Verbal	Key Messages to the Governing Body	To Agree	All
16.	Verbal	Next meeting: 9.30am, 21 November 2019 at West Offices	To Note	All

EXCLUSION OF PRESS AND PUBLIC

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

A glossary of commonly used primary care terms is available at:

http://www.valeofyorkccg.nhs.uk/data/uploads/about-us/pccc/primary-care-acronyms.pdf

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Item 4

Minutes of the Primary Care Commissioning Committee held on 11 July 2019 at West Offices, York

Present	
David Booker (DB) (Chair)	Lay Member and Chair of the Finance and Performance Committee
Simon Bell (SB)	Chief Finance Officer
Dr Andrew Lee (AL)	Executive Director of Director of Primary Care and Population Health
Phil Mettam (PM) - part	Accountable Officer
Stephanie Porter (SP)	Assistant Director of Primary Care
In attendance (Non Voting)	
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)
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Apologies	
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
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

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

1. Welcome and Introductions

In welcoming everyone DB advised that the meeting was not quorate until PM arrived.

2. Apologies

As noted above.

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

There were no declarations of interest in relation to the business of the meeting. All declarations were as per the Register of Interests. However, LP declared an interest during item 8 *Estates Capital Investment Proposals – Progress Report* as a patient at one of the Practices being discussed.

4. Minutes of the meeting held on 9 May 2019

The minutes of the meeting held on 9 May were agreed.

The Committee

Approved the minutes of the meeting held on 9 May 2019.

5. Matters Arising

PCCC35 Local Enhanced Services Review 2019/20: With regard to the PSA review AL and SP explained that a full review of Local Enhanced Services was taking place from September 2019 and proposed that PSA be included in this. Following identification with Primary Care Networks of components of the core contract, consideration would be given to incentivising services in the context of the CCG's priorities. It was agreed that a structure and progress update on the Local Enhanced Services review be presented at the November meeting. In respect of the concerns about neonatal checks in hospital instead of the community, SS noted that this related to a query from a GP as to why GPs could no longer perform new born checks. She explained that Public Health England and NHS England/NHS Improvement commissioned screening and maternity services. The new national programme included stringent performance management of national targets and quality indicators as well as access to the IT system for recording the newborn checks; the focus had been on hospital clinicians performing these. SS advised that specially trained midwives could perform the checks and reported on discussion with the CCG's Head of Quality Assurance and Maternity, who had suggested that newborn checks be incorporated in the Local Enhanced Services review. SS reported she had sought and received assurance from York Teaching Hospital NHS Foundation Trust that, if the check was not done before leaving hospital, parents were given the choice of returning to hospital or having it done in the community by the maternity service. Whether GPs performed the checks required separate consideration.

PCCC37 Additional Item - Update on communication about GP Practice cover arrangements during closure for protected learning time: AL reported that details, including Frequently Asked Questions, had been circulated prior to the recent protected learning time event. He noted that the CCG had not received any concerns from either General Practice or York Teaching Hospital NHS Foundation Trust.

The Committee

1. Noted the updates.
2. Requested an update on Local Enhanced Services Review at the November meeting.

“Good News”

AL reported that, as a result of the success of the 2018/19 Prescribing Indicative Budgets scheme in helping control prescribing spend, the Executive Committee had agreed £1m be released back to General Practice. He noted that, in response, a number of initiatives had been identified, including in respect of care co-ordinators and integrated care teams.

DB commended the CCG’s achievement of ‘Green’ in the recently published 2018/19 CCG Improvement and Assessment Framework Patient and Community Engagement Indicator assessment.

6. Primary Care Commissioning Financial Report Month 2

SB referred to the report that, in addition to presenting the regular update, sought approval of support for additional roles for each of the three Nimbuscare Primary Care Network sub-networks and distribution of the Personal Medical Services premium monies, also providing an update on the contract values for Improving Access to General Practice scheme.

SB noted with regard to ‘Other Primary Care’, included in the core CCG budget and provided for the Committee’s information, that the year to date prescribing position was an overspend due to phasing of QIPP (Quality, Innovation, Productivity and Prevention) targets and noted that prescribing data was only available two months in arrears. The year to date position of ‘Other Primary Care’ was also overspent due to the phasing of the £600k QIPP.

SB confirmed that the additional roles for each of the three Nimbuscare Primary Care Network sub-networks were affordable. He also referred to the summary which described the £2.7m funding due to the Primary Care Networks and noted that the CCG would support the Primary Care Networks to ensure best value for money. AL sought and received assurance from DI that NHS England/NHS Improvement had no issues with this approach and SP noted that communication was taking place with Practices about this funding.

PM joined the meeting

The Committee:

1. Received the month 2 Primary Care Commissioning Financial Report.
2. Approved support for additional roles for each of the three Nimbuscare Primary Care Network sub-networks.
3. Approved the distribution of Personal Medical Services premium monies to Primary Care Networks.
4. Noted the contract values for the Improving Access to General Practice scheme.

7. Care Quality Commission Ready Programme

AL referred to the report on Practices’ self assessment for Care Quality Commission inspection, previously presented at the April 2019 Quality and Patient Experience Committee. The report comprised introduction and background, methodology, findings, compliance across the domains (safety, effective, caring, responsive, well led),

conclusion, next steps and recommendations. Appendices A to G comprised respectively: Care Quality Commission Ready Self-Assessment, Anonymised Responses (all domains), Safe, Effective, Caring, Responsive and Well Led. The one Practice that did not participate in the programme had already had a Care Quality Commission inspection.

AL noted that no major issues had been identified and the process had provided assurance of readiness for Care Quality Commission inspection, the self assessment. Areas of both weakness and good practice had been identified across the domains. SP added that the CCG was now providing a rolling programme of support to Practices.

In response to LP enquiring about publication of the Care Quality Commission reports, with particular regard to the caring domain, AL advised that the link should be on the Practice website. He also invited Healthwatch to contact himself or SP in the event of any concerns.

SS referred to the safety domain and, whilst welcoming the recommendation that Practices should liaise with health visitors to ensure robust processes to follow up children who are not brought for immunisation, emphasised the need for improved communication. She explained that the health visitor service had recently transferred to Public Health and sought advice as to the most appropriate forum for discussion with Practices, particularly those not on SystmOne. SP responded that, as part of the rolling programme of support to Practices, she would try to correlate immunisation rates of Practices with lower than the national average rate both for EMIS and SystmOne to seek assurance and would also include discussion about engagement with health visitors.

SS reported on discussions with AL about the Joint Strategic Needs Assessment element of the well-led domain both in terms of making the information more accessible and also the potential for one Joint Strategic Needs Assessment for the Vale of York. Discussion ensued about the benefits of the latter which would be an overarching document mobilised on the basis of local need. PM agreed to write to SS and Dr Lincoln Sargeant, Director of Public Health for North Yorkshire, proposing establishment of a Joint Strategic Needs Assessment for the Vale of York.

In response to PM expressing concern about the Practice self assessments for the caring domain, the lowest scoring in terms of feeling confident in being able to demonstrate meeting the expected outcomes, AL noted some Primary Care Networks had identified that this would be addressed through such as investment in non medical care co-ordinators.

AL noted that the CCG Primary Care Team was working with Primary Care Networks on development of a “wrap around” care approach. He agreed to provide a verbal interim update on overall progress with the recommendations to the September meeting and a full review in November.

Members welcomed the assurance provided by the report and expressed appreciation to the Quality Team for leading this work.

The Committee:

1. Received the Care Quality Commission Ready Programme report.

2. Noted that PM would write to SS and Dr Lincoln Sargeant, Director of Public Health for North Yorkshire, proposing establishment of a Joint Strategic Needs Assessment for the Vale of York.
3. Requested a verbal interim progress update at the September meeting and a full review in November.

8. Estates Capital Investment Proposals – Progress Report

SP presented the report which confirmed progress on and sought ratification for changes where required in respect of Estates, Technology and Transformation Fund bid schemes relating to expansion of the Beech Tree Surgery Carlton branch surgery, Pickering Medical Practice, Millfield Surgery in Easingwold, Burnholme Health Campus in York and Sherburn Group Practice new build proposal. Updates were also provided on the Tollerton Surgery new build and Primary Care Estates Strategy.

SP explained the two changes that required ratification as detailed in the report. With regard to the Millfield Surgery proposal, which had moved from an Estates, Technology and Transformation Fund new build proposal to an improvement grant, the progression and approval of the revised bid would be managed by NHS England/NHS Improvement at a local level. In respect of Sherburn Group Practice the revenue impact for the CCG had increased as the existing budget was for two Practices and the scheme was now with one Practice. SP advised that assurance had been sought in the context of housing growth in Sherburn and South Milford on the principle of 80 / 20 respectively. She noted that the overall impact to the CCG remained lower than the total previously approved for all the Estates, Technology and Transformation Fund bids as the Millfield Surgery revenue increase had decreased due to its proposed change.

Detailed discussion ensued about the Burnholme Health Campus during which LP declared an interest as a patient at Priory Medical Group, the Practice involved. In response to LP expressing concern about accessibility to the Campus as a non driver, SP advised that the Practice would engage with patients in a consultation about the proposed changes. SS additionally reported that, following discussion about the development at the Health Overview and Scrutiny Committee, City of York Council had commenced consideration of transport links.

SP referred to a number of developments relating to the overarching Primary Care Estates Strategy for the Vale of York, including the Monkgate site, the City of York Council 'teardrop' development and meeting the needs of areas where population increases were expected. She confirmed that estates queries would be incorporated in the decision criteria noting that a final draft of the Strategy should be available for the September meeting of the Committee.

Members discussed the Primary Care Estates Strategy in the context of strategic issues such as Primary Care Networks and impact on A and E at York Hospital from nearby Practices; meeting the requirements of the NHS Ten Year Plan; aspects of working as a system locally, across North Yorkshire and York and at Humber, Coast and Vale Health and Care Partnership level; Improving Access to General Practice; and recognition of the need for culture change and complexity of the system. PM emphasised the need to deploy a variety of communication methods to ensure engagement, including Ward Councillors in areas of deprivation. He also advised that Dr

Nigel Wells, CCG Clinical Chair, was meeting with members of the Health Overview and Scrutiny Committee and had commenced a 'Talking Heads' approach with local councillors. SS agreed to facilitate engagement through the regular Members Briefing schedule as a further opportunity to progress these discussions.

The Committee:

1. Received the progress report on Estates Capital Investment Proposals.
2. Noted and ratified the change in approach for the proposal to expand Millfield Surgery
3. Noted and ratified the change in approach for the proposal to for the new build for Sherburn Group Practice.
4. Noted a draft of the Primary Care Estates Strategy was expected to be available for the next meeting.
5. Noted that SS would facilitate engagement with City of York councillors through Members Briefings.

