Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

22 November 2018, 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 1.30pm, 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 15	Minutes of the meeting held on 11 October 2018	To Approve	Keith Ramsay - Chair
5. 5.1	Verbal Pages 17 to 19	Matters Arising General Practice Health and Social Care Network Migration and General Practice Public Access Wifi Updates	 To Receive	All Dr Kevin Smith, Executive Director of Primary Care and Population Health
6. 2.25pm	Pages 21 to 25	Primary Care Commissioning Financial Report Month 7	To Receive	Simon Bell Chief Finance Officer
7. 2.45pm	Pages 27 to 33	Improving Access to General Practice Services at Evenings and Weekends	To Receive	Dr Kevin Smith, Executive Director of Primary Care and Population Health

8. 3.05pm	Pages 35 to 38	General Practice Intelligence Process - Update	To Receive	Dr Kevin Smith, Executive Director of Primary Care and Population Health
9. 3.20pm	Pages 39 to 41	Terrington Surgery – Change of Ownership and Reimbursement	To Approve	Dr Kevin Smith – Executive Director of Primary Care and Population Health
10. 3.35pm	Pages 43 to 46	General Practice Forward View – Online Consultations Update	To Receive	Dr Kevin Smith – Executive Director of Primary Care and Population Health
11. 3.40pm	Pages 47 to 50	Protected Learning Time	To Approve	Heather Marsh Acting Head of Primary Care
12. 3.50pm	Pages 51 to 68	NHS England Primary Care Update	To Receive	Heather Marsh Acting Head of Primary Care
13.	Verbal	Key Messages to the Governing Body	To Agree	All
14. 4.00pm	Verbal	Next meeting: 2pm, 24 January 2018 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

Item 4

Minutes of the Primary Care Commissioning Committee held on 11 October 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
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Phil Mettam (PM)	Accountable Officer
Dr Kevin Smith (KS)	Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Dr Paula Evans (PE)	North Locality GP Representative
Dr David Hartley (DH)	Selby and York Local Medical Committee Representative
Shaun Macey (SM)	Head of Transformation and Delivery
Lesley Pratt (LP)	Healthwatch York Representative
Michèle Saidman (MS)	Executive Assistant

Apologies

Heather Marsh (HM)	Head of Locality Programmes, NHS England (Yorkshire and the Humber)
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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

There were no members of the public in attendance.

Question from Bill McPate

It was reported at item 9 of the PCC Committee on 26th July that: "the CCG commissioned primary care services but had no role in regulation or inspection". What therefore is the role of the CCG in provide assurance to the public that GP practices are delivering a quality of service they can depend on. In particular, precisely how will the CCG respond to the Council of Representatives call reported at the same meeting that "monitoring should be proactive and specific enough to prevent further occurrences."

KS responded that the CCG's current position, like all CCGs, was one of risk of having an unidentified Practice struggling to meet the essential standards and therefore putting patient safety at risk. When this Practice was identified as a result of Care Quality Commission inspection findings there was not only the risk to patient

safety to urgently address what the CCG was not aware of but there would also be several other areas of concern to manage as a result of these findings, such as the regulatory sanctions that may be imposed, the potential legal ramifications, and the reputational risk and adverse publicity, as well as concerns of service users. By actively seeking assurance through a programme of quality assessment and identifying gaps in good quality service provision the CCG would be able to proactively identify patient safety concerns and better support Practices to address these areas of concern.

KS explained that CCG's plan would be discussed with the Council of Representatives on 18 October; this would be followed by a launch event:

1. Each Practice will be asked to complete a self-assessment questionnaire and return this to the CCG quality team within four weeks of it being sent out.

2. The questionnaire is based on the "Tips and Myths buster for GPs" information on the CQC website (https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-tips-mythbusters-gp-practices)

3. A 20% validation exercise will then be undertaken. Practices will be chosen at random and a Practice visit will be undertaken by a member of the quality team/NHS England support. This visit will involve reviewing the evidence the Practice proposes to use to demonstrate compliance with the Key Lines of Enquiry.

4. Publication of the findings will be done through the GP Practice 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.

5. Individual feedback will be given to the Practices involved in the validation exercise. Should a Practice not chosen at random for the validation exercise wish to have a Practice visit this will be accommodated.

Further discussion ensued during which KS noted that, although the CCG received advance notice of the Care Quality Commission's schedule of visits in confidence, Practices were only notified two weeks in advance.

KS emphasised that there were many aspects to quality of which the Care Quality Commission process was one. He also noted the impact from Care Quality Commission reports on Practice staff, patients and the public highlighting this in the context of good patient care.

PE referred to discussion at previous meetings about the dashboard development in respect of a range of nationally published indicators and enquired whether such information would have highlighted emerging issues at Unity Health. In response KS advised that they had been outliers but whether in a positive or negative way was not known at the time. He emphasised the need to respond to 'soft intelligence' noting that the group established in this regard was meeting monthly. KS added that the CCG had varying levels of concern about workforce and associated pressures at a number of Practices but not to the level of Unity Health.

DH joined the meeting

LP noted that the Care Quality Commission sought comments from Healthwatch in respect of care home visits and asked whether such an approach was adopted regarding Practice visits. SM would follow this up with them. *Post meeting note: The CCG's contact at the Care Quality Commission confirmed they ask Healthwatch and also look at other sources, including social media and NHS choices, as part of inspection planning.*

Agenda

1. Welcome and Introductions

KR welcomed everyone to the meeting. He particularly welcomed LP who was attending for the first time.

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 26 July 2018

The minutes of the meeting held on 26 July were agreed.

The Committee

Approved the minutes of the meeting held on 26 July 2018.

5. Matters Arising

KR noted that a number of matters arising were on the agenda and reported that SS had provided updates on her actions:

PCCC30 Proposal to be developed for Public Health commissioned services to be incorporated in the remit of the Quality and Patient Experience Committee: A proposal had been agreed at the Quality and Patient Experience Committee earlier in the day.

PCCC31 Update regarding liaison between Unity Health and the City of York Council's transport team on concerns relating to the transfer of services from the Hull Road Surgery to Kimberlow Hill Surgery: SS had been in touch with the Head of Transport for City of York Council who was aware of the concerns which would be taken into consideration as part of the review of the local transport plan. No further action was planned.

Health and Social Care Network (HSCN) and Public Access Wifi: SM referred to the background to and potential benefits of the HSCN noting that procurement of connectivity was a national requirement. Funding from previous N3 services had been passed to CCGs to pay for these services which would connect health and social care sites.

SM highlighted that 60 of the CCG's 61 sites had completed the migration to HSCN; work was taking place to address the technical issue currently preventing the final migration, Kirbymoorside Surgery. SM commended both NYNET and the Practices in this achievement which was of note in the national context. He also advised that the CCG had been selected by NHS Digital as one of four 'benefits evaluation' sites noting that NHS Digital were hoping for many new health and care applications to be launched and supported by the new network infrastructure. However, new clinical and care applications would take time to establish but would start to enable more integrated working and wider use of applications such as video consultations and diagnostic image reporting.

In response to PE and DH noting that they were not aware of these developments SM advised that the CCG would be working with Practices and NHS Digital to explore the potential provided by the connectivity to develop new approaches for patient care. This would also require partnership working and creativity. SM noted the potential for investment by NHS Digital which was being coordinated at a Sustainability and Transformation Partnership level.

PM referred to the NHS England Local Health Care Record Exemplar programme. SM explained that this aimed to give GPs better access to such as A and E, hospital diagnostic and social care package information but noted it was complex to implement due to the technical architecture requirements and use of many different IT systems across health and care providers. KS added that he and Dr Nigel Wells, the CCG's Clinical Chair, had met with colleagues at York Teaching Hospital NHS Foundation Trust for similar discussions and explained a number of aspects of connectivity that required addressing in order for this to be progressed. SM reported that NHS Vale of York and NHS Scarborough and Ryedale CCGs had established a Digital Transformation Board which would progress this work but noted the need of additional clinical engagement to ensure that objectives remained clinically focused and to the benefit of patients.

With regard to General Practice public access wifi SM referred to previous reporting to the Committee advising that eMBED had still not completed the installation. SM and MA-M had met with eMBED when they had confirmed that a second contract extension would not be agreed also advising that contract penalties were now being considered by the CCG. A response from eMBED was now awaited. MA-M added that eMBED had provided additional assurance in terms of managing and monitoring of their sub-contractors.

KS commented that, whilst public access wifi had a number of advantages, it was not a requirement for effective patient care.

The Committee

1. Noted the updates.

2. With regard to the delayed Public Access Wifi programme confirmed that there should be no further extension to the CCG's contract with eMBED for the installation of public access wifi in Practices and that contractual penalties should be applied in the event of further delays.
3. Noted that regular updates would be provided with regard to the HSCN and General Practice public access wifi.

6. Primary Care Commissioning Financial Report

MA-M presented the report which detailed the financial outturn of the CCG's delegated primary care commissioning areas at Month 5 of 2018/19. He noted that updated information was also included since closure of the Month 5 position.

