Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 January 2019, 2pm to 4pm

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 2pm, 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. 2.10 pm	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 22 November 2018	To Approve	Keith Ramsay Committee Chair
5.	Verbal	Matters Arising		All
6. 2.20pm	Pages 13 to 17	Primary Care Commissioning Financial Report Month 9	To Receive	Simon Bell Chief Finance Officer
7. 2.35pm	Pages 19 to 24	Update on General Practice Intelligence: CQC Ready Programme – Supporting Quality Across Primary Care	To Receive	Dr Kevin Smith Executive Director of Primary Care and Population Health
8. 2.50pm	Pages 25 to 32	The NHS Long Term Plan - Summary of Key Implications for General Practice	To Receive	Dr Kevin Smith Executive Director of Primary Care and Population Health
9. 3.05pm	Pages 33 to 41	Local Enhanced Services Review	To Approve	Heather Marsh Head of Locality Programmes, NHS England (Yorkshire and the Humber)

10. 3.20pm	Pages 43 to 47	Improving Access to General Practice Services at Evenings and Weekends: Update	To Receive	Dr Kevin Smith Executive Director of Primary Care and Population Health
11. 3.30pm	Pages 49 to 69	NHS England Primary Care Update	To Receive	Heather Marsh Head of Locality Programmes, NHS England (Yorkshire and the Humber)
12. 3.40pm	To Follow	Emerging Pressures on Prescribing Budgets	To Receive	Dr Kevin Smith Executive Director of Primary Care and Population Health
13. 3.55pm	Verbal	Key Messages to the Governing Body	To Agree	All
14.	Verbal	Next meeting: 9.30am, Friday 1 March 2019 at West Offices	To Note	All

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

Vale of York
Clinical Commissioning Group

Item 4

Minutes of the Primary Care Commissioning Committee held on 22 November 2018 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)	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Heather Marsh (HM)	Head of Locality Programmes, NHS England (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)

Dr Aaron Brown (AB)	York and Selby Division Officer, Local Medical Committee
Kathleen Briers (KB)	Healthwatch York Representative
Shaun Macey (SM)	Head of Transformation and Delivery
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Dr Paula Evans (PE)	North Locality GP Representative
Dr David Hartley	York and Selby Local Medical Committee

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

There was one member of the public in attendance.

There were no questions from members of the public.

KR informed members that a matter had arisen that required consideration in private therefore a Part II meeting would follow the meeting in public.

Agenda

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

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

4. Minutes of the meeting held on 11 October 2018

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

The Committee

Approved the minutes of the meeting held on 11 October 2018.

5. Matters Arising

PCCC33 Primary Care Commissioning Financial Report - Premises Cost Directions: SM reported that the CCG had reviewed the NHS General Medical Services Premises Cost Directions 2013, Part 3, regarding reimbursement of legal and other professional costs incurred in occupying new or significantly refurbished premises. The Directions stated 'The Board must consider that application for financial assistance and, in appropriate cases (having regard, amongst other matters, to the budgetary targets it has set for itself), grant that application'. It was therefore for local determination by the CCG as to what support was given in the context of their financial position.

The Directions also described types of professional expenses that may be reimbursed at reasonable cost. These included suggested percentages of the total reasonable contract sum towards a project manager; surveyors', architects' and engineers' fees; and legal costs in connection with the purchase of a site (where applicable).

Unity Health: KS referred to discussion at the previous meeting when he had reported the lifting of suspension of new patient registrations at Unity Health, noting that the Care Quality Commission Report had now been published. He advised that the Care Quality Commission visit in September had been solely for the purpose of assessing progress against the action plan to inform lifting of the restriction; a full inspection to consider removal of the 'Inadequate' rating was expected early in the New Year. KS commended the Practice for the signifcant progress to date but explained that there were continuing issues, including recruitment, for which the CCG was providing support. In this regard assistance was being provided in describing posts additional to the GP role such as financial planning and administrative support for a number of clinical workstreams. KS also noted that Unity Health had recently experienced a number of setbacks outwith their control, such as relating to the phone system, but clinical capacity and service provision was being maintained. There were occasional complaints from the student population but these were in proportion with complaints received about other Practices; the CCG was working with the University of York Students Union and local Practices. KS noted that a number of registrations were transferring from Unity Health to other Practices but this was in line with the aim that patients should be able to choose the Practice that was

right for them. He advised that the CCG did not consider contingency plans were required at this time as improvements were expected to continue. However progress was being kept under review and CCG officers were meeting regularly with Unity Health.

5.1 General Practice Health and Social Care Network (HSCN) Migration and General Practice Public Access Wifi

SM referred to the report that confirmed all 61 NHS Vale of York CCG General Practice premises had successfully migrated from N3 to the new HSCN network and noted that the HSCN migration for the CCG (West Offices premises) was scheduled to take place by the end of December 2018, well within the required national timescales. He advised that, although the systems were currently separate, there was scope for connection and integration with City of York Council's network and IT infrastructure noting that monthly meetings were taking place in this regard.

KS highlighted that completion of the migration of all Practice premises was an accolade to be recognised and explained the potential for benefits to Practices and patients from a digital perspective. He confirmed the ambition of health and social care working on the same system.

SS sought clarification as to whether the discussions with City of York Council included children's services particularly in the context of Health Visiting and School Nursing. In response to SM advising that currently this work emanated from the Care Quality Commission York Local System Review in 2017, but with opportunity to include children's services, SS offered to broker discussions to ensure appropriate representation. SM also noted that all N3 connections would in time migrate to the HSCN but there was need for a full understanding locally across health and care, including on the part of clinicians with regard to the full potential. AB added that GP access to child health data was better than other information and welcomed the aim for an integrated or interoperable system.

In terms of General Practice public access wifi, which contractually should have been installed by December 2017, SM reported that there was currently an 85% completion. Delays at the approximately 10 sites where this was not yet operational were due to a variety of reasons and across a mixture of site localities. A resolution was expected early in the New Year. SM reported that contract penalties were now being discussed with eMBED as agreed by the Committee.

The Committee

Noted the updates.

6. Primary Care Commissioning Financial Report Month 7

SB presented the report which detailed the financial outturn of the CCG's delegated primary care commissioning areas at Month 7 of 2018/19. He noted the end of year forecast outturns for the delegated commissioning budget and 'Other Primary Care' were respective underspends of £24k and £637k. Regarding the year to date overspend on primary care prescribing SB advised that a recovery plan was in place and highlighted that this was in the context of prescribing work for which the team was commended.

SB sought and received confirmation that the Financial Performance Report fulfilled expectations of information required by the Committee.

In response to AB enquiring about the projected underspend SB referred to the context of the CCG's overall financial deficit advising that a more strategic medium term approach to investment was being planned and noting the need to resolve the focus on acute spend to enable more investment in primary care. KS added that the CCG remained committed to fully spend the primary care allocation as discussed at previous meetings. A small underspend ensured this was ringfenced, for example the Personal Medical Services (PMS) premium. This would be carried forward for 2019/20 in recognition that in the current year it had not been possible for the money to be fully distributed. KS noted that SB and the Finance Team were allowing more flexibility with primary care than other budgets.

The Committee:

Received the Month 7 Primary Care Commissioning Financial Report.

7. Improving Access to General Practice Services at Evenings and Weekends

In introducing this item KS emphasised that the additional hours were for bookable, routine and same-day appointments between 6.30pm and 8.00pm weekdays and availability on Saturdays and Sundays; these additional hours were provided by the same GPs and other staff across the CCG area in the context of limited capacity. He noted that the requirement for Improved Access had become mandatory from 1 October 2018 and the CCG was working with the South Locality to provide the service as the procurement there had been unsuccessful.

SM referred to the report which described implementation of the additional hours across the three localities. For the North and Central Localities this included contracted additional clinical capacity, clinical capacity delivered, variance between contracted and delivered hours, additional appointments offered, additional appointments booked, numbers of patients who did not attend, and the appointment utilisation rate. SM advised that the CCG had been working closely with providers in the localities to mobilise the additional capacity as quickly as possible from a system capacity perspective noting a number of challenges, including the limited workforce and different IT systems, but that initial reports had been positive. This was an operationally complex service for Practices who were working in different ways and not only seeing their own patients. The CCG would continue to provide support including engaging with Practices in the context of future models of collaborative working.

In response to AB seeking clarification about the service going live on 1 October 2018 as planned, with evening and weekend appointments being offered to 100% of the Central locality population, SM agreed to check this and report back to members electronically as soon as possible. KS emphasised that the CCG had commissioned the services for all patients registered with a Central Locality Practice but wide promotion had not yet taken place to enable confidence in the establishment of safe and accessible service provision by the new provider.

From a GP perspective AB welcomed the services but also noted there were a number of issues still to be resolved.

SM advised that mobilisation in the South Locality had been more difficult as there had been no award of contract but they had delivered c38 hours of the additional hours of clinical capacity requirement in October. HM was working with the South Locality and to date the additional hours had been provided through Vocare and access to funding for the Practices but with acknowledgement of the need for the service to be established through a formal contracting vehicle.

SM agreed with KR's expression of concern about capacity in all the localities but highlighted that providers were working creatively such as through use of video consultations. KS observed that Improving Access was a national target therefore the CCG was being required to ask Practices to meet the service specification in the context of limited local capacity. He noted that it was impractical to ask staff from outside a locality to provide a 1.5 hour session on a weekday evening.

In addition to a report requested for the next meeting to provide assurance on risk from limited clinical capacity KS advised that the Committee would receive regular updates including in the context of whether the CCG was meeting the national 'ask' and whether there was any potential for variation in the light of experience.

The Committee:

1. Received the update on Improving Access to General Practice Services at Evenings and Weekends.
2. Requested that SM report back electronically regarding the service going live on 1 October 2018 as planned, with evening and weekend appointments being offered to 100% of the Central locality population. *Post meeting note: Response circulated on 18 January.*
3. Requested a report to the next meeting to provide assurance about clinical capacity for the services.

8. Update on General Practice Intelligence Process

KS explained that the CCG had many forms of contact with General Practice which provided information, both formal data and 'soft' intelligence, that informed where support was needed. This approach enabled an understanding of pressures both at individual Practice level and in general terms. KS noted that, whilst all efforts would be made in terms of transparency, presentation of such information to the Committee may require consideration at a private meeting. He also noted that more involvement from the Local Medical Committee would be welcome in this work with Practices.