9. Primary Care Networks Update

SP referred to the report that described the background and process to meeting all requirements for the 1 July 2019 "go-live" date for the Network Contract Directed Enhanced Service, the CCG's Primary Care Network configurations and their 2019/20 budgets. She noted that all the proposals submitted by the CCG to NHS England/NHS Improvement had been approved and also referred to aspects of the discussion at item 6 above.

Members expressed appreciation to the GP Practices and CCG staff involved in meeting the national deadlines.

The Committee:

Received the Primary Care Networks update.

10. NHS England Primary Care Update

DI presented the report which provided updates under the headings of: Contractual relating to the Primary Care Commissioning Activity Report 2018/19 and assurance of General Practice; General Practice Forward View/Transformation in respect of the Humber Coast and Vale Health and Care Partnership Primary Care Strategy and Primary Care Additional Roles Reimbursement Scheme – Establishing the workforce baseline and assessing additionality; and the General Practice Forward View.

In respect of the General Practice Forward View DI highlighted an increase in interest and uptake of online consultations advising that licences for Practices were free of charge in this regard. He noted that the next report would include an update on resilience funding and reception and clerical funding.

SS referred to Component 9: Local Professional Networks for Dental, Eye Health and Pharmacy Services in the appendix *Why Does the Humber, Coast and Vale Need a Primary Care Strategy.* She explained, with regard to eye services, that the Local

Authority was responsible for commissioning children's eye screening and the NHS was responsible for any post screening treatment. As this pathway with York Teaching Hospital NHS Foundation Trust had won an excellence award SS expressed concern that such local arrangements may be affected by a strategy across the wider area.

In respect of oral health SS reported that Public Health had worked with NHS England, Public Health England and the Local Dental Committee to resolve an apparent gap in NHS dentistry in terms of access for older people with mobility problems. She referred to the Joint Strategic Needs Assessment in this regard and, while welcoming oral health developments in the Humber, Coast and Vale Primary Care Strategy, sought assurance that local intelligence would be included in consideration of service provision.

In response to SS's concerns DI advised that each CCG would have its own Primary Care Strategy in addition to the overall Humber, Coast and Vale Primary Care Strategy.

The Committee:

Received the NHS England Primary Care Update.

11. Risk Update Report

AL referred to the report which provided details of current events and risks managed by the Committee and an overview of programme risk noting that there were two new risks. PRC.12 *Commissioning of evening and weekend access to General Practice for 100% of population* had been discussed at the previous meeting of the Committee; discussions were ongoing with Beech Tree Surgery regarding the South Locality. AL emphasised the ambition of fulfilling this in the context of Get It Right First Time.

SP explained that Risk PRC.13 *Primary Care Team resource to deliver the CCG statutory functions* related to the support currently provided by NHS England/NHS Improvement. Allocation and redistribution of such resources across the region was part of their organisational review taking place from September 2019.

The Committee:

Reviewed all risks and risk mitigation plans for the cohort of risk under the management of the Committee and confirmed the reflections were accurate.

12. Key Messages to the Governing Body

The Committee:

- Requested that the potential for establishment of a Joint Strategic Needs Assessment for the Vale of York be explored with City of York Council and North Yorkshire County Council. PM to lead on this.

- Emphasised that the Primary Care Estates Strategy should comprise key components of the CCG's aspirations to achieve the Ten Year NHS Plan working with partners.

- Noted that all requirements for the 1 July 2019 “go-live” date for the Network Contract Directed Enhanced Service had been met and expressed appreciation for this achievement to all involved.

- Expressed appreciation for the positive work undertaken by staff in support of primary care.

The Committee:

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

13. Next meeting

9.30am on 19 September 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 11 JULY 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 • Progress report to November meeting	SS	9 May 2019 11 July 2019 21 November 2019
PCCC36	1 March 2019	£3 per head Locality Updates	• Progress report to September meeting	SM	19 September 2019
PCCC37	11 July 2019	Care Quality Commission Ready Programme	• Interim verbal progress report to September meeting • Full review report to November meeting	AL	19 September 2019 21 November 2019
PCCC38	11 July 2019	Estates Capital Investment Proposals – Progress Report	• Draft Primary Care Estates Strategy • SS to facilitate engagement with City of York councillors through Members Briefings	SP SS	19 September 2019

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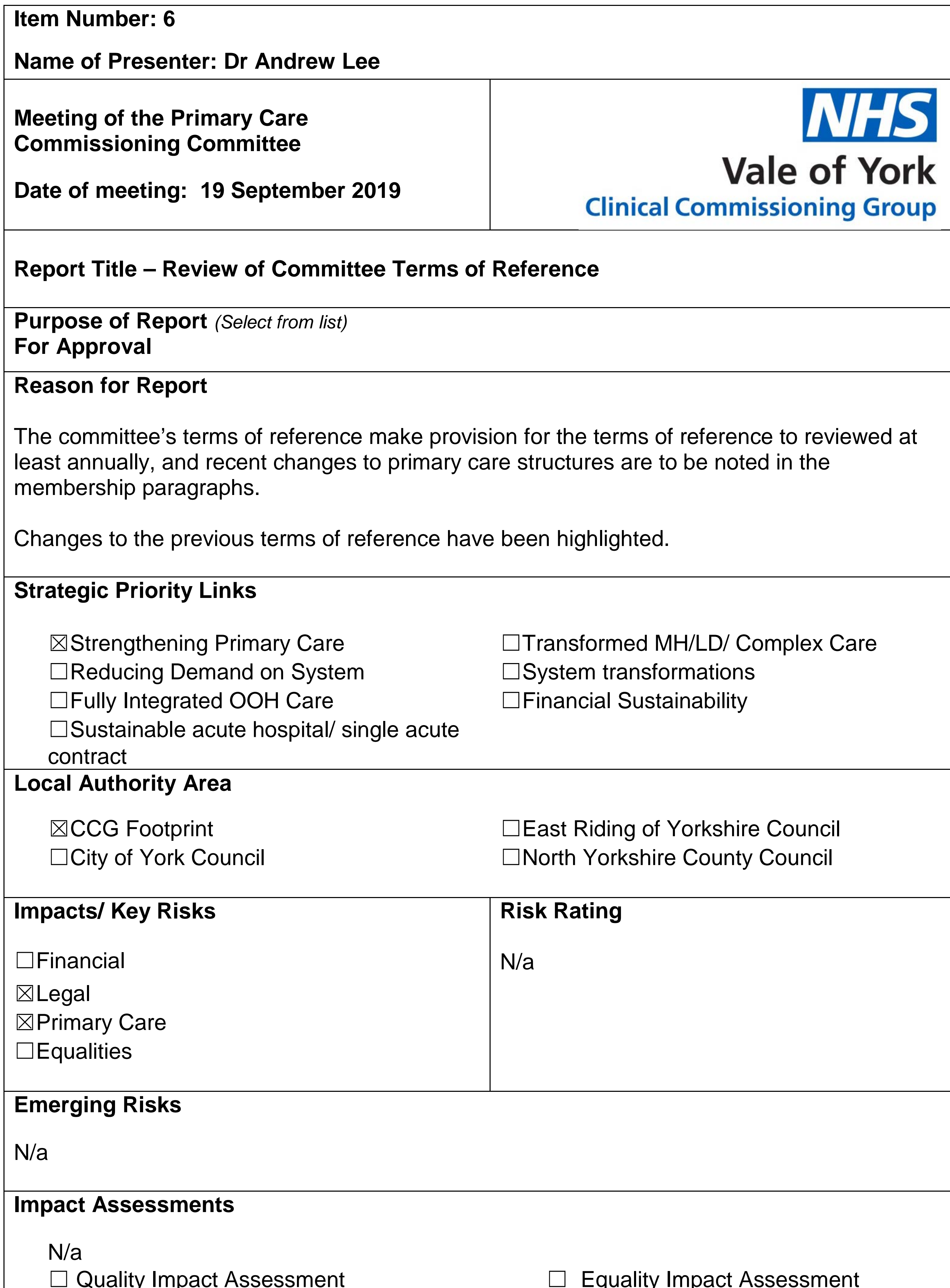

Item Number: 6

Name of Presenter: Dr Andrew Lee

Meeting of the Primary Care Commissioning Committee

Date of meeting: 19 September 2019

NHS
Vale of York
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Report Title – Review of Committee Terms of Reference

Purpose of Report *(Select from list)*
For Approval

Reason for Report

The committee's terms of reference make provision for the terms of reference to reviewed at least annually, and recent changes to primary care structures are to be noted in the membership paragraphs.

Changes to the previous terms of reference have been highlighted.

Strategic Priority Links

☒Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks	**Risk Rating**
☐Financial ☒Legal ☒Primary Care ☐Equalities	N/a

Emerging Risks

N/a

Impact Assessments

N/a
☐ Quality Impact Assessment
☐ Equality Impact Assessment

☐ Data Protection Impact Assessment	☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/a

Recommendations

That the changes to the terms of reference, to include representatives from the Primary Care Networks, be agreed.

Decision Requested (for Decision Log)

Agreed to update the committee terms of reference.

Responsible Executive Director and Title	**Report Author and Title**
Dr Andrew Lee Director of Primary Care and Population Health	Helena Nowell Planning and Assurance Manager

Annexes (please list)

Annex 1 – Terms of Reference with tracked changes Sept 2019

PRIMARY CARE COMMISSIONING COMMITTEE

Terms of Reference

Introduction

1. Simon Stevens, the Chief Executive of NHS England, announced on 01 May 2014 that NHS England was inviting CCGs to expand their role in primary care commissioning and to submit expressions of interest setting out the CCG's preference for how it would like to exercise expanded primary medical care commissioning functions. One option available was that NHS England would delegate the exercise of certain specified primary care commissioning functions to a CCG.

2. In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (as amended) (the "NHS Act"), NHS England has delegated the exercise of the functions specified in Schedule 2 to these Terms of Reference to NHS Vale of York CCG. The delegation is set out in Schedule 1.

3. The CCG has established the NHS Vale of York CCG Primary Care Commissioning Committee (the "Committee"). The Committee will function as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

4. It is a committee comprising representatives of the following organisations :
   - NHS Vale of York CCG
   - NHS England
   - Healthwatch
   - Health and Wellbeing Board(s)
   - Director of Public Health

Statutory Framework

5. NHS England has delegated to the CCG authority to exercise the primary care commissioning functions set out in Schedule 2 in accordance with section 13Z of the NHS Act.

6. Arrangements made under section 13Z may be on such terms and conditions (including terms as to payment) as may be agreed between the Board and the CCG.

7. Arrangements made under section 13Z do not affect the liability of NHS England for the exercise of any of its functions. However, the CCG acknowledges that in exercising its functions (including those delegated to it), it must comply with the statutory duties set out in Chapter A2 of the NHS Act and including:
   a) Management of conflicts of interest (section 14O);

b) Duty to promote the NHS Constitution (section 14P);

c) Duty to exercise its functions effectively, efficiently and economically (section 14Q);

d) Duty as to improvement in quality of services (section 14R);

e) Duty in relation to quality of primary medical services (section 14S);

f) Duties as to reducing inequalities (section 14T);

g) Duty to promote the involvement of each patient (section 14U);

h) Duty as to patient choice (section 14V);

i) Duty as to promoting integration (section 14Z1);

j) Public involvement and consultation (section 14Z2).