MA-M explained that the year to date position was in line with budget. The forecast outturn had moved from £43.3m to £43.1m, the only variance relating to Personal Medical Services monies which were forecast in full within Other Primary Care in the main CCG dashboard. There was an £80k overspend in the year to date position under Primary Care – Other GP Services as a result of the CCG's agreement to pay £100k relating to Unity Health's legal fees and stamp duty for their new premises due to lack of clarity in the associated paper work. MA-M confirmed that this in no way set a precedent and that this learning had been built into the approval of the latest Estates Technology and Transformation Fund bids. In response to DH referring to Premises Cost Directions stating that Practices should not be disadvantaged through legal fees, SM agreed to check this and report back.

MA-M advised that the CCG was working with NHS England in respect of the post Month 5 overall financial position and with the Primary Care Team in respect of the forecast. He highlighted that the recent 2% pay award was an additional £350k to £360k pressure from 1 April 2018 as CCGs had originally been asked to only account for an additional 1%. CCGs were in discussion with NHS England about whether they should be expected to absorb this additional pressure with no additional resource.

In response to PE seeking clarification KS confirmed that the Personal Medical Services Monies were not being moved. He noted that this information should be more explicit in future reports.

In respect of 'Other Primary Care', the areas that were not delegated, MA-M highlighted the £466k year to date underspend at the Other Primary Care line explaining that this related to slippage in the £3 per head expenditure. He also noted a number of aspects of the Primary Care Prescribing line which had a year to date deficit position of £117k and a forecast outturn of £397k deficit. MA-M referred to the CCG's introduction of Prescribing Indicative Budgets which had been affected by the national requirement for CCGs to improve their position with Category M prescriptions benefit and the No Cheaper Stock Obtainable issue, the latter having cost the CCG c£2m over the year. Despite these adjustments Practices were commended for having achieved efficiencies in 2017/18.

MA-M advised that the CCG had informed the localities of their Prescribing Indicative Budget position and had requested discussion about potential proposals around the

associated reinvestment in primary care. He confirmed the CCG's commitment to reinvest but was seeking support for this to be done within three to six months. KS added that the CCG was looking at prescribing from the longer term perspective.

MA-M also referred to the Other Prescribing budget line where there was a year to date £218k pressure and forecast outturn of £498k pressure. Whilst emphasising that the CCG wished to continue to incentivise Practices and recognising the national context of the CCG being the best in the country for a number of prescribing indicators, further savings were required.

DH referred to the fact that the Prescribing Indicative Budget scheme had not been available to all Practices as it had only been offered to federations and groups of Practices, also noting that his Practice had invested in clinical pharmacists from within their own existing resources. KS responded that any future scheme would be open to all Practices and that the CCG aimed to incentivise without negative impact on the financial position. He noted with regard to clinical pharmacists that a minimum population was required and also that there were issues with the current scheme; any future scheme would be considered on the basis of the CCG as a whole.

DB advised that the role of pharmacists as part of the CCG's wider strategy had been discussed as a concern at the Audit Committee and the Finance and Performance Committee. Whilst recognising the complexity due to pharmacies being businesses that were not co-ordinated or regulated, consideration should be given in the context of the strategic issue and the significant financial pressure. PE noted that her Practice employed a pharmacist who worked remotely and was therefore a shared resource. KS added that there were three key aspects in this regard: move to electronic prescribing, a pharmacist in General Practices and prescribers in Practice who could relieve pressure on GPs. The need for consideration of such as over ordering via electronic prescriptions was noted.

Members noted that the Finance Team was working to address the slippage in the CCG's financial position and that the prescribing concerns would be further discussed at the Finance and Performance Committee.

The Committee:

1. Received the Month 5 Primary Care Commissioning Financial Report.
2. Noted that SM would provide clarification regarding Premises Cost Directions in respect of legal fees.

7. Update on General Practice Intelligence

KS referred to the discussion at the start of the meeting in response to the question and reiterated that the Primary Care Soft Intelligence Group continued to meet monthly, also noting the inclusion of the Care Quality Commission self-assessment.

KS reported increasing concerns were being noted regarding unfilled GP and nurse vacancies, lack of capacity and increased demand. A further concern was the unprecedented number of Practitioners absent from work due to occupational stress

as a direct result of this and of the historic limited investment in primary care. KS noted that senior nurses were affected as well as Partners and GPs, adding that absence was at such a level that there was the potential for branch closure days. The CCG was working with Practices but discussions were also taking place with NHS England both locally and nationally in light of the present concerns.

PE noted that reduced working hours and similar issues with community staff were also having an impact on Practices.

In response to DH enquiring about the potential for the £3 per head and Improving Access to General Practice Services monies to be utilised to help with these pressures KS advised that the General Practice Forward View monies were subject to specific requirements. He also emphasised that short term funding was not the solution and agreed to DH's request to escalate Practice concerns as appropriate.

The Committee:

Noted the update.

8. Local Enhanced Services Review

SM referred to the report which provided an update on the review of Local Enhanced Services noting that clinical reviews at a CCG population level were underway, led by the Planned Care Team, for diabetes, PSA and bone protection services. The remaining enhanced services were being reviewed across the localities with Local Medical Committee and locality leads support. The ambition was for the localities to receive funding to provide the services ensuring availability for all patients.

In response to PE expressing concern about timescale and feasibility, including period of notice, SM referred to the earlier discussion about pressures on Practices and assured members that the CCG would work with the localities. A report would be presented at the January meeting of the Committee as there was no December meeting referred to in the report.

The Committee:

Agreed to receive a report on Local Enhanced Services for 2019/20 at the January 2019 meeting.

9. Personal Medical Services (PMS) Premium Monies Reconciliation

MA-M reported that, as agreed at the previous meeting of the Committee, Practices had been asked to submit any outstanding invoices in relation to the PMS premium monies by end of August 2018. As at the end of September 2018 £86k of 2017/18 PMS premium monies remained outstanding although a number of queries were being addressed. The remaining balance was expected to be between £80k and £86k.

With regard to 2018/19 PMS premium monies (£313k) and £3 per head transformation funding (£1.1m), which had been pooled, plans had been received from the North and Central Localities but not the South. To the end of September invoices totalling £185k had been received although there were again a number of queries to resolve. However, as all projects had slipped and were under-spending, it was not expected that the full value of PMS premium monies and £3 per head transformation funding would be utilised in year. Any year to date underspend against the £3 per head transformation funding would neither be made available over the remainder of the year nor carried over into 2019/20, although the intention was for the 2019/20 plan to include budget for £3 per head on an on-going basis. The Committee was asked to confirm that spend on projects in 2018/19 be funded in the following order:

1. Under spend in 2017/18 PMS premium monies in the first instance
2. Followed by 2018/19 PMS premium monies
3. Then £3 per head transformation funding.

KS advised that use of the monies had included support on developing proposals. He confirmed that the monies were being spent as originally intended and explained that unspent PMS monies could be rolled over into 2019/20 but £3 per head could not; however the CCG was proposing to continue the latter commitment into the next financial year. The proposed approach was to ensure and protect the investment in primary care. It was agreed that the detail be discussed outwith the meeting.

In response to DH referring to the complexity of the processes to access the monies KS explained the CCG's duty in the context of this being public money. MA-M added that each "pot of money" was required to recognise actual expenditure incurred.

PM noted that the CCG was continuing at risk to ensure the investment in primary care.

The Committee:

1. Noted the PMS premium monies reconciliation for 2017/18.
2. Confirmed the utilisation of all PMS premium monies before £3 per head transformation funding.

PE left the meeting

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

KS presented the report which described the CCG's progress against the national 1 October 2018 target for CCGs to commission Improving Access to General Practice Services from 6.30pm to 8pm weekdays and at weekends. The procurement process had resulted in the successful award of contracts in the North and Central Localities which had been well received by the public. The CCG was actively working with providers in the South Locality to develop a service to meet the requirements.

KS reported that the contract in the North Locality, awarded to the Modality Partnership working with the Practices, had been successfully mobilised. He noted the additional sessions included practitioners other than GPs. The contract for the Central Locality had been awarded to Nimbuscare Limited and the service was being delivered by the Practices that had signed up. However, this was not all Practices and capacity was consequently proving a challenge. Additionally, IT issues were in the process of being resolved.

KS commended managers, GPs and all involved where the requirements had been met but noted it had been very challenging. He also expressed concern at impact on other services, notably GP out of hours.

SM referred to the Improving Access requirements in the context of the earlier discussion on concerns about capacity in Practices noting that this was an additional challenge. Nimbus was struggling to deliver the hours and the nature of the contract was such that it was difficult to recruit a pool of dedicated staff to work short evening shifts and weekends. The way to address this and to ensure sustainability was transformation to an 8am to 8pm service model.

DH noted that the cessation of the current Extended Hours Directed Enhanced Service, would be a considerable loss of income for Practices and this would not be replaced by the Improving Access income. He also noted that staff contracts were 8am to 6.30pm.

