Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

22 May 2018, 9.30am to 11.15am

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 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; this will start at 9am.

1. 9.40	Verbal	Welcome and Introductions		
2.	Verbal	Apologies		
3.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
4. 9.45	Pages 3 to 12	Minutes of the meeting held on 27 March 2018	To Approve	Keith Ramsay - Chair
5. 9.50	Verbal	Matters Arising		All
6. 9.55	Pages 13 to 21	Primary Care Commissioning Committee Terms of Reference	To Approve	Abigail Combes – Head of Legal and Governance
7. 10.05	Pages 23 to 28	Primary Care Commissioning Financial Report	To Receive	Michael Ash-McMahon – Interim Chief Finance Officer
8. 10.20	Verbal	General Practice Visits and Engagement Update	To Note	Dr Kevin Smith – Executive Director of Primary Care and Population Health
9. 10.25	Pages 29 to 57	Primary Care Assurance Report - Update	To Receive	Dr Kevin Smith – Executive Director of Primary Care and Population Health

10. 10.40	Pages 59 to 65	Approved Plans from Central and North Localities for 2018/19 PMS Premium and £3/head Transformation Funding	To Receive	Dr Kevin Smith - Executive Director of Primary Care and Population Health
11. 10.50	Pages 67 to 70	Patient Enquiry via Healthwatch regarding Unity Health Closure of Sites	To Receive	Dr Kevin Smith - Executive Director of Primary Care and Population Health
12. 10.55	Pages 71 to 91	NHS England Primary Care Update	To Receive	Heather Marsh – Head of Locality Programmes, NHS England (Yorkshire and the Humber)
13. 11.10	Verbal	Key Messages to the Governing Body	To Agree	All
14. 11.15	Verbal	Next meeting: 2pm, 26 July 2018 at West Offices	To Note	All

EXCLUSION OF PRESS AND PUBLIC

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

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

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

Item 4

Minutes of the Primary Care Commissioning Committee held on 27 March 2018 at West Offices, York

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England (Yorkshire and the Humber)
Phil Mettam (PM)	Accountable Officer
Sheenagh Powell (SP) - part	Lay Member and Audit Committee Chair
Tracey Preece (TP)	Chief Finance Officer
Dr Kevin Smith (KS)	Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Dr Lesley Godfrey (LG)	Central Locality GP Representative
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Andrew Phillips (AP)	Joint Medical Director
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Kathleen Briers (KB)	Healthwatch York Representative
Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Michelle Carrington (MC)	Executive Director of Quality and Nursing/Chief Nurse
Heather Marsh (HM)	Head of Locality Programmes, NHS England (Yorkshire and the Humber)

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

There were two members of the public in attendance.

Question from Member of the Public

Bill McPate

Primary Care Dashboard (PCCC23)
Can the PCCC provide an update on the development of the above and, in particular, report on the information it is seeking to assure itself on primary care performance?

Response

SM referred to presentation of the Primary Care Assurance Report at the November 2017 meeting of the Committee which had confirmed that all NHS Vale of York CCG Practices had been rated by the Care Quality Commission as 'good'. A range of data sources had been reviewed with a view to developing a more robust process to ensure that the CCG continued to commission high quality, patient-focused primary care services for its population. Available national data including Care Quality Commission inspection reports, Quality and Outcomes Framework performance, the GP Patient Survey, vaccination statistics and patient online activity were also being reviewed to inform Practice visits in terms of considering opportunities for improvement, with an offer of CCG support. These Practice visits would be attended by a GP, nurse and contracting manager from the CCG.

SM also noted that the CCG was looking to include a broader range of primary care intelligence. Consideration was being given to working with Practices including public representation in developing processes for bringing issues and concerns to the Committee.

Bill McPate sought further clarification on how the Committee exercised governance for assurance. In response SM referred to the infrequent reporting timescales for national data noting that an update report would be presented at the May Committee. SP added that, although national data was provided annually, it would be helpful for the Committee to receive Practice progress reports in this context.

Agenda

1. Welcome and Introductions

KR welcomed everyone to the meeting.

2. Apologies

As noted above.

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

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

4. Minutes of the meeting held on 24 January 2018

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

The Committee

Approved the minutes of the meeting held on 24 January 2018.

5. Matters Arising

The report presented at agenda item 9 was the only matter arising.

Unconfirmed Minutes

6. Primary Care Commissioning Financial Report 2017/18 and Draft Financial Plan 2018/19

TP presented the report which comprised financial performance of primary care commissioning as at month 11 and the draft financial plan for 2018/19 in respect of delegated commissioning.

With regard to the month 11 position TP explained that, after adjustment for non recurrent allocation from NHS England, the underlying overall year to date position was an overspend of £29k. However the forecast position was an underspend of £28k following release of prior year variances.

The forecast outturn for General Medical Services (GMS) and Personal Medical Services (PMS) was in line with previous months and, as reported at the last meeting, there was an Enhanced Services underspend due to the avoiding unplanned admissions Directed Enhanced Service being retired by NHS England. This over-accrual of £106k was offset by year to date overspends of £18k on minor surgery and £14k for learning disabilities.

The CCG had received £230k additional non-recurrent allocation in month 11 for previously reported one-off overspends during 2017/18 relating to seniority, maternity, sickness and the retainer scheme; these were not expected to continue into 2018/19. Premises costs were based on current expected costs with assumptions on the rent revaluations due and no further changes expected. Quality and Outcomes Framework had been accrued based on NHS England information; adjustments would be made for 2018/19 when the 2017/18 position was finalised.

TP noted that the budget for CCG PMS premium reinvestment, showing as £205k slippage year to date and £223k forecast outturn, was included in the core CCG dashboard in Other Primary Care.

In referring to the high level summary from the 2018/19 Financial Plan for primary care delegated commissioning TP highlighted that detailed supporting information was available to members on request.

TP explained the assumptions on which the draft plan was based were supported by NHS England. She noted an increase in allocation of £1.2m (2.8%) from that of 2017/18 and advised that there was expectation of further allocation for the extended hours requirement. With regard to the two inflation assumptions TP clarified that the 1% included on all elements of the GP contract may be subject to change as it was dependent on national changes to GMS and PMS contracts which would be announced in May 2018 and the 3% on the refuse and clinical waste contract managed by a third party provider was expected as this was a non-pay contract.

TP referred to the Other Primary Care information which had been within the 8 March submission to NHS England, included in the report for information, advising that this had been subject to a robust confirm and challenge process. She provided clarification on a number of aspects including in relation to the Practice Public wifi service for which the national deadline had slipped. SM noted in this regard that

eMBED were working to a timescale of 31 March 2018 but he would inform Practices of any changes as required.

TP highlighted that the budgets presented would form part of the full draft Financial Plan that would be presented to the Governing Body on 5 April at a summary level.

The Committee:

Received financial position of the Primary Care Commissioning Budgets as at month 11 and the draft 2018/19 Financial Plan for delegated commissioning.

7. General Practice Visits and Engagement Update

KS referred to the discussion at the start of the meeting regarding data sources and availability advising that an "intelligence group" had been established to bring together information relating to each Practice to inform prioritisation of visits. He noted that a number of Practice visits were already taking place and also explained that data from the Referral Support Service was being utilised in this regard. The three highest and three lowest referring Practices would be visited to gain an understanding of their information with a view to sharing learning to address variation. KS emphasised that the visiting programme was in the context of providing support and ensuring added value for Practices noting that it also related to primary care data and assurance.