8. The CCG will also need to specifically, in respect of the delegated functions from NHS England, exercise those in accordance with the relevant provisions of section 13 of the NHS Act

   - Duty to have regard to impact on services in certain areas (section 13O);
   - Duty as respects variation in provision of health services (section 13P).

9. The Committee is established as a committee of the Governing Body of NHS Vale of York CCG in accordance with Schedule 1A of the NHS Act.

10. The members acknowledge that the Committee is subject to any directions made by NHS England or by the Secretary of State.

Role of the Committee

11. The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in the Vale of York area, under delegated authority from NHS England.

12. In performing its role the Committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Vale of York CCG, which will sit alongside the delegation and terms of reference.

13. The functions of the Committee are undertaken in the context of commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

14. The role of the Committee shall be to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act.

15. This includes the following:

   - GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);

- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

16. The CCG will also carry out the following activities :
    a) To plan, including needs assessment, primary care services in the Vale of York CCG area;
    b) To undertake reviews of primary care services in Vale of York CCG area;
    c) To co-ordinate a common approach to the commissioning of primary care services generally;
    d) To manage the budget for commissioning of primary care services in Vale of York CCG area.

Geographical Coverage
17. The Committee will comprise the NHS Vale of York CCG area.

Membership
18. The Committee shall consist of :
    Lay Chair of Quality and Patient Experience Committee (Chair)
    Lay Chair of Audit Committee
    Lay Chair of Finance and Performance Committee
    Accountable Officer
    Chief Finance Officer
    Director of ~~Director of~~ Primary Care and Population Health
    Representative of NHS England
    (voting members)

19. The Chair of the Committee shall be the Lay Chair of the Quality and Patient Experience Committee.

20. The Vice Chair of the Committee shall be a Lay Member but not the Lay Chair of the Audit Committee.

21. The following standing attendees (non-voting) will be invited :
    - A representative from each of the Primary Care Networks~~Up to two GPs from each locality~~
    - LMC representative
    - Director of Public Health
    - Assistant Director, Primary Care

- Healthwatch Representative
- Health and Wellbeing Board Representative
- Practice Manager

Meetings and Voting

22. The Committee will operate in accordance with the CCG's Standing Orders. The Executive Support to the Committee will be responsible for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each member representative no later than 5 working days before the date of the meeting. When the Chair of the Committee deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he shall specify.

23. Each member of the Committee shall have one vote. The Committee shall reach decisions by a simple majority of members present, but with the Chair having a second and deciding vote, if necessary. However, the aim of the Committee will be to achieve consensus decision-making wherever possible.

Quorum

24. The committee shall be quorate with the following attendance :

- At least four members.

Frequency of meetings

25. The committee will meet six times a year with dates circulated to committee members in advance. Additional meetings may be convened at short notice if the Chair deems it necessary in accordance with paragraph 22 above.

26. Meetings of the Committee shall :
    a) be held in public, subject to the application of 26(b);
    b) the Committee may resolve to exclude the public from a meeting that is open to the public (whether during the whole or part of the proceedings) whenever publicity would be prejudicial to the public interest by reason of the confidential nature of the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

27. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

28. The Committee may delegate tasks to such individuals, sub-committees or individual members as it shall see fit, provided that any such delegations are consistent with the parties' relevant governance arrangements, are recorded in a scheme of delegation, are governed by terms of reference as appropriate and reflect appropriate arrangements for the management of conflicts of interest. A

Primary Care Commissioning Delivery Group ~~will~~ may be established to ensure the delivery of arrangements agreed by the Committee.

29. The Committee may call additional experts to attend meetings on an ad hoc basis to inform discussions.

30. Members of the Committee shall respect confidentiality requirements as set out in the CCG's Constitution.

31. The Committee will present its minutes to the North (Yorkshire and Humber) area team of NHS England and the governing body of NHS Vale of York CCG each quarter for information, including the minutes of any sub-committees to which responsibilities are delegated under paragraph 28 above.

32. The CCG will also comply with any reporting requirements set out in its constitution.

33. The Committee shall review its terms of reference at least annually. The Committee shall undertake a review of its effectiveness at least annually.

Links to other Committees and Groups

34. Due to the nature of integrated governance, the work of the Committee dovetails with some functions of the Audit Committee. Both Chairs will work collaboratively to ensure that where objectives align, their work will complement rather than duplicate effort, bringing their own perspectives to agenda items.

Accountability of the Committee

35. The Primary Care Commissioning Committee is a delegated committee of the Clinical Commissioning Group Governing Body, and its powers are set out in the CCG's Constitution, including revised Standing Financial Instructions and Standing Orders.

36. For the avoidance of doubt, in the event of any conflict between the provisions of these Terms of Reference and the CCG's Standing Orders or Standing Financial Instructions, the latter will prevail.

Procurement of Agreed Services

37. The detailed arrangements for procurement of agreed services will follow the Standing Financial Instructions and Standing Orders of the Clinical Commissioning Group. These reflect the arrangements within the CCG's constitution and the delegation agreement with NHS England. The Committee will adhere to these arrangements.

Decisions

38. The Committee will make decisions within the bounds of its remit.

39. The decisions of the Committee shall be binding on NHS England and NHS Vale of York CCG.

40. The Committee will produce an executive summary report which will be presented to the North (Yorkshire and Humber) area team of NHS England and the governing body of NHS Vale of York CCG each quarter for information.

Conflicts of Interest

41 Conflicts of Interest, both actual and perceived, shall be managed in line with NHS Vale of York CCG Conflicts of Interest policy and recorded at the start of every meeting.

Secretary

42 The secretary will be responsible for supporting the Chair in the management of the Committee's business.

The Committee will also be supported administratively by the secretary, whose duties in this respect will include :

- Agreement of agenda with Chair and attendees and collation of papers
- Taking the minutes
- Keeping a record of matters arising and issues to be carried forward
- Advising the Committee on pertinent areas

[Signature provisions]

Schedule 1 : Delegation
[Delegation from NHS England attached separately]

Schedule 2 : Delegated Commissioning Functions

Delegated commissioning functions are as follows :

- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
- Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
- Decision making on whether to establish new GP practices in an area;
- Approving practice mergers; and
- Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).

Delegated commissioning arrangements exclude individual GP performance management (medical performers' list for GPs, appraisal and revalidation).

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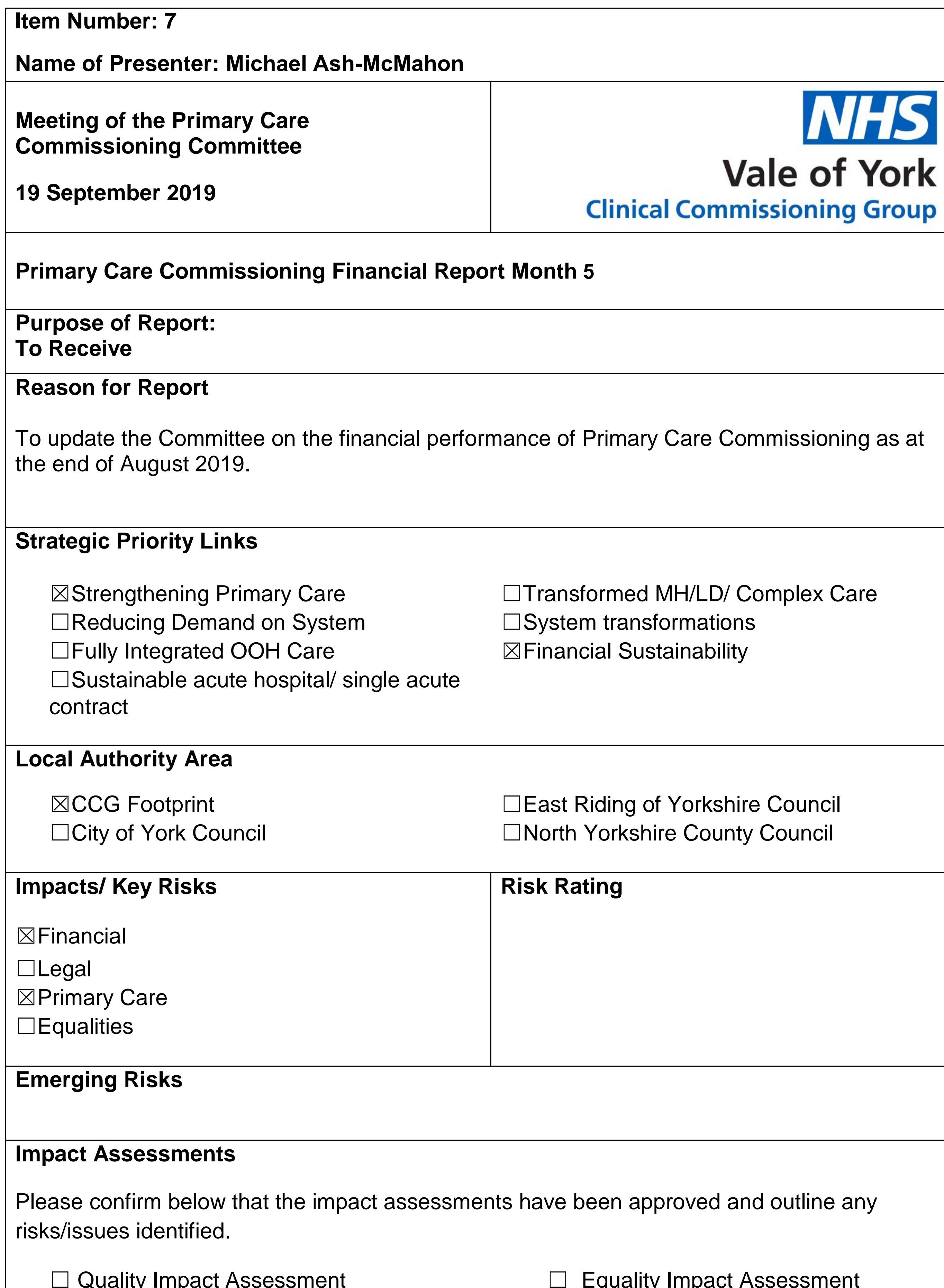


Item Number: 7

Name of Presenter: Michael Ash-McMahon

Meeting of the Primary Care Commissioning Committee

19 September 2019

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Financial Report Month 5

Purpose of Report:
To Receive

Reason for Report

To update the Committee on the financial performance of Primary Care Commissioning as at the end of August 2019.

Strategic Priority Links

☒Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment ☐ Equality Impact Assessment

☐ Data Protection Impact Assessment	☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

The Primary Care Commissioning Committee is asked to note the financial position of Primary Care Commissioning as at Month 5.