In respect of York Medical Group (the paper for this agenda item stated - It has also been noted that East Parade, Old School Medical Practice, and more recently York Medical Group have indicated that they will not be providing clinical staffing into the Central Improving Access service – and this places increasing pressure on Nimbuscare to fill rotas from the local pool of staff) DH highlighted that they were not declining to co-operate as described in the report but were not booking shifts as a Practice; information was being passed to Partners for individual decisions. SM responded that this was a change in the Practice's position since the time of the report being written.

The Committee:

Received the update and requested that this be kept on the agenda.

11. Unity Health Care Quality Commission Inspection Update

KS was pleased to report that the Care Quality Commission considered that Unity Health had made a level of progress in addressing the regulation breaches that enabled the lifting of suspension of new patient registrations. He wished to place on record appreciation of Jorvik Gillygate Practice's support to Unity Health student patients over the summer noting that the CCG was underwriting the associated costs and would fund gaps relating to movement of overseas students.

KS explained that, although Unity Health's rating would remain as 'Inadequate' and they would continue in Special Measures, the Care Quality Commission had been very impressed with the progress made across a range of improvements. They were continuing to address broader aspects of the Care Quality Commission report.

KS advised that NHS England had agreed to fund six additional GP appraiser sessions for Unity Health to hold development sessions with the partners to agree a new clinical model, He also noted that every CCG team had provided some support to the Practice since the CQC visit.

KS commended Unity Health for their approach and progress but added that they had been subject to a further issue, beyond their control, in the last week due to failure of the telephone line. The CCG had raised concerns from the NHS perspective with BT Openreach and had offered additional support and resources to Unity Health; the University of York was also providing support. KS emphasised that patients received good service from clinicians and administrative staff when they had gained access.

KS additionally noted that the Local Medical Committee and NHS England had provided support and were continuing to work with the CCG regarding a resolution to clinical leadership at Unity Health. He highlighted that Unity Health now received a level of scrutiny that no other Practice experienced advising that the CCG Communications Team was working with them in this regard.

The Committee:

1. Noted the update.
2. Expressed appreciation to Jorvik Gillygate Surgery for their support to Unity Health student patients over the summer months.

12. GP Patient Survey Results – Data collected between 2 January 2018 to 6 April 2018 from patients aged 16+ registered with a GP Practice in England

In presenting the results of the annual MORI GP Patient Survey SM noted that the questions had been changed from previous surveys therefore it was not possible to directly compare the information to previous years. He highlighted that aspects relating to quality of care were generally above the national average; where the CCG was below the national average related mainly to access to appointments as discussed at previous agenda items. The CCG would work with Practices to address areas that required improvement. Much of this was driven by increasing patient demand on primary care services.

In response to LP reporting that York Older People's Assembly had been critical of the sample size, SM advised that MORI had sent out the survey and that the sample sizes were comparatively small every year.

The Committee:

Received the report on the key findings from the GP Patient Survey between 2 January 2018 to 6 April 2018 in respect of patients aged 16+ registered with a GP Practice in England.

13. Primary Care Commissioning Committee Annual Chair's Report

The Committee:

Received the Chair's Annual Report.

14. NHS England Primary Care Update including Rent Reimbursements

SM referred to the report which comprised assurance on contractual issues, provided an update on the General Practice Forward View, sought decisions on a number of rent reimbursements and reported on a review of dispensing patients included on GP Practice lists in line with Chapter 15 of the Pharmacy Manual. The latter related to people living within 1.6km of a community pharmacist.

SM provided clarification on a number of aspects of the rent reimbursements.

The Committee:

1. Received the updates from NHS England on items relating to the delegated commissioning agenda.
2. Approved the amendments to the notional rent payments, noting that this totalled c£5k, for:
    - Pickering Medical Practice, Southgate, Pickering YO18 8BL
    - Helmsley Surgery, Carlton Road, Helmsley, YO62 5HD
    - Elvington Medical Practice, Wheldrake Surgery, 54a Main Street, Wheldrake, YO19 6AB
    - East Parade Medical Practice, 89 East Parade, York, YO31 7YD
    - South Milford Surgery, Thorpe Willoughby Surgery, 12 Fox Lane, Selby, YO8 9NA
    - York Medical Group, Skelton Surgery, 32 Clifton, York, YO30 6AE
    - Sherburn Medical Practice, Old Hungate Hospital, Finkle Hill, Sherburn-in-Elmet, LS25 6BL
3. Approved the increase in actual rent for Pocklington Medical Practice, Beckside Centre, 1 Amos Drive, Pocklington, YO42 2BS.
4. Approved the actual rental figure of £6,995 per annum to allow a licence to occupy to be progressed for Priory Medical Group, Clementhorpe Health Centre, Cherry Street, York Y23 1AP.

15. Key Messages to the Governing Body

The Committee:

- Confirmed that contractual penalties should be applied in the event of further delays to installation of public access wi-fi in GP Practices.
- Noted the need for Prescribing Indicative Budgets to focus on achieving further savings and that the Other Prescribing budget line would be discussed at the Finance and Performance Committee.
- Noted concerns about capacity in primary care.

- Welcomed the development of a self-assessment tool to assist Practices in managing Care Quality Commission and other regulatory requirements in light of Unity Health's experience.
- Received an update on Unity Health.

In response to KR offering him the opportunity to add further to this, PM commended the work of KS and the CCG teams for their work and commitment beyond that which would be expected. He referred to the context of the Committee's commissioning role and emphasised within the context of the CCG's financial challenges the requirement for General Practice provider development. This, together with mental health services, is a priority for the CCG. DH noted that the Local Medical Committee had been asked to arrange a meeting with City of York Practices to progress breaking down of barriers and KS advised that the CCG was working to support primary care development but that Practices needed to have "one voice" in this regard.

Two further key messages were agreed:

- Commended the work of the Primary Care Team.
- Emphasised the need to strengthen primary care commissioning.

The Committee:

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

16. Next meeting

2pm, 22 November 2018 at West Offices

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 11 OCTOBER 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
PCCC33	11 October 2018	Primary Care Commissioning Financial Report	• Clarification to be sought regarding Premises Cost Directions relating to legal fees, SM agreed to check this and report back.	SM	22 November 2018

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Item Number: 5.1

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee **Date of meeting: 22 November 2018**	NHS Vale of York Clinical Commissioning Group

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

Purpose of Report
For Information

Reason for Report

This report provides an update to the Primary Care Commissioning Committee on progress against two key programmes of work on the national Primary Care digital agenda – the replacement of the N3 network with HSCN, and public access wifi in General Practice premises.

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

PRIMARY CARE COMMISSIONING COMMITTEE: 22 NOVEMBER 2018

1. Health and Social Care Network Migration Update

Further to the October 11 2018 report to this Committee, it is now confirmed that the CCG's HSCN supplier, NYnet, has successfully completed migration of all 61 NHS Vale of York CCG General Practice premises from N3 to the new HSCN network.

The HSCN migration for the CCG (West Offices premises) is scheduled to take place by the end of December 2018 – well within the required national timescales.

2. General Practice Public Access Wifi

At 12 November 2018, eMBED is reporting that 51 sites are now live with public access wifi – which is an 85% completion rate.

The remaining sites are delayed due issues including:

- Network configuration x 1
- Router issues x 4
- Electrical power requirements x 1
- BT line issues x 2
- Asbestos register not provided x 1

The Primary Care Commissioning Committee has agreed that there should be no further extension to the CCG's contract with Embed for the installation of Public Access Wifi in Practices (contractually, the installations should have been completed by the end of 2017), and that contractual penalties should be applied.

Embed is currently pursuing Daisy Communications Ltd, their sub-contractor for the installation work, for a completion date for this project.

The Primary Care Commissioning Committee will be updated regarding progress against this programme of work on an on-going basis.

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Item Number: 6

Name of Presenter: Simon Bell

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 November 2018

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Financial Report Month 7

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 October 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 are asked to note the financial position of Primary Care Commissioning as at Month 7.

Responsible Executive Director and Title	Report Author and Title
Simon Bell, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance

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

Report produced: November 2018

Financial Period: April 2018 to October 2018

Introduction

This report details the year to date financial position as at Month 7 and the forecast outturn position of the CCG's Primary Care Commissioning areas for 2018/19.

Delegated Commissioning Financial Position – Month 7

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

Area	Month 7 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care - GMS	12,506	12,595	(90)	21,439	21,687	(248)
Primary Care - PMS	4,946	5,066	(119)	8,479	8,694	(215)
Primary Care - Enhanced Services	680	701	(21)	1,166	1,190	(24)
Primary Care - Other GP services	2,093	1,923	170	3,556	3,285	271
Primary Care - Premises Costs	2,594	2,402	192	4,447	4,197	250
Primary Care - QOF	2,501	2,509	(8)	4,288	4,297	(9)
Sub Total	**25,320**	**25,195**	**125**	**43,375**	**43,351**	**24**

- There is an overall under spend year to date of £125k.
- The forecast outturn is £43.4m as at Month 7 which is an underspend of £24k.
- GMS is based upon current list size and includes the additional 1% pay award. MPIG is per actual costs for current contracts. The YTD variance is made up of a £146k overspend relating to the 1% pay award which is offset by £55k list size growth budget phasing.
- The forecast outturn variance on GMS is due to the full year effect of the 1% pay award.
- 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. This correlates to a YTD adverse variance of £69k. The YTD position also includes an additional £59k in relation to the 1% pay award and an under spend on the list size adjustment of £21k. The full year effect of the 1% pay award is £97k which together with the £117k planning shortfall explains the forecast variance.

