Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

9 May 2019, 2.00pm to 3.30pm

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 2.00pm, 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. 2.10pm	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 12	Minutes of the meeting held on 1 March 2019	To Approve	Keith Ramsay Committee Chair
5.	Verbal	Matters Arising		All
6. 2.25pm	Pages 13 to 19	Primary Care Commissioning Financial Report Month 12	To Receive	Simon Bell Chief Finance Officer
7. 2.35pm	Pages 21 to 25	Primary Care Networks Registration Update	To Receive	Andrew Lee Executive Director of Primary Care and Population Health
8. 2.55pm	Pages 27 to 45	Draft Primary Care Commissioning Workforce Strategy	To Receive	Stephanie Porter Assistant Director of Primary Care
9. 3.10pm	Pages 47 to 61	NHS England Primary Care Update	To Receive	Chris Clarke Senior Commissioning Manager, NHS England North Region (Yorkshire and the Humber)

10. 3.20pm	Pages 63 to 66	Risk Update Report	To Receive	Andrew Lee Executive Director of Primary Care and Population Health
11. 3.25pm	Verbal	Key Messages to the Governing Body	To Agree	All
12.	Verbal	Next meeting: 1.30pm, 11 July 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

Item 4

Minutes of the Primary Care Commissioning Committee held on 1 March 2019 at West Offices, York

Present	
Keith Ramsay (KR) - Chair	Lay Member and Chair of the Quality and Patient Experience Committee and Remuneration Committee in addition to the Primary Care Commissioning Committee
Simon Bell (SB) - Part	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Chris Clarke (CC)	Senior Commissioning Manager, NHS England North Region (Yorkshire and the Humber)
Phil Mettam (PM)	Accountable Officer
Dr Kevin Smith (KS)	Executive Director of Director of Primary Care and Population Health
In attendance (Non Voting)	
Zulf Ali (ZA) – item 7	Chief Executive Officer, York Medical Group
Kathleen Briers (KB)	Healthwatch York Representative
Dr Lesley Godfrey (LG) – item 7	Partner, Priory Medical Group and Clinical Lead, York Integrated Care Team
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England North Region (Yorkshire and the Humber)
Shaun Macey (SM)	Head of Transformation and Delivery
Michèle Saidman (MS)	Executive Assistant
Dr Chris Stanley (CS)	YOR Local Medical Committee, York and Selby Division
Apologies	
Dr Paula Evans (PE)	North Locality GP Representative
Phil Goatley (PG)	Lay Member and Audit Committee Chair
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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

There was one member of the public in attendance.

Prior to commencing the agenda KR reported that this was KS's last meeting before leaving the CCG at the end of the month to return to his role at Public Health England. KR expressed appreciation to KS for his support both to the Committee and the wider CCG work.

Agenda

The agenda was discussed in the following order.

1. Welcome and Introductions

KR welcomed everyone to the meeting.

2. Apologies

As noted above.

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

CS declared an interest in item 10 and would leave the meeting for this item. All other declarations were as per the Register of Interests.

4. Minutes of the meeting held on 24 January 2019

The minutes of the meeting held on 24 January were agreed.

The Committee

Approved the minutes of the meeting held on 24 January 2019.

5. Matters Arising

No update was available in respect of the concerns about neonatal checks in hospital instead of the community.

6. North Locality £3/head Report: North Integrated Care Team Review

KS introduced items 6 and 7 in the context of the CCG offering £1.50 per head over the two years 2017/18 and 2018/19 on either a Practice or pool approach, and that, in practical terms, this had been delivered at £3 per head during the 2018/19 financial year. He explained that the North Locality had used this £3 per head across all its Practices, with a number of initiatives involving different groups of Practices being delivered in Central Locality. South Locality had made progress, and the CCG was working with them, on a scheme to invest in Urgent Care Practitioners but this had not been finalised due to the need to focus on the Improving Access to General Practice requirements. KS emphasised that the progress made utilising the £3 per head should continue via investment in Primary Care Networks. He added the caveat that the updates did not provide a full year of activity due to delay in start dates but commended the progress achieved.

SM presented the review of the North Integrated Care Team which proposed to have oversight of each Practice's palliative care and frailty registers, and all admissions and discharges to York Teaching Hospitals NHS Trust on a daily basis to effectively assess, manage and refer on as appropriate. He commended the improvements described despite the mobilisation challenges noting the alignment with the requirements of the GP contract reform and the NHS Long Term Plan.

Discussion included noting that a sample patient 'story' and more detailed metrics would enhance the update and provide clarification that the care co-ordinator, who was based at Millfield Surgery, was proactively managing the caseload across all the North locality Practices. The involvement of the voluntary sector was commended.

The Committee

Commended the progress achieved by the North Integrated Care Team through the £3 per head investment.

7. Central locality £3/head Reports

Development of a Learning Disability Support Team (as part of Complex Care and Vulnerable Adults Programme of Care)

SM presented the update on the project which aimed to improve the quality of services to patients with learning disabilities and their carers across the city, also noting the context of national data for this group. The objectives were to improve the number of health checks for these sometimes difficult to reach patients and develop more comprehensive and proactive support.

SM referred to the challenges around mobilisation but noted that the team was almost fully staffed and the project was well on the way to achieving its goals with the hope that by the end of the year there would be improvements in health check numbers, an increase in the number of appropriate patients on Practice learning disabilities registers, and the provision of training events to Practices.

LG added that the project, which related to adults, had initially been established around the Primary Care Home bases and was in response to awareness that the actual number of patients with learning disabilities was higher than those currently recorded on GP registers. The aim was to change perceptions about screening, provide assurance and promote attendance.

PM referred to the Learning Disability Strategy to be presented to the City of York Health and Wellbeing Board and noted he would advise LG of the contact in this regard so that the project could be incorporated. He also emphasised that these projects aligned with the CCG's core activities and the context of Primary Care Home, Primary Care Networks, the Place Based Partnership and Health and Wellbeing Boards.

LG and ZA apologised for the late circulation of the information for the following projects.

Supporting complex older patients in their home (including Care Homes)

LG described the establishment of the York Care Homes Team – two paramedics, two nurses and a mental health nurse, with training in minor illness which had become operational in late July 2018. Challenges included working with a number of different Practices based across the North, West and East of the City of York and Elvington and Pocklington, and also developing engagement from GPs to transfer work to the team. LG explained that the team members, who had medical indemnity, would provide support to their maximum ability to treat safely then refer a patient back to the GP if needed. The

team worked across Central Locality care homes and currently covered 46%, 749 bed capacity, of the total York bed-base; 874 beds were currently not covered due to the current capacity of the team.

LG noted that early results of baseline data showed low levels of satisfaction across the care home environment prior to commissioning of the new team. A follow up survey would be undertaken in 12 months' time to seek impact of changes. Anecdotal evidence was that GPs increasingly supported the service which enabled them to focus on the more complex needs of patients in care home settings.

LG referred to the productivity level of the team between September 2018 and January 2019 in respect of face to face visits, professional/clinical calls, admission avoidance and the completion of Advance Care Plans. She explained that the team reviewed all admissions from care homes on a weekly basis and also reviewed all care home deaths; any learning opportunities were shared. LG also detailed aspects of Advance Care Plans and associated requirements.

LG explained that the aim was to expand the model to all care homes but noted continuing recruitment and funding issues. She also advised that the model in the East Riding of Yorkshire differed as it was more medically based.

Discussion included recognition of the need for wider support across the services spectrum in York, potential for digital support and the context of the alignment of the Care Homes Team model with Primary Care Networks and the reforms of the new GP contract.

Complex older patients at risk of hospital admission due to falls

ZA explained that this project, working with BeIndependent, a provider of telecare solutions, aimed to provide proactive support at home to patients at risk of falls thus reducing risk of hospital admission due to falls. He advised that BeIndpendent had avoided hospital admission in 95% of calls from patients. ZA reported that the start of the project had been delayed until November 2018 due to aspects of the repatriation of BeIndependent to City of York Council.

This project, for patients over 70 and their partners/carers, currently covered three Practices – Dalton Terrace Surgery, Old School Medical Practice and York Medical Group – from which 50 patients of the expected 175 had been recruited to date. ZA detailed the work of the first responder to a call noting that a wider view than health was utilised, such as medication and food checks.

SB joined the meeting

ZA highlighted that the initial mobilisation phase had been completed and emphasised the potential to scale up the project and proactively manage more patients at home, improve system flow and reduce system costs, also saving GP time. He noted that currently the intervention was in place for patients for three months and expressed the view that six months was more appropriate both in terms of support and preventing admissions. There was also opportunity for digital monitoring in care homes as referred to in the previous update.

ZA requested further time to establish metrics of the project's impact noting that there would be no further mobilisation costs and referring to the context of the technological aspects of the NHS Long Term Plan and Primary Care Networks. LG added the context of cost to the system noting the service cost of c£1 per day against the cost of an ambulance. She emphasised the need for support to be available for the frail elderly that ensured hospital admission would only result when that was the appropriate response for a patient's need.

Improving quality of services to patients with mental health conditions

LG explained that Primary Care Mental Health in York had been established based on the Fleetwood model but with c185,000 patients in the Central locality against Fleetwood's c30,000. The aim was to enable easy access to mental health support in the community at primary care level. Recruitment of a skill mix comprising Registered Mental Health Nurses, Occupational Therapists, Mental Health Social Workers and Counsellors had taken time with requirement for a resolution to a number of terms and conditions matters.

The first patient had been seen in December 2018 following a significant staff training programme. The service was based on six sessions of an hour each which included write up time. Five or six patients a day were being seen.