KS highlighted that key issues included staff recruitment across the board. Whilst a number of Practices had brought in additional clinical staff other than GPs, they required GP supervision and also physical space close to the GP providing this support. KS noted that an overall review of estate was needed to enable new clinical models to develop in the context of future sustainability which could be through such as Practice partnerships with Local Authorities or between GP federations. KS also noted the need for increased working between Practices and digital solutions. He emphasised that, while maintaining the current Practices was required for patient numbers, the model of individual Practice solutions was no longer sustainable in the longer term.

SS highlighted that from a population perspective her role included addressing variation, such as with regard to vaccination and immunisation and cancer screening. In response to her questioning whether there was an opportunity to establish a more integrated approach and a system solution to support Practices KS agreed also noting that this could be beneficial in capturing other issues. He noted that the Primary Care Home would be the forum for these discussions for the future and would be supported further.

PM reported on discussion with the Care Quality Commission who had earlier in the week been meeting with system partners as a follow up to the York Local System Review in 2017. There had been emphasis on the need for York to have a stepped change to service delivery and outcomes through establishment of larger organisations. He committed to work as quickly as possible to further development of the Primary Care Home and neighbourhoods which were key to this.

AB advised that the Local Medical Committee welcomed the work to support a resolution to primary care capacity concerns and he would welcome working with the CCG in this regard. He also reported on positive discussion at the recent meeting organised by the Local Medical Committee with York GPs in terms of partnership working to address the issue.

The Committee:

Noted the update and ongoing work.

9. Terrington Surgery – Change of Ownership and Reimbursement

KS presented the report which described the background to the ownership and services provided at Terrington Surgery, confirmed that the rent reimbursement would remain broadly the same after Dr Wilson's purchase, and noted Dr Wilson's future plans to explore options of expanding the reimbursable space at the Surgery. KS advised that a full business case would be presented to the Committee in due course but this information was commercial in confidence. He noted, however, that the development was affordable both currently and in the future and highlighted that both the Local Authority and the community were supportive of the Practice continuing.

Members discussed the location of the Practice and implications for patients should it close seeking additional assurance about the affordability. With regard to the latter HM confirmed that Terrington Surgery was both appropriate in terms of space for the size of population and affordable financially.

KS commended Dr Wilson for his efforts, both professionally and personally, to ensure continuity of service at Terrington Surgery. He also commended the support from other Practices through this difficult time and advised that the CCG had provided both financial and moral support.

Post meeting note: PM wrote to Dr Wilson on 23 November expressing appreciation for his commitment to continued service provision at Terrington Surgery.

The Committee:

1. Approved the change in reimbursement status from actual to notional rent on the basis that Dr Wilson would own rather than lease Terrington Surgery, noting that there would be no significant impact on reimbursement values.
2. Noted and approved in principle the plans to expand the reimbursable space at Terrington Surgery.
3. Endorsed the approach of Dr Wilson and colleagues who had supported him and expressed appreciation for continuation of services at Terrington Surgery.

10. General Practice Forward View – Online Consultations Update

SM referred to the report that provided an update on progress against the General Practice Forward View programme on encouraging Practices to explore the use of online consultation systems with their patients. He noted that as part of this an online system, Engage Consult by Wiggly Amps, had been procured across the Humber, Coast and Vale Sustainability and Transformation Partnership to enable standardisation and simplification for any potential future integration with urgent care systems. SM emphasised that online consultation was not for urgent clinical need and noted that the CCG had offered Practices the choice about implementation.

SM explained that funding for online consultations was currently for a maximum of two years but it gave Practices the opportunity to try a new platform for patient access without procuring it themselves. He noted that to date only one Practice, Tadcaster Medical Centre, had taken up this opportunity with two months' worth of data as reported. SM was continuing to work with the Practice to understand the demand; this would continue to be monitored. SM noted that assurance was required about the clinical model supporting online consultations to ensure safe and effective triage of contacts.

SM reported that Haxby Group Practice currently used online consultations at their Hull site and was planning to do so imminently in York. Jorvik Gillygate Practice was also planning to do so.

AB highlighted the need for evidence about online consultations and the requirement of change to indemnity. He also noted that increased access would result in increased demand.

The Committee:

Noted the update.

11. Protected Learning Time

HM presented the report which outlined the proposal to establish protected learning time sessions for primary care as part of the restructuring of the Council of Representatives and sought approval for Practices to be allowed to close on the protected learning time afternoons utilising Vocare out of hours services which would be contracted by the CCG. She advised that this was a well established process across the country for providing facilitated education and training but CCGs were required to approve Practice closures

for this purpose. HM emphasised that patients would be informed of the closures. SM added that the CCG was also working with the providers of Improved Access to General Practice in this regard.

PM reiterated that this approach was a well established model with wide benefits for patients, GPs and professionals across General Practice through shared learning. He hoped that patient advocacy groups would be supportive and proposed shared messaging in the context of benefit to patients from increased education of the workforce.

Discussion included potential for protected learning time to be agenda items on patient engagement group agendas and potentially renaming them Inset Sessions in line with the education approach. KS additionally noted that the Governing Body clinical leads were supporting facilitation as was the new Academy of General Practice at Hull York Medical School.

The Committee:

Supported the development of protected learning time sessions for primary care by allowing the contractual change required to support Practices closing and having sub contracted services in place.

12. NHS England Primary Care Update including Rent Reimbursements

HM referred to the report which comprised an update on contractual issues, provided an update on the General Practice Forward View and sought approval of a rent reimbursement. With regard to the contractual issue, a late request from York Medical Group to temporarily suspend services from two of their branch surgeries for a one week period, HM assured members that the Practice was now aware of the requirement to approach the CCG prior to formalising any other changes to provision.

KR requested that items for approval be presented separately in future.

The Committee:

1. Noted the updates.
2. Approved the increase in notional rent for Haxby Group Practice, Gale Farm Surgery, 109-119 Front Street, Acomb, York, YO24 3BU.

13. Key Messages to the Governing Body

The Committee:

- Welcomed the positive start to Improving Access to General Practice Services noting that regular reviews would be provided
- Commended the completion of migration of all 61 General Practice premises to the new HSCN network
- Noted the proposed change of ownership of Terrington Surgery
- Approved the request for Practices to be allowed to close on the afternoons of protected learning time sessions

The Committee:

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

16. Next meeting

2pm, 24 January 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 this 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 22 NOVEMBER 2018 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC29	27 March 2018 26 July 2018 11 October 2018	Local Enhanced Services 2018/19	• Recommendations for future commissioning to be presented at the July meeting • Recommendations delayed • Report to be presented at the January Committee	KS/SM KS/SM	26 July 2018 11 October 2018 24 January 2019
PCCC34	22 November 2018	Improving Access to General Practice	• Report to the next meeting to provide assurance about clinical capacity for the services.	KS/SM	24 January 2018

Item Number: 6

Name of Presenter: Simon Bell

Meeting of the Primary Care Commissioning Committee

Date of meeting: 24 January 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 December 2018.

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

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

Recommendations

The Primary Care Commissioning Committee is asked to note the financial position of Primary Care Commissioning as at Month 9.

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: January 2019

Financial Period: April 2018 to December 2018

Introduction

This report details the year to date financial position as at Month 9 and the forecast outturn position of the CCG's Primary Care Commissioning areas for 2018/19.

Delegated Commissioning Financial Position – Month 9

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

Area	Month 9 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care - GMS	16,266	16,212	54	21,688	21,644	45
Primary Care - PMS	6,432	6,524	(92)	8,576	8,694	(118)
Primary Care - Enhanced Services	874	893	(19)	1,166	1,184	(18)
Primary Care - Other GP services	2,693	2,484	209	3,553	3,353	200
Primary Care - Premises Costs	3,335	3,133	202	4,447	4,217	230
Primary Care - QOF	3,215	3,224	(8)	4,288	4,297	(9)
Sub total	**32,816**	**32,470**	**346**	**43,718**	**43,389**	**329**
Memo: exclude non-recurrent allocation	*(225)*	*0*	*(225)*	*(300)*	*0*	*(300)*
Revised sub total	***32,591***	***32,470***	***121***	***43,418***	***43,389***	***29***

- The underlying overall year to date position is a £121k under spend, excluding non-recurrent allocation received from NHS England.

- The forecast outturn remains at £43.4m at Month 9, but is now showing as an under spend of £29k, after the non-recurrent allocation of £300k received in Month 7. Note that in Month 9 the CCG received non-recurrent allocation of £343k to offset the additional 1% pay award.

- **GMS** is based upon current list size and includes the additional 1% pay award. The YTD variance of £54k relates to list size growth budget phasing. MPIG is per actual costs for current contracts.

- 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, resulting in an YTD adverse variance of £89k. There is an under spend on the list size adjustment and out of hours of £14k, offset against a variance of £15k 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.

- Year to date there is an under spend on **Other GP services** of £209k. This includes an accrual for £111k for the reimbursement of Unity legal fees in relation to their new property and £58k due to increased tariff of 6.9% for Dispensing Doctor fees from October. This is offset by unused contingency of £167k and £220k of additional non-recurrent allocation which was received in Month 7.

- The forecast outturn for Other GP services shows an under spend of £200k. This is made up of the release of the 0.5% contingency of £219k and the additional non-recurrent allocation of £300k. This is offset by the Unity legal fees of £111k, a £146k overspend on dispensing doctors' fees due to tariff increase set nationally of 6.9% from October and a forecast overspend on PCO Administrator (which includes Maternity & Sickness, CQC and Seniority) of £78k.

- **Premises** are based on current expected costs with an assumption on rent revaluations due. Business rates are per the forecast from GL Hearn where claims are yet to be submitted. Prior year accruals of £121k have now 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 with the list size at 1st January 2018 with a 0.7% demographic growth assumption at 2018/19 price.

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	Month 9 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care Prescribing	35,660	36,616	(956)	47,272	48,101	(829)
Other Prescribing	1,216	1,923	(707)	2,026	2,331	(306)
Local Enhanced Services	1,510	1,569	(60)	2,013	2,095	(82)
Oxygen	238	278	(39)	318	370	(53)
Primary Care IT	701	648	53	957	887	70
Out of Hours	2,394	2,426	(31)	3,193	3,257	(65)
Other Primary Care	1,908	718	1,191	3,070	1,820	1,250
Sub Total	**43,628**	**44,178**	**(550)**	**58,848**	**58,862**	**(14)**

As reported previously to this Committee, the £1.2m underspend on Other Primary Care is the impact of maintaining the currently anticipated underspends within primary care over the remainder of the year. There were increased prescribing costs in October related to price increases from No Cheaper Stock Obtainable (NCSO) adjustments. This issue is likely to continue for the remainder of the financial year and the CCG is working with NHS England to understand how this will be managed.