- PMS premium budget of £313k (full year) has been moved from delegated commissioning to other primary care in Month 7 to match where the expenditure is being incurred.

- Enhanced Services have been accrued based upon claims received to date pro-rated. There is a small over spend due to a large 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 £170k. This includes an accrual for £100k for the reimbursement of Unity legal fees in relation to their new property. This is offset by unused contingency of £128k and £175k of additional non-recurrent allocation which was received in Month 7.

- The forecast outturn for Other GP services shows an under spend of £271k. 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 £100k, a £50k overspend on dispensing doctors' fees and an increase in administration costs (including sickness and seniority) of £81k.

- 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 £123k have now been released as a benefit into the position. This includes a significant benefit against a number of Priory Medical Group properties that have had recent valuations having missed the usual 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 7 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care Prescribing	27,655	28,024	(369)	47,272	47,608	(336)
Other Prescribing	946	1,307	(361)	1,925	2,024	(100)
Local Enhanced Services	1,174	1,150	24	2,013	2,044	(31)
Oxygen	185	216	(31)	318	375	(58)
Primary Care IT	522	537	(15)	895	903	(8)
Out of Hours	1,862	1,863	(1)	3,193	3,251	(58)
Other Primary Care	1,253	341	912	3,070	1,843	1,228
Sub Total	**33,597**	**33,438**	**159**	**58,685**	**58,048**	**637**

As reported and agreed last month to this Committee as part of the PMS Premium Monies Reconciliation paper and subsequently to the Governing Body 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.

Recommendation

The Primary Care Commissioning Committee are asked note the financial position of the Primary Care Commissioning budgets as at Month 7.

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Item Number: 7

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 November 2018

NHS
Vale of York
Clinical Commissioning Group

Improving Access to General Practice Services at Evenings and Weekends – November 2018 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
☒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

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

PRIMARY CARE COMMISSIONING COMMITTEE: 22 NOVEMBER 2018

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

The North locality Improving Access contract has been awarded to Modality Partnership who are working with Practices in the North locality to deliver this service.

Practice populations that are covered by this service include:

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

The service went live on 1 October 2018 as planned, with evening and weekend appointments being offered to 100% of the North locality population.

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).

The current service provision is principally GP, Nurse and HCA face-to-face appointments, but plans are in place to introduce video consultations in the next few months. The service is delivered from 2 hub sites – Millfield Surgery in Easingwold, and Pickering Surgery.

During October 2018, mobilisation of this service has been progressing well, with 95.5 hours of additional clinical capacity being offered, and 352 additional appointments being made available with a 55% utilisation rate.

The first Contract Management Board meeting for the North locality service has taken place in November 2018, with Modality Partnership and local Practices appearing keen to develop the service further.

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

Contracted Additional Clinical Capacity	79.55 hours
Clinical Capacity Delivered	95.5 hours
Variance – Contracted vs Delivered	+ 15.95 hours
Additional Appointments Offered	352
Additional Appointments Booked	202
Did Not Attend (DNAs)	9
Appointment Utilisation Rate	55%

3. Service Delivery – Central Locality

The Central locality Improving Access contract has been awarded to Nimbuscare Ltd who are working with Practices in the Central locality to deliver this service.

Practice populations that are covered by this service 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

The service went live on 1 October 2018 as planned, with evening and weekend appointments being offered to 100% of the Central locality population.

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

The current service provision is principally GP face-to-face appointments, with a small number of nurse appointments, but plans are in place to increase the range of clinical staff working in the service, and to introduce video consultations in the next few months. During October 2018, four hub sites have been brought on stream – starting with Priory Medical Group's Cornland's Road and Pocklington Surgery sites, and more recently Jorvik/Gillygate's Woolpack House and Haxby Group's Huntington Surgery site.

During October 2018, mobilisation of this service has been progressing reasonably well, with 208.5 hours of additional clinical capacity being offered, and 416 additional appointments being made available with an 87% utilisation rate.

The service is working towards delivering its contractual target for additional clinical capacity – the key constraints at this stage being lack of availability of GPs to staff the additional sessions (Nimbuscare Ltd has actively engaged with all 12 Central locality Practices to encourage staff involvement), and some technical issues with the staff rostering system (which are being actively addressed with the supplier) which are, at times, making it difficult for GP's to sign up to shifts. Nimbuscare Ltd is also working hard to install, configure and train staff on dedicated Clinical System software for this service (a new SystmOne Unit, and EMIS Clinical Record Viewer) which has recently been delivered by suppliers.

Nimbuscare Ltd is proceeding cautiously in terms of wider service advertising at this stage until it has confidence in its ability to increase GP recruitment into the additional sessions and configure its Clinical Systems to provide more streamlined access to shared appointment booking and clinical records.

Nimbuscare Ltd will hold an engagement event for local Practices and system partners on 22 November 2018 to promote the service and try to encourage additional staff to work in the service. Additional York-based hub sites are also being considered in an attempt to involve more local staff in the service.

Conversations are also currently in progress between the CCG, Nimbuscare Ltd and Tadcaster Surgery, which has indicated that it wishes to direct its patients to the Central locality – essentially requiring the CCG to agree a contract variation with Nimbuscare Ltd. This request has been made on the basis that Tadcaster Surgery feels that its patients are more likely to access York-based services than those which are being developed in Selby. If this arrangement is formally agreed, there will be an associated increase in Nimbuscare Ltd's contractual target of approximately 24 hours per month which will be delivered out of Tadcaster Surgery as an additional hub.

The first Contract Management Board meeting for the Central locality service has taken place in November 2018, with Nimbuscare Ltd committing to increase engagement with local Practices in order to attract sufficient staff into the service to meet its contractual delivery targets. It has been confirmed that any unspent contract

funding associated with under-delivery of clinical capacity during the service mobilisation period will be reinvested into additional capacity/services at a later date.

Summary of Central locality service delivery for the month of October 2018

Contracted Additional Clinical Capacity	472.97 hours
Clinical Capacity Delivered	208.5 hours
Variance – Contracted vs Delivered	- 264.47 hours
Additional Appointments Offered	416
Additional Appointments Booked	393
Did Not Attend (DNAs)	32
Appointment Utilisation Rate	87%

4. Service Development and Mobilisation – South Locality

The CCG was unable to award a contract for Improving Access services in the South locality via its procurement process. The focus has therefore quickly shifted to working with local Providers to develop and mobilise a service for patients that are registered with the Practices in the 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
- Tadcaster Medical Centre (possibly moving to Central locality contract)

A number of meetings have already been facilitated by CCG staff, with involvement from South locality Practices, the Out of Hours GP service Provider (Vocare), York Hospital Community Services staff, and Harrogate Hospital (who hold the Minor Injuries Unit contract in Selby Hospital) staff.

Conversations are progressing, with Vocare offering to hold an interim contract until the end of March 2019, and a number of additional appointments have already been made available. The key constraint at this stage appears to be a difficulty in attracting local clinical staff to work in the extended service hours.

Providers in the South locality are working towards delivering a contractual target of approximately 165 additional hours of clinical capacity per month – which may reduce to 140 hours if the Tadcaster proportion of the service is moved into Central locality.

5. Summary

Progress around mobilisation of this service is variable across the CCG's three localities.

The North's relatively small additional service provision is already being met (and exceeded) by an effective working partnership between Modality and local Practices.

The Central locality is finding that it needs to work differently to the North in order to co-ordinate staff rostering, appointment booking, and access to records to deliver a significantly larger number of additional hours. Nimbuscare Ltd is keen to achieve its contractual targets as quickly as possible, but is committed to providing a safe and high-quality service for its patients and is therefore working to manage the flow of patients into the service whilst it increases staffing levels and configures new IT systems.

The key constraint for the South locality at this stage appears to be a difficulty in attracting local clinical staff to work in the extended service hours. The CCG is proactively facilitating conversations between Providers and trying to be as flexible as possible in an attempt to move towards a formal contractual agreement to secure the delivery of this service. Modality partnership has offered to discuss how it might be able to help with developing a service in the South locality, and this is an opportunity that the CCG will certainly consider.

For all three localities it is imperative that we keep local Practice staff engaged in these schemes. The current operating model makes it difficult to recruit a pool of dedicated staff who will work only short evening shifts and weekends – so an effective and sustainable Improving Access service for Vale of York is hugely dependent on continued support from local Practices and clinical staff. In the longer term, the effective delivery of this service would benefit hugely from a shared pool of additional staff working in a fully integrated manner with routine daytime services – working shifts that cover the 8:00am to 20:00pm period, plus weekend clinics.

The development of these 'extended' Primary Care Services is also a blueprint for much broader strategic plans around the development of Primary Care Networks, and future models of both General Practice and out of hospital care - and in that context it is imperative that the CCG continues to support both Providers and its Practices through the practical challenges that this service mobilisation presents.