LG explained that the service worked closely with Tees, Esk and Wear Valleys NHS Foundation Trust. The first contact was a risk assessment in respect of indemnity. The team could refer on to Tees, Esk and Wear Valleys NHS Foundation Trust if additional support was needed for more complex patients. The service was currently provided to nine of the 12 Central Locality Practices on a pro rata basis of indicative lists. LG expressed the aspiration of expanding the service across the whole locality, noting that to achieve this would require 10 whole time equivalent staff against the current six whole time equivalent capacity. She also explained that a pilot providing telephone support for urgent care for an hour a day by a mental health worker instead of a GP would require additional staff across York.

LG noted that evidence was not yet available for direct GP time released due to the short time the service had been in place. However the service had been well received and was addressing problems as they arose. Data would be developed to demonstrate the impact both in terms of quality for patients and GP time released through the service.

PM commended the clinically led initiatives which aligned with the CCG's strategy in terms of patient experience and reducing hospital admissions expressing support in principle for continuation of the initiatives and the aim of replication in each locality. He referred to the current contract negotiations around the 2019/20 financial plan and the associated issues noting the CCG's commitment to invest in primary care, mental health and community services but also the need for assurance that these initiatives would impact on demand management with York Teaching Hospital NHS Foundation Trust.

Discussion ensued in the context of lack of supporting metrics due to the limited implementation timescales of the initiatives, the need for Business Intelligence support, the CCG's intention to release costs from the acute trust on the basis of confidence that primary care could scale up services, and the need for the CCG to provide assurance to

the regulators. LG agreed to work with SB and his team to provide, before the end of the month, a realistic estimate of impact from the £3 per head initiatives, based on payment by results costs, for inclusion in the 2019/20 financial plan. *Post meeting note: Meeting with Michael Ash-McMahon (Deputy Chief Finance Officer), LG and SM held on 14 March 2019.*

SB commented that, in addition to the metrics, relationship building between clinicians and across clinical networks was a key perspective. He also confirmed that the CCG's plan was to invest strategically in primary care and mental health services but the challenge was the acute hospital payment mechanism.

KB added that Healthwatch had undertaken a survey on service changes which she would provide.

KS commended the engagement that had taken place in respect of the £3 per head requirements noting that lessons learnt would inform development of the Primary Care Networks where he hoped the initiatives would continue. He highlighted benefits to the wider system and impact on population health through development of out of hospital services but also noted the continuing need for hospital provision.

Members commended the outcomes of the initiatives despite the challenges around presenting the updates.

The Committee

Expressed appreciation to ZA and LG and commended the outcomes of the Central Locality's £3 per head initiatives.

ZA and LG left the meeting

8. Primary Care Commissioning Financial Report Month 10

SB apologised for his partial attendance at the meeting due to operational issues. He presented the report which detailed the financial outturn of the CCG's delegated primary care commissioning areas at month 10 of 2018/19. The forecast outturn remained at £43.4m, full spend of the budget, despite variances against individual budget areas.

SB highlighted that the re-emergence of No Cheaper Stock Obtainable was expected to have a c£800k impact to the end of the financial year. He noted that CCGs had not been required to plan for this as it had not been expected to recur; no additional support was expected from NHS England in this regard. SB added that this issue, together with EU exit uncertainty, would continue into the new financial year and advised that the Medicines Management Team would work with Practices in terms of gaining a detailed understanding of the impact and continuing to mitigate cost growth.

PM referred to the discussion at items 6 and 7 and sought an estimate of the full year investment to maintain the schemes and also account for investment in the South Locality. KS referred to the Primary Care Network funding described in the following agenda item and advised that c£1.3m spend would be required. He would provide further information in this regard for the meeting with the regulators week commencing 4 March.

The Committee:

Received the month 10 Primary Care Commissioning Financial Report.

SB left the meeting

9. Five-year Framework for GP Contract Reform - Summary

In introducing this item KS commended SM's review of the Framework and emphasised that the CCG's strategy aligned with the contract requirements in terms of sustainable Practices and Practices working both together and more widely as appropriate. He emphasised in respect of Primary Care Networks that Practices remained but that work at scale was required as the basis for integrated care.

SM presented the report which comprised: the background to the Five-year Framework; the Primary Care Network Directed Enhanced Service Contract and associated responsibilities and requirements; addressing the workforce shortfall; improving the Quality and Outcomes Framework; delivering seven new national service specifications and their timescales; and digital and joining up Urgent Care Services.

SM provided clarification on a number of aspects of the report and highlighted the timescales for establishment of Primary Care Networks: 15 May submission to the CCG of proposed configuration, 31 May confirmation to NHS England, 1 July 2019 "go live". SM noted NHS England's commitment to 100% population coverage by a Primary Care Network and explained that if a Practice did not sign up its population would be covered by another Network.

SM advised that clarification was being sought from NHS England regarding boundaries and the requirement for Practices to be in one Primary Care Network covering populations of 30,000 to 50,000. Priory Medical Group, Haxby Group Practice and York Medical Group were particularly noted in this regard.

KS explained that the CCG was working with the Local Medical Committee to understand parameters for Networks. He noted that NHS England would make the final decision and provide funding direct to the Networks. In response CC noted that NHS England recognised the boundary concerns and emphasised that delivery of services by the Networks was key.

CS added that the Local Medical Committee was encouraging Practices to sign up to a Primary Care Network and commended the joint work with the CCG in this regard. In response to PM referring to the need to avoid historic differences, CS confirmed that the collective of patients and Practices was paramount in the Networks.

Members sought and received assurance that there would be no negative effects on patients and no diminution of services. In fact integration would bring expansion of services in the community.

The Committee:

Received the summary report on the Five-year Framework for GP Contract Reform.

CS left the room due to his conflict of interest in item 10

10. Amber Drugs Monitoring Local Enhanced Service

KS presented the report which described the national and local context for amber drugs near patient testing and sought support for a service specification proposing alignment across the four North Yorkshire CCGs with the banding criteria and the drugs within these as per the criteria currently used by NHS Hambleton, Richmondshire and Whitby CCG. Two appendices described respectively banding criteria and service payments for monitoring drugs in primary care and banding decisions on drugs included in the monitoring of drugs in primary care services. The estimated annual cost saving of moving to the proposed North Yorkshire CCG service specification for NHS Vale of York CCG was £69,132.

KS, who expressed strong support for the approach, explained that approval was being sought by the respective Primary Care Commissioning Committees with a view to presenting a single scheme for consideration by the Local Medical Committee who had been involved in the discussions. KS additionally reported that the Finance and Performance Committee the previous day had supported the commissioning of a Local Enhanced Service for Physical Health Checks in Severe Mental Illness across the four North Yorkshire CCGs.

The Committee:

Approved the proposed North Yorkshire CCGs service specification aligning the criteria currently used by NHS Hambleton, Richmondshire and Whitby CCG for amber drugs near patient testing.

CS returned to the meeting

11. NHS England Primary Care Update

DI presented the report which sought approval for a temporary service reduction at York Medical Group to support the delivery of a staff training away day and provided updates under the headings of contractual aspects relating to the NHS Long Term Plan, Personal Medical Services Agreement Review, the General Practice Forward View and Other in respect of changes to the Health Education England GP workforce data collection, pharmacy campaigns, the NHS Urgent Medicine Supply Advanced Service pilot and the Dispensing Services Quality Scheme. Appendices comprised respectively two letters relating to equitable funding between General Medical Services and Personal Medical Services contracts and details of the General Practice Forward View transformation programme.

KS referred to the two letters noting that to date there had been no contact from Practices but emphasised that the CCG had offered support in this regard. He advised that, subject to availability of the information, proposals would be presented to the May meeting of the Committee for the c£500k expected for reinvestment from the Personal Medical Services budget.

The Committee:

1. Approved the temporary reduction in service provision at York Medical Group.
2. Noted the updates.

Additional Item – Unity Health Care Quality Commission Report

KS commended Unity Health's exceptional work to achieve a 'Good' rating from the Care Quality Commission's recent revisit to the Practice. He also noted the role of the CCG, local Practices and the Local Medical Committee in this regard. KS additionally referred to the CCG's support to GP Practices with Care Quality Commission Inspection preparation through self assessment advising that the information would be shared anonymously with Practices, also noting that benefit had already been reaped in this regard.

The Committee:

Noted the update and commended the progress achieved by Unity Health.

13. Key Messages to the Governing Body

The Committee:

- Focused on the localities' clinically led schemes and encouraged the Governing Body to maintain the investment
- Approved alignment with the North Yorkshire CCGs service specification for amber drugs near patient testing
- Received an update on the Five-year Framework for GP Contract Reform noting the added benefit for patients

The Committee:

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

14. Next meeting

2.00pm on 9 May 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 1 MARCH 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	Local Enhanced Services Review 2019/20	• Report on PSA review • SS to discuss with Michelle Carrington concerns about neonatal checks in hospital instead of the community	Head of Primary Care SS	9 May 2019 1 March 2019
PCCC36	1 March 2019	£3 per head Locality Updates	• Progress report to September meeting	SM	19 September 2019

Item Number: 6

Name of Presenter: Simon Bell

Meeting of the Primary Care Commissioning Committee

Date of meeting: 9 May 2019

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Financial Report

Purpose of Report
For Information

Reason for Report

To update the Committee on the financial performance of Primary Care Commissioning as at the end of March 2019 and the draft financial plan for 2019/20.

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

- ☒Financial
- ☐Legal
- ☒Primary Care
- ☐Equalities

Risk Rating

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 12 and the draft financial plan for 2019/20.

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: April 2019

Financial Period: April 2018 to March 2019

Introduction

This report details the financial outturn position of the CCG's Primary Care Commissioning areas for 2018/19 and the financial plan for 2019/20.

Delegated Commissioning Financial Position – Month 12

The table below sets out the year to date and forecast outturn position for 2018/19.