Detailed discussion ensued about how the Committee could gain assurance and exercise governance as commissioners of primary care. KS noted that different teams in the CCG received various data but Practice contracts did not require reporting of such as workforce issues or additional appointments offered. The most valuable information to identify support needs was through "soft intelligence".

LG suggested that the Committee consider what data would be helpful and then discuss how feasible it would be for Practices to provide it. She also noted with regard to appointments that availability was an issue at the present time in many of the Practices in the CCG.

PM highlighted the need for the Committee to both be assured about primary care at the present time but also in the context of development of a new model of General Practice in three to five years. Data sets were required to provide assurance in areas such as frailty, urgent care and integrated physical and mental health care.

AP noted that the new national data set for urgent and emergency care had potential to provide information for Practices and localities to develop care pathways when this source was more established.

DB referred to the working group that had previously been established for development of the primary care dashboard. Whilst recognising the complexities that had been identified through this work he proposed that the group be re-established to identify measures that would provide assurance for the Committee. KR emphasised the need for both this and the "soft intelligence" obtained through Practice visits.

The Committee:

1. Noted the update.
2. Requested that the working group be re-established to identify measures to provide assurance as primary care commissioners.

8. Primary Care Assurance Report

This item had been covered by the response to the question at the start of the meeting and the above discussion.

9. Prescribing Indicative Budgets: Update

In introducing this report KS explained that the prescribing budget was even larger than the budget for General Practice. Prescribing Indicative Budgets were based on Practice populations with support from pharmacists and pharmacy technicians. Savings achieved would be shared by the CCG and the Practices participating in the scheme.

KS referred to the fact that the CCG was one of the best performing CCGs nationally for prescribing but confirmed there were still further opportunities to ensure maximum value. He noted that the impact of the previously reported 'No Cheaper Stock Obtainable' issue would be met by savings in the prescribing budget and commended the exceptional achievement in year to enable this.

KS highlighted that Prescribing Indicative Budgets was the way to effect change and confirmed that the CCG was in discussion with the localities to continue this work. He noted that a number of amendments to the process were being implemented to ensure these contracts were fit for purpose.

With regard to recent adverse national media about Prescribing Indicative Budgets KS emphasised that this approach was reinvestment in the system for the benefit of patients.

KS provided assurance of the success of Prescribing Indicative Budgets explaining that the CCG had maintained prescribing costs whereas other parts of the country had not, despite being at the marginal end savings were still being achieved and specific prescribing schemes were saving money. Complex and innovative work was achieving the savings.

In response to requests for specific figures to evidence the success of Prescribing Indicative Budgets KS advised that this information was commercial in confidence. He agreed to share the structure, savings and investment back into Practices at alliance level in a Part II meeting after the May meeting in public.

The Committee:

1. Received the update on Prescribing Indicative Budgets.

2. Noted that alliance level Prescribing Indicative Budgets information would be presented at a Part II meeting after the May meeting in public.

10. Local Enhanced Services 2018/19

SM presented the report which described the 2017/18 Local Enhanced Services and made recommendations for 2018/19. He explained that these services were contracted with Practices via the Standard NHS Contract and required either annual renewal or three month notice period to cease or significantly amend. SM noted that the Enhanced Services for Amber Drugs Shared Care, previously discussed at the Committee, and Anticoagulation Monitoring, currently being transferred to primary care, were not reviewed as part of this report.

SM highlighted that, although these services were offered to all Practices where applicable to the general Practice population, Practices were not obliged to provide them. The proposal to roll the contracts on for a further year was to enable the CCG to undertake a full clinical service review and fully understand levels of access to these services with a view to implementing a more robust approach for 2019/20. SM noted that three services – homeless, student health and vexatious patients – were only commissioned for a defined population and delivered by specific Practices.

SM explained the current services detailed in the report:

- Bone Protection Service
- Complex Wound Care
- Simple Wound Care
- Diabetes
- Long Acting Removable Contraceptive (LARC)
- Minor Injuries
- Near Patient Testing/Amber Drugs
- Neonatal Checks
- Phlebotomy
- PSA (Prostate Cancer Monitoring)
- Homeless Service
- Student Health
- Vexatious Patients

SM advised that an end of year position for 2017/18 was being requested from Practices for their Enhanced Services to inform the baseline position for the clinical services review.

Members sought and received clarification on a number of aspects of the report. SM confirmed that the intention was to explore opportunities for enhanced service

contracts to be offered to localities as “bundles”. The issue relating to LARCs was that there were currently two service models and assurance was required that the whole population had access.

TP requested that the Local Enhanced Services relating to ophthalmology, low visual aids and D-dimers be included in terms of ensuring all spend within the Local Enhanced Services budget line was included. She also requested, if possible, simplification of the current complex arrangements both for Practices and the Finance Team and referred to the recent tenders for Wound Care, which had focused on outcomes, noting this should be incorporated in the review.

SS provided a Public Health perspective on a number of the services. With regard to Bone Protection she requested Public Health input in to the review both as an opportunity to develop a pathway approach, including falls prevention, and in the context of the Care Quality Commission recommendation for improved partnership working.

With regard to LARC SS noted that this was complicated by the different approaches of City of York Council and North Yorkshire County Council. She advised that City of York Council intended to continue with the current agreement and service specification until 30 June 2019 with the potential for joint commissioning thereafter. SS reported that City of York Council planned to tender for the Sexual Health Service, including primary care options, and proposed bringing a report for future commissioning to the Committee.

SS reported that City of York Council was undertaking a health needs assessment of the homeless as part of the Joint Strategic Needs Assessment. Clinical engagement in this would be welcomed and would also be a means of informing commissioning requirements. AP noted that a homelessness worker in the A and E Department at York Hospital provided a valued service.

In terms of student health provision SS noted that, in view of the University of York’s expansion plans, student numbers were expected to increase dramatically. *Post meeting note: SS confirmed that the University of York intended to create 5000 more student places, expanding from 20,000 to 25,000 over the next 10 years, with most of this expansion taking place within the next five years.*

SS commended use of Public Health information also highlighting opportunities to improve integration and collaborative working. She would engage with Public Health colleagues at North Yorkshire County Council and East Riding of Yorkshire Council as appropriate.

Discussion ensued in the context of the complexity and capacity required to undertake a full service review and the potential impact on the three to five year

timescale for development of a new primary care model. PM requested that consideration be given to capacity and capability support requirements with a view to this being sought from NHS England or elsewhere.

SP left the meeting

The Committee:

1. Agreed that the Local Enhanced Services contracts be rolled over for a further year.
2. Supported the proposal for a full clinical review of services, with the exception of Amber Drugs and anticoagulation, by the end of quarter 1 of 2018/19 with recommendations for their future commissioning being brought to the July Committee meeting.

11. Item deferred

12. GP Retention Scheme

DI presented the report which described the scheme that provided a package of finanical and educational support to help doctors remain in clnicial General Practice instead of leaving the profession. He noted that this was a national scheme with local arrangements. CCGs were now required to approve requests due to the finanical impact which could be up to c£20k per annum depending on the number of sessions.