In addition to the above, the timely mobilisation of these services to provide additional system capacity is understandably a high priority for NHS England as we move into the winter season, and the CCG's Primary Care team continues to work closely with Providers on a daily basis to support the successful and safe mobilisation and delivery of these services for patients.

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Item Number: 8

Name of Presenter: Kev Smith

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 November 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Primary Care Intelligence Meeting - Update

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

Reason for Report

To brief members about the Primary Care Intelligence Meeting.

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

Responsible Executive Director and Title	Report Author and Title
Dr Kevin Smith – Executive Director of Primary Care and Population Health	Sarah Goode – Quality Lead for Primary Care

PRIMARY CARE COMMISSIONING COMMITTEE: 22 NOVEMBER 2018

Introduction

This paper details the purpose of the Primary Care Intelligence Meetings.

Purpose of Meeting

Primary Care Intelligence Meetings are held on a monthly basis to provide an opportunity to share soft intelligence from across the Vale of York CCG GP Practices. This helps to inform future conversations and engagement with Practices, and prioritise the CCG's support. The meeting enables CCG staff to improve their understanding of issues affecting GP Practices so that they can target support with a view to prioritising practice visits.

Data Sources

A wide range of staff within the CCG interact with General Practice on a regular basis, and become aware of information about various issues including quality, safety, demand and capacity.

In addition to the information gathered via CCG staff, intelligence is shared about any incidents that have been reported by Primary Care and any feedback received from the Yor-Insight tool. The meeting is attended by a range of CCG staff and clinically led by the Quality Lead for Primary Care. CCG locality leads are in attendance as well as those from the Medicines Management team, GP Clinical Leads, Primary Care Contracting leads and the CCG's Director of Primary Care.

Intelligence Report

The discussion is summarised at each meeting to capture any intelligence. Key lines of enquiry include issues relevant to capacity/workforce, IT/Infrastructure, finance, contracts, QOF, complaints/incidents, regularity of contact, medicines management, CQC and vaccination and immunisations.

The intelligence meeting meaningfully compliments and supports the CCG's Primary work streams in terms understanding the issues affecting all 26 practices across the Vale of York CCG geography.

Governance

Any exceptions will be reported into the Quality and Patient Experience Committee and escalated to the Primary Care Commissioning Committee as required.

Item Number: 9

Name of Presenter: Michael Ash-McMahon

Meeting of the Primary Care Commissioning Committee **Date of meeting: 22 November 2018**	NHS Vale of York Clinical Commissioning Group

Report Title: Terrington Surgery – Change of Ownership and reimbursement

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

Reason for Report
Dr Wilson is currently a tenant of Terrington Surgery, since December 2017 the owner has been looking to sell the property. After a difficult 10 months of negotiations, the owner is now close to an agreement to sell the Surgery to Dr Wilson. PCCC is asked to approve this sale which sees the reimbursement change from Actual to Notional rent. PCCC is also asked to note and approve in principle the plans to expand the reimbursable space once the property is owned by Dr Wilson.

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

PCCC is asked to recommend the proposal to change the reimbursement categorisation and support future expansion plans.

Responsible Executive Director and Title	Report Author and Title
Dr Kev Smith Executive Director of Primary Care and Population Health	Stephanie Porter Deputy Director of Estates and Capital Programmes

Background on the ownership and services from Terrington Surgery

The property is currently in the ownership of Dr E Bradley, who was until 2012 practicing as a single handed GP from Terrington Surgery. Upon her unexpected retirement, NHS England came to an agreement with nearby Helmsley Surgery (Dr Wilson and Dr Matthews) that they would take on the running of the Terrington Practice. The Practices have remained on separate GMS contracts, so Terrington is not a branch of Helmsley Surgery.

At the last rent reimbursement review in October 2016 the DV assessed the Current Market Rent (CMR) reimbursement value of Terrington Surgery as £25,375 per annum. The next rent review is due in October 2019 and for the purposes of this confirmation, the CCG has deemed the CMR to be the determinant of the notional rent value it reimburses the practice on this figures remains the same when Dr Wilson purchases the property.

Since 2017 Dr Wilson has been occupying the site without a lease and negotiations to secure a lease have been difficult, the CCG became more actively involved when Dr Bradley on two separate occasions commenced preparations to evict the practice. Dr Wilson looked at temporary accommodation plans but was always of the view that to secure services in the locale a purchase, at the right price, was his preferred option.

Securing a mutually acceptable purchase price has been difficult, but we are informed that this has now been agreed and Dr Wilson is seeking confirmation that the current reimbursement values will remain the same.

Confirmation of the rent reimbursement after Dr Wilson purchases Terrington Surgery

The CCG has appointed to DV who has confirmed that at purchase the CMR will remain the same so there is no change to the reimbursement values now that Dr Wilson owns the site.

Recommendation PCCC is asked to approve the change in reimbursement status on the basis that Dr Wilson will own the property rather than lease, noting that there is no impact on reimbursement values.

Future Plans at Terrington Surgery

Dr Wilson is working with the CCG to explore the options of expanding the reimbursable space at Terrington Surgery. This will see the upstairs fully utilised for administration, releasing the ground floor for clinical activity. In addition as part of this work, Dr Wilson intends to invest in the upgrading of the site to replace windows, the boiler and upgrade the flooring to be infection control compliant; issues not addressed by the previous owner.

Dr Wilson is yet to determine if the upgrade works will be funded 100% by him or, if available via an improvement grant. The CCG will support an improvement grant if available, having reviewed the plans and will be required to formally approve the bid.

The impact of the improvement grant to increase the reimbursable space will impact the rent reimbursement. This figure has been shared with the Primary Care Team and it has been deemed affordable.

As the purchase is yet to be concluded and given the difficult nature of negotiations, the uplifted reimbursement value is not being made public and is deemed commercial and in confidence at this point in time.

Recommendation PCCC is asked to note and approve in principle the plans to expand the reimbursable space at Terrington Surgery.

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Item Number: 10

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee **Date of meeting: 22 November 2018**	NHS Vale of York Clinical Commissioning Group

General Practice Forward View – Online Consultations Update

Purpose of Report
For Information

Reason for Report

This report provides an update to the Primary Care Commissioning Committee on progress against the General Practice Forward View programme on encouraging Practices to explore the use of Online Consultation systems with their patients.

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 - The General Practice Forward View and Online Consultations

The increased use of online consultations to help manage demand in General Practice is a key component of the General Practice Forward View, https://www.england.nhs.uk/gp/gpfv/redesign/gpdp/online-consultations-systems-fund/

NHS England is using technology to empower patients and make it easier for clinicians to deliver high quality care and enabling patients to seamlessly navigate the service as part of its digital transformation strategy. The Online Consultation programme is a contribution towards this ambition. As part of the General Practice Forward View, a £45 million fund has been created to contribute towards the costs for practices to purchase online consultation systems, improving access and making best use of clinicians' time.

Across the Humber, Coast and Vale STP, as part of the General Practice Forward View Programme, a decision was taken to procure an online consultation system for the whole STP footprint (in order to standardise the system and simplify any potential future integration with Urgent Care systems). The system was agreed in March 2018 and is Engage Consult by Wiggly Amps.

https://www.wiggly-amps.com/product/engage-consult/

As part of this procurement exercise, project management support was also secured to support the rollout of Engage Consult across Practices within the STP. David Ripper (an independent consultant) is leading this work and already working with CCG's to co-ordinate the rollout of Engage Consult to Practices.

2. Update on Progress with Online Consultations in NHS Vale of York CCG

NHS Vale of York CCG currently has one Practice with Engage Consult installed – Tadcaster Medical Centre went live with the system at the end of August 2018.

Tadcaster Medical Centre has taken a cautious approach to the implementation of this system so that it can safely assess demand from patients, and flex its workforce and internal processes accordingly.

Statistics from Tadcaster Medical Centre's first two months offering the system to its patients are as follows:

		Contacts by age group					Contacts by time of day			
	Total Contacts via Engage Consult	<15	15-24	25-44	45-64	65+	08:00-13:00	13:01-18:30	18:31-24:00	24:01-07:59
Sep-18	**10**	0	2	3	3	2	6	1	2	1
Oct-18	**34**	5	8	10	10	1	9	8	9	8

From October's figures, the service appears to attract fairly even access numbers around the clock – and at this stage is mainly used by working age adults. Over the coming months, the CCG will work with the Practice to gain a better understanding of how this service is being received by patients.

Current reporting does not differentiate between medical and administrative requests to the Practice – this will be requested from the STP project manager in future reports.

There are currently two more Practices with confirmed installations, both during November 2018 – these are Haxby Group Practice (already using the system in their Hull sites), and Jorvik Gillygate Practice.

The Primary Care Commissioning Committee will be updated regarding progress against this programme of work on an on-going basis.

Item Number: 11

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 November 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Protected Learning Time

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

Reason for Report

To outline the proposal to establish protected learning time (PLT) sessions for primary care as a part of the Council of Representatives restructuring.

To request approval for practices to be allowed to close on the PLT afternoons utilising the Vocare out of Hours services that will be contracted for by the CCG.