Area	2018/19 Year End Position		
	Budget £000	Actual £000	Variance £000
Primary Care - GMS	21,688	21,649	39
Primary Care - PMS	8,596	8,716	(120)
Primary Care - Enhanced Services	1,166	1,169	(3)
Primary Care - Other GP services	3,533	3,470	63
Primary Care - Premises Costs	4,447	4,147	300
Primary Care - QOF	4,288	4,320	(32)
Sub total	43,718	43,471	246
Memo: exclude non-recurrent allocation	*(300)*	*0*	*(300)*
Revised sub total	***43,418***	***43,471***	***(54)***

- The year-end total outturn figure is £43.5m.
- The outturn variance to budget is £54k over spend, excluding the non-recurrent allocation received from NHS England. The main reason for the over spend is due to being notified of two long term Locum sickness claims in March 19 that required backdating to January 18 and September 18.
- **GMS** is based upon current list size and includes the additional 1% pay award. MPIG is per actual costs for current contracts. In total GMS is showing an under spend of £39k against budget.
- The **PMS** contract in the plan had a shortfall of £117k full year due to material list growth during 2017/18 on several of the PMS practices. There is also an over spend on the list size adjustment and out of hours of £13.3k, offset against a variance of £11k on PMS delivery relating to Tadcaster Medical Centre.

- **Enhanced Services** have been accrued based upon claims received to date pro-rated. There is a small over spend due to a prior year claim made by a practice for learning disabilities in 2017/18.

- **Other GP services** has an overall outturn variance of £63k under spent. This includes a payment of £116k for the reimbursement of Unity legal fees in relation to their new property and £157k due to increased tariff of 6.9% for Dispensing Doctor fees from October plus seasonal variation due to flu season. Long term sickness claims notified in March 2019 for My Health Group and Haxby Group have resulted in an over spend of £168k[1]. This is offset by unused contingency of £219k and £300k of additional non-recurrent allocation which was received in Month 7.

- **Premises** are based on current costs including any revaluations made during the year. Business rates are as per actual claims submitted by practices that have been verified by GL Hearn. Prior year accruals of £149k have been released as a benefit into the position. This includes a benefit against a number of Priory Medical Group properties that have had recent valuations, having missed their three yearly review periods.

- **QOF** achievement is based on 2017/18 actual points and prevalence. The accruals and forecast values have been updated to reflect the latest list size as at 1st January 2019. The over spend is due to an increase in demographic growth which had been estimated at 0.7% in the budget, however actual growth as per the latest list size is 1.2%.

Other Primary Care *(information only)*

Primary Care within the core CCG budget is included in this paper for information only, to ensure the Committee has awareness of the wider spend in primary care.

Primary Care	2018/19 Year End Position		
	Budget £000	Actual £000	Variance £000
Primary Care Prescribing	47,995	48,509	(514)
Other Prescribing	2,026	2,241	(215)
Local Enhanced Services	2,013	2,053	(40)
Oxygen	318	368	(50)
Primary Care IT	957	886	71
Out of Hours	3,193	3,265	(73)
Other Primary Care	3,225	1,789	1,436
Sub Total	**59,726**	**59,112**	**615**

As reported previously to this Committee, the £1.4m underspend on Other Primary Care is the impact of underspends within primary care, including £3 per head transformation funding and Improving Access. Prescribing is overspent by £0.5m which includes £999k of No Cheaper Stock Obtainable (NCSO) adjustments.

[1] . *An email has been sent out to practices to remind them to submit their claims regularly and in accordance with the SFE requirements – within a month of the period claimable.*

Financial Plan 2019/20

The draft plan is based upon the Month 11 2018/19 underlying position plus contract uplifts and growth. The CCG submitted the plan on the 4th April 2019 and includes the investments in Primary Care Networks as outlined in the contract reform documents.

Delegated Commissioning

The table below shows the draft 2019/20 plan for delegated primary care.

Area	18/19 FOT as at M11 £000	Non-recurrent expenditure and FYE of investments £000	Recurrent 18/19 expenditure £000	Uplifts £000	Demographic growth (1.2%) £000	Adjustments, cost pressures and investments £000	Draft 19/20 plan £000
Primary Care - GMS	21,649	103	21,752	(7)	258	0	22,003
Primary Care - PMS	8,716	475	9,192	53	111	0	9,356
Primary Care – Enhanced Services	1,177	(2)	1,175	0	8	(114)	1,069
Primary Care – Other GP Services	3,360	(151)	3,209	71	0	1,297	4,577
Primary Care - Premises	4,170	162	4,332	104	0	0	4,436
Primary Care - QOF	4,320	(5)	4,315	0	52	0	4,367
Total	**43,393**	**582**	**43,975**	**220**	**429**	**1,183**	**45,808**

The 2019/20 allocation value for Primary Care Delegated Commissioning is £45.8m.

The non-recurrent expenditure and full year effect of investments in 2018/19 are as follows:

- GMS - £103k for list size movement using the January list size values.
- PMS - £313k for PMS Premium added back into plan and £163k for list size movement using January list size values.
- Other GP Services - £151k, of which £116k relates to a non-recurrent payment to Unity Health for legal fees and £41k relates to a prior year seniority payment.
- Premises - £157k for prior year benefit in relation to rent revaluations.

Uplifts are as follows:

- GMS – uplift of 1.09% which includes the adjustment for indemnity fees. This is offset against MPIG reduction of 50%.
- PMS – uplift of 0.60% which includes the adjustment for indemnity fees.
- Other GP Services – uplift of 1% on PCO Administrator and 4.12% on Dispensing Doctors.
- Premises - uplift included for the practices due revaluation in 2019/20 as per contracting information. Business rates uplift is as per confirmation from GL Hearn.
- QOF - No uplift due to the average national average list size which has been adjusted to offset against increase in £ per point.

Adjustments, costs pressures and investments in 2019/20 are as follows:

- Enhanced Services – £114k saving due to Extended Hours DES ceasing at the end of June. This is paid at £1.90 per raw list size. From July 2019 it will be replaced by the Extended Access DES which all practices sign up to as part of GP Framework Network contract DES at £1.45 per raw list size.
- Other GP Services – Additional roles reimbursement scheme of £498k, payable from July 2019. This is based on an estimate of 10 Primary Care Networks, each having 1.0wte Social Prescriber at midpoint band 5 and 0.7wte Clinical Pharmacist at midpoint band 7.
- Other GP Services - Network participation payment of £616k, payable from July 2019 but backdated to April 2019. This is calculated on £1.761 per weighted patient paid to the practice as opposed to the network.
- Other GP Services - Network contract leadership of £184k calculated using raw list size x £0.51p per patient relating to clinical directors.
- Other GP Services - £229k for 0.5% contingency as required by national business rules.
- Other GP Services - there is a reduction in reserves of £230k to ensure that Delegated Commissioning spend matches the allocation received.

Other Primary Care (*information only*)

The table below shows the draft 2019/20 plan for other primary care.

Area	18/19 FOT as at M11 £000	Non-recurrent expenditure and FYE of investments £000	Recurrent 18/19 expenditure £000	Tariff uplift and efficiency £000	Demographic growth (2.1%) £000	Adjustments, cost pressures and investments £000	QIPP £000	Draft 19/20 plan £000
Primary Care Prescribing	48,318	(999)	47,319	994	1,015	0	(2,008)	47,319
Other Prescribing	2,304	(964)	1,340	0	0	637	0	1,978
Local Enhanced Services	2,048	150	2,198	57	0	0	0	2,255
Oxygen	371	0	371	0	0	0	0	371
Primary Care IT	882	(56)	826	0	0	0	0	826
Out of Hours	3,256	(9)	3,247	0	0	0	0	3,247
Other Primary Care	1,736	(1,728)	8	0	0	641	(600)	49
Total	**58,916**	**(3,607)**	**55,310**	**1,051**	**1,015**	**1,278**	**(2,608)**	**56,045**

Tariff uplift is 2.1% for Prescribing and 3.7% for Local Enhanced Services. The growth on Local Enhanced Services is offset by an efficiency of 1.1%.

The non-recurrent expenditure and full year effect of investments in 2018/19 are as follows:

- Primary Care Prescribing - £999k for NCSO
- Other Prescribing – £554k for PIB payments, £404k for MOCH programme (funded via allocation)
- Local Enhanced Services - £150k for the increase in anticoagulation payments relating to the new contract
- Other Primary Care - £1.3m for GP Forward View schemes including Improving Access and £313k for PMS premium monies

Adjustments, cost pressures and investments in 2019/20 are as follows:

- Other Prescribing - £600k for deferred PIB payments
- Other Primary Care - £541k for Primary Care Network Admin payment of £1.50 per head, £100k reinvestment of DIB gainshare.

Recommendation

The Primary Care Commissioning Committee is asked to note the financial position of the Primary Care Commissioning budgets as at Month 12 and the draft 2019/20 plan.

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Item Number: 7

Name of Presenter: Stephanie Porter

Meeting of the Primary Care Commissioning Committee **Date of meeting: 9 May 2019**	NHS Vale of York Clinical Commissioning Group

Primary Care Networks Registration Update

Purpose of Report
For Information

Reason for Report

The CCG has a validation rather than approval role in the registration of Primary Care Networks (PCNs). The expectation is that the CCG will ensure that all proposed PCNs meet the criteria set out in the GP Contract Reform document[1], and where they do not, will work with NHS England and the Practices to achieve a proposal that is supported. The first formal submission date to NHS England is 31 May 2019 when CCGs are required to confirm Network coverage and approve variation to GMS, PMS and APMS contracts. This report updates the Committee on Primary Care Team progress in engaging with Practices on the PCN registration process, and formation of groupings of Practices to form PCNs.

Strategic Priority Links

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

Local Authority Area

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

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

[1] https://www.england.nhs.uk/wp-content/uploads/2019/01/gp-contract-2019.pdf

Emerging Risks

None

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

Recommendations

This report is for information to give assurance that the timetable for PCN registration is on track.