Decision Requested (for Decision Log)

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Amanda Ward, Primary Care Accountant Caroline Goldsmith, Deputy Head of Finance

NHS Vale of York Clinical Commissioning Group Primary Care Commissioning Financial Report

Report produced: September 2019

Financial Period: April 2019 to August 2019

Introduction

This report details the year to date financial position as at Month 5 and the forecast outturn position of the CCG's Primary Care Commissioning areas for 2019/20.

Delegated Commissioning Financial Position – Month 5

The table below sets out the year to date and forecast outturn position for 2019/20.

Delegated Primary Care	Month 5 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care - GMS	9,168	9,080	88	22,003	21,882	120
Primary Care - PMS	3,736	3,704	32	8,966	8,966	0
Primary Care - Enhanced Services	478	482	(4)	1,106	1,111	(5)
Primary Care - Other GP services	1,623	1,601	22	4,388	4,488	(100)
Primary Care - Premises Costs	1,848	1,833	14	4,434	4,403	31
Primary Care - QOF	1,819	1,858	(39)	4,367	4,421	(54)
Sub Total	**18,672**	**18,558**	**114**	**45,265**	**45,273**	**(8)**

- The draft plan included total expenditure for delegated primary care of £45.8m including contingency of £229k (0.5%) as per the planning requirements which is recorded within the CCG core budget. PMS premium monies of £313k have been transferred into CCG core budget reducing the total delegated primary care budget to £45.3m.

- The forecast outturn is £45.3m with an over spend of £8k against budget.

- **GMS** is based upon the current contract and list sizes and is showing a year to date under spend of £88k due to list size movements. The list size movement in Q1 and Q2 has been less than planned however Q3 and Q4 forecasts have been profiled based upon the movement in 2018/19 as list sizes tend to increase in Q3 due to the student intake. MPIG is as per current contract, which has reduced by 50% compared to 2018/19.

- The year to date variance on **PMS** contracts is due primarily to list size adjustments of £27k. PMS Premium monies were transferred out of primary care to CCG core in Month 4 and the forecast has been updated to reflect this change.

- A more detailed breakdown of **Enhanced Services** is shown in the table overleaf.

Enhanced Services	Month 5 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Extended Access	250	249	1	559	557	1
Learning Disability	34	38	(4)	83	87	(4)
Minor Surgery	185	185	(1)	443	442	(2)
Violent Patients	9	9	0	22	22	0
Sub Total	478	482	(4)	1,106	1,111	(5)

- A more detailed breakdown of **Other GP services** is shown in the table below.

Other GP Services	Month 5 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	844	819	26	2,201	2,201	0
PCO Administrator	442	425	16	1060	1028	28
GP Framework:						
Network Participation	257	257	0	616	616	0
Clinical Director	41	41	0	184	184	0
Additional Roles	96	48	48	432	432	0
Needle, Syringes & Occupational Health	8	11	(3)	19	22	(4)
Reserves	(65)	0	(65)	(124)	0	(124)
Sub Total	1,623	1,601	22	4,388	4,488	(100)

There is a YTD underspend of £48k on **Additional Roles** as no Clinical Pharmacists or Social Prescribing Link Workers have been recruited to the PCNs as at Month 5. This has currently been forecast to be spent in full by the end of the year.

The shortfall of £230k included in **reserves** during the planning stage was offset with £77k in relation to PMS list size adjustment duplication and £30k balance from the GP Framework. In Month 5 the forecast against reserves has been removed as it has been offset with the under spend on GMS contracts.

- **Premises** are based on current costs including any revaluations due this financial year. Business rates accruals are as per actual rate bills submitted by practices and verified by GL Hearn. Premises water costs have been accrued to budget pending finalisation of 2018/19 claims.

- The **QOF** accrual for 2019/20 is based on 2018/19 points and prevalence at 2019/20 price with a 1.2% demographic growth assumption. QOF achievement relating to 2018/19 was paid in June and resulted in a prior year overspend of £27k which is included in the position. This prior year overspend has been forecast in the 2019/20 position resulting in an increase in the YTD position of £11k and the forecast outturn of £27k.

Other Primary Care

The table below sets out the core primary care financial position as at Month 5.

Primary Care	Month 5 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care Prescribing	20,165	20,532	(367)	47,319	47,710	(391)
Other Prescribing	824	708	116	1,978	2,075	(98)
Local Enhanced Services	1,033	992	42	2,242	2,128	114
Oxygen	155	162	(7)	371	389	(18)
Primary Care IT	344	328	16	826	766	60
Out of Hours	1,353	1,367	(14)	3,247	3,386	(139)
Other Primary Care	1,011	1,003	8	2,426	2,503	(77)
Sub Total	**24,885**	**25,092**	**(207)**	**58,409**	**58,959**	**(550)**

The year to date **prescribing** position is overspent by £367k as at Month 5. This position is based upon 3 months of data (prescribing data is available two months in arrears) and does not include any QIPP. The forecast position of an overspend of £391k assumes full achievement of the QIPP target from Month 6 onwards and includes £665k in relation to Category M price increases from August onwards.

Other prescribing is under spent in year to date due to the phasing of the Medicines Optimisation in Care Homes funding, which is fully spent in the forecast outturn position. The forecast over spend is due to an over spend on dressings purchased through North West Ostomy Supplies which should be offset by a reduction in expenditure on dressings in the main prescribing budget.

Local Enhanced Services have been accrued and forecast based upon Q1 claims. The biggest underspend within this category is anti-coagulation which is forecast to underspend by £100k.

The **Out of Hours** contract with Northern Doctors is currently overtrading and based upon activity to Month 4 is forecast to overspend by £144k.

Allocations

The CCG received the following allocations for Primary Care in Months 4 and 5.

Description	Month	Recurrent / Non-recurrent	Category	Value £000
Transfer PMS premium from delegated to core	4	Non-recurrent	Primary Care	(313)
Transfer PMS premium from delegated to core	4	Non-recurrent	Core	313
GPFV – Practice Resilience – STP Funding	5	Non-recurrent	Core	18
GPFV – Online Consultation – STP Funding	5	Non-recurrent	Core	25
GPFV – Reception & – STP Funding	5	Non-recurrent	Core	9
Additional allocation as at Month 5				**52**

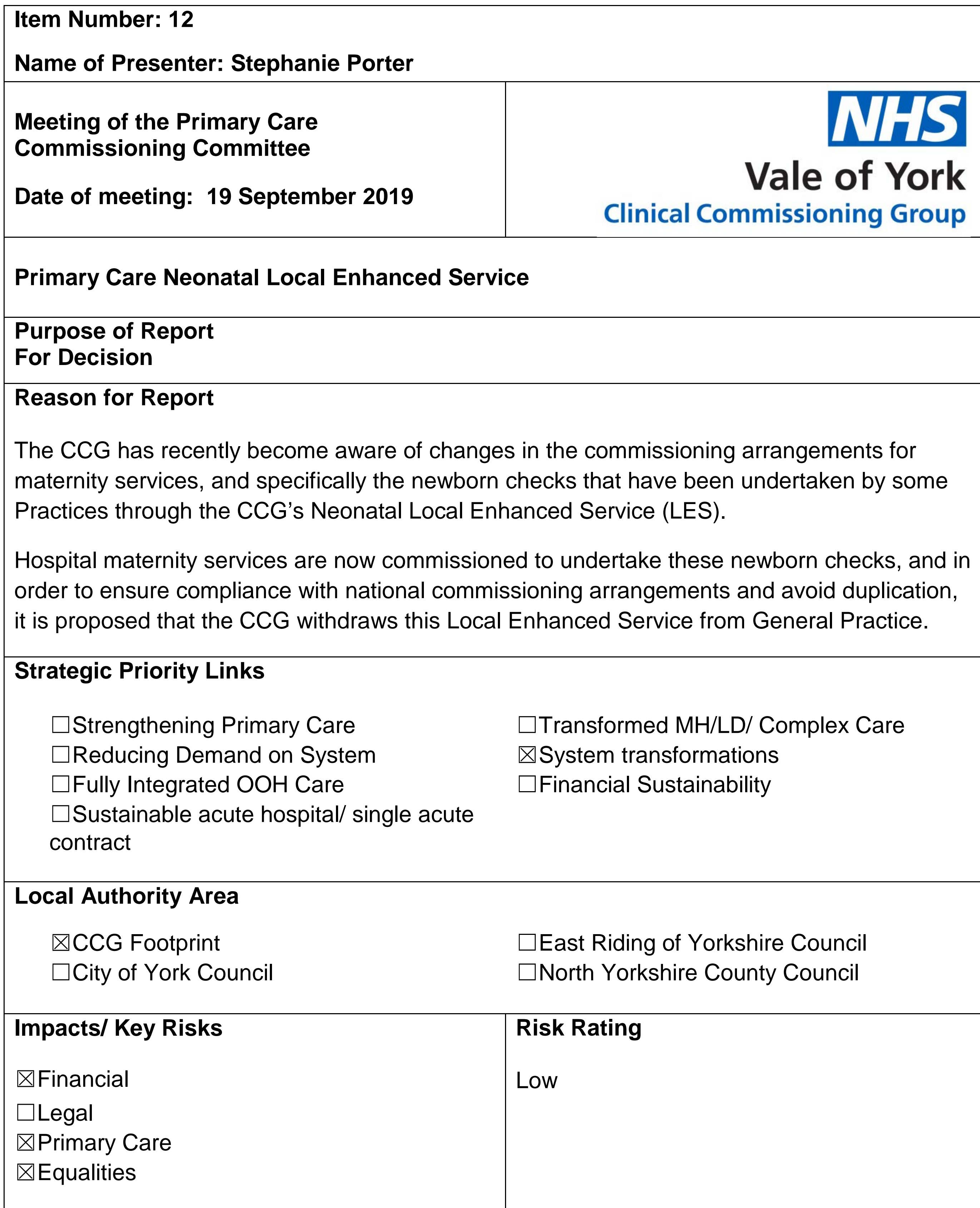
QIPP

The 2019/20 financial plan includes two QIPP targets in relation to primary care - a prescribing QIPP target of £2.0m and a primary care QIPP target of £600k. The prescribing QIPP target is forecast to be achieved in full via PIB 2 from Month 6 onwards. Contracts for PIB 2 are now being agreed with PCNs and work on agreed schemes is underway. The primary care target of £600k has been partially achieved as shown in the table below. Plans for the remaining £305k are on-going.

Description	Value £000
Primary Care QIPP target	**600**
No Improving Access service in the South locality for Months 1 - 5	(171)
18/19 PIB underspend compared to year-end forecast and budget	(77)
Underspend on £3/head schemes	(49)
Remaining QIPP target	**305**

Recommendation

The Primary Care Commissioning Committee is asked note the financial position of the Primary Care Commissioning budgets as at Month 5.