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 support the development of PLT sessions for primary care by allowing the Contractual change required to support the practices closing and having sub contracted services in place.

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

Background

Over the summer the CCG has been working with the Council of Representatives to review its structure. As a part of that review it has been proposed that some of the resources from the Council of Representatives restructure should be used to establish protected learning time sessions for practices.

These sessions would be scheduled quarterly and their aim would be to :

•Help support networking opportunities for clinical healthcare teams and for them to gain new knowledge in clinical research and practices.
•Help to support and develop personal and professional resilience
•Support delivery of Vale of York CCG priorities
•Support primary care staff to secure required Continuing Professional Development training
• Build and maintain excellent partnerships between all agencies in Health and Social Care
•.Lead the local Health and Social Care system in adopting best practice from around the world.

Proposed structure

The CCG Chair of the Governing body and the GPs on the Council of Representatives will provide clinical leadership for these sessions and they will be run in partnership with the Hull York Medical School's Academy of Primary Care.

The structure will provide centrally delivered sessions for GPs and some additional clinical staff and will then allow for practices to develop their own in house or locality based programmes to support the wider practice teams.

In order for these sessions to be fully inclusive practices would need to be able to close for the proposed afternoons. During this time the CCG will contract with Vocare to provide services to patients requiring urgent care services during that period. This service will be in line with that currently provided during the out of hours period, so is one patients are familiar with.

These sessions will all be planned well in advance and prior notice will be given to patients regarding the practice closures and access arrangements during those times.

Central sessions will all include evaluation and Information will be collected from practices who participate on the in house sessions they arrange.

Contract requirements

Any changes to practice contracted hours or sub contracting arrangements requires CCG approval. Rather than individual practices seek approval the Council of Representatives has requested that we consider this proposal on behalf of all practices in the locality and provide a general approval for the closures for the sessions to be provided during 2019.

Participation in these sessions will not be compulsory however the Vocare cover and closure approval will only be provided for the purpose of PLT sessions.

Funding

The funding for the sessions and the cover has been resourced from the restructuring of the Council of Representative sessions. No additional primary care funding is required.

Item Number: 12

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 November 2018

NHS
Vale of York
Clinical Commissioning Group

Primary Care Update

Purpose of Report
For Information

Reason for Report

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

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

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

Covalent Risk Reference and Covalent Description

Recommendations

Note the contents of the report and approve the recommendations included in the rent reimbursement section

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
November 2018

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

2

12th November 2018

1. Contractual Issues

1.1 The CCG received a late request from York Medical Group to temporarily suspend services from two of their branch sites for a 1 week period. The proposed suspension of services was for the week commencing Monday 29th October 2018 (school half term week) involving the following two sites

- Woodthorpe, 40 Moorcroft Road, York, YO24 2RQ
- 32 Clifton, York, YO30 6AE

The Practice sighted a short term clinical capacity constraint to safely deliver services from all eight of their sites. Whilst the proposal was to suspend services from two of the sites as mentioned above it also included increased provision at two of their other sites during the week so the Practice therefore were not proposing to reduce their overall clinical capacity, just consolidate the service for a one week period. Additional capacity was to be provided at their Acomb site to cover Woodthorpe and additional capacity to be provided at Water Lane to cover 32 Clifton. The issues identified by the Practice had been due to a significant amount of long and short term sickness absences, difficulties in finding locums and ongoing recruitment difficulties which has led to their request to temporarily suspend services for the half term week.

The CCG became aware of the proposed suspension of services through feedback from the Trust; we spoke to the Practice to ensure the correct processes are followed in the future to allow the CCG to approve any such requests in a timelier manner and through the appropriate channels. The Practice distributed patient communications to make patients aware of the temporary change in service and were directed to the CCG Comms teams for further advice and support on how best to engage with patients around the temporary suspension of services.

As the proposal was only received by the CCG shortly prior to 29th October a decision was made to support the temporary suspension based on the information given by the Practice around providing a safe service to patients.

The Committee are asked to note the contents of the update and be assured the Practice are now aware to approach the CCG prior to formalising any other changes in service provision.

1.2 The next General Practice Annual Electronic Declaration (eDEC) for 2018/19 has been finalised and will be opened to receive submissions for general practice over a six week period: from Wednesday 24th October to Wednesday 5th December 2018. The attached letter (appendix 1) has been sent to all Practices.

The Committee is asked to note this update

1.3 PMS equitable funding differential

PMS contracts are a locally negotiated contract between the practice and the commissioner, originally PCT's. The contract value initially converted the previous years' Items of Service claims into a contract value and usually also included additional funding called "growth" which was used to support the costs of developing Nurse Practitioner and Salaried GP roles. At the time the contract framework was considerably different to the way in which national GMS contracts were funded. However, in 2004 the new GMS contract framework was introduced and whilst not identical there was little difference between the two, other than the levels of funding. Over a period of time the PMS contract value had been amended by the PCT for local commissioning reasons and when NHS England took over responsibility for primary care commissioning in 2013 it found that not only were PMS practices receiving more than GMS practices, they were also getting paid different rates for what often appeared to be providing the same service.

NY&H DCO commenced the PMS Review during 2014/15. The key principle was to ensure that PMS practices were not destabilised by immediately removing funding but at the same time to ensure there was an equitable payment to all practices for the same core work; any "freed-up" resource from

the PMS review had to be re-invested within primary medical care by the CCG.

The view nationally at the time was that it was likely therefore that the rates would merge by 2020/21. It is now apparent that due to a variation in predicted re-investment levels that convergence by 2020/21 is unlikely and that PMS practices will be earning an estimated £1.81 per head more than GMS practices at that time. For the Vale of York CCG PMS practices this will equate to £177,904. After 2020/21 the MPIG will no longer exist so all future uplifts across PMS and GMS will be the same, however unless the two contracts weighted patient values are aligned the gap between the two contract types will remain, this will place an additional and unwarranted cost pressure on the CCG.

The CCG had several options according to NHS England, but primarily:

1. Undertake a further “PMS premium” exercise post 2020/21 once the final position is known, with a pace of change over several years to erode the difference between PMS and GMS
2. Withhold or part pay the 2020/21 uplift for PMS practices so that they are immediately re-aligned with GMS practices.

It is possible to look at variations to the above, however we must remember that convergence between the two contract types was mandated by NHS England by 2020/21.

NHS England asked that in considering our options we consider taking a similar approach to neighbouring CCGs and work with them and the LMC to reach agreement. At this moment in time the North Yorkshire CCGs are looking to explore Option 1 above with a proposed two year pace of change.

VoY CCG decided to support option 1 with a proposed two year pace of change at the CCG Executive Meeting on 17th October 2018.

The Committee is asked to note this update

2. GP Forward View (GPFV)

2.1 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 of the elements of the programme on a monthly basis.

The details of the programme are contained in appendix 2.

The Committee is asked to note this update

2.2 Resilience Funding

The GPRP was announced as part of the GP Forward View. This four year programme has been in place since 2016 and is aimed at supporting practices to become more sustainable and resilient.

Guidance and documentation relating to the GPRP can be found on the NHS England website (link below). https://www.england.nhs.uk/gp/gpfv/workload/resilience/

Further to last month's update a further 3 schemes have been approved in addition to the 2 that had already been approved. The 3 further schemes are as follows

- Unity Health - £2,000. Funding to support an NHS England led leadership course
- Tadcaster Medical Practice - £5,000. Funding to support the increased insurance premium following the floods several years ago
- East Parade Medical Practice - £3,000. Funding to support the resilience of a single handed Practice

The Committee is asked to note this update

2.3 Estates and Technology Transformation Fund (ETTF).

2.3.1 Pickering Medical Practice

The Practice has received an Improvement Grant offer of £198,860 (2/3 of the full scheme cost of £301,302) to support the development of Pickering Medical Practice by extending the surgery into the neighbouring property. The project will increase the number of clinical rooms at the Practice enabling additional appointments to be provided. It will also support the collaborative working amongst local Practices as back office functions can be delivered from Pickering The build is expected to start early next year once it has passed due diligence and be completed by summer 2018.

2.3.2 Beech Tree, Carlton Branch

The Practice has received an Improvement Grant offer of £476,192 (2/3 of the full scheme cost of £721,502) to support the development and extension of the Carlton branch surgery creating additional clinical space and upgrading the existing premises. The build is expected to start early next year once it has passed due diligence and be completed by summer 2018.

The Committee is asked to note this update

3. Rent Reimbursements

Haxby Group Practice, Gale Farm Surgery, 109-119 Front Street, Acomb, York, YO24 3BU (B82026)

Following a routine review the District Valuer (DV) determined the Current Market Rental (CMR) value for the above property on 30th January 2018. The existing valuation is £117,700 per annum; the site has been valued at £118,400 per annum from 30th May 2018. The property is owned by the Practice.

The Committee is asked to approve the increase in notional rent

GP Practice
FAO Senior Partner and
Practice Manager

Operations and Information
Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

Date 15th October 2018

Sent electronically

Publications Gateway Reference **08460**

Dear Colleague,

GP electronic annual practice declaration (eDEC) 2018/19
Classification: **OFFICIAL**. DCB Reference No: **2053 Amd 86/2018**

We would like to thank practices for completing last year's GP electronic Annual Practice Declaration (eDEC) which forms an integral part of the NHS England Policy and Guidance Manual (PGM) book of primary medical services.