Recommendation

The Primary Care Commissioning Committee is asked to note the financial position of the Primary Care Commissioning budgets as at Month 9.

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Item Number: 7

Name of Presenter: Dr Kev Smith

Meeting of the Primary Care Commissioning Committee **Date of meeting: 24 January 2019**	NHS Vale of York Clinical Commissioning Group

Report Title – Care Quality Commission Ready Programme: Supporting Quality Across Primary Care

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

Reason for Report
To brief members about the Care Quality Commission (CQC) Ready programme across primary care in the Vale of York.

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	**Covalent Risk Reference and Covalent Description**
☒Financial ☒Legal ☒Primary Care ☒Equalities	

Emerging Risks (not yet on Covalent)

Recommendations

N/A

Responsible Executive Director and Title	Report Author and Title
Dr Kev Smith, Executive Director of Primary Care and Population Health	Sarah Goode, Quality Lead for Primary Care Lynn Lewendon, Senior Manager Practitioner Performance, NHS England

Background
The Care Quality Commission (CQC) monitor, inspect and regulate services to ensure they meet fundamental standards of quality and safety and publish findings, including performance ratings to help people choose care. The quality of service provision in GP practices to comply with these standards is assessed through a programme of inspections based on 5 domains: is the service safe, effective, caring, responsive and well-led.

CQC Ready Programme
In response to Unity Practice being rated inadequate in 2018 and the on-going quality assurance processes led by the CCG, a CQC Ready Programme was established.

The programme consists of:

- A self-assessment questionnaire completed by each practice which involves practices measuring themselves across the 5 domains as described above**.**
- A questionnaire based on the "Tips and Myths buster for GPs" information from the CQC website (https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-tips-mythbusters-gp-practices)
- An offer of a practice visit and table top review by the CCG's Quality Leads for Primary Care

The CCG is currently 14 weeks into the project and 81% of practices have returned their questionnaires with a total of 21 practices having benefited from table top reviews.

Findings to Date
There has been an overwhelmingly positive response to the programme with timely responses by practices and the majority requesting a table top review.

Themes across the Locality
Themes emerging from the CQC Practice Ready project are:

1. Systems for incident reporting are in place but consideration is not always given to undertaking a Significant Event Audit (SEA). ***As a result of the programme practices have informed us they are now doing this****.*
2. Unexpected deaths are not routinely included as part of the SEA programme. ***As a result of the programme practices have informed us they are now doing this.***
3. There is no process in place for identifying patients who may be in the last 12 months of their lives, therefore practices are not confident that all patients expected to die are included in their palliative care or Gold Standards Framework registers. ***The North locality has addressed this through the employment of a Macmillan Cancer and Community Care Coordinator.***
4. Consideration is rarely given to understanding how many patients with non-cancer conditions should be included on the palliative care register.

As a result of the programme all practices are now revising their palliative care registers and adding non-cancer diagnosis patients.

5. Processes for identifying and supporting carers are improving and there is recognition this is a priority but there isn't always a robust process for doing so. ***Practices are now utilising the Carers Trust Professionals GP toolkit that has been shared with them as a result of this finding.***
6. Governance structures could be stronger with greater emphasis placed on this by partners. ***Since the beginning of the project this appears to have become a priority across the practices and they are proactively reassessing their governance structures.***
7. Recognition of potential sepsis and training in this for all staff has been embedded across all practices that have completed the self-assessment thus far. ***This is heartening because prior to this programme there was little understanding within the CCG regarding awareness and training within GP practices in this area.***
8. Pain tools and pain assessments adapted for patients who have difficulties with communication have not been available. ***Pain tools and pain assessments have been sourced from the Pain Nurse Specialist in secondary care and are now shared with all practices. Shared learning from practices engaged with the project have identified that the Systmone Ardens templates (add-on clinical software programme) also has these built-in.***
9. Systems for following up patients with poor mental health who fail to attend or fail to collect medications could be more robust. ***As a result of the programme practices are actively considering how best to identify these patients. Practices are liaising with their local pharmacy to identify a list of 'top ten' medications they would want to be notified of by the pharmacist if these were not collected.***
10. Understanding staffing strengths and weakness and skill mix is high on most practices agendas. ***As a result of the programme there is an increased awareness of and interest in implementing the APEX Insight (capacity and workforce planning) tool.***

Feedback

Four practices have had CQC inspections since the programme started – all of these had table-top reviews by the CCG's quality team who identified compliance with the standards and reassuringly these findings were replicated in the CQC inspections, demonstrating the effectiveness of the programme.

All practices have been approached for feedback on the programme. This has been positive and everyone has said they have benefitted from direct communication with the CCG quality leads and the resources they have been signposted to.

The identification of any gaps and focusing on these prior to inspection has also been beneficial. This paper includes some direct anonymised quotes from the practices involved in the appendix below.

Following the success of the roll out, several CCGs have approached the CCG to gain from the learning.

Conclusion

The implementation of the programme has built on relationships between the CCG and practices and the CCG is gaining assurance that practices within the Vale of York are compliant with the requirements for registration with the CQC. In turn this has identified areas for further improvement that the CCG can support as well as recognising existing good work across all GP practices.

Recommendations

- To publish the findings through the GP Practice Communications bulletin with each practice being given a unique identifier code to enable them to identify how they benchmark against their peers for each domain and/or criterion.
- To agree the priority areas in response to the findings. Crucially this will inform a CCG plan to support practices to continue to improve the quality of service provision in primary care

Appendix

Anonymised quotes from primary care staff:

"(My colleague) & I found the meeting with Sarah and Lynn extremely useful and we had already utilised the evidence documentation from other practices' inspections to form the basis of our own practice checklist prior to meeting with you. Nevertheless there were still things to learn! We implemented one or two procedures prior to our CQC inspection and were pleased we had acted when they came up for discussion with inspectors. We took a lot away from the meeting, not least that we were in a good place with regards to our impending inspection. It gave us that extra confidence boost just when we needed it." Senior Manager

"Thanks for your support – really helpful having all this information coming through." Senior Staff

"Thank you for the time and engagement with our practice. We found the whole process to be insightful and supportive. …we found the self-assessment questions really helpful and has aided discussion about what we have in place and how we can improve things further….we found Lynn and Sarah very informative and both reassuring and helpful in guiding where further areas could be improved and how to recognise best practice when it occurs….Sharing of information/templates has been really useful. Continuing to support Practices in this manner and meeting once or twice a year would help share knowledge and keep abreast of any changes." Managing Partner

"…thanks for coming for the Pre-CQC inspection. It was very useful for us and I hope reassuring for the CCG." Lead Practice Nurse

"this has been a very useful exercise. I have contacted Ardens and there is a visual pain scale on there. I am going to add all the most relevant templates to all clinicians' quick key function so they can be easily used and demonstrated during an inspection." GP Partner

"We achieved the best possible outcome today. Thank you for your support." Senior Staff

"Thank you very much for all the information you have sent it is very helpful." Practice Manager

"Just a quick note to say Thanks so much for taking the time out to visit us. I thought it was really valuable for the team." Lead Practice Nurse

"Lynn and Sarah's visit to the practice was extremely well received and I would highly recommend that other Practice's take up the offer of a face to face visit. It would be good to keep Practice's updated on any future changes to any CQC change in inspection regimes." Practice Manager

"Been getting great feedback about you (CCG Quality Lead for Primary Care) from primary care!" CQC Inspector

Item Number: 8

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee **Date of meeting: 24 January 2019**	NHS Vale of York Clinical Commissioning Group

The NHS Long Term Plan - Summary of Key Implications for General Practice

Purpose of Report
For Information

Reason for Report

The NHS Long Term Plan was published in January 2019. This report highlights the key points from the Plan that will start to set the direction of travel for General Practice and the CCG in its fully delegated commissioning role, and the priorities that will underpin local Primary Care strategy development from this point onwards.

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	**Covalent Risk Reference and Covalent Description**
☐Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks (not yet on Covalent)

Recommendations

n/a

Responsible Executive Director and Title	**Report Author and Title**
Dr Kevin Smith Executive Director of Primary Care and Population Health	Shaun Macey Head of Transformation & Delivery

1. Background

Building on the successes that have been celebrated as part of the NHS's recent 70th birthday, the NHS Long Term Plan[1] was published in January 2019 and defines the key areas of work required over the next 10 year period in order to make the NHS fit for the future.

This report presents a summary to the CCG's Primary Care Commissioning Committee of the key aspects of the Long Term Plan that will affect and involve General Practice.

There are other areas of the Plan that will undoubtedly involve General Practice (around prevention, population health and redesigning outpatient services for example), but the aim of this report is to highlight the main priorities that will start to set the direction of travel for General Practice and the CCG in its fully delegated commissioning role, and underpin local Primary Care strategy development from this point onwards.

2. Key areas of the Plan that affect General Practice

2.1 Investment in primary medical and community health services

Key themes: Increased investment to support development of community-based services

An increased investment in primary medical and community health services as a share of the total national NHS revenue spend across the five years from 2019/20 to 2023/24. This means *spending on these services will be at least £4.5 billion higher in five year's time*. This level of investment is being nationally guaranteed - local Clinical Commissioning Groups (CCGs) and Integrated Care Systems are likely to supplement further. This investment guarantee will fund demand pressures, workforce expansion, and new services to meet relevant goals set out across the Plan.

[1] https://www.longtermplan.nhs.uk/online-version/

2.2 A new NHS offer of urgent community response and recovery support

Key themes: GP involvement in urgent response and recovery support teams

Over the next five years all parts of the country will be asked to increase the capacity and responsiveness of community and intermediate care services to those who are clinically judged to benefit most. Within five years all parts of the country will be expected to have improved the responsiveness of community health crisis response services to deliver the services within two hours of referral, where clinically judged to be appropriate. In addition, all parts of the country should be delivering reablement care within two days of referral to those patients who are judged to need it. This will help prevent unnecessary admissions to hospitals and residential care, as well as ensure a timely transfer from hospital to community. More NHS community and intermediate health care packages will be delivered to support timely crisis care, with the ambition of freeing up over one million hospital bed days. *Urgent response and recovery support will be delivered by flexible teams working across primary care and local hospitals, developed to meet local needs, including GPs, allied health professionals (AHPs), district nurses, mental health nurses, therapists and reablement teams*.