Decision Requested (for Decision Log)

N/A

Responsible Executive Director and Title	**Report Author and Title**
Andrew Lee Executive Director of Primary Care and Population Health	Stephanie Porter Assistant Director Primary Care

1. Timescales for Primary Care Network Registration with NHS England

All NHS Vale of York CCG Practices were contacted via email on 17 April 2019, reconfirming the information that they are required to submit in order for the CCG to meet NHS England's requirements around registering Primary Care Networks (PCNs) so that Practices can participate in the Network Directed Enhanced Service (DES) from 1 July 2019.

Although Practices are not formally required to submit PCN registration documentation to the CCG until 15 May 2019 (as per the national programme timescales), the CCG has requested that registration information is submitted in advance of this where possible in order to allow the maximum amount of time to address any potential issues or queries prior to 15 May.

We have requested applications by 3 May to allow the Primary Care Commissioning Committee which meets on 9 May to ratify the proposals to support the CCG's submission to NHS England on or before 31 May.

2. Emerging Primary Care Networks – Update

2.1 South Locality – two PCNs

Selby Town PCN – registration documentation received.

Beech Tree Surgery
Posterngate Surgery
Scott Road Medical Centre
Escrick Surgery
4 Practices with total PCN population 49,792

Clinical Director Dr Nick Jackson from Beech Tree Surgery

Selby/Tadcaster Rural PCN - network contract DES registration form received, awaiting signed Mandatory Network Agreement document.

South Milford Surgery
Sherburn Group Practice
Tadcaster Medical Centre
3 Practices with total PCN population 28,290

Clinical Director Dr Steve Lovisetto from South Milford Surgery

To Note: Whilst the proposed PCN population is below the minimum threshold of 30,000 as described in the national guidance, we have strong population growth evidence linked to housing developments which will see the combined registered list size reach 30,000 within 24 months. This detail has already been shared informally with the NHS England regional team and there is no anticipated risk associated with this application.

2.2 North Locality – one PCN

We anticipate no risks related to PCN population totals and we await the documentation.

Millfield Surgery
Tollerton Surgery
Stillington Surgery
Helmsley Surgery
Terrington Surgery
Pickering Medical Practice
Kirkbymoorside
7 Practices with total PCN population 34,967

2.3 Central Locality – likely five PCNs

We have yet to receive any formal documentation to support the agreed PCNs across the Central locality (12 Practices). Informal discussions with Practices and the Local Medical Committee indicate 5 PCNs, and whilst there have been some minor shifts in anticipated groupings for a few Practices, the groups now seem to be consolidating.

Likely PCN groupings that are emerging are:

i) Jorvik/Gillygate, East Parade, Unity and Dalton Terrace

ii) Priory Medical Group

iii) MyHealth, Pocklington and Elvington

iv) Haxby, Old School and Front Street

v) York Medical Group

To Note: Priory Medical Group's PCN population of 58,396 exceeds the maximum size of 50,000 suggested in the guidance. But, as a single PMS contract, we will be highlighting that it cannot be split. This detail has already been shared informally with the NHS England regional team and there is no anticipated risk associated with this application.

3. Formal CCG Validation and Submission

As papers need to be completed for circulation in advance of the Primary Care Commissioning Committee meeting date of 9 May 2019, at 30 April it is only possible to describe likely groupings.

If the CCG is still awaiting PCN registration documents at 9 May 2019 when the Committee meets (and technically Practices do have to 15 May 2019 to submit registration details), the CCG seeks delegated authority from the Primary Care Commissioning Committee to allow validation of registrations and the formal submission of documentation to NHS England in line with the national guidance by 31 May 2019.

To date, only the two points noted above re. PCN population size are a potential risk to the CCG's submission (although these have already been informally discussed with NHS England regional team). The CCG is confident that subject to all Practices in Central locality agreeing to join a PCN, the CCG will have 100% coverage as required.

For more information:

https://www.england.nhs.uk/gp/gpfv/redesign/primary-care-networks/pcn-faqs/

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Item Number: 8

Name of Presenter: Stephanie Porter

Meeting of the Primary Care Commissioning Committee

Date of meeting: 9 May 2019

NHS
Vale of York
Clinical Commissioning Group

Draft Primary Care Workforce Strategy

Purpose of Report
For Information

Reason for Report

Early sight of the draft workforce strategy which forms part of the supporting suite of documents within the Humber Coast and Vale Health and Care Partnership Primary Care Strategy

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☒Financial
☐Legal
☒Primary Care
☐Equalities

Risk Rating

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:

N/A

Recommendations

- For the Committee to note

Decision Requested (for Decision Log)

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	Sarah Goode Quality Lead for Primary Care

Vale of York
Clinical Commissioning Group

DRAFT PRIMARY CARE WORKFORCE STRATEGY

Contents

1. Executive Summary
2. Vision
3. Objectives
4. Introduction
5. Background
5.1. National Context
5.2. Regional Context
5.3. Local Context
6. Developing Workforce
7. Local Data
8. Challenges
9. Conclusion

References

Appendix: National drivers and policies that influence workforce development in general practice.

1. Executive Summary

The NHS Vale of York (VoY) CCG (referred to as the CCG) has an ambitious agenda to improve the health and wellbeing of the people of the VoY. A growing and ageing population with multiple complex health conditions has led to increased pressure on the general practice workforce. A strong and resilient workforce is fundamental to achieving these ambitions; health and care professionals who can support local people to prevent ill health and stay healthy for as long as possible.

An integrated workforce is required that is multi-skilled and able to adapt to the changes in the way that health and care services are provided as services transform into new models of care. In response to new ways of working, skills and competencies must be developed in collaboration with partners and patients. As integrated teams develop, both clinical and non-clinical staff must continue to feel valued and fully recognised for the invaluable contribution they make to achieving healthier communities.

This strategy has the intention of developing and implementing workforce initiatives to ensure a robust, sustainable and safe workforce providing high quality patient care.

2. Vision

To develop a diverse and resilient general practice workforce capable of delivering high quality care to achieve the best in health and wellbeing for everyone in our community.

3. Objectives

To build our workforce capacity and capability to meet the current and future needs of our local population by:

- Valuing and seeking to retain current staff.
- Developing our understanding of current workforce skills, capacity and capabilities using up-to-date intelligence and National Workforce Reporting System (NWRS) data.
- Engaging stakeholders to identify workforce gaps (current and anticipated) and explore opportunities at a Locality as well as Humber Coast and Vale level to meet those gaps.
- Provide local clinical and managerial leaders with thinking space to support the current locality and the future Primary Care Networks (PCN) delivery models and the development of local responses to new clinical and non-clinical skills, competencies and roles.

4. Introduction

This strategy summarises the background and context around the workforce in general practice across the VoY. It describes how to engage general practice to lead the development of the changing face of Primary Care.

5. Background

The General Practice Forward View (GPFV) (NHSE, 2016) set out a detailed, costed package of investment and reform for primary care. It envisages more convenient access to care, a stronger focus on population health and prevention, more GPs and a wider range of practice staff, operating in more modern buildings, and better integrated with community and preventive services, hospital specialists and mental health care.

The General Practice Forward View committed to strengthening the general practice workforce. NHS England (NHSE), Health Education England (HEE), the Royal College of General Practitioners (RCGP) and the British Medical Association (BMA) pledged to:

- Increase the number of doctors in general practice by a minimum of 5,000
  - Increasing GP training places
  - A range of ways to retain our GPs
  - Supporting GPs to return to practice
  - International GP Recruitment Programme.

- Increase the number of other health professionals by at least 5,000:
  - 1,500 more pharmacists
  - 3,000 more mental health therapists
  - 1,000 more physician associates.

- Strengthen the general practice nursing workforce.

This will enable bigger teams of staff providing a wider range of care options for patients and freeing up time for GPs to focus on patients with more complex needs.

The Ten Point Action Plan for GPN (NHSE, 2017a) describes the nursing element of the GPFV and helps nurses and health care support workers focus on demonstrating their contribution to reducing the three gaps identified in the Five Year Forward View (NHSE, 2014) - the health and well-being gap, the care and quality gap, and the funding and efficiency gap.

The local GPN Workforce Scoping (Goode & Porthouse, 2019), CAVA GPN Workforce Review (Berry & Smith, 2017) reflect national findings including the ageing years of the GPN population with a significant proportion wishing to retire by 2020.

5.1. National Context

The NHS and primary care is seen by many countries as a model to emulate and despite its many successes primary and community care services are facing significant challenges which include an increasing workload, an ageing population, and increasingly complex medical problems being diagnosed and managed in the

community. There is also an increased focus on giving people information and involving them in decisions about their care.

NHS Long Term Plan (Published January 2019) highlights that the biggest challenge facing general practice is that there are insufficient staff to deliver the work required. This is creating unsustainable workload pressures. Helping to fix this problem is a priority; the five-year plan and funding settlement works towards resolving these issues. Various national drivers and policies influence workforce development in general practice. A description of these can be found in the appendix.

HEE provide system wide leadership for workforce planning, education and training. HEE's workforce plan aims to:

- Increase recruitment into general practice
- Keep more doctors and nurses within general practice
- Support more doctors and nurses to return to general practice
- Requirement for new clinical roles and new administrative support roles.

5.2. Regional Context

The Humber, Coast and Vale (HCV) Health and Care Partnership

The HCV Health and Care Partnership Workforce Board (referred to in this paper as the HCV Workforce Board), has established a sub-group that focuses on Primary Care Workforce Development Group. The responsibilities of the group are:

- to lead and make specific recommendations on developments for Primary Care Workforce,
- to develop a HCV Partnership Primary Care Workforce Strategy
- support the work of the Primary Care Workforce Training Hubs,
- International GP Recruitment,
- Develop Advanced Clinical Practitioners and Physician Associates
- Respond to national and Partnership initiatives and advise on their local development and implementation within Primary Care.