Members supported the suggested process for approving or rejecting applications:

- Once an application is received by the CCG it is to be reviewed in order for a decision to be made as to whether or not to support it.
- The review to be undertaken by the primary care team and finance to determine whether or not there is sufficient need for the Practice to employ a retained GP and to understand the financial impact in approving the request.
- This decision will be based on local intelligence and previous discussions with the Practice. The CCG may seek assurance from the host GP Practice that they have considered alternative recruitment solutions and that there is sufficient need based on workforce shortages and current vacancies.
- If its felt there is insufficient need for the host GP Practice to be funded to employ a retained GP the applicant may be advised their application would be supported if it was made to work at another Practice.
- Once a decision is made notification to then be taken to the next Primary Care Commissioning Committee. In the event of approval being required before the next committee meeting this would be sought from the Committee Chair and the Accountable Officer.

Members noted that Practices would be informed of the need to engage with the CCG if they wished to utilise the GP retention scheme.

The Committee:

1. Noted the content of the paper.

2. Supported the suggested approval process for future applications both by the Committee and outside of the meeting schedule.

13. NHS England Primary Care Update

DI referred to the report which provided updates on contractual issues and the General Practice Forward View. With regard to the former he reported that all 26 Practices in the CCG had responded regarding the Quality and Outcomes Framework aspiration payment for 2018/19 and that, following review by the District Valuer, there was no increase in notional rent for Dalton Terrace Surgery in York.

In respect of the General Practice Forward View DI highlighted that the timescale for improving access in General Practice had been brought forward to October 2018 and that 10 Practices had expressed an interest in the online consultation which was a Sustainability and Transformation Partnership procurement.

The Committee:

Noted the NHS England updates.

14. Key Messages to the Governing Body

- The Committee had a detailed discussion on primary care assurance.
- The Committee welcomed the early success of Prescribing Indicative Budgets.
- The Committee supported full clinical service review of Local Enhanced Services noting that recommendations would be made at the July meeting for future commissioning.

The Committee:

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

15. Next meeting

9.30am on 22 May 2018 at West Offices.

Post meeting note: A Part II meeting on 26 April 2018 would consider the deferred item prior to reporting at the meeting in public on 22 May 2018.

Exclusion of Press and Public

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 27 MARCH 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	Local Enhanced Services 2018/19	• Recommendations for future commissioning to be presented at the July meeting	KS/SM	26 July 2018

Item Number: 6

Name of Presenter: Abigail Combes

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 May 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Primary Care Commissioning Committee Terms of Reference

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

Reason for Report

The CCG's committee structure is being reviewed to provide assurance that priorities and responsibilities receive appropriate consideration and in the context of the re-set Governing Body and the ambition of being released from legal Directions and special measures. Revised terms of reference for the Primary Care Commissioning Committee are therefore presented for consideration. These take into account the review carried out by Deloitte's in relation to Conflict of Interests.

There will be a recommendation to Governing Body in July 2018 regarding the function of all of the committees of the Governing Body. One of those recommendations will be that all quality matters be reported through the Quality and Patient Experience Committee; including those of Primary Care; rather than these coming directly to the Primary Care Commissioning Committee. This does not mean that concerns cannot be discussed in the Primary Care Commissioning Committee however the quality matters will be managed through Quality and Patient Experience Committee; in private where necessary.

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) None	
Recommendations To approve draft terms of reference.	

Responsible Executive Director and Title	Report Author and Title
Dr Kevin Smith Executive Director of Primary Care and Population Health	Abigail Combes Head of Legal and Governance

NHS
Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

Terms of Reference

Introduction

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

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

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

4. It is a committee comprising representatives of the following organisations :

   - NHS Vale of York CCG
   - NHS England
   - Healthwatch
   - Health and Wellbeing Board(s)
   - Director of Public Health

Statutory Framework

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

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

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

a) Management of conflicts of interest (section 14O);

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

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

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

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

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

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

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

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

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

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

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

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

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

Role of the Committee

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

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

13. The functions of the Committee are undertaken in the context of ~~a desire to promote increased co-~~commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

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

15. This includes the following:

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

16. The CCG will also carry out the following activities :

    a) To plan, including needs assessment, primary care services in the Vale of York CCG area;

    b) To undertake reviews of primary care services in Vale of York CCG area;

    c) To co-ordinate a common approach to the commissioning of primary care services generally;

    d) To manage the budget for commissioning of primary care services in Vale of York CCG area.

Geographical Coverage

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

Membership

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

19. The Chair of the Committee shall be the Lay Chair of the Quality and Patient Experience Committee ~~Governing Body~~**.**

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

21. The following standing attendees (non-voting) will be invited:

- Up to two GPs from each locality
- ~~Chair of Clinical Executive~~
- LMC representative
- Director of Public Health
- Healthwatch Representative
- Health and Wellbeing Board Representative
- Practice Manager

Meetings and Voting

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

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

Quorum

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

    - At least four members~~, one of which shall be a Lay Member and one a Chief Officer.~~

Frequency of meetings

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

26. Meetings of the Committee shall:

    a) be held in public, subject to the application of 26(b);

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

27. Members of the Committee have a collective responsibility for the operation of the Committee. They will participate in discussion, review evidence and provide

objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.

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

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

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

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

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

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

Links to other Committees and Groups

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

Accountability of the Committee

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

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

Procurement of Agreed Services

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

Decisions

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

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

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

Conflicts of Interest

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

Secretary

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

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

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

[Signature provisions]

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

Schedule 2 : Delegated Commissioning Functions

Delegated commissioning functions are as follows:

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

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

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

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Item Number: 7

Name of Presenter: Michael Ash-McMahon

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 May 2018

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Financial Report

Purpose of Report
For Information

Reason for Report

To update the Committee on the financial performance of Primary Care Commissioning as at the end of March 2018. This paper also provides an update on the draft 2018/19 Financial Plan which has been revised in line with national guidance.

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 note the financial position of Primary Care Commissioning as at Month 12 and the draft 2018/19 Financial Plan.

Responsible Executive Director and Title	Report Author and Title
Michael Ash-McMahon, Acting Chief Finance Officer	Caroline Goldsmith, Acting Head of Finance (Primary Care and Prescribing)

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

Report produced: May 2018

Financial Period: April 2017 to March 2018

Introduction

This report details the financial outturn position of the CCG's Primary Care Commissioning areas for 2017/18. The report also updates the Committee on the draft Primary Care delegated budgets for 2018/19 which have been revised in line with national guidance.

Delegated Commissioning Financial Position – Month 12

The table below sets out the outturn position for 2017/18.

Area	2017/18 Year End Position		
	Budget £000	Actual £000	Variance £000
Primary Care - GMS	20,758	20,738	20
Primary Care - PMS	8,594	8,373	222
Primary Care - Enhanced Services	1,110	1,033	77
Primary Care - Other GP services	5,231	3,118	2,113
Primary Care - Premises Costs	4,248	4,266	(18)
Primary Care - QOF	4,099	4,379	(280)
Sub Total	**44,041**	**41,907**	**2,134**
Memo: exclude non-recurrent allocation	*(2,000)*	*0*	*(2,000)*
Revised sub total	***42,041***	***41,907***	***134***

- The underlying overall outturn position is a £134k over-spend, which excludes the non-recurrent allocation received from NHS England.
- The total outturn figure is £41.9m.
- GMS is based upon current list size and MPIG is per actual costs for current contracts. In total GMS is showing an under-spend of £20k against budget.
- The under-spend on PMS is due to the PMS premium investment funding of £223k for which the expenditure is included within Other Primary Care in the main CCG dashboard.
- Enhanced Services are underspent due to the Unplanned Admissions scheme which ceased on 31st March 2017. Finalisation of 2016/17 payments was completed during 2017/18 which resulted in an over-accrual of £106k that was released into the position. This is offset by an over-spend in 2017/18 on minor surgery of £16k and learning disabilities of £19k.