2.3 Primary Care Networks of local GP Practices and community teams

Key themes: Contract changes to develop Primary Care Networks based on 30-50,000 populations, investment to support PCN's, local enhanced service redesign

The £4.5 billion of new investment will fund *expanded community multidisciplinary teams aligned with new Primary Care Networks based on neighbouring GP Practices that work together typically covering 30-50,000 people*. As part of a set of multi-year contract changes individual Practices in a local area will enter into a network contract, as an extension of their current contract, and have a designated single fund through which all network resources will flow. *Most CCGs have local contracts for enhanced services and these will normally be added to the network contract*. Expanded neighbourhood teams will comprise a range of staff such as GPs, Pharmacists, district nurses, community geriatricians, dementia workers and AHPs such as physiotherapists and podiatrists/chiropodists, joined by social care and the

voluntary sector. In many parts of the country, functions such as district nursing are already configured on network footprints and this will now become the required norm.

2.4 Fully integrated community-based health care

Key themes: Primary and community hubs, NHS 111 direct booking

This will be supported through the *on-going training and development of multidisciplinary teams in primary and community hubs*. Community hospital hubs will play their full part in many of these integrated multidisciplinary teams. From 2019, *NHS 111 will start direct booking into GP practices across the country*, as well as refer on to community pharmacies who support urgent care and promote patient self-care and self-management. CCGs will also develop pharmacy connection schemes for patients who don't need primary medical services.

2.5 Changes to the GP Quality and Outcomes Framework (QOF)

Key themes: QOF changes, Primary Care Networks QOF, vaccinations and immunisations

This will include a *new Quality Improvement (QI) element*, which is being developed jointly by the Royal College of GPs, NICE and the Health Foundation. The least effective indicators will be retired, and the revised QOF will also support more personalised care. In 2019 NHS England will also undertake a fundamental *review of GP vaccinations and immunisation standards, funding, and procurement*. This will support the goal of improving immunisation coverage, using local coordinators to target variation and improve groups and areas with low vaccines uptake.

2.6 A new Primary Care Networks 'shared savings' scheme

Key themes: Primary Care Networks 'shared savings' to reinvest into community-based services

NHS England will offer *Primary Care Networks a new 'shared savings' scheme* so that they can benefit from actions to reduce avoidable A&E attendances, admissions and delayed discharge, streamlining patient pathways to reduce avoidable outpatient visits and over medication through pharmacist review.

2.7 Guaranteed NHS support to people living in care homes

Key themes: primary Care Networks support for Care Homes, advice/support out of hours

Upgraded NHS support to all care home residents who would benefit by 2023/24, with the *Enhanced Health in Care Homes model* rolled out across the whole country over the coming decade as staffing and funding grows. *This will ensure stronger links between Primary Care Networks and their local care homes, with all care homes supported by a consistent team of healthcare professionals, including named General Practice support*. As part of this, we will ensure that individuals are supported to have good oral health, stay well hydrated and well-nourished and that they are supported by therapists and other professionals in rehabilitating when they have been unwell. Care home residents will get regular clinical pharmacist-led medicine reviews where needed. *Primary Care Networks will also work with emergency services to provide emergency support, including where advice or support is needed out of hours*. We will support easier, secure, sharing of information between care homes and NHS staff. Care home staff will have access to NHSmail, enabling them to communicate effectively and securely with NHS teams involved in the care of their patients.

2.8 Supporting people to age well

Key themes: digital health records, population and risk stratification across Primary Care Networks

Extending independence as we age requires a targeted and personalised approach, enabled by *digital health records and shared health management tools*. *Primary Care Networks will from 2020/21 assess their local population by risk of unwarranted health outcomes and, working with local community services, make support available to people where it is most needed*. GPs are already using the Electronic Frailty Index to routinely identify people living with severe frailty. Using a proactive population health approach focused on moderate frailty will also enable earlier detection and intervention to treat undiagnosed disorders, such as heart failure. Integrated primary and community teams will work with people to maintain their independence.

2.9 Social prescribing

Key themes: Primary Care Network link workers

Through social prescribing the range of support available to people will widen, diversify and become accessible across the country. *Link workers within Primary Care Networks will work with people to develop tailored plans and connect them to local groups and support services. Over 1,000 trained social prescribing link workers will be in place by the end of 2020/21 rising further by 2023/24*, with the aim that over 900,000 people are able to be referred to social prescribing schemes by then.

2.10 Digital-first primary care

Key themes: Digital access to Primary Care for every patient, adjustments to GP payment formulae

Digital-first primary care will become a new option for every patient improving fast access to convenient primary care. There are about 307 million patient consultations at GP surgeries each year. Some GPs are now offering their patients the choice of quick telephone or online consultations, saving time waiting and travelling. *Over the next five years every patient in England will have a new right to choose this option* – usually from their own practice or, if they prefer, from one of the new digital GP providers. The NHS will deliver on this new commitment through three approaches. First, we will create a new framework for digital suppliers to offer their platforms to primary care networks on standard NHS terms. *Second, and in parallel, we will ensure that new 'digital first' practices are safe and create benefit to the whole NHS. This means reviewing current out-of-area arrangements and adjusting the GP payment formulae to ensure fair funding without inequitably favouring one type of GP provider over another*. Third, we will review GP regulation and terms and conditions to better support the return to practice and increased participation rates by GPs wanting to work in this way.

2.11 Increase the number of doctors working in General Practice

Key themes: On-going commitment to an additional 5,000 GPs in General Practice, building the skill mix, Primary Care Networks

The workforce implementation plan will *build on the General Practice Forward View to increase the number of doctors working in General Practice*. While the number of new recruits has been increasing well, the number of early retirements and part-time working has more than offset this. We still believe we need a net increase of 5,000 GPs as soon as possible and are committed to this. In addition, the workforce implementation plan will continue recent provision for a range of other roles – including pharmacists, counsellors, physiotherapists, nurse practitioners – building on the success in expanding these numbers by nearly 5,000 over the past three years – and hence building the skill mix to relieve pressure on GPs. Primary Care Networks will be able to attract and fund additional staff to form an integral part of an expanded multidisciplinary team. Initially, this will focus on clinical pharmacists, link workers, first contact physiotherapists and physician associates.

2.12 A new state-backed GP indemnity scheme

Key themes: GP indemnity cover support

The government has also committed to a *new state-backed GP indemnity scheme from April 2019*, as part of a five-year funding and reform package. The purpose of the indemnity reform is to address concerns about rising NHS indemnity costs, in a cost neutral way, as well as extending the scope of coverage to support expanded multidisciplinary teams in Primary Care Networks.

2.13 Increasing digital options

Key themes: NHS App, digital access to GPs, virtual outpatient appointments

If people need NHS advice or care, they will have increasing digital options. A secure NHS login will provide access and a seamless digital journey. *The NHS App and its browser-based equivalent will enable people to follow a simple triage online to help them manage their own health needs or direct them to the appropriate service. If needed they will be able to be connected with their local services; get an appointment with an urgent treatment centre, out of hours services or GP, or be prescribed medicine to be collected from their nearest pharmacy*. *Over the next five years, every patient will be able to access a GP digitally*, and where appropriate, opt for a ‘virtual’ outpatient appointment.

Item Number: 9

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

Date of meeting: 24 January 2019

NHS
Vale of York
Clinical Commissioning Group

Report Title – Local Enhanced Services Review

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

Reason for Report

To update the committee on the local enhanced services (LES) review.

To make recommendations to the committee on how the local enhanced services should be amended and contracted for in 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

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

n/a

Recommendations

- To approve the planned changes to the Bone Protection, Diabetes and Care of the Homeless services, as described within this report.

- To agree that, as the Macmillan clinical lead has only recently been allocated,

recommendations for the PSA enhanced service should be brought to the Committee after the review is completed at the end of March.

- For the Primary Care local enhanced services, to agree that these should now be included within the wider Community and Primary Care Networks transformation programmes to align with guidance in the NHS England Long Term Plan.

- To agree simplification of the data collection process and payment mechanisms.

Responsible Executive Director and Title	**Report Author and Title**
Dr Kevin Smith Executive Director of Primary Care and Population Health	Heather Marsh Acting Head of Primary Care

Local Enhanced Services Review

Background

Lead commissioners

Bone Protection Service	Annette Wardman
Diabetes	Alex Kilbride
PSA	Dan Cottingham
Care of the Homeless	Paul Howatson/ Charlotte Sheridon-Hunter
Amber Drugs	Faisal Majothi
Minor injuries (Capitation based)	Locality based reviews (South) Heather Marsh (Central) Shaun Macey (North) Becky Case
Minor injuries (cost per case)	
Phlebotomy	
Minor wound care	
Complex wound care	
Neonatal care	

The enhanced services mainly fall into 2 categories, those that are aligned to supporting the pathways across primary and secondary care, and those that are focused more directly upon primary care services. The Enhanced services identified have now been reviewed through the appropriate clinical review processes and recommendations for their continuation or amendment are outlined below.

Any changes to fees paid have been reviewed by the finance team and are all maintained within current existing budgets.

Bone Protection

The Pathway and Guidelines were sent out for consultation with all Bone protection leads, Practice Managers and LMC and feedback was considered in the redrafting of the new specification.

The survey conducted also highlighted that the administrative processes were too complicated, contributing to a low uptake of the service.

During a series of local practice audits and engagement with GPs and BPS leads, problems were identified, more specifically:

- Template process was convoluted & time consuming to complete
- Payment structure was complex with too many pay points
- Timeframes to include patients in the service were too narrow, meaning patients could not always be entered into pay point even if they had been reviewed
- Payment structure did not allow patients to be included in BPS if they were deemed not appropriate for treatment, even though the practice had identified, assessed and provided the patient with information

- BPS guidelines for practices were too lengthy with what GPs deemed as unnecessary information and lacking information specific to needs of the user

The guidelines, pathway and service specification have now been amended to reflect these issues.