The main source of funding is facilitated by HEE through the Primary Care Workforce and Training Hub. The alternative would be funding by HEE via a Community Education Provider Network (CEPN).

The Humber, Coast and Vale Workforce Partnership Forum

This is a forum for those interested in the workforce agenda to learn about what HEE/HCV is doing but also to engage and involve them in the development of the workforce agenda. It is a route that enables HEE to reach a wider group of people without them having to be sat on each of the groups and boards which would otherwise be too big and less effective.

The Humber Coast and Vale Delivery Group (education)

The HCV Delivery Group (also a sub-group of the HCV Workforce Board) focuses on the collective delivery of medical and non-medical education, training, learning, and development, and the operational aspects of workforce development informed by the HCV Workforce Board and HEE. The Delivery Group is the main forum for NHS and healthcare providers to collectively partner with higher education institutes and further education providers to maximise economies of scale and the quality assurance of HEE funded programmes.

The HCV Primary Care Workforce Development Group

The role of the Primary Care Workforce Development Group is to:

- Lead and make specific recommendations on any developments within the Primary Care workforce and their possible implication on training, education and continuing professional development needs.
- Discuss the development, oversight and implementation of primary care workforce strategy within the CCG's and the HCV Workforce Board.
- Respond to national and STP initiatives and advise them on their local development and implementation.

The Excellence Centre

The Excellence Centre was launched in April 2018 and brings together employers from health and social care, independent and voluntary sectors, along with education and training providers. Their ambition is to improve information about and therefore access to high quality learning opportunities for all care and support staff with an aim is to reduce unnecessary duplication, strengthen connectivity and scale up good practice, innovation and transformation. The Excellence Centre will then support recruitment, retention and development of the workforce more effectively, by improving the experience for those accessing learning services across HCV. The Excellence Centre works in partnership with the National Skills Academy for Health, Skills for Care and HEE.

The Faculty of Advanced Clinical Practitioner (ACP) and Physician Associate (PA)

The aim of the Faculty of ACP and PA is to:

- Provide strategic direction and enable a co-ordinated consistent approach to ensuring ACP and PA capacity meets service need across HCV.
- Advise HEE and the HCV Workforce Board on matters relating to workforce growth, such as investment and delivery.

Hull York Medical School

Hull York Medical School was established in 2003 and through a unique partnership with the Universities of Hull and York, regional NHS Trust providers and community healthcare providers, offer medical education – centred on problem based learning, clinical and communication skills and early and sustained clinical exposure.

Their impact goes beyond teaching and learning and extends to research, which has discovery and innovation at its heart. This research is improving the lives of patients locally and impacting national and international health agendas, in areas such as cancer research, palliative medicine, mental health and global public health.

5.3. Local Context

The CCG is fortunate to have high quality primary care services across its very varied population, but are now experiencing challenges in the recruitment of new staff, retention of experienced colleagues and an ever-increasing work load. Primary care being centred out-of-hospital services and secondary care focusing on the elements of care that can only be done in a hospital setting will allow for a renewed focus on improving health over treating disease.

The vision of the CCG is:

'To achieve the best in health and wellbeing for everyone in our community.'

The CCG are committed to their strategy for system change, summarised as:

"Shifting the balance to prevention and early intervention, by supporting people and communities to improve their own health and wellbeing and strengthening primary care at a population level, so that hospitals provide only the care and treatment that needs to be provided in a hospital setting."

General Practice Configuration

The CCG is a member organisation which comprises 26 GP practices. All 26 practices have been rated Good by CQC. Workforce development will be centred on supporting the development of the Primary Care Network model. This model will integrate local community and district nurse teams, working closely with practice based staff and GPs and key partners in the voluntary sector and social services, to work together to address the population health needs of their defined practice population. The Vale of York currently has three localities covering the entire populations: the North Locality (42,040 patients), Central Locality (239,395 patients) and the South Locality (75,941 patients).

Commissioning Intentions; Priorities for 2019/20: Primary Care and General Practice

Clinical leadership has been at the heart of the CCG's approach; there have been a number of initiatives to support the primary care workforce, including increased training opportunities for all groups of staff, developing new roles within primary care e.g. clinical pharmacists and physiotherapist in practices, actively linking with GPs who are within the first 10 years of their career, both to support them in their clinical practice and to develop the leaders of the future, as well as working with GPs at a later stage of their career to support them to stay in clinical practice.
In 2018/19 the Quality Lead for Primary Care worked with practices to prepare for CQC inspection, to share learning and to focus on how this process can be used systematically to improve the quality of patient care.

Key Local Stakeholders include:

- **NHS Vale of York CCG including:**
  - Quality & Patient Experience Committee
  - Primary Care Commissioning Committee
- **General Practice**
- **Haxby Group Primary Care Workforce and Training Hub**
- **HCV Health and Care Partnership Workforce Board**
  - Humber, Coast and Vale Primary Care Workforce Development Group
  - The Excellence Centre
  - The Faculty of Advanced Clinical Practitioner (ACP) and Physician Associate (PA)
- **Higher Education Institutions (HEIs) including the University of York and University of Hull**
- **Partners in Care**

6. Developing Workforce

Primary Care Workforce and Training Hub
Haxby Group practice provides the local Primary Care Workforce and Training Hub, formerly known as the Advanced Training Practice. The practice provides training and support to a growing network of other local practices, coordinating local workforce schemes on behalf of HEE. This includes aiding practices to develop mentors, offer student placements to nurse undergraduates, employ and train newly qualified Nurses, Health Care Assistant (HCA) apprentices and also new roles including ACPs, PAs and Nursing Associates (NAs). Currently, no scheme is available to support qualified nurses entering general practice, such as the Career Start scheme. Haxby Group attends careers fairs as part of their continuing drive to firmly establish these roles within the locality. See Appendix 14.4 for a summary of the local training schemes.

Hull York Medical School

Hull York Medical School offers a nationally leading and internationally known medical education that produces excellent doctors equipped with the knowledge and skills needed to respond to challenges within healthcare and to transform patient care.

Over the next five years Hull York Medical School's mission is to:

- Make an impact on health services in our region.
- Be a high performing organisation, which provides an inclusive and supportive environment for all students, staff and partners.
- Offer a nationally leading and internationally known medical education programme that produces very high quality doctors who are also equipped to be professional and academic leaders and managers.
- Develop excellent and sustainable research teams in our core areas, generating important findings and translating these into benefits for society.

National Workforce Reporting System (NWRS)

The HEE GP workforce reporting tool has been deactivated and GP Practices now update their workforce information via NWRS.

Although the NWRS data entry module is only available to GP practices, CCG staff will have full access to the NWRS Reporting module. This contains a suite of published, non-identifiable, GP workforce data supplied by GP practices.

Functionality includes:

- Ability to tailor reports based on staff group, staff role, gender, age group, etc.
- Access to data for each census back to September 2015.
- Downloadable charts and supporting data.
- Data quality reports to quickly and easily identify practices with data quality issues.

APEX Insight

The aim of the APEX Insight tool is to revolutionise workload and workplace planning in primary care, by collating data from the clinical systems which shows the complexity of patient case load, how this is spread across the available clinicians and who their frequent attenders are. The tool can also help predict demand and increasing staffing needs and will allow practices to tailor the clinician availability and optimise skill mix based on the type and complexity of patients they are seeing.

To date there are 11 planned deployments based on the number of practices who have confirmed they are interested, including 9 practices with the APEX element already installed. Technical issues are delaying progress with Systmone Practices and CCG staff are working to resolve this issue.

CCG staff, the HCV Transformation team and NHSE continue to support the roll out of the APEX Insight (workload and workplace planning) tool. 13 practices using EMIS are confirmed as using this product and the first practice using Systmone has been installed.

Communication material has been distributed to all practices and an informative presentation delivered at the December Practice Manager meeting. Costs for installing and training staff on the use of the tool are being met by NHSE for the first year with a minimal ongoing annual outlay thereafter.

7. Local Data

To be revised and updated.

CCG records indicate 534 clinical staff are employed across general practice. 9 practices are spokes for pre-registration nurses.

52% of general practice appointments in October 2018 in Yorkshire and Humber were seen by non GPs including practice nurses (Nursing in Practice, January 2019). However, compared to medical colleagues there is a significant disparity between conditions including placements, supervision and support.

Work is taking place to validate and streamline the local data below

Profession	CCG data	NHS Digital	Training hub	HYMS
GP	258	293		
Trainee GP	10	Located in the HEE trainee information system.		
Practice Nurse	163		6	
Health Care Assistant	58	78	6	
Advanced Health Practitioner	9			
Advanced Clinical Practitioner	3		10	
Advanced Nurse Practitioner	7	24		
Physician Associate	7	3	7	
Pharmacist	19	13		
Primary Care Practitioner	2			
Physiotherapist	1	1		
Phlebotomist	4	4		
Pharmacy Technician	1			

Urgent Care Practitioner	2			
Mental Health Practitioner	1			

8. Challenges

General practice is highly valued by the public but is under unprecedented strain and struggling to keep pace with relentlessly rising demand. The traditional model of ten minute appointments with general practitioners no longer allows them to provide the best possible care for patients living with increasingly complex long term conditions.