- The CCG received additional non-recurrent allocation in Month 11 for co-commissioning interim support 2017/18 of £230k. This is included within Other GP services and recognises previously reported one-off overspends during 2017/18 in seniority (£50k), maternity (£120k), sickness (£61k) and the retainer scheme (£56k).
- Business rates are overspent by £18k in 2017/18. This assumes that those who have not claimed yet will be over budget by the same proportion as those who have already claimed; however there are accruals for several material claims which are due. The over-spend is due to either less reduction in rateable value than forecast or a subsequent increase in rateable value in 2017/18 (which has been seen nationwide).
- QOF has been accrued based upon 2016/17 points and prevalence at 2017/18 prices with 1 January 2018 list size. This has resulted in an adverse variance of £146k. The outturn position includes £121k as a result of the finalisation of 2016/17 points and prevalence that was under accrued in 2016/17. The QOF results for 2017/18 will be finalised in June 2018.

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	2017/18 Year End Position		
	Budget	Actual	Variance
	£000	£000	£000
Primary Care Prescribing	50,196	49,018	1,178
Other Prescribing	673	1,765	(1,092)
Local Enhanced Services	1,918	1,708	210
Oxygen	263	304	(41)
Primary Care IT	1,146	1,144	2
Out of Hours	3,167	3,215	(48)
Other Primary Care	1,095	595	500
Sub Total	**58,459**	**57,749**	**710**

Local Enhanced Services underspent by £210k due in the main part to the anti-coagulation scheme not progressing as quickly as was initially expected. Expenditure in respect of the £223k of PMS premium monies is included in the Other Primary Care above. Note that the under-spend in Other Primary Care is due to a slippage in the Out of Hospital QIPP which meant that the associated investments were not committed.

Financial Plan 2018/19

Delegated Commissioning

The notified delegated commissioning allocation for 2018/19 is £43.9m which represents an increase of £1.2m (2.8%) from the 2017/18 allocation. The draft 2018/19 plan reported to the Primary Care Commissioning Committee in March has been revised to take account of the draft GP Contract changes as notified nationally after the last meeting. NHS England has provided a revised draft plan to reflect the draft GP contract changes, although these are still to be formally confirmed. The draft plan includes total expenditure for delegated commissioning of £43.8m as follows:

Area	2017/18 FOT £000	Draft 2018/19 Plan reported to March Committee £000	Revised Draft 2018/19 Plan £000	Variance between Draft 2018/19 Plans £000
GMS	20,737	21,289	21,439	(150)
PMS	8,372	8,704	8,812	(108)
Premises	4,266	4,540	4,447	93
Enhanced Services	1,034	1,178	1,166	12
QOF	4,379	4,330	4,288	42
Other GP services	3,118	3,424	3,599	(175)
Total	**41,907**	**43,466**	**43,751**	**(285)**

The GP contract changes increase GMS, PMS and Other GP services by £433k which is offset by decreases in Premises, Enhanced Services and QOF totalling £147k.

Other Primary Care *(information only)*

The draft plan previously reported to the Committee was based upon Month 10 forecast outturn. The CCG was required to submit a revised plan to NHS England on 30th April 2018. This plan is based upon the 2017/18 actual outturn and assumptions remain the same. The table below shows the difference between the draft plans.

Area	Draft 18/19 plan submitted 8th March 2018 £000	Draft 18/19 plan submitted 30th April 2018 £000	Variance £000
Primary Care Prescribing	48,222	47,272	950
Other Prescribing	1,505	1,661	(156)
Local Enhanced Services	2,257	2,013	244
Oxygen	311	318	(7)
Primary Care IT	880	895	(15)
Out of Hours	3,214	3,184	30
Other Primary Care	1,684	1,696	(12)
Total	**58,072**	**57,039**	**1,033**

Recommendation

The Primary Care Commissioning Committee are asked note the financial position of the Primary Care Commissioning budgets as at Month 12 and the updates to the draft 2018/19 plan.

Item Number: 9

Name of Presenter: Dr Kevin Smith

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 May 2018

NHS
Vale of York
Clinical Commissioning Group

Primary Care Assurance Report – Update May 2018

Purpose of Report
To Receive

Reason for Report

The Primary Care Commissioning Committee, in its role of overseeing the CCG's delegated responsibilities for Primary Care Commissioning, has previously asked for regular reports/updates to provide assurance on the performance, quality and safety aspects of the CCG's Primary Care services.

An Assurance Report was originally presented at the November 2017 meeting of the Committee.

At the request of the March 2018 Committee meeting, an update of this Assurance Report, which includes some refreshed data, is included in Annexe 1.

The Committee is asked to note that a paper will be presented at its next meeting to describe proposed arrangements for quality matters to be reported through the Quality and Patient Experience Committee; including those of Primary Care; rather than these coming directly to the Primary Care Commissioning Committee. This does not mean that concerns cannot be discussed in the Primary Care Commissioning Committee, however the quality matters will be managed through Quality and Patient Experience Committee; in private where necessary.

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 The Primary Care Commissioning Committee is asked to accept this report as assurance that all Vale of York Practices are currently meeting the required national standards across Care Quality Commission and patient satisfaction domains.	

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

NHS
Vale of York
Clinical Commissioning Group

Primary Care Assurance Report

Report produced: May 2018

Contents

Summary of Practices

As it stands at April 2018, there are 26 practices within the NHS Vale of York CCG boundary. The total registered population as at April 2018 is 357,110.

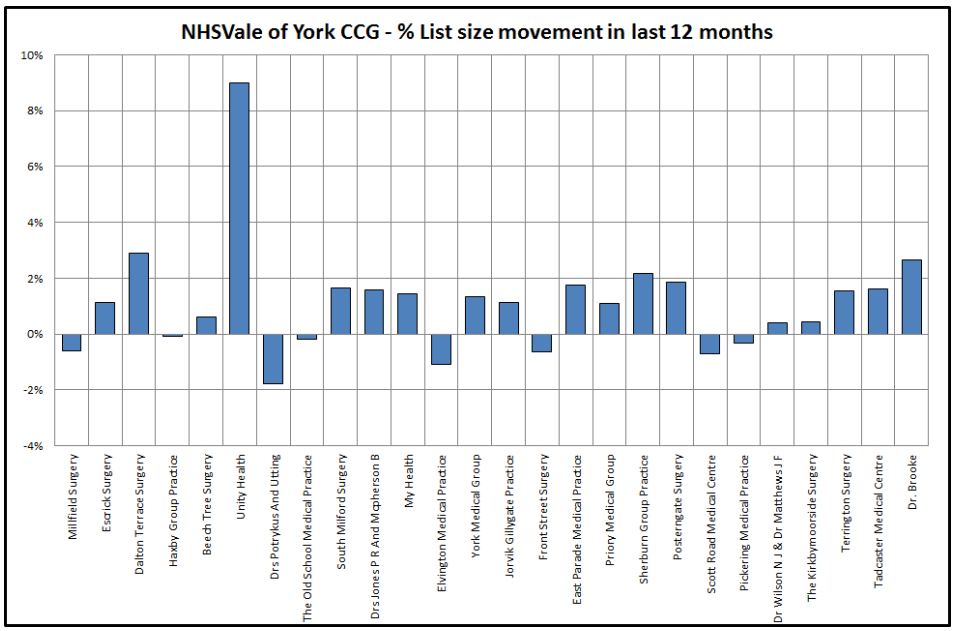
The tables below show practices grouped by Locality (Central, North or South) and Alliance (CAVA, Nimbus, SHIELD or none).