Item Number: 12

Name of Presenter: Stephanie Porter

Meeting of the Primary Care Commissioning Committee **Date of meeting: 19 September 2019**	NHS Vale of York Clinical Commissioning Group

Primary Care Neonatal Local Enhanced Service

Purpose of Report
For Decision

Reason for Report

The CCG has recently become aware of changes in the commissioning arrangements for maternity services, and specifically the newborn checks that have been undertaken by some Practices through the CCG’s Neonatal Local Enhanced Service (LES).

Hospital maternity services are now commissioned to undertake these newborn checks, and in order to ensure compliance with national commissioning arrangements and avoid duplication, it is proposed that the CCG withdraws this Local Enhanced Service from General Practice.

Strategic Priority Links

☐Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☒System transformations
☐Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☒Primary Care ☒Equalities	Low

Emerging Risks

Activity across Practices delivering the Neonatal Local Enhanced Service is relatively low, however, some Practices may lose a small amount of income through de-commissioning this service in Primary Care. The Local Medical Committee has been advised of the CCG's position in this respect.

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment
☐ Data Protection Impact Assessment
☐ Equality Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A

Recommendations

In view of national commissioning arrangements that have been in place since 2017, it is recommended that NHS Vale of York CCG now serves notice on the Neonatal Local Enhanced Service.

Decision Requested (for Decision Log)

The Committee is asked to approve the contract termination notice for the Neonatal Local Enhanced Service.

Responsible Executive Director and Title	Report Author and Title
Dr Andrew Lee - Executive Director of Primary Care and Population Health	Debra Lee - Contract Manager Shaun Macey – Head of Transformation and Delivery

1. Background

Arrangements for Newborn Infant Physical Examination (NIPE) baby checks changed from April 1st 2017 – with a requirement that every Hospital and Community born baby must be recorded on an online newborn screening database at birth.

This arrangement will identify every baby who is due for a NIPE screen before they are 72 hours old. As part of their routine screening, alongside blood spot and hearing screening, the database will be checked daily to identify any babies who have not yet been screened for arrangements to be made for their examination.

York Teaching Hospital Foundation Trust Maternity Services are wholly responsible for this nationally commissioned service, and they are expected to deliver to the NIPE service specification which includes ensuring that annual staff training takes place. They carry out Neonatal checks in line with stringent national targets, regulatory compliance standards and quality indicators, along with specific KPI's and reporting mechanisms. Maternity Services are responsible for updating, tracking and providing assurance that all NIPE checks are delivered in line with the national 72 hour NIPE standard, and must have robust pathways and protocols in place to ensure this.

This Hospital service has been in place since 2017, and Maternity Service do their utmost to ensure the check is done before discharge if a women delivers in hospital - but patient choice means that sometimes mothers may choose to go home with their babies before this is possible. In this case, or after a home birth, some women choose to return to Hospital for the check and a number of Community Midwives are also trained to perform the initial newborn check in the community. There should therefore be no requirement for any mother to present at their GP Practice for the newborn check as this programme is wholly delivered and assured through York Teaching Hospital Foundation Trust Maternity Services.

Below are the links to KPIs and to the service specification:

https://www.gov.uk/government/publications/nhs-screening-programmes-kpi-reports-2018-to-2019

https://www.england.nhs.uk/wp-content/uploads/2017/04/Gateway-ref-07842-180913-Service-specification-No.-21-NHS-Newborn-and-Infant-Physical-Examination.pdf

The KPI's require the Hospital to report how many newborn examinations are completed within 72 hours, including confirmation that no babies are missed - and the Hospital haa a failsafe clerk who tracks and alerts on any baby nearing the 72 hour window without a check.

The national service specification states that GP's perform the second baby check at 6-8 week as Midwives are only trained to provide care for 28 days.

2. Impact on Local Practices

Pocklington, Stillington and Terrington are the only Practices who have not signed up for this Local Enhanced Service – so 23 out of 26 NHS Vale of York CCG's are currently signed up to the LES.

Claims submitted by Practices during quarter 1 of 2019/20, indicate that the CCG's Finance team only received claims for a total of 23 neonatal checks, from 4 Practices.

Of these claims, 6 (from 2 of the Practices) were confirmed to have been undertaken on 6-8 week old babies rather than new born babies, and are therefore not eligible for the newborn LES payment. Of the remaining 17 checks, 16 were from Dalton Terrace and 1 was from Jorvik Gillygate. The Practice Managers confirmed that these had been carried out on newborn babies. The CCG has subsequently confirmed that all of these babies were also checked by Hospital Maternity Services (as per their contract) and so the Practice checks are all confirmed as duplicates.

It should also be noted that GP Practices do not have access to the NIPE SMART online reporting tool, and it is not therefore possible for them record completion of the examination on the national NIPE system – and therefore the national KPI around the assurance process of this taking place within 72 hours of birth cannot not be met.

Any Practices offering this service to their patients will need to manage future expectations and what this means in terms of change for mothers who cannot access the service through General Practice. The Hospital does, however provide a Community Midwife service for any checks that need to be completed at home.

3. CCG Requirements

The LES Portal will need to reflect the "end of service date" so that claims cannot be made from that date onwards with a lag considered due to claims being made quarterly. Monies will need to be paid for services performed up to the service end date stipulated - £61.90 is paid for each check conducted.

The decision to remove the LES should be underpinned by a shared decision making process, ideally with LMC support which can be quoted in the Notice letter and communications.

As this commissioning decision is due to a change in regulation/responsibility, then by default, Practices will recognise that they are not at fault and the notice letter will need to re-iterate this (no fault termination Clause 17.2 and Clause 17.10.5, a breach of any regulatory compliance standards issued by any Regulatory or Supervisory Body).

The CCG should serve 1 months' notice whereby the Practices and the Trust have a transitional month to work together to manage patient expectations, although

technically, all patients should have expected to access this service through the Hospital since 2017.

Communications to Practices will need to be aligned with the date that the Notice Letters are serviced to avoid any element of surprise.

4. Recommendation

In view of national commissioning arrangements that have been in place since 2017, it is recommended that NHS Vale of York CCG now serves notice on the Neonatal Local Enhanced Service.

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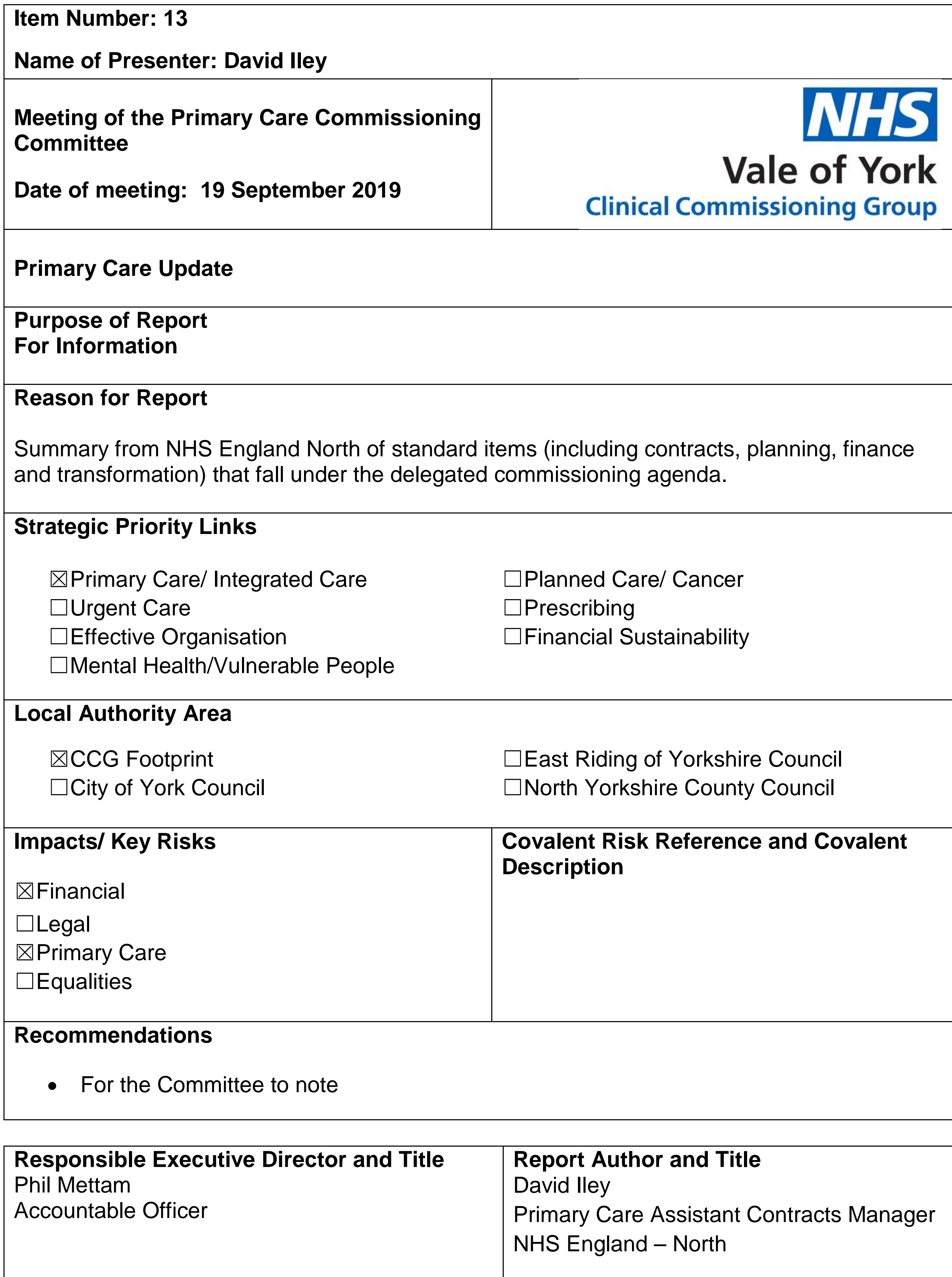


Item Number: 13

Name of Presenter: David Iley

Meeting of the Primary Care Commissioning Committee

Date of meeting: 19 September 2019

NHS
Vale of York
Clinical Commissioning Group

Primary Care Update

Purpose of Report
For Information

Reason for Report

Summary from NHS England North of standard items (including contracts, planning, finance and transformation) that fall under the delegated commissioning agenda.

Strategic Priority Links

☒Primary Care/ Integrated Care	☐Planned Care/ Cancer
☐Urgent Care	☐Prescribing
☐Effective Organisation	☐Financial Sustainability
☐Mental Health/Vulnerable People	

Local Authority Area

☒CCG Footprint	☐East Riding of Yorkshire Council
☐City of York Council	☐North Yorkshire County Council

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☒Financial ☐Legal ☒Primary Care ☐Equalities	

Recommendations

- For the Committee to note

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	David Iley Primary Care Assistant Contracts Manager NHS England – North

NHS England

Vale of York
Delegated Commissioning
Primary Care Update
September 2019

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

2

9th September 2019

1. Items for Approval

No items for approval

2. Items for Noting

2.1 Contractual

2.1.1 PMS contract variations to support alignment of GMS and PMS payments

At previous meetings the Committee have been made aware of the intention to align the price per patient of the GMS and PMS contracts as mandated by NHS England by 2020/21.