- Guidelines and pathway have been updated to reflect changes in payment structure (Payment is now achievable in two pay points within 6 months instead of in four payments over 12 months)

- Guidelines have been condensed and links added to update reference material specific to the management of Osteoporosis

- Along with simplification of payment process it now includes payment for patients deemed not appropriate for treatment in the form of medication but have been otherwise managed within the service (allowing practices to be paid for work done).

- Clinical system templates have been updated to make them more user friendly.

- Links to printable patient diet/ calcium/ lifestyle advice, how to take medications and falls prevention have been included

- Allowing up to 6 months to review patients regarding their compliance with treatment (Again allowing payment for work done)

Pay Point (PP)	**Task**	**What is required**	**Payment**
PP1	Once per month appropriate patients identified using standardised search criteria of the data base and patients who are appropriate for the service are seen in a face to face appointment or, if deemed low risk, are discharged with advice	Admin task – coding correctly (code to be supplied) when receiving letters and then standardised search (to be provided) GP/Nurse/Pharmacist standardised IT assessment template	£32.83
PP2	Review compliance at 3-6 months of medication initiation	GP/Nurse/Pharmacist standardised IT assessment template	£17.68

Diabetes

The review was carried out by clinical leads (GP and ANP), commissioning leads, prescribing leads, contracting leads, finance leads and support from the YTHFT Community Diabetes Team (CDT).

Amendments

The previous Diabetes LES had not been reviewed since its launch in 2013/14. The intention when launching the new service model (including the LES) was that it would be reviewed to ensure quality standards were being met and improved upon across the Vale of York CCG.

The ask of the revised LES is to encourage and support practices to improve upon their achievement of a number of QOF indicators and IAF frameworks to bring the Vale of York CCG in line with the National Average. Despite having a good diabetes model we still are below average for patients achieving the three NICE recommended treatment targets and attendance at a structured education course within a year of diagnosis. These have been added to the KPIs along with a focus on support from the CDT, training and education, medicines optimisation and improvement of completing the 9 care processes.

Payment

Practices contracted to provide this service will receive a £10.10 annual payment per registered diabetes patient in accordance with the Key Performance Indicator requirements outlined in the Service Specification and Quality Requirements. Payment is dependent upon the achievement of a number of KPIs as detailed in Schedule 7. All information requests from the Practice should be submitted by 30th April 2020. The KPI relating to glucose strips is dependent on data from ePACT which is only available 2 months in arrears and will be validated by the CCG. One total payment for the achievement of the annual Diabetes LES will be made to the Practice in July 2020 following validation of the KPIs met.

Please note: if a KPI is not met a percentage of the total payment will be deducted in line with the KPI percentage value stipulated in Schedule 7.

Care of the Homeless

In January 2019, figures released by the Ministry of Housing, Communities and Local Government showed there were 29 rough sleepers found in York during an annual street count in November 2017. This is up from 18 the previous year. The percentage increase was three times the average for Yorkshire and Humber.

In April 2018, the JSNA Homelessness Health Needs Assessment: York captured the views and perceptions of people who are homeless or at risk of homelessness in York, and the professional views of those who work in organisations that supports them.

A paper survey was used to gather the views of people in York who are homeless or at risk of homelessness. Professionals were asked to distribute the questionnaire among the people they support, and to support the survey completion when this was appropriate. In total 82 people responded.

Lack of access to specific services, notably primary care services and specialist mental health services, was discussed frequently by stakeholders. For primary care the main barrier was perceived to be difficulties in registering with a practice, although concerns were also raised about the level of flexibility for those who miss appointment slots. Both of these barriers were perceived to be amplified substantially when a person doesn't have a fixed address or phone number. GPs themselves recognise these limitations within their service to meet the needs of some homeless people. In particular they highlight that the 10-minute appointment system is not suited to people who find it challenging to book or attend appointments and so often present only when in crisis. GPs recognise that occasionally this means some homeless people in York get a reduced or rushed service in primary care. GP practices also highlight that they can feel they are working in isolation from social care, benefits teams, mental health workers, and the probation services in York.

A Local Enhanced Service providing primary care for the homeless population in York was awarded to York Medical Group in 2012 and reviewed again in 2013.

Currently York Medical Group is contracted to provide this service and receive a payment of £404 per patient per annum for each patient recorded on the practice's homeless patient register. In 2017/18 the service cost the CCG £38,000 with a spend of £44,000 forecasted for 2018/19. This equates to approx. 110 patients being registered with the practice and identified as Homeless. Homelessness is however hard to define and the status of these patients is difficult to monitor. The original specification also included an initial comprehensive review and care planning process, however by the nature of the chaotic lifestyle of these patients this type of review is very difficult to progress until good relationships and engagement have been established with the patient.

YMG currently mainly provide this service by providing a fortnightly GP clinic at Union terrace, and any needs identified between these clinics are delivered from the main practice site. The York Medical Group GP clinic held at Changing Lives; Union Terrace is a highly valuable resource for homeless individuals accessing that service, enabling them to see a GP outside of the surgery environment and with much greater flexibility in terms of appointment time and duration. Practice based services are often linked to woundcare needs rather than GP services.

The guidance and regulations to practices regarding registration with general practice has also been clarified since this service was established and it is now much easier for homeless patients to directly register with local practices and access more routine primary care services.

It is recommended that new contract is agreed with a block payment of £40,000 per annum. This will include core clinic services as currently provide by the GP and the addition of a fortnightly wound care clinic and an outreach programme (inclusive of vaccination clinics) to extend the clinic's services beyond residents of Changing Lives – Union Terrace. The staff at Changing Lives will support and facilitate the engagement of other support services beyond changing lives supporting their clients to access the service.

The local defined outcomes are:

- People experiencing homelessness receive high quality healthcare
- Healthcare 'reaches out' to people experiencing homelessness through inclusive and flexible service delivery models
- Multi-agency partnership working is strengthened to deliver better health outcomes for people experiencing homelessness
- People experiencing homelessness are never denied access to Primary Care
- Wherever possible people experiencing homelessness are never discharged from hospital to the street or to unsuitable accommodation

Amber Drugs/Shared Care

This service was reviewed and updated in 17/18 however a clinical review has been carried out to ensure the clinical guidelines are in line with current standards. There are no changes required to this specification.

PSA

This enhanced service has only recently been allocated to the Macmillan clinical lead and the review has not yet been completed. This will be completed by the end of March 2019

Neonatal Care New Baby Check

This service was established to provide a safety net for babies discharged early from midwifery services. The activity levels in this service are therefore very small. Most checks are however carried out on new babies by the hospital service.

The current specification is in line with clinical guidelines.

Due to a requirement for the midwifery services to provide assurance that all babies receive this check the hospital has recently been advising new parents that they should return to the hospital for this check. The practices are concerned that this can be a significant inconvenience for parents at a particularly stressful time.
The quality team are currently discussing this issue with the midwifery services to ensure safe but convenient services are available.

At present the LES will continue to be made available to the practices.

Locality Reviews

The remaining enhanced services have been identified as requiring a more local review and were originally delegated to the localities for review.

Reviews were completed within each of the three localities with the LMC also being asked for input and comments on the proposals.

Data from 2017/18 was presented to the localities to allow a review of activity levels and equity of funding. This was supplemented by the individual's involved operational knowledge of the complexities of data gathering and service delivery.

Although there were some variations in activity levels and therefore in potential VFM of these services a lot of the variation was felt to be related to the complexities of the claiming system (especially for the complex wound care) lack of clarity on the coding requirements to allow accurate data collection and a lack of regular monitoring of the activity by the CCG.

The review of Wound care and phlebotomy services also shows that these are provided by a complicated mix of practice and community based provision that needs to be reviewed in the wider context of the community review.

There were no significant changes identified that related to the clinical aspects of the service.

Since beginning this review the landscape around primary care has also significantly changed. The long term plan now specifically identifies the need to formally develop primary care networks and identifies that local enhanced services should be focused on meeting the local needs identified by the networks and delivered by local providers to meet these needs.

Significant resources are identified to help shape these local networks over the end of 2018/19 and early 19/20. These networks will then be in a position to understand how to best review the provision of services to best meet the needs of their populations.

The recommendations for these services are therefore linked to simplifying and clarifying the payment systems and data collection processes.

Recommendations

- The current clinical specifications for Minor injuries, wound care and phlebotomy will be rolled over for a further 6 months.

- Payments for all the remaining ES will be made on a quarterly basis with a corresponding requirement for quarterly data returns. The specifications will include specific read codes that practices will be required to use to easily identify activity.

- The specification will require practices to submit a description of how their access systems promote and facilitate access to these services were they are paid on a capitation basis (simple post operative woundcare, phlebotomy and minor injuries.)

- Complex wound care and Phlebotomy with be included in the community review

- Minor injuries will be reviewed by the primary care networks as a priority early in 2019/20

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Item Number: 10

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee **Date of meeting: 24 January 2019**	NHS Vale of York Clinical Commissioning Group

Improving Access to General Practice Services at Evenings and Weekends – January 2019 Update

Purpose of Report
For Information

Reason for Report

To update the Primary Care Commissioning Committee on the CCG's progress against the national programme to commission Improving Access to GP services at evenings and weekends.

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	**Covalent Risk Reference and Covalent Description**
☐Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks (not yet on Covalent)

Recommendations

n/a

Responsible Executive Director and Title	**Report Author and Title**
Dr Kevin Smith Executive Director of Primary Care and Population Health	Shaun Macey Head of Transformation & Delivery

1. Background

From the NHS Operational and Planning and Contracting Guidance 2017-2019 and the NHS England Refreshing NHS Plans for 2018/19 documents:

NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other Primary Care and General Practice services such as urgent care services. This must include ensuring access is available during peak times of demand, including Bank Holidays and across the Easter, Christmas and New Year periods.

This service is intended to benefit patients by providing additional appointments and access to General Practice services, at times which may be more convenient, through extended opening hours – and is also intended to benefit local Practices though the commissioning of additional capacity into the Primary Care system that helps to manage the demand that is increasing in core GMS services.

2. Service Delivery – North Locality

Practice populations that are covered by this service, which is contracted through Modality Partnership, include:

- Millfield Surgery
- Tollerton Surgery
- Stillington Surgery
- Pickering Medical Practice
- Helmsley Medical Centre
- Terrington Surgery
- Kirkbymoorside Surgery

The North locality contractual requirement, based on 30 mins / 1,000 weighted head of population, is an additional 18.37 hours of clinical capacity per week (79.55 hours per month).