Challenges include:

- Rising frailty and complexity of patients.
- Increased growth in the population.
- Nearly a decade of declining share of NHS investment, prior to NHS England's establishment in 2013/14.
- The declining average time commitment from GPs struggling to cope with their workload, as well as a new generation of GPs choosing a different work-life balance.
- Concern about the level of risk associated with the partnership model, with early and mid-career GPs finding it undesirable.
- The lifetime and annual pension caps prompting earlier retirement and reduced time commitments.
- The fall in the proportion of nurses working in primary and community services, as hospital nurse numbers have increased. This is in the context of an NHS-wide nursing shortfall.
- 52% of general practice appointments in October 2018 in Yorkshire and Humber were seen by non GPs including practice nurses (Nursing in Practice, January 2019). However, compared to medical colleagues there is a significant disparity between conditions including placements, supervision and support.
- Guaranteeing placements in primary care for nursing students will be difficult to achieve due to the lower payments GPs receive for hosting them compared with medical students. The placements pledge is outlined in the five-year GP contract agreed with unions and NHS England (2019). Nursing students attract a placement tariff payment to GPs of between £70-74 per week at any stage of their nursing programme. However, the placement tariff for medical students is more than eight times that amount: £655 per week in year three of the five-year medical degree programme. The rationale for the disparity between the placement tariffs needs to be understood, with a view to ensuring that the tariff for nursing students is increased to truly reflect the costs of the placement support.
- There is a current lack of provision to support and develop a qualified nurse new to primary care.
- Ageing practice nurse population with approximately 30% eligible to retire in the next five years.
- It can be difficult to attract newly qualified nurses given the neighbouring area pays an increased salary in comparison to the VoY.

- The terms and conditions in general practice are variable and staff do not benefit from Agenda for Change.
- The recent pay rise of 1% is a pay cut in real terms.
- GPs are listed on an NHS England Practitioner Performance Register. A budget is available to support any identified needs and development, which may require on-going support for several years. Identified concerns may include clinical competency, health needs impacting on clinical performance, performance management etc. No such budget is currently available to support a GPN experiencing the same issues despite the fact many nurses are delivering patient care to the same level as the GP in their clinical practice (Lewendon & Goode, 2019).

9. Conclusion

General practice is respected and admired around the world with its strength in the personal care delivered to a registered list of patients. The growing and ageing population with multiple complex health conditions has led to increased pressure on the general practice workforce, which can make it difficult to improve care while causing frustration to people accessing services and to staff. The increasing demands, roles and responsibilities of the non-medical staff indicate a need to better support them in practice to retain and develop the existing and future workforce required to meet the Vision:

To develop a diverse and resilient general practice workforce capable of delivering high quality care to achieve the best in health and wellbeing for everyone in our community.

Although practices have not expressed current recruitment difficulties regarding the non-medical workforce, the Practice Nursing workforce in the VoY is comparable to the national picture with approximately 30% eligible to retire in the next five years. This cohort of the most experienced nurses has expressed reluctance to continue to work. Consideration needs to be given as to how we can optimise retention in this group, such as through facilitating reduced hours or responsibilities, whilst maximising the use of their skills.

The non-medical workforce provides a vital contribution to general practice however there is a significant disparity between the medical and non-medical workforce. Compared to medical colleagues, there appears to be a significant disparity between conditions including placements, supervision and support. Reducing this gap may contribute to improved recruitment and retention rates.

The Primary Care Workforce and Training Hub is recognised as successfully training and supporting the workforce and it is suggested further efforts are needed to develop stronger relationships and better understanding to achieve collaborative planning and delivery of the future workforce.

The challenge to establish a strong, diverse workforce that meets the needs of our population is an ongoing one. This Workforce Strategy has the intention of

developing and implementing workforce initiatives to ensure a robust, sustainable and safe workforce providing high quality patient care.

10. Workforce Strategy Action Plan

Next phase development

Work Programme	Enabler	Action	Lead	Timescale
Developing and promoting new ways of working through a blended team approach	Care Navigation	Role out care navigation across all GP practices		
		Set up super user group to develop expert knowledge and cascade of training for new starters		
	On-line Consultation	Role out engage consult to all practices by March 2020 in line with GP contract negotiations 2018/19		
	Roll out of Wi-Fi	Enable all GP practices to have access to Wi-Fi with gov roam		
	Workforce Tool	All practices to have access to Apex / Insights to inform workforce development		
	Indemnity Scheme	NHS England indemnity scheme to rolled out across GP practices to support skillmix in primary care and to support GPs working in GP OOH	NHS England	Completed – NHS E scheme goes live 1st April 2019
Developing and promoting new roles	Clinical Pharmacists	Engage and promote NHS England Clinical Pharmacist Scheme to encourage additional applications. Engagement will be through the 3 Locality		
	IAPT	Utilised the additional Mental Health investment through the Long-term Plan to scope IAPT in Primary Care		

	International Recruitment	Continue to engage in the International Recruitment Programme		
Promoting Vale of York as a great place to work and attract new staff	Nurse Associate Ready Scheme	Ensure wider promotion with all practices in the Haxby Training Hub to increase the numbers of Nurses in Primary Care		
	Increase in Nurse Mentors	Haxby to develop additional Nurse Mentors through Cervical Cytology investment and NHS E Nursing investment		
	Bridging the Gap programme	Practices to have access to GP Retention scheme delivered by NHS Collaborative		
Retaining and developing the current workforce, valuing experience and supporting flexible approaches to work	GP Retainer Scheme	Promote GP Retainer Scheme as an option for GPs who are considering leaving the profession		
	Prescribing Course for Practice Nurse, Clinical Pharmacists and Physiotherapists	Promote HEE funded places for care professionals completing the prescribing course		

References

Berry, L. & Smith, P. (2017) CAVA GPN Workforce Review. Project Report. York Teaching Hospital NHS Foundation Trust & City & Vale GP Alliance (CAVA).

Lewendon, L. & Goode, S. (2019) CQC Ready Programme. NHS Vale of York CCG

HEE (2015) District Nursing and General Practice Education and Career Framework.

NHS England and the British Medical Association (2019) A five-year framework for GP contract reform to implement The NHS Long Term Plan

NHS England (2017a) The Ten Point Action Plan for General Practice Nursing.

NHS England (2017b) Next Steps on the NHS Five Year View Forward Plan.

NHS England (2017c) General Practice-Developing confidence, capability and capacity. A ten point plan for General Practice Nursing.

NHS England (2016) The General Practice Forward View.

NHS England (2014) Five Year Forward View.

Appendices: National drivers and policies that influence workforce development in general practice.

The NHS Long Term Plan (NHSE, 2019) committed £4.5 billion more for primary medical and community health services by 2023/24. This will support better care for patients outside hospital in their local communities. A new state backed indemnity scheme will start from 1 April 2019 for all general practice staff including out of hours. Improvements to QOF and new Quality and new Quality Improvement modules will be introduced.

A five-year framework for GP contract reform to implement The NHS Long Term Plan (NHS England and the British Medical Association, 2019) marks some of the biggest general practice contract changes in over a decade and will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services. The contract increases investment and more certainty around funding and looks to reduce pressure and stabilise general practice. It will ensure general practice plays a leading role in every Primary Care Network (PCN) which will include bigger teams of health professionals working together in local communities. It will mean much closer working between networks and their Integrated Care System.

General Practice Nursing Workforce Development Plan (Health Education England (HEE), 2017) has highlighted that "unless we keep general practice nursing at the centre of our workforce reconfigurations we will simply not develop robust enough teams to bridge the increasing gap between capacity and demand" (p. 4, General Practice Nursing Workforce Development Plan, HEE, March 2017).

Next Steps on the NHS Five Year View Forward Plan (NHS England, 2017) pledged monetary investment in primary care to increase GPs, clinical pharmacists and mental health workers with improved access to GPs in the working week and bookable appointments at evenings and weekends.

The General Practice Forward View (GPFV; NHS England, 2016) pledges a minimum £15m national investment to improve training capacity in general practice, increase the number of pre-registration students and improve retention of the existing workforce.

General Practice-Developing confidence, capability and capacity. A ten point plan for General Practice Nursing (NHS England, 2017) aims to recognise and develop the roles that general practice nurses have which transform care and can help deliver the plan to make the NHS fit for the future. Identified actions aim to meet general practice workforce challenges by attracting new recruits, supporting existing GPNs and encouraging return to practice. The plan is backed by a £15 million investment and will help target and prioritise where improvements are needed most. It sets out key milestones which will allow progress to be measured across General Practice Nursing for the first time.

The QNI/QNIS Voluntary Standards for General Practice Nursing Education and Practice (QNI, 2017)

The Voluntary Standards for General Practice Nursing Education and Practice developed by The QNI and The QNI Scotland.

General Practice Nursing in the 21st Century: A Time for Opportunity (QNI, 2016) provides a summary of the Queen's Nursing Institute Practice Nurse Survey, which had responses from over 3000 practice nurses in England. This report gives a snap shot of the current practice nursing workforce and concludes that "There is much that needs to change to both plan for the next generation of nurses and to support those who make up the current workforce in primary care." The main highlights from this report are discussed in section 2.1.

Placed based systems of care – A way forward for the NHS in England (Kings Fund, November 2015) highlights the importance of working together, addressing the current fractioning of NHS services and proposes an end to silo working. This recommendation aligns with the integration agenda and the development of larger Primary Care teams; enabling improved communication such as the implementation of well-functioning Multi-Disciplinary Team (MDT) meetings.

District Nursing and General Practice Nursing Service – Education and Career Framework (HEE, October 2015) gives a clear framework from which to start building nursing careers in primary care.

Raising the Bar – **Shape of Caring** (HEE, 2015) is a review by Lord Willis which considers the entry requirements and training of those entering into health care and nursing. Suggestions include nursing apprenticeships and a skills escalator, which could have a considerable impact in the recruitment and shaping of the future nursing workforce.

The Future of Primary Care: Creating Teams for Tomorrow (Primary Care Workforce Commission commissioned by HEE, 2015) sets out the Commission's thinking which includes calling for greater collaboration across organisations and a broader range of staff involved in the delivery of healthcare.