The 5 PMS Practices in the Vale of York have now received contract variations as per the template attached as appendix 1 and cover letter as appendix 2. Practices have also been provided with an indicative amount as to how much their contract value will be reduced by based on the current PMS payment of £93.13 per patient and the GMS payment for 20/21 which has been set at £91.95 per patient.

2.1.2 Primary Care Provision across multiple site Practices

Over the last year the CCG has become more aware of growing concerns amongst Practices with branch sites, particularly large Practices with multiple sites regarding their staffing levels, resilience and ability to provide services from multiple locations.

The CCG has started to engage with these Practices to discuss longer term strategy around service provision and will be using the estates strategy where appropriate to review where efficiencies could be found within the existing estate and how any service changes could potentially impact on patients.

Posterngate Surgery intend to move their existing session on a Friday morning to a Thursday morning at their Hemingborough branch site. As the branch surgery is currently closed on a Thursday this won't lead to a reduction in service. The Practice will ensure patients are made aware of the changes and still have provision available at the main Posterngate surgery on Fridays. The Practice highlighted concerns in securing locum provision on a Friday as the main reason for the change and believe this will ensure a more reliable service can be offered to patients.

2.2 Estates

2.2.1 Business as Usual Capital Estates Schemes

Earlier in the year GP Practices were invited to submit bids for a capital grant to improve their premises. The conditions of the capital allocation were that it would be used to fund 2/3 of the project with the GP Practice funding the other 1/3 as per the Premises Costs Directions and the scheme had to be completed within the current financial year. A breakdown of 6 the schemes supported by the CCG and approved by NHS England are summarised below.

Practice	Amount (£)	Grant (£)	Description
Haxby Group Practice – New Earswick branch	37,560	24,790	To improve disabled access including automatic door and modifications to the reception area.
Haxby Group Practice – Old Forge branch	20,412	13,472	To improve disabled access including automatic door and modifications to the reception area.
My Health Group	55,000	36,300	The scheme would cover 4 of the Practice's sites. At the Strensall site there would be a project to integrate the reception and waiting areas to improve accessibilty. At the Dunnington and Huntington sites automatic doors are to be installed and at all 4 sites existing carpeted areas are to be replaced with clinical compliant flooring.
Posterngate Surgery	201,000	132,660	This scheme would look at the internal reconfiguration of the Practice to provide 4 additional clinical rooms and upgrading existing lift access to support population growth in the area
Dalton Terrace	44,925	29,651	The scheme will involve the splitting of an existing large consulting room to provide two regular sized consulting rooms; the upgrading of an 'overflow' room into a regular consulting room; the upgrading of an existing Phlebotomy room into a consulting room and the renovation of storage space into a work space to accommodate a Clinical Pharmacist.
Terrington Medical Practice	45,000	29,700	Grant to enable the Practice to improve and upgrade the premises and extend the primary care footprint of the site into existing void space

2.2.2 Notional Rent Approvals

At the January 2019 meeting the Committee received a proposal for authority to be given to NHS England to approve small scale notional rent increases where the increase was under £5,000 per annum and less than 5%. The Committee supported this proposal in principle but wanted assurance that these parameters were appropriate. After reviewing the recommendation Michael Ash-McMahon, Deputy Chief Financial Officer confirmed they were appropriate, also taking assurance that they were the same parameters implemented by other CCGs locally.

2.3 GP Forward View / Transformation

2.3.1 Primary Care Network Additional Roles Reimbursement Scheme: Establishing the workforce baseline and assessing additionality

The Network Contract DES sets out an entitlement for PCNs, subject to meeting agreed requirements, to receive payments set out under the Additional Roles Reimbursement Scheme. The 5 additional roles are clinical pharmacists, social prescribing link workers, physician associates, physiotherapists and paramedics.

CCGs were be responsible for agreeing the workforce baseline with PCNs as part of the DES registration process. This involved the submission of a workforce baseline collection template to NHS England by 28th June 2019 which would fix the workforce baseline for a period of 5 years.

Following the publication of the Network DES Additional Roles Reimbursement Scheme Guidance (link below) CCGs have been given the opportunity to review their baseline submission and make any amendments by resubmitting the baseline return to NHS England by 29th September 2019.

https://www.england.nhs.uk/wp-content/uploads/2019/08/network-contract-des-additional-roles-reimbursement-scheme-guidance-updated.pdf

2.3.2 PCN Development Support Prospectus and Maturity Matrix

PCN Clinical Directors have all received a PCN Development Guidance and Prospectus and a network development plan and maturity matrix diagnostic tool from NHS England to support PCNs in understanding their development needs. The prospectus is intended to support PCN Clinical Directors and other partners working with the CCG, to put in place high quality development support that meets the needs of PCNs.

Clinical Directors are required to submit their completed Organisational Development Plans to NHS England by 30th September 2019. To support PCNs with producing their plans and to better understand funding opportunities around PCN development a workshop has been arranged by NHS England on Tuesday 24th September.

2.3.3 National Review of Access to General Practice

The National Review of Access to General Practice Services in England is now underway. The review will look at ways to enable the development and implementation of a coherent access offer to patients accessing general practice appointments.

To ensure that the review is based on as robust evidence as possible NHS England have commissioned the South Central and West CSU to manage and coordinate national and local data gathering. Focus in the first instance will be on in hours access and extended access with a view to understanding capacity, demand and improving productivity.

For extended access CCGs have been asked to provide some specific data around the commissioned services through the submission of a pro forma. The CCG returned this to the South West Central and West CSU by the deadline of 29th August 2019.

2.3.4 General Practice Forward View

The CCG continues to be actively involved with the NHSE GPFV transformation programme. As previously agreed with the committee we will provide regular updates against all the elements of the programme.
The details of the programme are contained in appendix 3.

2.4 Other

2.4.1 Humber, Coast and Vale Health and Care Partnership Long Term Plan Workforce Planning.

The Humber, Coast and Vale Health Care Partnership is required to complete a planning tool around several workforce areas, one of which being Primary Care. To support this all 6 CCGs across Humber, Coast and Vale were asked to validate and expand on a pro forma demonstrating existing workforce levels and expected growth across primary care and Primary Care Networks. The CCG reviewed and submitted the return by the deadline of 2nd September 2019; the final STP wide plan will be shared with the Committee once it's available.

<u>The Committee is asked to note the updates in the report</u>

NHS

Appendix 1

VARIATION TO PERSONAL MEDICAL SERVICES AGREEMENT

This variation has been issued due to:

- The removal of all of the current wording at Schedule 2 (Calculation of Service Price/Charges) and the insertion of the wording shown below wef dd/mm/yyyy:

  Schedule 2
  Calculation of Service Price/Charges

  Payments to the Contractor shall be determined in accordance with:

  - the GMS Statement of Financial Entitlements as amended from time to time; and
  - the GMS – Premises Costs (England) Directions 2013 as amended from time to time; and
  - the provisions of any enhanced services that form part of this contract and are funded in addition to the global sum

within the Agreement dated [enter contract-**made** date - dd/mm/yyyy] between The Board and [insert name of Agreement-holder(s)]

SIGNATURES OF THE PARTIES TO THE AGREEMENT

Name(s) of Agreement Holder(s)	Signature(s)	Dated

____

Robert Cornall, Regional Director of Commissioning,
NHS England and NHS Improvement – North East & Yorkshire Region

Dated _____________________

____

Frances Carey, Director of Commissioning Finance,
NHS England and NHS Improvement – North East & Yorkshire Region

Dated _____________________

For and on behalf of the BOARD

Appendix 2

Geoff Day

NHS England
North Yorkshire and Humber

Health House
Willerby
HU10 6DT

19th July 2019

Dear Colleague,

Equitable Funding: GMS and PMS Contracts

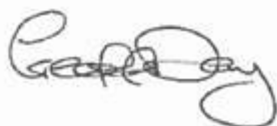
In line with my recent letters and following discussion with the LMCs, I am now able to issue the agreed notice of variation (CV) for your contract.

Both LMCs in North Yorkshire and Humber have asked me to confirm that the CV also aligns and formalises the financial agreement for PMS with GMS equivalent terms through the Statement of Financial Entitlement and Premises Directions. Therefore, the result of this means that this removes the ability for local Commissioners to apply discretion whether to award the national uplift and associated terms within the SFE and Premises Directions to PMS Contracts.

I would be grateful if you could arrange to sign and return the CV to: england.primarycare@nhs.net

However, if you feel you need to discuss any issues in relation to the issue of this CV and PMS in general, let me know and we will arrange to get back to you.