During December 2018, mobilisation of this service has been progressing well, with 92.0 hours of additional clinical capacity being offered, and 320 additional appointments being made available.

However, the appointment utilisation for December is low at 45%, but this is mainly due to low uptake rather than DNAs.

Summary of North locality service delivery for the month of December 2018

Contracted Additional Clinical Capacity	79.55 hours
Clinical Capacity Delivered	92.0 hours
Variance – Contracted vs Delivered	+ 12.45 hours
Additional Appointments Offered	320
Additional Appointments Booked	150
Did Not Attend (DNAs)	7
Appointment Utilisation Rate	45%

Key actions: work with Modality Partnership and Practices in the North locality to ensure that this service is being offered to patients by all Practices in order to increase appointment utilisation rates. Appointment utilisation is a key performance indicator for the CCG contract, and for NHS England monthly reporting.

3. Service Delivery – Central Locality

Practice populations that are covered by this service, which is contracted through Nimbuscare Ltd, include:

- Old School Medical Practice
- Elvington Medical Practice
- York Medical Group
- Front Street Surgery
- Priory Medical Group
- Haxby Group Practice (inc Gale Farm)
- Unity Health
- MyHealth
- Pocklington Group Practice
- Dalton Terrace Surgery
- Jorvik Gillygate Medical Practice
- East Parade Medical Practice
- Tadcaster Medical Centre (included in contract from December 2018)

The Central locality contractual requirement, based on 30 mins / 1,000 weighted head of population, started (in October 2018) at an additional 109.23 hours of clinical capacity per week (472.97 hours per month).

However, from mid-December 2018, the CCG has agreed to Tadcaster Medical Centre joining the Central locality contract on the basis that this is likely to provide the most benefit to their patients in terms of geography and patient flows.

The revised Central locality contractual requirement, based on 30 mins / 1,000 weighted head of population, from December 2018 is therefore an additional 113.63 hours of clinical capacity per week (492.02 hours per month).

During December 2018, mobilisation of this service has been progressing reasonably well, with 343.5 hours of additional clinical capacity being offered, and 685 additional appointments being made available with an 83% utilisation rate.
Summary of Central locality service delivery for the month of December 2018

Contracted Additional Clinical Capacity	492.02 hours
Clinical Capacity Delivered	343.5 hours
Variance – Contracted vs Delivered	- 148.52 hours
Additional Appointments Offered	685
Additional Appointments Booked	627
Did Not Attend (DNAs)	58
Appointment Utilisation Rate	83.1%

Key actions: work with Nimbuscare Ltd to continue to increase clinical engagement with the service to deliver increased clinical capacity to meet the CCG contract and NHS England target.

4. Service Development and Mobilisation – South Locality

Practice populations that are covered by this service include:

- Beech Tree Surgery
- Posterngate Surgery
- Scott Road Medical Centre
- Escrick Surgery
- Sherburn Group Practice
- South Milford Surgery

Providers in the South locality are working towards delivering a contractual target of approximately 140 additional hours of clinical capacity per month now that the Tadcaster proportion of the service is moved into Central locality.

Summary of South locality service delivery for the month of December 2018

Contracted Additional Clinical Capacity	140 hours
Clinical Capacity Delivered	81.5 hours
Variance – Contracted vs Delivered	- 58.5 hours
Additional Appointments Offered	163
Additional Appointments Booked	45
Did Not Attend (DNAs)	0
Appointment Utilisation Rate	27.6%

Key actions: work with Vocare Ltd to install Adastra across South locality Practices to provide a common booking platform. Once installed this should simplify the booking process and improve Practices' ability to offer the service to their patients.

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Item Number: 11

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

Date of meeting: 24 January 2019

NHS
Vale of York
Clinical Commissioning Group

Primary Care Update

Purpose of Report
For Decision

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

Covalent Risk Reference and Covalent Description

Recommendations

- To approve the temporary reduction in service provision at Posterngate Surgery and Jorvik Gillygate
- To approve the sub-contracting arrangements between York Medical Group and Push Doctor
- To consider the proposal put forward by York medical Group regarding the premises development at 32 Clifton

- To approve the increase in revised notional rent to support the ETTF improvement grant for the Carlton branch of Beech Tree Surgery
- To consider the proposed Heads of Terms for Front Street Surgery
- To approve the increase in notional rent for Tollerton Surgery
- To consider the proposal to allow delegated approval of small scale notional rent increases

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

Vale of York
Delegated Commissioning
NHSE Update
January 2019

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

24th January 2019

1. Items for Approval

1.1 Contractual

1.1.1 Temporary Reduction in Services – Posterngate Surgery

The Practice has asked the CCG for approval in temporarily reducing their service provision to support the delivery of staff training. The proposed periods where the Practice will reduce their service provision is between 1pm and 4pm on the following dates;

16/01/19 *, 14/03/19 , 15/05/19 , 18/07/19 , 18/09/19 , 14/11/19

During these periods the Practice would advertise the reduced service on their website and in the surgery at the front desk and on notice boards. Telephone cover would be arranged with Vocare (Out of Hours provider) who would have the ability to get back in touch with the Practice if any urgent situations arose.

* *The CCG approved the January service reduction as the request came in too late for the November Committee meeting.*

1.1.2 Temporary Reduction in Services – Jorvik Gillygate

The Practice has asked the CCG for approval in temporarily reducing their service provision to support the delivery of all staff meetings. The proposed periods where the Practice will reduce their provision is between 11:30am and 1pm on the following dates;

06.12.18 *, 16.05.19 , 19.09.19 , 19.12.19.

During this time the Practice would advertise the service reductions on their website and in surgery prior to the dates in question. The would also provide and pay for Out of Hours (OOH) telephone cover with the ability for OOH to contact a nominated duty GP if required.

* *the CCG approved the December service reduction as the request came in too late for the November Committee meeting.*

The Committee is asked to approve the temporary service reductions at Posterngate Surgery and Jorvik Gillygate

1.1.3 York Medical Group – Use of PushDoctor

The CCG have received a request from York Medical Group to approve sub-contracting arrangements to allow the Practice to use Push Doctor (Virtual GP consultation provider) to consult with patients. The application can be found in appendix 1. The Practice would like to trial the system to alleviate winter pressures and increase the number of appointments available at the Practice. Subject to a successful pilot the Practice may look to use their own clinicians on the same platform. The Practice have offered to share their evaluation of the system with the CCG which would support further digital innovation within primary care.

The Committee are asked to approve the sub-contracting arrangements

1.2 Estates

1.2.1 York Medical Group

Background

York Medical Group currently provide clinical services from 8 different sites serving a patient population of 45,000. The Practice have been consolidating their operational footprint by moving back-office staff and the associated functions out of the sites the Practice have deemed to be more clinically effective and into 32 Clifton, which has been identified as one of the less clinically effective sites due to it being a grade 2 listed four-storey building with no lift and a lack of access.

York Medical Group have a further 12 years on their lease at 32 Clifton which serves a local population of approximately 7,000. The existing space at 32 Clifton is currently fully utilised.

The landlord at 32 Clifton has two adjoining outbuildings on the site that the Practice do not currently use or lease but have been offered to the Practice for development. YMG have since been in discussions with the landlord about occupying this space but would need prior approval from the CCG to increase the footprint of their premises as this would attract additional actual rent. Although no exact timeframes have been provided, the Practice has indicated the landlord is looking for a decision

on this space soon and may look at alternative options if the Practice do not commit to the development.

Proposal

The 100m2 of additional space available at 32 Clifton would allow the Practice to relocate the secretarial and admin to the site from other surgeries, this is the last of the YMG back office function that is not yet located at 32 Clifton.

In doing so this would free up 145.1m2 of clinical space (6 clinical rooms) at the Acomb branch as the rooms identified below could be converted to provide additional clinical services including additional GP sessions and HYMS training. The lease at the Acomb branch is due to expire in 2024, the Practice has expressed an interest in extended it.

Acomb Rooms to be converted to clinical space	**AREA M^2**
Secretaries Room	24.3m^2
Practice Managers Old Office	7.4m^2
Board Room	30.7m^2
Admin Office	27.5m^2
Karey & Medical Reports	18.4m^2
Phone Hub	18.4m^2
Old Management Office	18.4m^2
Total	145.1 m^2

Benefits

In creating 145.1m2 of additional clinical space at Acomb the Practice would have the potential to deliver an additional 65 sessions per week. YMG have identified the following use for those 65 sessions

- 16 GP sessions

- 5 sessions of dedicated phlebotomy services to support increase INR blood tests for INR enhanced service
- 2 sessions of LES/DES Minor ops and LARC provision
- 2 sessions of social prescribing
- 8 sessions of in-house counselling services
- 12 sessions for dedicated HYMS training.
- 20 sessions per week of urgent care provision.

The current site at 32 Clifton shares a garden with the two outbuildings. Those gardens would be become unavailable if the Practice was unable to occupy the additional space as they would be part of the lease agreement for the outbuildings. YMG currently use the gardens to support the delivery of social prescribing and in-house counselling.

Further centralising the Practice's back office functions to 32 Clifton would also support the delivery of services at scale whilst making best use of the estate by locating admin in the least clinically effective site.

Costs

The landlord at 32 Clifton has quoted an increase in rent of £13,000 per annum for the additional space of 100m2 consisting of the converted outhouses. There is no requirement to extend the lease at 32 Clifton as part of the scheme so the arrangement will be within the existing lease term which has a further 12 years to run.

The landlord has also confirmed they would be willing to reduce the annual rent if a capital grant could be used to support the development costs. Under an improvement grant up to 66% of the costs could be funded by NHS England. The landlord has estimated that the development works would cost £150,000. Assuming a grant could be secured for £100,000 the increase in rent could be reduced. The DV would support this process to ensure the capital grant delivered value for money in the lease reduction.

There would be no additional costs incurred at Acomb as the works would not involve any variations to the terms of the existing lease agreement.

Risks

- There is no guarantee of a capital grant being secured for the project to support the actual rent being reduced.
- Under the Premises Costs Directions, the CCG is mandated to pay a contractor's rental costs at the lower rate of current market rent or actual lease rent for the premises. Therefore, if the £13,000 provisionally agreed by the Practice and landlord was not considered value for money by the DV the CCG would reimburse at the current market rent. GP rents would normally be in the region of £170-£200 per m2 so the proposal appears value for money, an opinion shared by the DV, which would be further improved if an improvement grant can be secured.
- Both premises are situated within the City of York – where an estates review is planned for 2019 to better understand how an estates strategy can be developed that enables the CCG and wider system to make informed decisions around premises requirements for the future. Although lease terms are not affected, it may be appropriate from a strategic perspective to defer any premises development work until the findings from the review are available. However, the existing lease term would remain the same meaning there would be no additional obligation in approving this scheme which would make any potential relocation from the properties in the future more onerous following the review.
- Not supporting the development until after the estates review would potentially result in the additional space not being available later as the landlord is keen to secure a tenant.