The 2018/19 eDEC will be opened for submissions over a six week period: from Wednesday **24 October** to **Wednesday 5 December 2018**. All GP practices are required to submit their eDEC electronically through the primary care website: www.primarycare.nhs.uk.

The eDEC has been prepopulated with responses provided from last year's collection. Compared to last year, 10 questions have been removed, there are 8 new questions and 6 have been revised. A number of questions are voluntary but we would encourage all practices to respond.

It will be necessary for practices to check prepopulated responses, amend responses where necessary and also respond to the new mandatory questions in order to submit their eDEC.

In maintaining NHS England's commitments towards transparency and supporting patient choice, specific sections and items submitted in the eDEC could be shared either with public facing NHS websites (e.g. NHS Choices) and/or other modules visible to all users of the primary care website. The supporting FAQs 'onward uses of information section' provides more detail.

Information shared includes the practice's catchment area; it is therefore important that practices check that it represents a 'reasonably accurate' reflection of their contractual boundary (inner boundary). The website provides a prompt to users where data quality checks has identified the catchment area could benefit from improvement. Practices are encouraged to improve the quality of their boundary if seeing this prompt when opening the catchment area during the declaration.

The Primary Care website contains a function that practice can use to link there e-catchment to their practice website, to support patient choice and administrative functions in the practice (e.g. checking whether a potential patient postcode is with the practice catchment area.

A paper copy version of the eDEC titled "**eDEC 2018-19**" will be published within the resources section of the primary care website (found within the eDEC module, available when the collection opens).

If you submitted your practice's eDEC last year and have not since changed role or moved practice, you will not need to do anything now until the declaration opens as you will automatically gain access through your existing website account. If however you are a new practice manager and/or senior partner please ensure you have registered to use the primary care website and have notified your NHS England regional team of your new role and contact details so account permissions and access to the eDEC can be authorised in time of the collection opening.

To help ensure smooth running of this process, a list of FAQs has been provided below. Thank you.

Yours sincerely

Dr. David Geddes

Director of Primary Care Commissioning
NHS England

Annual Electronic Declaration (eDEC) General Practice FAQ's 2017

I have not seen the NHS England Policy and guidance manual (PGM) book for primary medical services, , where can I find this?

NHS England Policy and guidance manual (PGM) Book of Primary Medical Services has been published and is available on the NHS England website:

https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

Has the eDEC been assured?

The Data Coordination Board held on 19 September 2018 approved the eDEC:

Ref: https://digital.nhs.uk/data-and-information/information-standards/information-standards-and-data-collections-including-extractions/publications-and-notifications/assurance-certificates

What will the eDEC look like and what has changed compared to last year?

A paper copy version of the eDEC titled "**eDEC 2018-19**" will be made available in the primary care website when the collection opens.

Compared to last year, there are eight new questions, ten have been removed. Where revisions to questions have been made these questions are identified by "(r)" next to the question number and responses to these questions have similarly been prepopulated (where this has been possible to do so).

We would encourage all practices to complete responses to all voluntary questions, responding 'no' to a voluntary question asked does not mean the practice is not compliant with their contract.

How long will the eDEC take to complete?

At the end of the eDEC we ask practices to declare how long in minutes it has taken to complete. Last year, the average number of practices declared that it took 30 minutes (mode), the mean response was 45 minutes. As the majority of the declaration will be prepopulated with responses provided from last year, and the majority of staff completing the declaration are familiar with the questions and primary care website we anticipate the eDEC should take similarly between 30 to 45

minutes to complete. Practices who are less familiar with the eDEC may need to set aside up to 60 minutes to complete the return.

To support NHS Digital undertake a more detailed burden assessment of this collection a question has been asked at the end of the eDEC which asks how long the eDEC has taken the practice to complete the return. Responses will be shared with NHS Digital Burden Advice and Assessment Service (BAAS)

Onward uses of the information:

CQC inspection teams and NHS England Regional Teams work closely together and share information on a regular basis. The information provided to NHS England in this declaration will be shared with CQC. Similarly, the outcome of CQC inspections will be shared with NHS England, this includes any action plans which practices may submit to CQC (where relevant).

In maintaining NHS England's commitments towards transparency and supporting patient choice, the following sections and items could be shared either with public facing NHS websites (e.g. NHS Choices) and/or other modules visible to all users of the primary care website for instance may be used within a GPIT assurance module and General Practice Outcome standards:

Could be published in the public domain in the near future	• Question 1H. Practice telephone number (for patients). • Practice Services Section (i.e. Chapter 4): all content. • Premises and Equipment Questions on wheelchair accessibility questions 3E and 3F. • The electronic practice catchment area, the practice website address, branch practice opening times and where relevant practice Facebook page. •
Will be available to all users of the primary care website	• Interoperable patient records questions: 6E and 6F. • GP IT section (i.e. Chapter 8): all content • The electronic practice catchment area

Clinical Commissioning Groups that commission primary care services under formal delegation from NHS England may receive information from the Self Declaration that is necessary in support of their delegated functions.

Legal disclaimer:

NHS England, as with all NHS organisations is required to share intelligence with other statutory bodies, both in circumstances where they have a legal right to request it e.g. National Audit Office, CQC; or where it is necessary or expedient for

them to receive it in order to protect the welfare of individuals or to discharge their functions.

Practices are therefore reminded of the significance to ensure that responses provided to questions are accurate and can withstand legal scrutiny, the declaration is treated and considered to be a formal submission once declared.

All information in the eDEC is subject to the requirements of the Freedom of Information Act 2000. In response to a request for information, exemptions to disclosure will be considered on a case by case basis.

Is there any training available on how to submit the eDEC?

The Primary Medical Services Assurance and Quality Improvement national training / familiarisation webcast with a live question and answer session originally occurred on 15th of August 2013 from 14.00 – 17.00 by uStream. The webcast was recorded and can be viewed by accessing the following link: **http://vimeo.com/72843434** Password to access: **15thaug2013**. To view specifically the demonstration on completing the eDEC, including how to draw the electronic practice boundary move the time cursor to **1:58:30.**

Though this recording was done in 2013, it includes helpful demonstration of how to navigate through the different functions and features available in the website. For the declaration the functionality will be very similar in terms of its look and how to move between different chapter sections. Any commentary on time periods of indicators within no longer applies as the data itself has since been updated. It's the functionality which remains unchanged.

If you experience any problems viewing the webcast recording, please check that your computer's local security and firewall settings are not blocking the content from working. Alternatively, this other link could be used:

Who in the practice will need to submit the eDEC?

The eDEC is a mandatory submission between the practice and NHS England and replaces the previous requirement of practices to submit an annual report to PCTs. The eDEC is submitted by a senior member of practice staff usually the practice manager and/or senior partner, as similar to requirements related to completing CQRS returns.

The eDEC can only be viewed / edited and submitted by specific staff in the GP practice who have been granted user account permissions to do so by the NHS England regional team.

If you submitted the declaration for your practice last year and you remain in post then you will similarly be able to view/edit and submit the declaration for your practice this year.

If there has been recent changes to practice staff (who have eDEC responsibilities) or a practice would like to nominate a different member of staff to view/edit and submit the eDEC, they will need to register to use the primary care website see link: https://www.primarycare.nhs.uk/register.aspx after doing so please contact your NHS England regional team, providing a request to allocate eDEC permissions to another person within the practice.

Since the last eDEC what should I do if my practice has since merged or changed configuration?

The eDEC is submitted against the organisation code of the practice.

Since the last eDEC submission was made in 2017, If your practice has merged with another organisation and has retained use of the organisation code, it will be necessary to ensure that responses to all questions provided in the eDEC apply to any new arrangements which are in place. As the practice will be declaring responses against the code of the practice and which has since changed configuration. This is clarified in the eDEC aswell as question 1F found at the beginning of the eDEC which asks the question if there has been a change in the practice's configuration as compared with last year (e.g. merged/divided from another).

I cannot find the eDEC module within the primary care website.

When you log into the primary care website select the medical module. If your account has the permission to view/edit or submit declaration data you should then be able to see a tab called "practice declaration user". If you select this, you should be able to see two further tabs "Current (active) Declaration" and "Closed Declaration". The current declaration is this year's declaration which will need to be completed by the deadline. It will be turned on for submissions when the collection opens and even then, can only be viewed/edited or submitted by authorised account holders. The "Closed Declaration" tab provides a pdf copy of the submission provided last year.

If you are the practice manager or senior partner and are unable to see the declaration user tab after the collection opens please contact NHS England primary care website help desk at primarycareweb@nhs.net .

I am responsible for eDEC for more than one practice. Do I need more than one user account for each practice?

No this is not necessary. For the purposes of the eDEC, your single account will be linked within the primarycare web tool to each practice you have designated responsibilities for. If however, there has been recent changes to practice personnel of staff members who have responsibilities for more than one practice, and you have acquired new and recent responsibilities relating to eDEC, please contact your NHS England regional team to notify them of the changes and request your account permissions are modified for the purposes of the eDEC submission.