Yours sincerely,

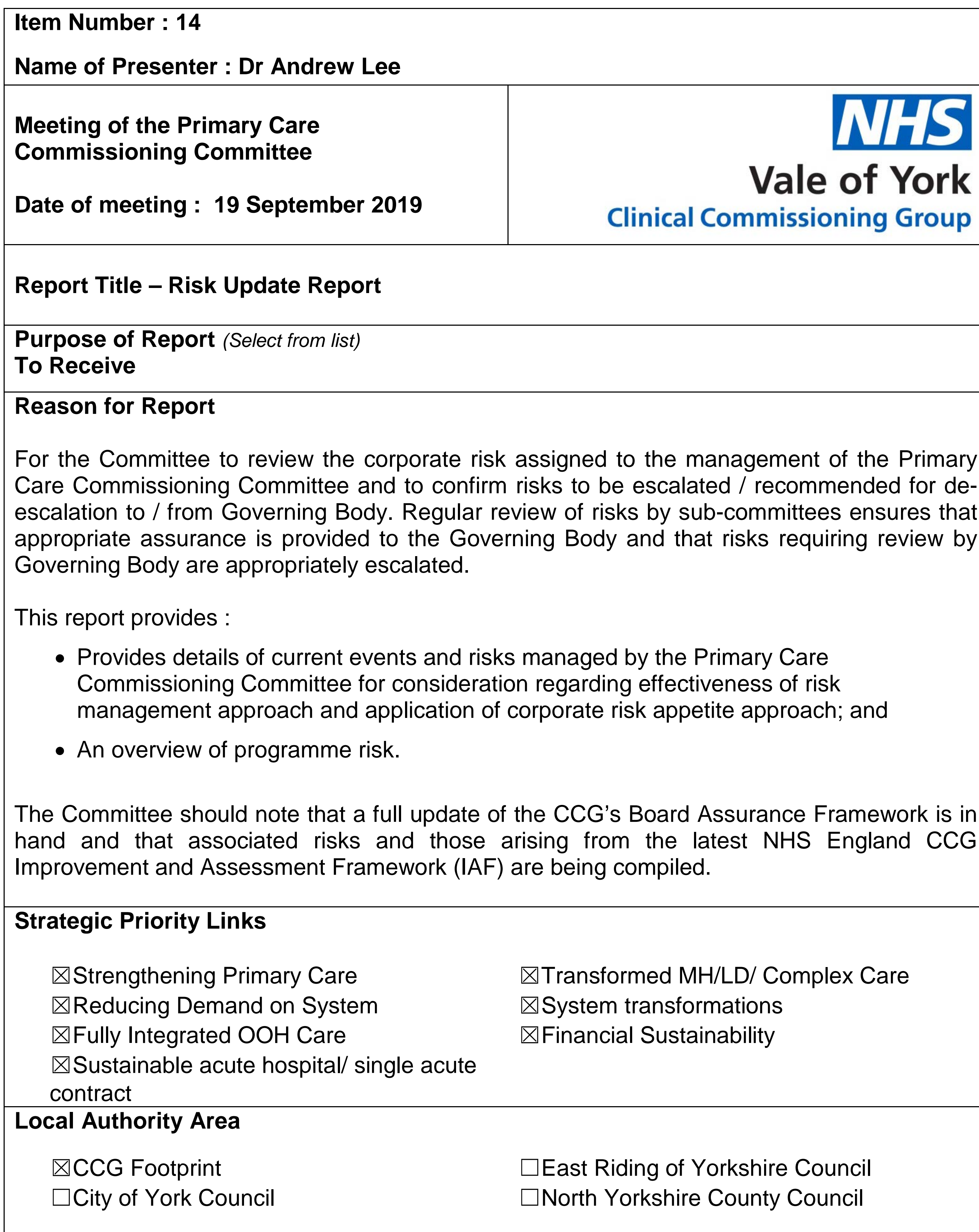


Geoff Day
Head of Co-Commissioning
NHS England and NHS Improvement

GPFV	High Impact Action (HIA)	Summary	Year	Funding	Deadline	Position September 2019
Improving Access in General Practice	5 Productive Workflows 7 Partnership Working	Plan delivery of extended access as per the requirements in the refreshed Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision to 100% of the population by October 2018. Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1,000 population. Reinforce links into locality programmes - and the wider agenda around the development of Urgent Treatment Centres.	2019/20	£6.00 per head	Mar-20	Providers working to secure more consistent coverage from the available workforce to cover the required clinical hours. Additional services are being brought on stream from Physiotherapists, Nurses, HCA's – with some testing of Skype type consultations. Utilisation rates are currently good, and Providers are working to increase the number of available appointments, whilst maintaining good utilisation rates. Some additional work required in individual Practices to ensure that evening and weekend appointments are being offered to all patients.
Reception & Clerical Training	1 Active Signposting 4 Develop The Team 6 Personal Productivity	Funding for training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. This innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most Practices. In previous years the Vale of York CCG has offered this funding through GP Alliance groupings to help train reception staff in signposting and to develop improved processes around clinical correspondence management.	2019/20	£239,682	Mar-20	
Resilience Funding	5 Productive Workflows 10 Develop of QI Expertise	The purpose of the fund is to deliver support that will enable Practices to become more sustainable and resilient and better placed to take the challenges they face now and into the future and secure continuing high quality care for patients. The menu of support ranges from helping to stabilise practices at risk of closure through to more transformed support, including if appropriate, helping practices explore new models of care. This could include: • Specialist advice and guidance e.g. Human resource, IT • Coaching / Supervision / Mentorship • Practice Management Capacity Support • Rapid Intervention and management support for practices at risk off closure • Co-ordinated support to help practices struggling with workforce issues • Change management and Improvement Support to individual practices or group of practices. Support is available to individual practices as well as being available on a greater scale to group of practices in localities.	2019/20	£201,020	Mar-20	NHSE have confirmed the following: Funding for four of the Primary Care Transformation Fund programme budgets will be going direct to Humber, Coast and Vale Health and Care Partnership in 2019/20. The funding for the GPFV programme areas will be allocated in June 2019 (i.e. the first accounting month when allocations are made) for the whole year, the allocation will be made to the Humber Coast and Vale and Health and Care Partnership rather than individual CCGs, as one budget and not by programme area. • General Practice Resilience Programme • GP Recruitment and Retention Programme • Reception and Clerical Staff Training • Online Consultations 2019/20 Allocation: - Practice Resilience - £201,020 - GP Retention - £319,080 - Reception & Clerical - £239,682 - Online Consultation - £391,006 **Total -£1,150,788**
GP Retention Scheme	4 Develop the Team	The fund will support local systems to develop innovative local retention iniatives for: • GPs who are newly qualified or within their first five years of practice. • GPs who are seriously considering leaving General Practice or are considering changing their role or working hours. • GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical). Within the Vale of York there are currently 3 GP Retainers (Sherburn, Scott Rd, Priory) already supported with finances agreed through the Primary Care Commissioning Committee. With a budget of just over £40k from the CCGs Primary Care Allocation, which is fully committed.	2019/20	£319,080	Mar-20	In April 2019 NHSE invited each CCG to submit proposals against each of the programme areas, which will be collated and taken to the Programme Board for consideration and prioritisation. Vale of York have submitted their proposals for consideration and await confirmation following the decision of the Programme Board. On the 1/8/19 the Programme Board agreed the following Proposals: **Practice Resilience:** £18k - to support potential mergers **Online Consultation:** £25k to test video consultations across the York Locality and share the learning. **Reception and Clerical:** £9K - Thornfields Active Signposting
Online Consultation	2 New Consultation Types 9 Support Selfcare 3 Reduce DNA's	The GP online consultation system fund was launched in 2017 This £45 million fund over 3 years 2017 - 2020 is available to support digital Funding from NHSE allocated from 2017/18 to CCG's on a weighted capitation basis. An STP wide procurement took place to commission an online consultation solution for GP Practices. The provider appointed is Wiggly Amps and the package is called engage system. NHSE employed a project manager to support all practices within the STP with deployment. To date the Vale of York have 6 practices who have gone live with the system, covering a population of 136,791 with a further 3 practices who have expressed an interest in going live covering a further population of 58,744.	2019/20	£391,006	Mar-20	The committee also approved in principle £5k for Priory Medical Group and York Medical Group to support recruitment - subject to detailed plans prior to any funding being transferred and £20k for the promotion of the GP Retainer Scheme, again subject to receiveing detailed plans from the CGG

Clinical Pharmacists	4 Develop The Team	The Clinical Pharmacists in general practice scheme closed to new approvals effective from 31 March 2019 and will close for any appointments to approved posts made after 30 April 2019. The Enhanced Service for the current scheme will continue for those practices claiming for an employed clinical pharmacist, or which are received approval and appointed a Clinical Pharmacist prior to the 30 April 2019 until either. • The Clinical pharmacist is transferred to become part of a PCN's workforce team from 1 Jul 2019 onwards. • The reimbursement for the clinical pharmacist under the terms of ES comes to an end, e.g. at the end of the three year tapered funding period. A clinical pharmacist does not have to transfer from their current practice, to working across a PCN. Practices considering transferring staff are advised to read the Network Contract DES guidance at the earliest opportunity as strict workforce additionality rules will apply to the Network Contract DES which may affect the number of clinical pharmacists that can be transferred to the new network scheme. The Network Contract DES begins on 1 July 2019 and PCN's will be able to claim reimbursement for clinical pharmacists from this date, subject to specific rules. Employing practices will be responsible for supporting their staff through these transitional arrangements.	2019/20	£ -	Mar-20	In light of the introduction of the Network Contract Directed Enhanced service (DES) the Clinical Pharmacists in General Practice Scheme will close from 30 April 2019. The Enhanced Service (ES) for the current scheme will continue for those practices claiming reimbursement for an employed clinical pharmacist, or which have received approval and appointed a clinical pharmacist prior to the 30 April 2019, until either: •The clinical pharmacist is transferred to become part of a Primary Care Network's workforce team from 1 July 2019 onwards (and in accordance with the rules set out in Table 1 of the Network Contract DES guidance); or •The reimbursement for the clinical pharmacist under the terms of the current ES comes to an end, e.g. at the end of the three-year tapered funding period. Confirmation has been received that none of the Clinical Pharamcists currently on the NHSE scheme within Vale of York CCG wish to transfer into the networking agreements.
ETTF	5 Productive Workflows	The Estates and Technology Transformation Fund (ETTF) is a multi-million pound programme to accelerate the development of GP premises and make greater use of technology. The aim is to improve facilities, increase flexibility to accommodate multi-disciplinary teams and develop the right infrastructure to enable better services for patients as well as increasing staff training facilities.	2017-2021	Based on individual schemes	Mar-21	1.)Sherburn - Practice looking to develop an improvement grant rather than pursuing a new build due to ETTF timescales to complete before the end of March 2021 2.) Beech Tree Surgery, Carlton branch - Improvement Grant to expand and develop existing premises, due for completion before the end of 2019. 3.) Priory Medical Group Burnholme Health & Wellbeing Campus - New Build proposal awaiting NHS England support to develop the business case. 4.) Millfield Surgery - Improvement grant to expand existing surgery waiting for approval from NHS England 5.) Pickering Medical Practice - Improvement Grant to expand existing premises approved and close to completion
Patient Online	2 New Consultation Types	Work on uptake across Practices to meet national Aspirational targets. 30% coverage desirable to be achieved by March 2019		£ -	Aspirational Target	Currently 15 practices remain below 30% expectation and 11 practices achieving over 30%. Overall as a CCG 31.1% of all patients have access to online services. The CCG have a telephone call with Josh Baxter in the Empower the Person team at NHSX on 12/9 to discuss underachieving practices.
Time For Care	4 Develop The Team 5 Productive Workflows	The Time for Care Programme is continuing beyond March 2019 with an offer of support that can be tailored to meet local needs. As well as the core elements of Time for Care that help practices to release time, improve collaboration and build improvement skills, there will be some new elements that are more relevant to primary care networks and working at scale.		£ -	2020	CCG had meeting with Charlie Keeney from NHSE Sustainable Improvement Care Team to ascertain what is currently available for General Practice under the GPFV Time for Care Programme. Discussed the national programme available of support which includes: • Primary Care Network Improvement Leader Programme • Early Career GP development Programme • Practice Nurse Development Programme • Vision to deliver - 6 - 9 month action focused workshop collaborative. Currently looking to consider whether an existing meeting / event could be used to discuss next steps or convene a dedicated event to build awareness of the Time for Care offer and consider how we might make use of this locally.