Next steps

- If the Committee were supportive of the proposal in principle the Practice and landlord would agree a Heads of Terms to formalise the lease arrangements which would be brought back to the Committee to approve.
- The Practice, CCG and NHS England would work together to secure the capital grant to reduce the increase in actual rent

Committee are asked to consider the proposal in line with the following options

- **To not support the proposal**
- **To not support the proposal until the City strategic estates review is completed**
- **To support the proposal in principle subject to a capital grant being secured**
- **To support the proposal in principle subject to the Heads of Terms confirming an increase in rent of not more than £13,000 and no increase in the current lease term (a capital bid could still be made but the scheme wouldn't be subject to it being successful)**

1.2.2 Estates and Technology Transformation Fund (ETTF) - Beech Tree Surgery, Carlton branch

At the July 2018 PCCC meeting the Committee approved the submission of a Project Initiation Document (PID) from Beech Tree Medical Practice to secure capital from the ETTF programme to develop and extend their Carlton branch surgery. The approval was based on the following assumptions.

- The total project costs to be £721,502 with a capital grant of £480,600 to fund 66% of the project.

- The practice estimated that the notional reimbursement would increase from approx. £15,130 p/a to £27,030 p/a and that the value would be abated for 10 years so the initial impact to the CCG would be £4,000 annually and £11,900

after the abatement period. It was estimated that there would be an additional £4,000 per annum increase for rates and water in addition to the rents.

We have now had the proposals for the Carlton ETTF scheme formally reviewed by the DV who has assessed the impact as follows:

- Current rental reimbursement is £11,600pa
- After the investment this will increase to £31,700pa (an increase of £20,100)
- The abated rent (for the first 10 years) has been assessed as £20,450 (an increase of £8,850)

The Committee is asked to approve the revised increase in notional rent noting that the original approval is in line with the abated figure as per the DVs evaluation.

1.2.3 Heads of Terms (HoT) for a proposed new lease - Front Street Surgery, 14 Front Street, York, YO24 3BZ.

The Practice's current lease for the above property is due to expire in November 2022. To secure ongoing tenancy at this site the Practice has agreed Heads of Terms (HoT) with the landlord with a view to extending the existing lease. The proposed lease term included in the HoT is 20 years with three yearly rent reviews. The proposed rental amount is £87,190 per annum which is less than the current rental amount of £86,500 per annum. The Practice is seeking approval from the Committee to the proposed HoT.

The premises are situated within the City of York – where an estates review is planned for 2019 to better understand how an estates strategy can be developed that enables the CCG and wider system to make informed decisions around premises requirements for the future. Although lease terms are not affected, it may be appropriate from a strategic perspective to defer any premises development work until the findings from the review are available.

The Committee is asked to consider the HoT for Front Street Surgery

1.2.4 Rent Reimbursements - Tollerton Surgery, 5-7 Hambleton View, Tollerton, York, YO61 1QW

Following a routine review the District Valuer (DV) determined the Current Market Rental (CMR) value for the above property on 27th September 2018. The existing valuation is £17,500 per annum; the site has been valued at £18,200 per annum from 27th September 2018. The property is owned by the Practice.

The Committee is asked to approve the increase in notional rent

1.2.5 Process for Approving Notional Rent Increases

Background

Under the Premises Costs Directions Practices are entitled to notional rent payments for any premises that are owner-occupied. The amount the commissioner must pay to a Practice on an annual basis in respect of notional rent is the Current Market Rental (CMR) value determined by the District Valuer (DV). The DV determines the CMR Value on a three-yearly cycle.

Unless there have been any changes at the premises such as a change of use, capital investment or an increase in clinical space the commissioner is to agree to the amount of notional rent determined by the DV. In most cases these increases will be immaterial.

Once the DV completes their review the CMR report is currently sent to the CCG for approval at the Primary Care Commissioning Committee (PCCC). In most cases this decision is a formality as the CCG is obliged to approve the DVs valuation. This can often cause a delay to the approval process due to the period between meetings.

Proposal

Several other CCGs in North Yorkshire and the Humber have given authority to NHS England to approve notional rent reviews to not delay the approval process ensuring better and more timely communication with the Practice following a review, supporting the CCG with their financial planning and reducing the number of unnecessary items going through to PCCC. The diagram (see appendix 1) shows a possible process for approvals demonstrating what would still come through to PCCC.

The Committee is asked to consider their support for adopting a delegated process for the approval of notional rent increases.

1.3 GPFV

No items for approval

1.4 Other

No items for approval

2. Items for Noting

2.1 Contractual

No items

2.2 Estates

2.2.1 Pickering Medical Practice - Estates and Technology Transformation Fund (ETTF)

At the July 2018 PCCC meeting the Committee approved the submission of a Project Initiation Document (PID) from Pickering Medical Practice to secure capital from the ETTF programme to extend their existing premises. The approval was based on the Practice securing a capital grant to fund 66% of the scheme costs which had been estimated at £301,000 and an increase in revenue of no more than £14,000 per annum.

In the last six months NHS England have been working with the practice to assess the bid in more detail. The District Valuer (DV) has been appointed to evaluate the project and the practice have undertaken a more extensive, formal tendering exercise. As a result, there are several updates to the scheme to bring to the Committees attention:

- The tender exercise resulted in a higher value for the works. The practice initially assessed the total project costs at £301,302. This has now increased to £365,073. NHSE have requested an updated PID and tender evaluation report to secure the additional capital which has since been approved.
- The DVs formal evaluation determined the notional rent increase to be £10,200; with the additional water and rates payments the ongoing revenue costs will be within the £14,000 budget already approved by PCCC.

The Committee is asked to note the update

2.3 GPFV

The CCG continues to be actively involved with the NHSE GPFV transformation programme. As previously agreed with the committee we will provide regular updates against all the elements of the programme at each meeting.
The details of the programme are contained in appendix 2.

2.3.1 NHS England Clinical Pharmacist in General Practice Programme

The eligibility criteria for the NHS England Clinical Pharmacists in General Practice programme has been amended to make it easier for sites to apply for co-funding for a clinical pharmacist.

The main criteria changes are as follows;

- Reduction of the current population criteria from 1 WTE clinical pharmacist per 30,000 population, to 1 WTE per 15,000 population (or the proportion of WTE that can be applied to the population criteria e.g. 0.5 WTE for 7500 population).
- Permitting part-time clinical pharmacists of a minimum of 0.5 WTE.

GP practices and other providers of general practice medical services can submit applications on an ongoing basis through the clinical pharmacist portal. https://www.england.nhs.uk/gp/gpfv/workforce/building-the-general-practice-workforce/cp-gp/

Application deadlines are as follows

- Wave 8 – closing date 22 February 2019
- Wave 9 – closing date 31 May 2019

The Committee is asked to note this update

2.4 Other

No items

York Medical Group – application to the CCG to sub-contract the provision of services to Push Doctor

(a) the name and address of the proposed sub-contractor;

Pushdoctor www.pushdoctor.com

(b) the duration of the proposed sub-contract;

12 weeks trial period

(c) the services to be covered by the proposed sub-contract;

Support winter pressure to cover expected sickness that inevitably comes each and every year.

(d) the address of any premises to be used for the provision of services under the proposed sub-contract.

It is a virtual service and not physical location dependent.

Further information required by the Board;

1.) Background to the request

Support winter pressure as we have limited support from CCG and are looking to mitigate this risk and seeking to use innovation aligned to the health secretary's policy direction.

2.) Comms and engagement undertaken:

We have done a PPG survey and consulted PPG meeting discussion and have support from the PPG.

3.) How is patient governance being dealt with?

Based on the NHS model, Risk Management at Push Dr follows a robust and structured format of identification, assessment, recording and reviewing. All risk is mitigated, appropriate to the level of risk, and risks are escalated accordingly. Complaints are managed within measured timescales, and incidents are recorded formally to ensure analysis and appropriate management. We currently undertake a comprehensive audit programme which monitors and effectively manages a number of clinical and professional development standards of a statutory nature; overall, our doctors currently achieve an 85% compliance rate, and we'd like to make every effort to ensure this standard is maintained.

4.) How are patient referrals being dealt with? What processes are in place?

A doctor would be able to complete a referral, which is then actioned by the surgery. The process will be tailored in line with GP practices' local protocols and procedures to meet the needs of the patients within each respective NHS partnership.

5.) Please describe the Data Sharing arrangements

A Data Protection Impact Assessment will be carried out by each of the Parties in relation to the data sharing. Subject to agreement on the clinical audit requirements between parties, Push Doctor medical officers may access a selection of EMRs for clinical audit purpose. This can be discussed between respective DPOs.