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Item Number: 9

Name of Presenter: David Iley

Meeting of the Primary Care Commissioning Committee

Date of meeting: 9 May 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
- ☐Urgent Care
- ☐Effective Organisation
- ☐Mental Health/Vulnerable People
- ☐Planned Care/ Cancer
- ☐Prescribing
- ☐Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks

- ☒Financial
- ☐Legal
- ☒Primary Care
- ☐Equalities

Risk Rating

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:

N/A

Recommendations

- For the Committee to note

Decision Requested (for Decision Log)

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

Vale of York
Delegated Commissioning
Primary Care Update
May 2019

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

3

1st May 2019

1. Items for Approval

1.1 Contractual

No items for approval

1.2 Estates

No items for approval

1.3 GPFV

No items for approval

1.4 Other

No items for approval

2. Items for Noting

2.1 Contractual

2.1.1 GP Contract Five Year Framework

Further information and guidance regarding the GP Contract Five Year Framework was published at the end of March 2019. This included Frequently Asked Questions, changes to the Quality and Outcomes Framework (QOF) and in support of the Network Contract Directed Enhanced Service the release of the service specification, guidance, registration form, VAT notice and Network Agreement and Schedules.

All this information as well as the initial publications from January around the reforms can be found through the following web link https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/

2.1.2 Special Allocation Scheme (SAS)

The Special Allocation Scheme (SAS) previously known in York, North Yorkshire and Humber as the Violent Patient Scheme, was introduced as a Directed Enhanced Service (DES) in 2004. The DES has not been nationally agreed for some time, and although there are Directions for the scheme these only put in place a legal duty for NHS England and subsequently fully delegated clinical commissioning groups to offer or establish such services. This scheme is therefore subject to local agreement and variation to address the needs of the patients.

The main aim of the scheme is to provide a secure environment in which patients who have been violent or aggressive towards staff in their GP practice can continue to receive general medical services. Jorvik Gillygate provides the service for Vale of York patients.

The paper attached as appendix 1 sets out the process to be followed should a patient allocated to the scheme wish to appeal, the SAS Provider challenges a referral as not appropriate or a patient has been registered with the SAS

scheme for longer than 2 years. The paper has been shared with the Primary Care team for comment.

2.1.3 Primary Care Commissioning Activity Report

The primary care commissioning activity report (PCAR) was introduced in 2016/17 to support greater assurance and oversight of NHS England's primary care commissioning responsibilities. It collects information on local commissioning activity regardless of the commissioning route (e.g. NHS England or CCGs with delegated authority).

The guidance covering the collection for the annual reporting period 1 April 2018 – 31st March 2019 was recently published and can be found through the following link https://www.england.nhs.uk/wp-content/uploads/2019/03/primary-care-activity-report-guidance-notes-for-completion.pdf

The key areas of interest for the 2018/19 reporting round include:

- Management of contractual performance
- Financial assistance to providers
- Procurement and expiry of contracts
- Availability of services, including closed lists.
- Assurance of policy compliance and implementation

The deadline for completion is Friday 17th May. The NHS England local team will complete the return on behalf of all CCGs within the Direct Commissioning Organisation (DCO) area.

2.2 Estates

No items for discussion

2.3 GP Forward View

2.3.1 General Practice Forward View (GPFV) Funding Programme 2019/20

Funding for four of the Primary Care Transformation Fund Programme budgets will be going direct to Humber Coast and Vale Health and Care Partnership for 2019/20 rather than directly to CCGs or NHS England.

The four programme areas included in the allocation are:

- General Practice Resilience Programme
- GP Recruitment and Retention Programme
- Reception and Clerical Staff Training
- Online Consultation

Following agreement between the Clinical Lead for Primary Care for Humber Coast and Vale Healthcare Partnership and the Programme Director for Primary Care the following timescale for investment has been approved and submitted to region: -

- 8 April 2019 – NHS England Head of Primary Care wrote to Heads of Primary Care across the Partnership to invite proposals against each of the four programmes 2019/20

- 26 April 2019 – CCGs provided the Programme Board with an outline of investment against the following programmes from previous financial years identifying any gaps:

- 30 May 2019 – CCG Proposals to be received outlining priorities for investment against each programme.

- 30 June 2019 – Review of all proposals identifying which schemes will be prioritised for investment, the panel will consist of Clinical lead for Primary Care, Programme Director for Primary Care, Humberside LMC, YORLMC and Programme Lead for GP Forward View Programme.

• 31 July 2019 – Programme Board to ratify investment plans.

Humber Coast and Vale Allocation Programme	19/20 Allocation
Practice Resilience	£201,020
GP Retention	£319,080
Reception and Clerical	£239,682
Online Consultation	£391,006
Total	£1,150,788

2.4 Other

No items for discussion

Version Control

Version	Date	Author	Changes/Status
1.0	13/02/2019	Annette Enzor	First draft
1.01	20/03/2019	Annette Enzor	Updated and amended number of days to process. Addition of panel members.

Special Allocation Scheme

Process for Patient Appeal, Provider Challenge or Exceptional Discharge Review Panel

1. Introduction and purpose

1.1. The Special Allocation Scheme (SAS) previously known in North Yorkshire and Humber as the Violent Patient Scheme, was introduced as a Directed Enhanced Service (DES) in 2004. The DES has not been nationally agreed for some time, and although there are Directions for the scheme these only put in place a legal duty for NHS England and subsequently fully delegated clinical commissioning groups to offer or establish such services. This scheme is therefore subject to local agreement and variation to address the needs of the patients.

1.2. The main aim of the scheme is to provide a secure environment in which patients who have been violent or aggressive towards staff in their GP practice can continue to receive general medical services.

1.3. The scheme is only available to patients who meet the criteria for inclusion and cannot be used for any other circumstance.

1.4. This paper sets out the process to be followed should a patient allocated to the scheme wish to appeal, the SAS Provider challenges a referral as not appropriate or a patient has been registered with the SAS scheme for longer than 2 years.

2. Background

2.1. In November 2017, NHS England published the Primary Medical Care Policy and Guidance Manual (PGM) which superseded the policy book for primary medical services which had been published in January 2016.

2.2. The policy refers to a number of recommendations regarding the commissioning of a robust Special Allocation Scheme (SAS) which is currently provided by:

1. The Quays, Hull for Hull and East Riding CCG's
2. Open Door, Grimsby, for North and North East Lincs CCG's
3. Jorvik Gillygate, York – for Vale of York CCG
4. Castle Health, Scarborough for Scarborough Ryedale CCG
5. Harewood Medical Practice, Catterick Garrison. For Hambleton Richmondshire and Whitby CCG

2.3. The Regulations regarding the removal of patients who are violent is specific in terminology and the Regulations require that GMS (General Medical Services) and PMS (Personal Medical Services) contracts provide for "Removal from the list of patients who are violent".

2.4. Within the Regulations the grounds on which a GP contractor may request a patient to be removed from its list of patients with immediate effect are that "the person has committed an act of violence against any of the persons or has behaved in such a way that any of those persons has feared for their safety".

2.5. The policy guidance is clear that violence does not have to be physical or actual. It can be perceived, threatened or indeed a perceived threat of violence. A person's fear for their safety can also be actual or perceived. If a patient's behaviour is such that it warrants removal from the patient list and placing them on a SAS, then the Regulations require that the incident is reported to the police.

2.6. It is recognised that GP practices report incidents to the police and request an immediate removal where there is due cause and to protect the safety of practice staff, patients and visitors.

2.7. An example patient pathway is included as Appendix 1.

3. SAS Liaison Team

It is proposed that members of the Primary Care Commissioning Team will act as the SAS Liaison Team who will be the main contact for all CCG's within the North Yorkshire and Humber region with regards to any action, communication, information and notifications regarding the SAS from the NHS England or Primary Care Services England (PCSE) teams.

3.1. It is proposed that the SAS Liaison Team will consist of the following people:

3.1.1. Chris Clarke – Senior Contracts Manager
3.1.2. Yasmin Khan – Associate medical Director
3.1.3. The Primary Care Business Office (England.primarycare@nhs.net) First Point of Contact for PCSE and Appeals by Patients

3.2. The SAS scheme itself will be reviewed on a regular basis and will be undertaken by the CCG supported by NHS England Primary Care section, in the management of the contract, commissioning, and service issues.

4. Appeal, Challenge and Review Process

4.1. The PGM determined in section 6.4.21 that each Commissioner should have an appeals process in place that any patient who wishes to appeal their allocation to the scheme can access.

4.2. The appeals process must recognise that a practice has already fulfilled its obligation under the Regulations by reporting the incident to the police and notifying the Commissioner.

4.3. The patient referred to the SAS has a right of appeal and should they wish to do so, can appeal against the decision by putting this in writing within 14 working days of the notification of the referral. Appeals raised outside these timescales may be considered due to exceptional circumstances.

4.4. The SAS Provider has a right to challenge a referral they feel is inappropriate and should they wish to do so, can challenge the referral by putting this in writing within 14 days of the notification of the referral.

4.5. All appeals from patients or the provider should be addressed to the Primary Care Business Office, Unit 3 Alpha Court, Monks Cross, York, YO32 9WN, or by email to England.primarycare@nhs.net)

4.6. The PC Business Office (PC,BO) will contact the removing practice to notify them of the appeal/challenge and invite them to provide any supplementary information in relation to the removal. The GP practice will be advised to contact Local Medical Committee for advice and support if needed.

4.7. The appeals process does not delay the immediate removal of a patient following an incident that has been reported the police and PCSE (Primary Care Services England).

4.8. The appeal will be reviewed at an SAS Review Panel and this can be either virtually or at a meeting. The SAS Review Panel should be convened within 20 working days of receiving the appeal.