Practice Management	4 Develop The Team	The General Practice Development programme was established as part of the GPFV. The programme will: • Spread the best innovations, helping all practices to support mainstreaming of proven service improvements across all practices • Fund local collaboratives to support practices to implement new ways of working. • Provide free training and coaching for clinicians and manages to support practice redesign. In term tis will help practices lay the foundations for new models of Integrated care, and play their part in delivering a sustainable and high quality NHS as part of the sustainability and Transformation Plan process in which general practice has a key role.	2019/20	TBC	Mar-20	In previous years this was commissioned to the LMC to deliver a training programme around effective Practice Management and GPPR. NHSE are awaiting details, from the National Team, of the available funding within 2019/20. +G17
Apex Insight Workforce Tool	5 Productive Workflows 10 Develop QI Expertise	Apex Insight provides software and support to analyse workload and workforce capacity of Primary Care, GP Practices and Out of Hospital Services, providing Insights on demand, activity and utilisation levels. The software helps transform Service through better design and costing of resources, capacity, clinical case mix and new care models Features: • Captures Current workforce capacity • Identifies opportunities to Improve effectiveness, efficiency and resilience • Creates scenarios describing how practice workforce could change • Allows practices to compare workforce options and skill mix. • Provides Primary Care with information on current activity and workforce. • Provides population analysis to Improve access, efficiency and workload productivity • Forecasts future activity and models how to meet future demands • Supports decision making to design and cost new care models • Aggregates current and future activity, baseline and future workforce capacity • Connects to GP IT system and performs near real - time analysis.	2019/20	£ -	Mar-20	16 Practices across the Vale of York are at varying stages within the deployment with 4 of these practices having had the full workforce training session. The remaining 10 practices are all engaged with Apex Insight with the CCG and Apex Insight working with these practices to schedule Installation, configuration and full training. York Medical Group are very keen to set up a detailed project group to utilise the tool effectively and share the subsequent learning across the patch.



Item Number : 14

Name of Presenter : Dr Andrew Lee

Meeting of the Primary Care Commissioning Committee

Date of meeting : 19 September 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Risk Update Report

Purpose of Report *(Select from list)*
To Receive

Reason for Report

For the Committee to review the corporate risk assigned to the management of the Primary Care Commissioning Committee and to confirm risks to be escalated / recommended for de-escalation to / from Governing Body. Regular review of risks by sub-committees ensures that appropriate assurance is provided to the Governing Body and that risks requiring review by Governing Body are appropriately escalated.

This report provides :

- Provides details of current events and risks managed by the Primary Care Commissioning Committee for consideration regarding effectiveness of risk management approach and application of corporate risk appetite approach; and
- An overview of programme risk.

The Committee should note that a full update of the CCG's Board Assurance Framework is in hand and that associated risks and those arising from the latest NHS England CCG Improvement and Assessment Framework (IAF) are being compiled.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☒Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☒Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

<table>
<tr><td>Impacts/ Key Risks

☒Financial
☒Legal
☒Primary Care
☒Equalities</td><td>Risk Rating</td></tr>
<tr><td colspan="2">Emerging Risks</td></tr>
<tr><td colspan="2">Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

☐ Quality Impact Assessment ☐ Equality Impact Assessment
☐ Data Protection Impact Assessment ☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A</td></tr>
<tr><td colspan="2">Recommendations

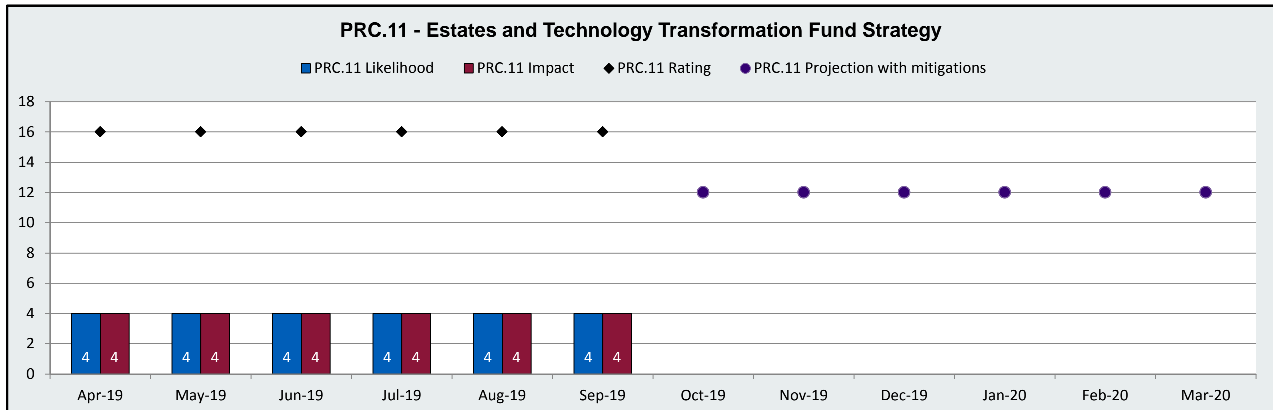
The Primary Care Commissioning Committee is requested to review all risks and risk mitigation plans for the cohort of risk under the management of the committee and agree that PRC.11, PRC.12 and PRC.13 be accepted on the risk register.</td></tr>
<tr><td colspan="2">Decision Requested (for Decision Log)

PRC.11, PRC.12 and PRC.13 accepted on the risk register.</td></tr>
</table>

Responsible Executive Director and Title	**Report Author and Title**
Dr Andrew Lee Executive Director of Primary Care and Population Health	Abigail Combes Head of Legal and Governance

Vale of York Clinical Commissioning Group

Risk Ref	PRC.11
Title	**Estates and Technology Transformation Fund Strategy**
Operational Lead	Stephanie Porter
Lead Director	Accountable Officer
Description and Impact on Care	The CCG has recognised through its estates strategy that investment is required in property to address the need to enhance estate to support service transformation. It has prioritised a small number of schemes it wished to see develop business cases to demonstrate deliverability and affordability. The schemes seek to secure capital grant funds to abate the revenue impact to the CCG. Three new build schemes have been supported by the CCG recognising the need to invest to address under capacity in physical infrastructure. The proposals are affordable taking into account a capital bullet payment via the Estates and Technology Transformation Fund.



Mitigating Actions and Comments
Date: 12 September 2019
The financial position for two out of the three programmes should become clear in October 2019. If these are as anticipated the risk should reduce according to the predictions. In the event that the funding is not as anticipated the committee will be updated and the risk rating amended.

Vale of York
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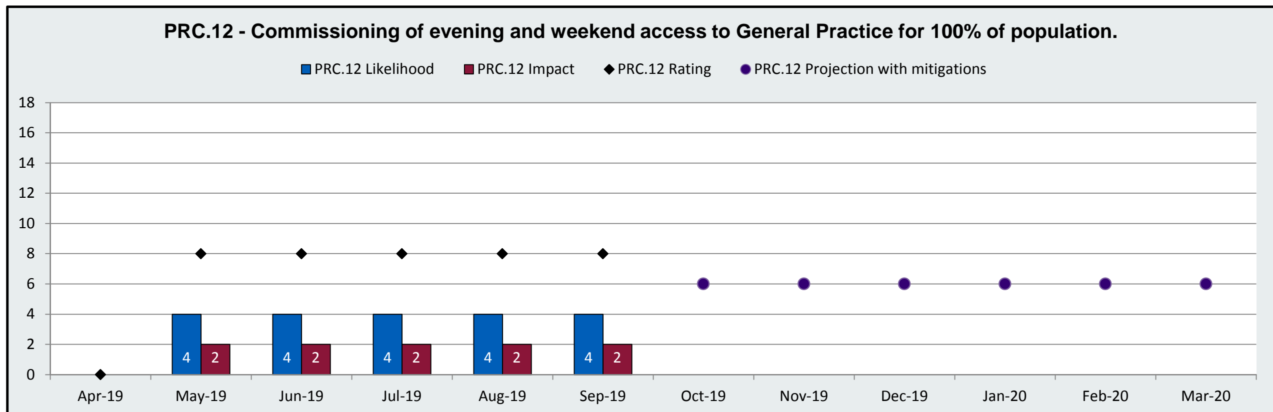
Risk Ref	PRC.12
Title	**Commissioning of evening and weekend access to General Practice for 100% of population.**
Operational Lead	Shaun Macey / Stephanie Porter
Lead Director	Executive Director of Primary Care and Population Health
Description and Impact on Care	Risk relates to the CCG's responsibility to commission evening and weekend access to General Practice services for 100% of its population. This is a national requirement from NHS England, with monthly returns on activity and utilisation rates. A procurement exercise was undertaken and contracts awarded for service provision in the North and Central localities. Currently, no service provision is formally contracted in the South locality.

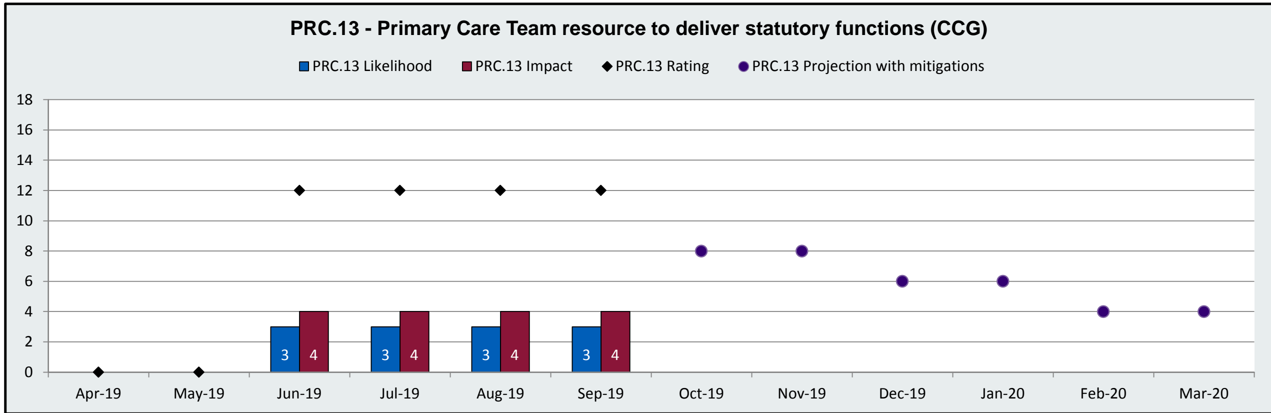


Mitigating Actions and Comments

Date: 12 September 2019

Implementation of a new service in October 2019 should improve access and therefore improve the delivery of improved access outside of normal contracted working hours. In the event that this is not in place by October as anticipated this will need to be reviewed and the Committee made aware.

Risk Ref	PRC.13
Title	**Primary Care Team resource to deliver statutory functions (CCG)**
Operational Lead	Stephanie Porter
Lead Director	Dr Andrew Lee
Description and Impact on Care	The statutory contracting of primary care may be compromised leading to poorer care for the population if the CCG does not hold the appropriate resource including expertise within the CCG team.



Mitigating Actions and Comments
Date: 12 September 2019
The Assistant Director of Primary Care is working to migrate actions and staff to those functions currently supported by NHSE/I with support from the contracting and finance team. These skills need to be transferred into the CCG team. This appears to be improving month on month.