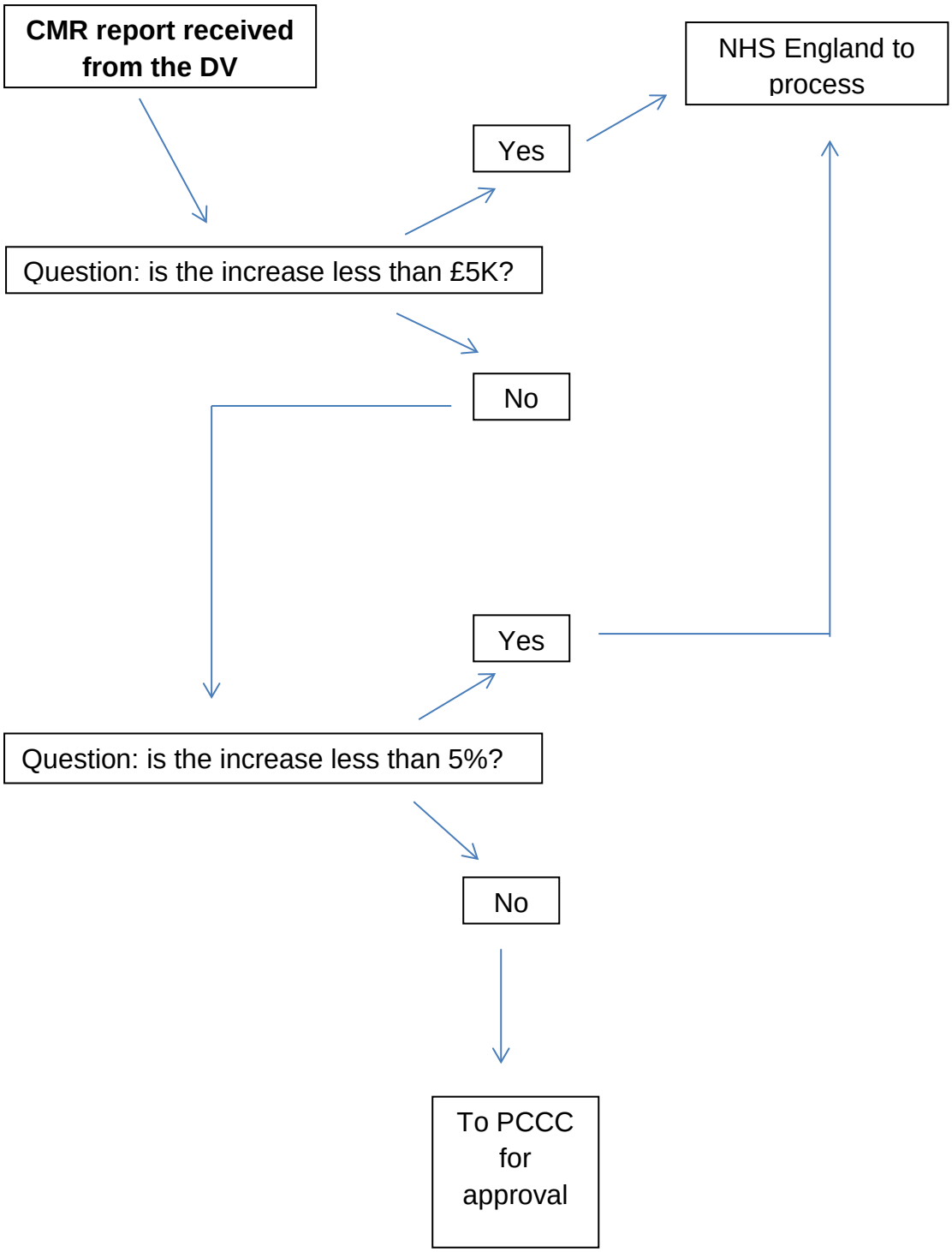
6.) How are patient records being accessed?

To maintain professional development/complaints, risk and incident management, doctors will access patient medical records via existing clinical systems just as a locum would within a surgery. Access gained via a smart card and so is specific and fully auditable.

7.) What prescribing policies are in place?

Push Dr have a designated Prescribing Lead, who manages and facilitates a comprehensive Prescribing Improvement Programme Strategy; thereby ensuring statutory prescribing standards are maintained. Within this strategy the principles of the Push Dr Prescribing Policy are adhered to, all members of the Prescribing committee are antibiotic guardians in line with government initiatives, and medication management is taken very seriously.

Proposed process to agree Rent Increases



GPFV	High Impact Action (HIA)	Summary	Year	Funding	Deadline	Position January 2019
Improving Access in General Practice	5 Productive Workflows	Plan delivery of extended access as per the requirements in the refreshed Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision to 100 % of the population by October 2018. Reinforce links into locality programmes - and the wider agenda around the development of Urgent Treatment Centres. Planning guidance states procurement required.	2018/19	£6.00 per head	Oct-18	Providers working to secure more consistent coverage from the available workforce to cover the required clinical hours. Additional services are being brought on stream from Physiotherapists, Nurses, HCA's – with some testing of Skype type consultations. Utilisation rates are currently good, and Providers are working to increase the number of available appointments, whilst maintaining good utilisation rates. Some additional work required in individual Practices to ensure that evening and weekend appointments are being offered to all patients.
	7 Partnership Working		2019/20	£6.00 per head	Mar-19	
Reception & Clerical Training	1 Active Signposting	Funding for training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. This innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most Practices.	2016/17		Mar-19	Funding has been confirmed of 61k for 18/19 - Federations have now provided plans on the update on the delivery for 17/18 and detailed plans for 18/19 funding, these have been approved and have been signed off with the federation leads.
	4 Develop The Team		2017/18	£ 61,000		
	6 Personal Productivity		2018/19	£ 61,000		
Clinical Pharmacists	4 Develop The Team	NHS England is inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety.	2017/2018	£ -	Mar-20	2 final waves are remaining for the Clinical Pharmacist scheme. NHSE will be contacting all practices for interest along with the application process - Wave 8 closes 22.2.19 Wave 9 closes 31.5.19 Beech Tree surgery still have an existing 0.5 wte approval and will be contacted within this process to confirm if they wish to persue an application.

ETTF	5 Productive Workflows	The Estates and Technology Transformation Fund (ETTF) is a multi-million pound programme to accelerate the development of GP premises and make greater use of technology. The aim is to improve facilities, increase flexibility to accommodate multi-disciplinary teams and develop the right infrastructure to enable better services for patients as well as increasing staff training facilities.	2017-2019	£ -	Mar-19	Sherburn and South Milford - Potential new build, 3PD project revenue neutral. PID to be developed. Beech Tree Surgery, Carlton branch - Improvement Grant - scheme cost approx £350k - scheme approved. Priory Medical Group Burnholme Health & Wellbeing Campus - Potential New Build - £10k feasibility study being undertaken by NHSE to look at local options Easingwold Health and Wellbeing Hub - New Build - Developing options paper for locality in partnership with York Foundation Trust. . Pickering - Improvement Grant to expand existing premises approved
Resillience Funding	5 Productive Workflows	Funding to support Practices to develop resilience in the following areas: Support for Practices having difficulties with recruitment Support for support Practice mergers Support for organisational development Support for the costs of a prescribing course for Practice nurses Support for an ANP to undertake a review / implement changes within the Practice that support the longer term plan / resilience of the Practice Organisational Development via a recognised programme following a CQC review that identifies improvements that need to be made	2016/17	£ 29,000		NHSE Supported a further claim of £5,000 from Scott Road Medical to support PM Issues. NHSE has confirmed all funding available in 2018/19 has been committed in full.
	10 Develop of QI Expertise		2017/18	£ 49,740	Mar-18	
Patient Online	2 New Consultation Types	Work on uptake across Practices to meet national contractual targets. Most VoY Practices are achieving the targets, but there are a couple of outliers @ under 10% and 8 practices under 20%. 20% to be achieved by March 2018		£ -		Currently 6 practices remain below 20% expectation, Sarah Kocinski working with practices to see how they can best be supported.
Time For Care	4 Develop The Team 5 Productive Workflows	The programme focusses on spreading best practice, implementation support, and building improvement capability for the future. Support training and development opportunities are available for practice managers, reception and clerical staff, GPs and managers throughout the programme.		£ -	2020	To be taken to Locality meetings for discussion re. 10 HIA and how these can be prioritised and taken forward. Looking into how to access support from the National programme.

Wi-Fi Public Access	9 Support Selfcare	Patient access to Wifi from Practices https://digital.nhs.uk/nhs-wi-fi Funded by us and delivered by NHS Digital, NHS Wi-Fi is a response to patient feedback asking for free Wi-Fi services to be introduced in NHS locations. It provides an efficient, reliable and secure platform that enables GPs to offer and utilise the latest digital health and care services.	2017/18	£ 169,000	Mar-18	PA Wifi coverage is currently at 87% in the VoY area. Embed are working with the suppliers to establish dates of the final installations and any outstanding issues.
Online Consultation	2 New Consultation Types	Funding from NHSE allocated from 2017/18 to CCG's on a weighted capitation basis, once a plan for delivery by the CCG has been signed off by NHSE. With rapid development of a number of online consultation systems for patients to connect with their general practice. Using a mobile app or online portal, patients can tell the practice about their query or problem, and receive a reply, call back or other kind of appointment. They can also access information about symptoms and treatment, supporting greater use of self care.	2017/18	£ 88,962	Mar-20	Thirteen Practices have an expressed an interest in going live in 18/19, covering a potential population of 251,310. Of these two practices has since gone life with a further three practices with go live dates scheduled before the end of February 2019.
	9 Support Selfcare		2018/19	£ 118,616		
	3 Reduce DNA's		2019/20	£ 59,308		
Practice Management	4 Develop The Team	Practice Management Development monies to upskill workforce	2016/17	£ 7,800	Mar-20	Allocation of £12,222.09 for 2018/19 - NHSE paid directly to YORLMC to develop PM Programme for VOY, SR and HRW including Appraisals and Coaching and mentoring. Meeting scheduled between NHSE and LMC 21/1/19 for an update on plans.
			2017/18	£ 8,846		
	5 Productive Workflows	Opportunity to become part of an early access programme to Edenbridge Apex - Business Intelligence tool that plugs into the Clinical System to enable Practices to better understand capacity and demand, and extract/report a range of				NHSE have secured funding to enable the Installation of the Apex Insights workforce tool to each GP Practice and new extended access sites across the

Edenbridge Workforce Tool	10 Develop QI Expertise	operational/workforce/clinical data. Currently EMIS only - but SystmOne functionality in the pipeline.	2017/2018	£ -	Jan-18	HCV STP Patch. A direct contract has been awarded to NEL CCG who will hold the contract of HCV to enable delivery of the tool patch wide. Within the CCG 9 Practices have Apex only and will be offered the Insight element, 17 Practices will be offered Apex insight and the estimation of 3 extended Access Hubs. A demo of the workforce tool is scheduled to take place at the Practice Managers meeting on the 4 December 2018. A demostration of the full tool took place all Emis practices with the Apex element installed have been contacted to arrange a convenient date and time to progress with the Apex services remapping to enable full installation of the Apex Insight Tool. 2 SystmOne practices have indicated they wish to go life with the full Tool asap
GP Retention Scheme	4 Develop the Team	The scheme is aimed at doctors who are seriously considering leaving or have left general practice due to personal reasons (caring responsibilities or personal illness), approaching retirement or requiring greater flexibility. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time, salaried GP post, offering greater flexibility and educational support.		£ -		Currently 5 Retainers employed by practices across the CCG with 1 approaching renewal approval on the scheme 26/2/19