For the purposes of this report, the Practice B82xxx codes on the charts/graphs can be cross-referenced with their usual Practice names using this table if necessary.

Practices by Locality Groupings

Practice Code	Practice Name	Alliance	Locality	Clinical System	Raw List Size	Weighted List Size	
B82071	Old School Medical Practice	CAVA	Central	SystmOne	7,352.0	7,143.4	
B82081	Elvington Medical Practice	CAVA	Central	EMIS	7,092.0	7,237.4	
B82083	York Medical Group	CAVA	Central	SystmOne	44,122.0	39,902.5	
B82100	Front Street Surgery	CAVA	Central	SystmOne	8,080.0	7,760.9	
B82005	Priory Medical Group	Nimbus	Central	SystmOne	57,294.0	51,861.9	
B82026	Haxby Group Practice (inc Gale Farm	Nimbus	Central	SystmOne	32,691.0	34,088.2	
B82047	Unity Health	Nimbus	Central	EMIS	22,907.0	15,410.6	
B82080	MyHealth	Nimbus	Central	EMIS	19,209.0	19,499.6	
B81036	Pocklington Group Practice	none	Central	EMIS	16,223.0	16,373.8	
B82021	Dalton Terrace Surgery	none	Central	EMIS	8,167.0	8,118.0	
B82098	Jorvik Gillygate Medical Practice	none	Central	EMIS	19,735.0	18,173.3	
B82103	East Parade Medical Practice	none	Central	EMIS	2,130.0	2,189.3	
					245,002.0	*227,758.9*	Central Locality Totals
B82002	Millfield Surgery	CAVA	North	EMIS	7,274.0	7,843.7	
B82064	Tollerton Surgery	CAVA	North	EMIS	3,286.0	3,240.7	
B82079	Stillington Surgery	CAVA	North	EMIS	3,907.0	3,796.9	
B82033	Pickering Medical Practice	CAVA	North	EMIS	10,513.0	11,595.8	
B82068	Helmsley Medical Centre	CAVA	North	SystmOne	3,286.0	3,858.4	
B82619	Terrington Surgery	CAVA	North	SystmOne	1,188.0	1,392.9	
B82077	The Kirkbymoorside Surgery	none	North	SystmOne	5,958.0	6,572.9	
					34,812.0	*38,901.3*	North Locality Totals
B82041	Beech Tree Surgery	SHIELD	South	EMIS	15,928.0	17,228.8	
B82074	Posterngate Surgery	SHIELD	South	SystmOne	16,967.0	17,718.8	
B82097	Scott Road Medical Centre	SHIELD	South	SystmOne	10,690.0	10,056.5	
B82018	Escrick Surgery	none	South	SystmOne	5,955.0	6,426.8	
B82031	Sherburn Group Practice	SHIELD	South	EMIS	9,375.0	9,264.4	
B82073	South Milford Surgery	SHIELD	South	SystmOne	9,787.0	10,082.6	
B82105	Tadcaster Medical Centre	SHIELD	South	SystmOne	8,594.0	8,866.3	
					77,296.0	*79,644.1*	South Locality Totals
				CCG Total	*357,110.0*	*345,704.3*	

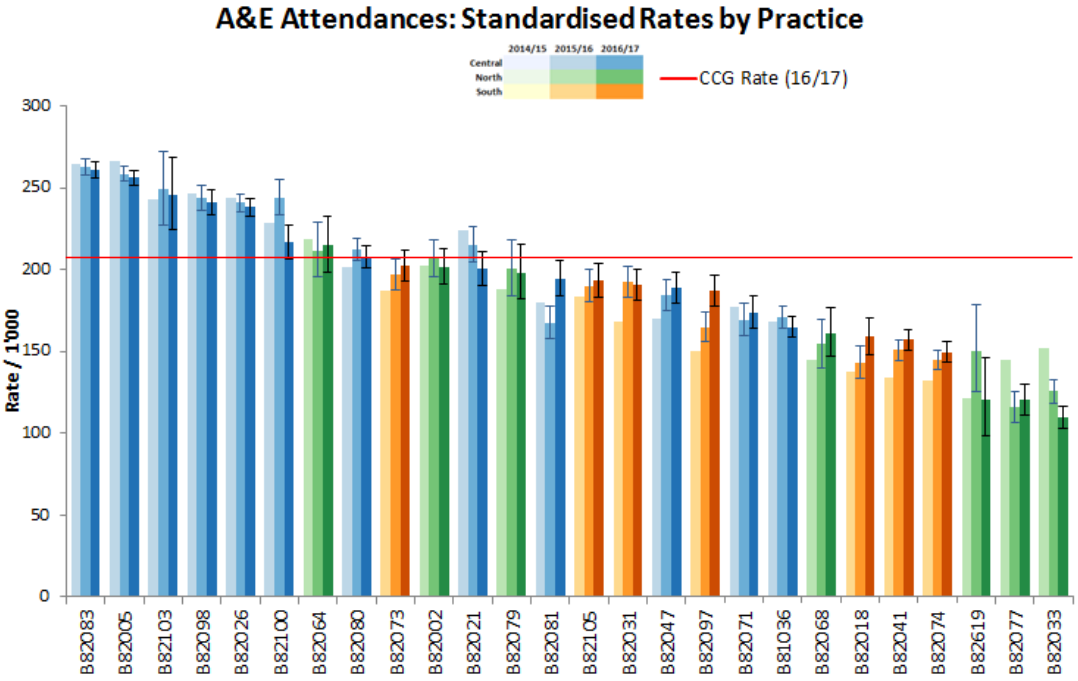
Practice List size movement (April 2017 to April 2018)