4.9. The SAS Review Panel should include the following representatives in order to go ahead:

4.9.1. Commissioner

4.9.1.1. Medical Directorate – NHS E, Medical Director or Associate Medical Director

4.9.1.2. Primary Care Commissioning – Senior Contracts Manager NHS E

4.9.1.3. Nominated Representatives from each CCG

4.9.1.4. Local Medical Committee

4.9.1.5. Healthwatch/Patient Representative Group

4.10. Appropriate deputies may attend on behalf of Panel Members and must be confirmed in advance of the Review Panel.

4.11. It is the responsibility of the SAS Review Panel to review the evidence provided by the patient in support of their appeal. The SAS Review Panel where it has reasonably considered if a removal under the regulations was made in error, or inappropriately, in line with the agreed NHS England Standard Operating Policies and Procedures for Primary Medical Services will uphold or reject the appeal.

4.12. Secretarial support will be provided to ensure appropriate support to the panel members in relation to the organisation and conduct of meetings. Formal minutes will be taken to ensure there is an appropriate governance trail for decisions made.

4.13. Pending the outcome of any appeals process, should the patient need to access GP services, this will be provided by the SAS Provider to which the patient had been allocated.

5. Conduct of the Panel

5.1 Members of the Panel shall at all times comply with the standards of business conduct and managing conflicts of interest as laid down in each of the CCG Constitution and the Managing Conflicts of Interest Policy.

5.2 All declarations of interest will be declared at the beginning of each meeting and actions taken in mitigation will be recorded in the minutes.

5.3 In the event of a split decision, the casting vote will be held by the nominated member from the CCG, where the patient who is making the appeal resides.

5.4 Panel members will be expected to review all appeals, and build up a knowledge of problems experienced by patients and practices alike.

5.5 Panel Members

	NHS England	Contract Manager	LMC/Health watch	CCG Representatives
Vale of York	Always include CC and YK Chris Clarke – Chris.clarke2@nhs.net AND	Dave Iley – David.Iley@nhs.net		Shaun Macey – S.macey@nhs.net Stephanie Porter Stephanie.Porter@nhs.net

	Yasmin Khan – Yasmin.khan7@nhs.net Or Lily Dobson – Elizabeth.dobson@nhs.net OR Paul Twomey – Paul.twomey@nhs.net			
Hambleton Richmondshire/ Whitby	As above	Dave Iley		Shirley Moses – shirleymoses@nhs.net
Scarborough Ryedale	As above	Dave Iley		Martin Braidwood Martin.braidwood@nhs.net
Hull	As above	Hayley Patterson – Hayley.patterson@nhs.net		Melanie Bradbury – Melanie.bradbury@nhs.net
East Riding	As above	Hayley Patterson		Paula South – P.south@nhs.net
North Lincs	As above	Erica Ellerington – Erica.ellerington@nhs.net		Erica Ellerington – Erica.ellerington@nhs.net
North East Lincs	As above	Erica Ellerington		Dr Ekta Elston Ekta.Elston@nhs.net 01469 572058
Healthwatch contact	TBC			
Yor LMC		All areas		info@yorlmcltd.co.uk
Humber LMC		All areas		Humberside.lmcgroup@nhs.net

6. Process following Review Panel

6.1. The PC Business Office will notify the patient of the decision in writing within 10 working days of the SAS Review Panel. The PC Business Office will firstly discuss the outcome with the practice from which the patient was removed.

6.2. If the appeal is not upheld the patient will usually remain on the SAS scheme for a minimum of 12 months, unless the provider invokes the break clause of six months, which is considered only when the patient has been reviewed on a minimum of three face to face occasions within the previous six months.

6.3. At this point, the patient could be removed from the scheme if there is clear evidence of changed behaviour, with the aim being to try and tackle the underlying causes of their behaviour, and rehabilitate them, as far as possible, through counselling and/or other forms of treatment.

6.4. If the appeal is upheld the patient should be removed from the SAS scheme and supported to register with a GP practice. Ordinarily this would not be the removing practice unless there were exceptional circumstances that meant a negotiated re-allocation was necessary i.e. only one practice serving patient's address etc.

6.5. If the patient feels that the appeal process has not been followed, the patient can make a complaint to NHS England complaints team at england.contactus@nhs.net for investigation.

7. References

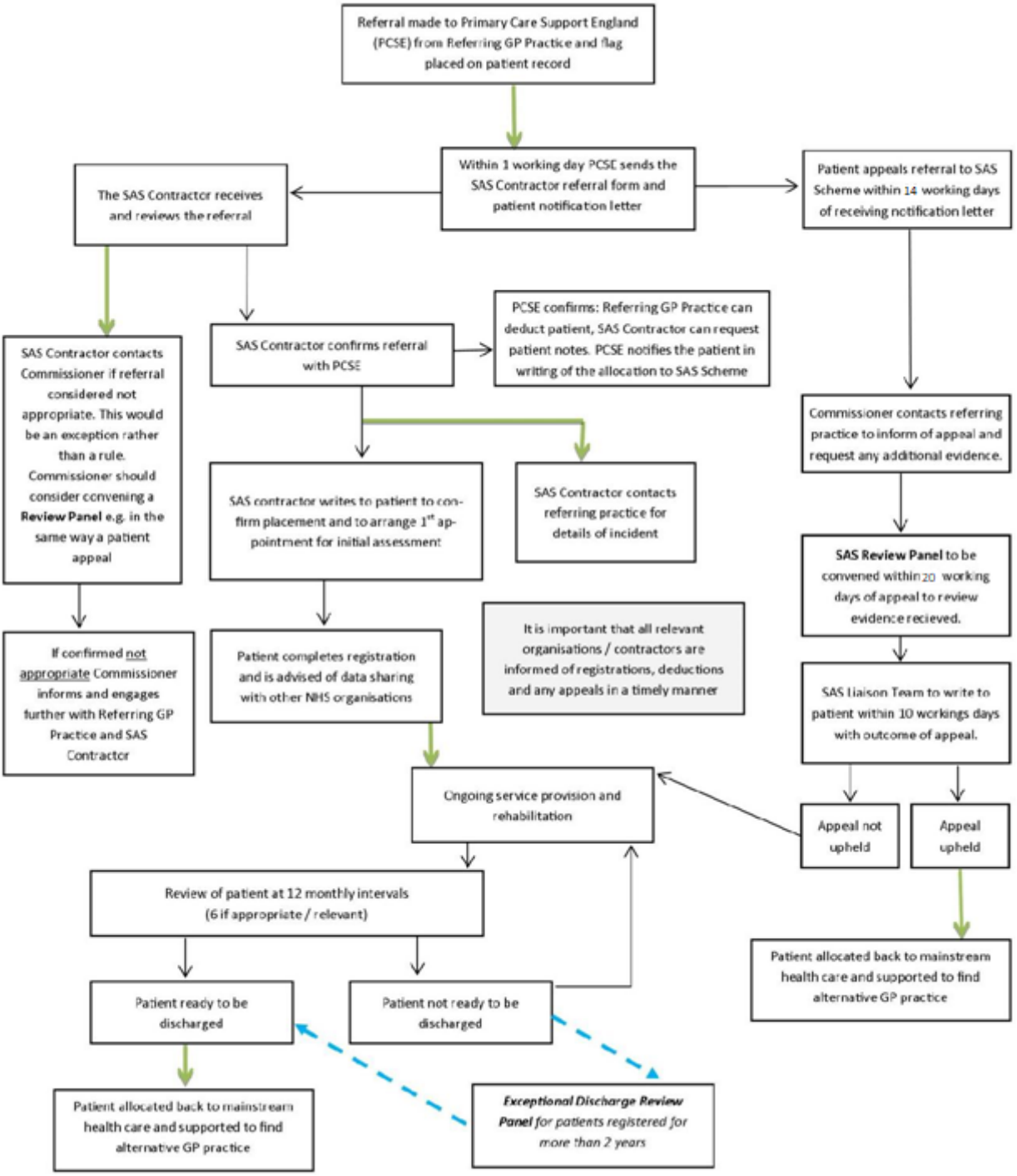
7.1. Primary Medical Care Policy and Guidance Manual (PGM) v1.0 November 2017

7.2. The National Health Service (General Medical Services Contracts) Regulations 2015

7.3. The National Health Service (Personal Medical Services Agreements) Regulations 2015 – Schedule 2 – Part 2

Appendix 1: Patient Pathway

Green arrows represent data transfer flows



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Item Number : 10

Name of Presenter : Andrew Lee

Meeting of the Primary Care Commissioning Committee **Date of meeting : 9 May 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

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:

N/A

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.

Decision Requested (for Decision Log)

Responsible Executive Director and Title	Report Author and Title
Dr Andrew Lee Executive Director of Primary Care and Population Health	Rachael Simmons Corporate Services Manager

NHS
Vale of York
Clinical Commissioning Group

COMPLETE

CORPORATE ON-GOING EVENTS MANAGED BY PRIMARY CARE COMMISSIONING COMMITTEE

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Review

NHS
Vale of York
Clinical Commissioning Group

CORPORATE RISKS MANAGED BY FINANCE AND PERFORMANCE COMMITTEE

Risk Ref & Title	Description	Impact on Care, Potential for Harm	Mitigating Actions	Latest Note	Operational Lead	Lead Director	L'hood	Impact	Current Risk Rating	Movement this Month	Last Reviewed
PRC.11 Estates and Technology Transformation Fund Strategy	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.	All bids have been developed to the point where they need to be approved by Region to progress to Outline Business Case. NHS England North Region have put all new build requests on hold, pending amendments to Premises Costs Directions. These changes have been awaited for three years. Regular update discussions with local team to keep the schemes 'alive'.	The national NHS England team responsible for ETTF have written to the regional finance lead to indicate that there has been agreement as to how the current Premises Costs Directions can be used to support grants for new builds. This has been the main issue with our bids not progressing. The local team are now in the process of reassessing and scoring all new builds. We await the outcome of that assessment and an indication as to whether the regional team will support the funds required to underwrite business case costs. 18.04.2019 No update – still awaiting NHS England confirmation of next steps to fund business cases.	Stephanie Porter	Accountable Officer	4	4	16		18 April 2019