I have permissions for the eDEC for more than one practice, when within the declaration module of the website how do I select or change practices?

Login to www.primarycare.nhs.uk, select Medical module then select practice declaration user. You should see an empty box with the button 'change organisation' next to it. Enter the practice name or code, select from the drop down list provided and press 'change organisation' this loads your selected declaration. Press 'complete current submission' and you will be able to enter and submit the data return for the selected practice. After completing the submission the webtool will show the declaration as submitted with a copy of the PDF certificate of completion and copy of the content for your records. To select another practice at the top of the web page where the current practice name is shown, delete the practice name and enter the other practice name or organisation code which you have permission for, select the practice from the list provided by the website and press 'change organisation' this will load the second practice's declaration. If you need further help please contact your NHS England regional team.

There is a local difficulty for my practice in reaching the deadline , what should I do?

Please notify your NHS England regional team of the nature and circumstances of this difficulty so this can be considered further.

How can I edit my catchment area?

Only the practice's contractual boundary (inner boundary) should be submitted.

Assuming that you have the correct permission associated with your account, when you are within the declaration module and you are viewing your practice's declaration you should be able to see the chapter section titled catchment area. In this section, the catchment area can be viewed and edited further if need be. It is possible to enter a new catchment area, delete an existing one or edit your existing catchment area, the editing features of catchment area are the same as what was in place previously when the practice staff member had entered the information originally.

Editing features for the catchment area has been described in the user guide to the annual electronic declaration. This was available to the practice staff who completed the task originally on behalf of the practice last year and has been published in the resources section.

The only difference is that there should be a shape already presented in the website, so editing the catchment area shape means moving the editing circles found on the boundary lines of the catchment area after pressing the "polygon tool" icon (see page 18 of the electronic declaration user guide for a screen shot) and moving the editing circle to the desired location.

If a catchment area would be better re-drawn than edited. The shape can be deleted and a new shape entered.

A demonstration of how to enter and edit catchment areas can be found here https://docs.google.com/file/d/0BwKFNCK195YCRnZRRWVCMnRSVVE/edit?usp=sharing&pli=1
Move the time cursor to 1 minute 37 seconds into the video will get you to the correct segment and it's a 3 minute demonstration. You will need a computer with a sound card to hear the audio commentary.

It is possible to enter catchment areas for branch practices as well as the main practice. Branch practices can be given a different colour code and it is possible to enter the name of the branch to help distinguish it from the main practice.

Where can I go for further clarification about the eDEC?

Please contact your NHS England primary care website help desk at primarycareweb@nhs.net .

GPFV	High Impact Action (HIA)	Summary	Year	Funding	Deadline	Progress	Latest Position
Improving Access in General Practice	5 Productive Workflows 7 Partnership Working	Plan delivery of extended access as per the requirements in the refreshed Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision to 100 % of the population by October 2018. 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	Ongoing discusison around the service model and options for an interim solution to be put in place. Deadline for service commencement brought forward to October 2018. NHS England have advised the service needs to be procured.	Contracts awarded - services mobilising
Reception & Clerical Training	1 Active Signposting 4 Develop The Team 6 Personal Productivity	Funding for training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. This innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most Practices.	2016/17 2017/18 2018/19	 £ 61,000 £ 61,000	Mar-19	Have written out to alliance groupings to request feedback on 2016/17 spend - and to ask for plans on a page for 2017/18 funding. Plans have been submitted and approved. The CCG will look to provide the funding on a locality footprint next financial year	Funding has been confirmed of 61k for 18/19 - Localities have been contacted to establish how best to allocate the funding i.e. distributed to Alliances, individual practices or across the whole localities and to provide an update on the delivery of the locality plans for 17/18
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	A number of Practices have withdrawn their interest since the original application was submitted. Communication has been ongoing with NHSE, regarding a recalculated bid (1 SCP, 4 CP) Original Bid (1 SCP, 6 CP). Sign off Enhanced Service document and templates have been completed. Funding to be over 3 years 1st - 60%, 2nd 40%, 3rd 20% funding towards the Clinical Pharmacists. Posterngate Surgery have since withdrawn from the scheme leaving Beech Tree Surgery as not covered. Priory Medical Group have employed 1 x SCP and 1 x CP, York Medical Group 1 x CP, Jorvik 1 x CP. The CCG are exploring options for jointly employing the fourth CP allowing for 0.5 of their time to be covered under the scheme. Discussions with NHS England around these options are on going	Agreement from NHSE to support 0.5 CP in general practice and 0.5 in care home programme for Beech Tree Surgery - working with NHSE to finalise the paperwork to support this. New criteria from NHSE has been released that allows - Reduction of the current population from 1 WTE clinical pharmacist per 30,000 population, to 1 WTE per 15,000 population; Permitting part-time clinical pharmacists of a minimum of 0.5 WTE. Beech Tree Surgery contacted to see if wish to make an application on their own rights.
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 - PID being developed. 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. May not progress through ETTF. CCG would need to identify revenue if to progress. Pickering - Potential Improvement Grant to expand existing premises	Schemes weren't signed off in 17/18, ETTF funding still available in 18/19. PIDs submitted for all 5 schemes in July 2018. Pickering and Beech Tree have been approved and have moved to due diligence. Discussions still ongoing regarding the New Build submissions
Resillience Funding	5 Productive Workflows 10 Develop of QI Expertise	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 2017/18	£ 29,000 £ 49,740	 Mar-18	Slippage to be utilised in addressing 2017/18 unsuccessful bids. Support provided for locality OD work, workforce issues at Priory Medical Practice, additional support at Elvington Medical Practice, Stillington and Terrington Manage delivery of the 5 successful VoY schemes for Selby urgent access, Sherburn/SMilford collaborative working towards potential merger, support for the increase in insurance premium for Tadcaster surgery following the floods, organisational development work at Front Street Surgery to suport the Practice post merger and support for a leadsership course at Pickering Medical Practice. Additional resilience funding has been made available by NHS England. Additional support has since been provided for Terrington Surgery due to premises issues and Elvington Medical Practice to support OD work. Resilience funding has also been used to support the fees for 2 x NAPC diploma in Practice Management courses.	NHSE Supported 2 claims put forward from the Vale of York CCG from the Resilience Programme 18/19 amounting to £28,200 - Unity and Priory Medical Group. The practices have signed Mous to secure the funding with NHSE. A further 2 claims have subsequently been supported ammounting to an additional £10,000 - further application from Unity, Tadcaster Medical Centre and East Parade Medical Centre.

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		£ -		Communication with the practices offering support, to achieve 20% target. Next step is to pull together Working Group to review ongoing uptake and work with Practices to increase uptake	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	Working groups to be formed with NHSE Time For Care Programme and Practices to drive forward two of the GPFV Ten High Impact Actions. The CCG will concentrate on Reception and Back Office training, including signposting, clinical coding and Care Navigation, to attempt to engage with Practices. Primary Care team to work with Practice Managers as to how it could be best utilised	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	Working with Embed to ensure delivery is both on time and communicated with practices. Clarified number of practces/branches, contact and property details relayed back to Embed. Communication sent to practices. Working towards a March 2018 completion date which has slipped. CCG to work with Embed to understand revised timescales	Due to ongoing nationwide demand on PA Wifi Programme causing issues to all Suppliers. Embed had issues with their supplier who are currently forecasting completion of all installations by mid September 2018 - Embed have been contacted for an up to date position to establish if this has now been completed as planned. 51 sites out of 60 within the CCG are installed, working with Embed to complete the remaining sites as soon as possible.
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	STP wide procurement taking place to commisison an online consultation solution for GP Practices. 10 Practices expressed an interest to deploy the system in 2018. Practices will recieve a minimum 12 month licence which could be extedning depending on the licence cost of the preferred bidder. NHS England have employed a Project Manager to support Practices with deployment which will be on a phased roll out from April onwards.	Thirteen Practices have an expressed an interest in going live in 18/19, covering a potential population of 251,310. Of these one practice has since gone life with a further five practices with go live dates scheduled before the end of November 2018.
	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	Full programme content finalised - running through Oct/Nov 2017. Includes: Leadership Workshops Employment Law Update Internal Appraisal Training Effective Meetings, Strategic Planning, Time Management	Awaiting updates from schemes supported in 17/18 around delivery.
			2017/18	£ 8,846		Commission the LMC to deliver a training programme around effective Practice Management and GDPR.	
Edenbridge Workforce Tool	5 Productive Workflows 10 Develop QI Expertise	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 operational/workforce/clinical data. Currently EMIS only - but SystmOne functionality in the pipeline.	2017/2018	£ -	Jan-18	There are 13 EMIS Practices within the Vale of York, 10 have shown interest in this opportunity to utilise the tool to assist with planning, match resources to demand and process alignment. To date the tool has been installed in 9 Practices (Pickering, Pocklington, My Health, Sherburn, Tollerton, Stillington, Dalton Terrace, Milfield, Unity)	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 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

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 2 recently extended approval for a further year until 1/7/19	CCG to continue to review new applications