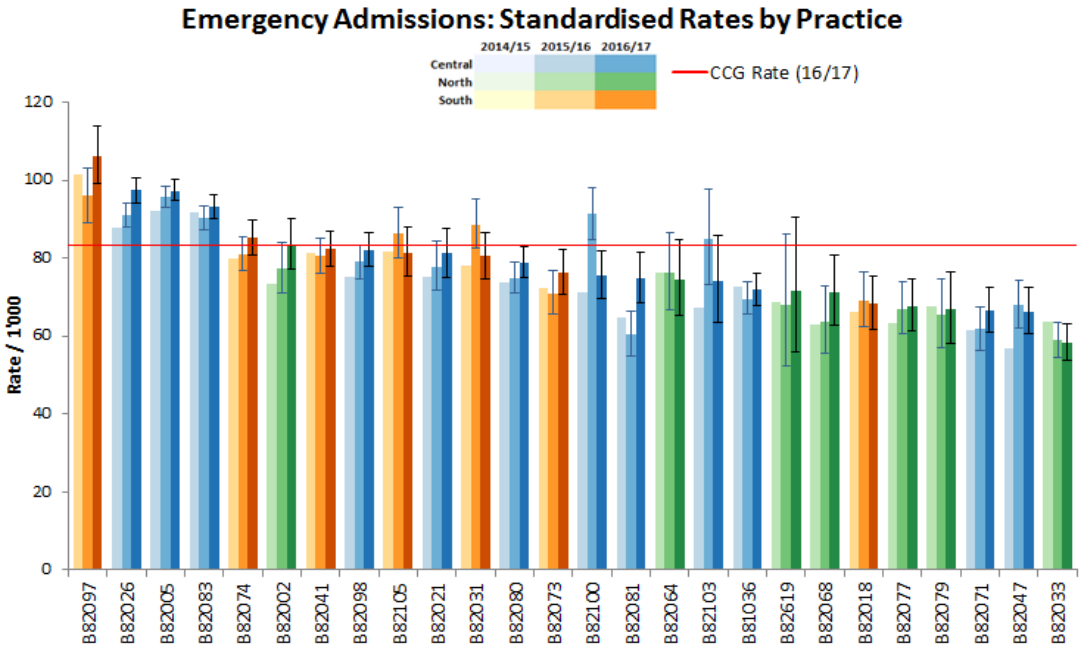
Secondary Care Activity by Practice

The Secondary Care Activity charts are sourced from national hospital data flows. This Secondary Uses Service (SUS) data is provided to the CCG on a monthly basis, but 2 months in arrears. The charts below show Practices' standardised rates, relative to each other which enables us to explore any variation to understand whether this is normal or unwarranted, and whether any Practices are outliers. These charts show each Practice's Activity over 3 complete years and are colour coded to highlight locality groupings of Practices. Note that each 'bar' also includes a 95% confidence interval marker. Where confidence intervals overlap, there is no statistically significant difference between values.

Full year data is provided up to 2016/17 and will refreshed for 2017/18 in coming weeks.

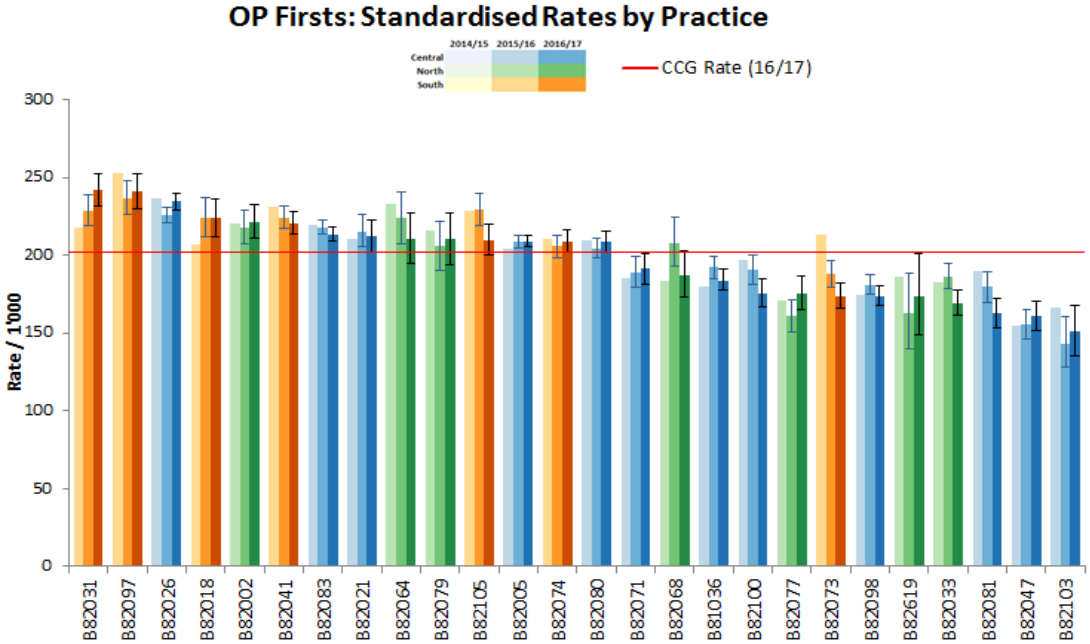


The A&E Attendances Chart shows that, in general, Practices in the Central locality (which are closest to A&E) have the highest attendance rates. York Medical Group, Priory Medical Group, and East Parade patients have the highest A&E attendance rates on the above chart. Terrington, Kirkbymoorside, and Pickering patients have the lowest attendance rates. Over the 3 year period, some Practices rates are increasing, but some are decreasing. At the left of the chart, Practices with high attendance rates do seem to be slightly reducing their attendances which is encouraging. The CCG is working to reduce A&E attendances through a number of initiatives including a GP-led service at the front of A&E, and better access to Primary Care.

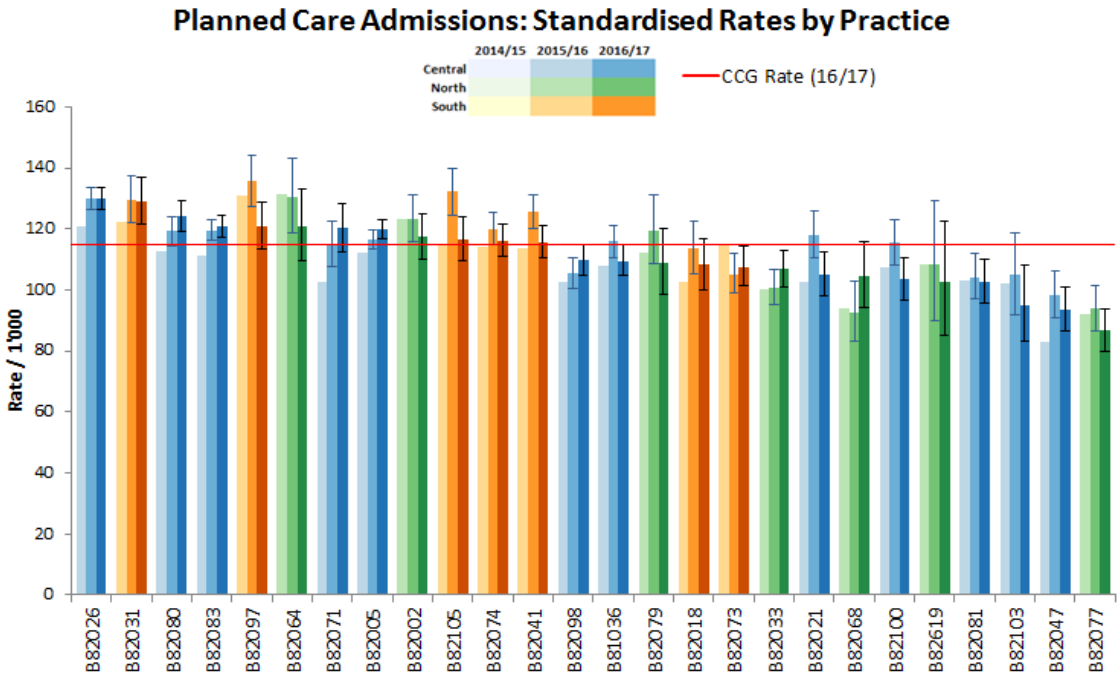


Emergency admissions for Practices are generally increasing over the 3 year period shown in the above chart. The Practice with the highest rate is Scott Road, and the Practice with the lowest rate is Pickering. Practices in South and Central localities generally have the highest emergency admission rates. Practices in the North locality generally have lower emergency admission rates.

