

**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),

Unconfirmed Minutes

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 SystemOne. 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 SystemOne 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.

Unconfirmed Minutes

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

Unconfirmed Minutes

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.

Unconfirmed Minutes

- 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Progress report to September meeting 	SM	19 September 2019
PCCC37	11 July 2019	Care Quality Commission Ready Programme	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • Draft Primary Care Estates Strategy • SS to facilitate engagement with City of York councillors through Members Briefings 	SP SS	19 September 2019