There are elements of spend against emergency admissions that can be avoided to reduce overall system costs – if appropriate services and pathways are in place in the community to manage patients in a more proactive and supportive way. Understanding the detail within this emergency admission spend across Practices is therefore important to develop an informed view of how services can be transformed to reduce avoidable emergency admissions.



Outpatient first attendances are used as a proxy for referral rates by Practices – on the assumption that most appropriate referrals are converted to an outpatient attendance. The chart above shows mainly South Practices on the left, with Sherburn Group having the highest rate, and mostly Central and North Practices on the right, with East Parade lowest. The CCG's Referral Support System (RSS) is helping to improve the quality of referrals, reduce the volume of referrals into specialist hospital settings through more appropriate/conservative management, and reduce variation in referral approaches across clinicians.



Planned care admission rates are generally linked to referral rates, and the variation in rate/1,000 is fairly evenly spread across localities. The Practices with the highest planned care admission rates are Haxby Group and Sherburn Group. The Practices with the lowest planned care admission rates are Unity Health and Kirkbymoorside. Again, the CCG's Referral Support System (RSS) is helping to improve the quality of referrals, with clinical peer-review and support to understand whether referrals are appropriate and adhere to guidelines, and whether patients' needs could be met through alternative pathways.

Public Health General Practice Profiles

These profiles are designed to support GPs, clinical commissioning groups (CCGs) and local authorities to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population.

The data is refreshed annually, mainly from Practice Quality Outcomes Framework (QOF) returns.

QOF is the annual reward and incentive programme detailing GP Practice achievement results. It rewards Practices for the provision of quality care and helps standardise improvement in the delivery of primary medical services. It is a voluntary process for all surgeries in England and was introduced as part of the GP contract in 2004. The indicators for the QOF change annually, with new measures added and other indicators being retired. The QOF awards Practices achievement points for:

- Managing some of the most common chronic diseases, e.g. asthma, diabetes
- Managing major public health concerns, e.g. smoking, obesity
- Implementing preventative measures, e.g. regular blood pressure checks

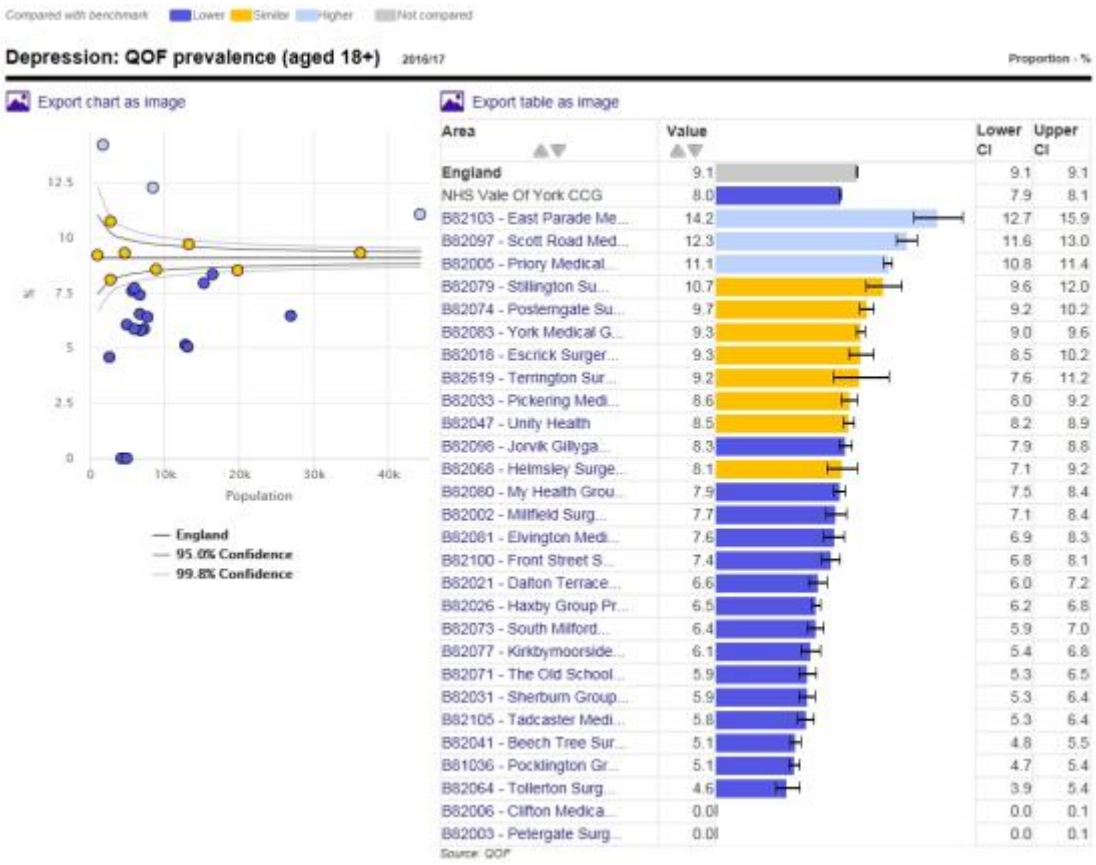
https://fingertips.phe.org.uk/profile/general-practice

It is recognised that not all Practices participate fully in the QOF incentive programme, but where they do, this data does provide information around whether they are significantly different from the England average.

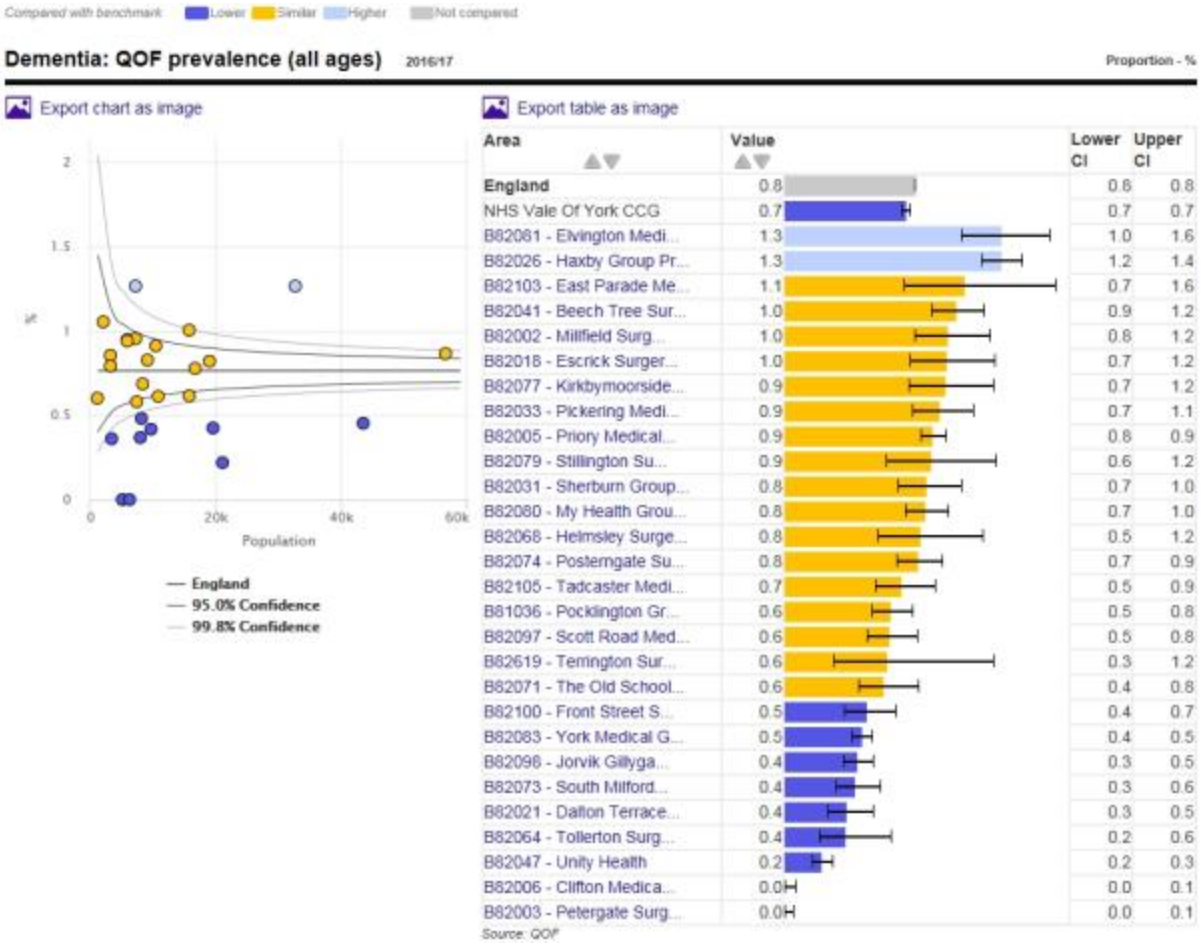
The following is not a complete list of QOF indicators, but has been chosen with GP advice to present some of the more interesting measures from a patient quality perspective. Narrative has been added below some of the charts where there are particular areas of focus to note.

The benchmark in all cases is England performance.

Depression

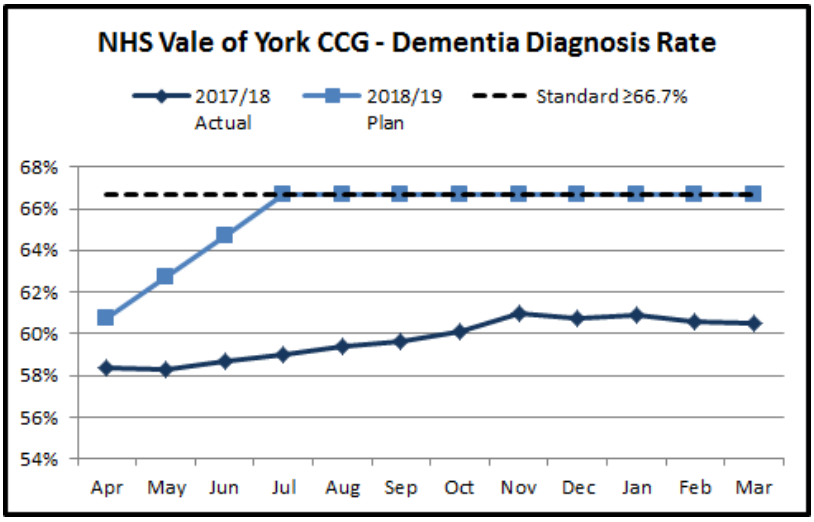


Dementia Prevalence



The number of people with dementia registered with a Vale of York GP as at March 2018 is 2,663. This is lower than the estimated prevalence for the same time period of 4,402. As at the end of March 2018, the dementia diagnosis rate achieved by the CCG as a whole was 60.5% against the national target of 66.7%. Although our diagnosis rate is one of the lowest in the country we have a high prescription rate of anti-dementia drugs.

Dementia Diagnosis rate forms part of the CCG's 2018/19 planning submission for NHS England, on which we will be monitored over the coming year. The trajectory submitted for 2018/19 takes into account the starting point of 60.5%, and aims for incremental improvements throughout Quarter 1 with achievement of the 66.7% target from July 2018.



The CCG has developed an action plan to improve diagnosis rates which includes:

- Collection of monthly data to monitor the number of patients on individual GP QOF registers against predicted population prevalence. This information is then circulated to practices which shows their position in terms of % of predicted numbers actually diagnosed compared to other practices.
- Supporting practices to run the Dementia Quality Toolkit. This is a SystmOne or EMIS search that helps practices identify patients who have codes in their notes that may suggest dementia but who have no corresponding dementia diagnosis.
- Targeting additional support for practices with high list sizes and low rates of predicted numbers actually diagnosed. This includes data cleansing and coding reviews which can be achieved through routine use of the dementia toolkit
- Identified a GP dementia lead in all VOY practices
- Reconciling QOF registers with specialist mental health services records
- Review of the care home population for accurate dementia diagnosis
- Raise awareness of the benefits of diagnosis for patients

Atrial Fibrilation (AF)

Compared with benchmark: Lower | Similar | Higher | Not compared

Atrial fibrillation: QOF prevalence 2016/17 — Proportion - %

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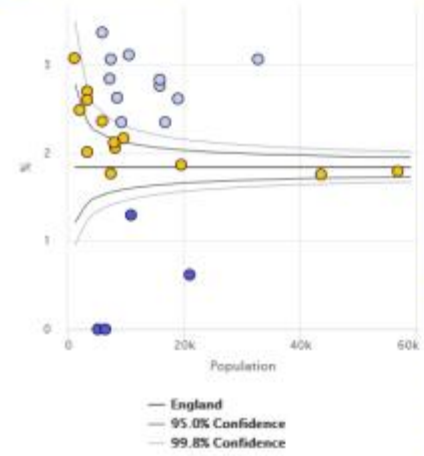

Export table as image

Area	Value	Lower CI	Upper CI
England	1.8	1.8	1.8
NHS Vale Of York CCG	2.1	2.1	2.2
B82077 - Kirkbymoorside...	3.4	2.9	3.9
B82033 - Pickering Medi...	3.1	2.8	3.5
B82619 - Terrington Sur...	3.1	2.2	4.2
B82026 - Haxby Group Pr...	3.1	2.9	3.3
B82002 - Millfield Surg...	3.1	2.7	3.5
B82061 - Elvington Medi...	2.8	2.5	3.3
B81036 - Pocklington Gr...	2.8	2.6	3.1
B82041 - Beech Tree Sur...	2.8	2.5	3.0
B82079 - Stillington Su...	2.7	2.2	3.3
B82105 - Tadcaster Medi...	2.6	2.3	3.0
B82080 - My Health Grou...	2.6	2.4	2.9
B82068 - Helmsley Surge...	2.6	2.1	3.2
B82103 - East Parade Me...	2.5	1.9	3.2
B82018 - Escrick Surger...	2.4	2.0	2.8
B82031 - Sherburn Group...	2.4	2.1	2.7
B82074 - Posterngate Su...	2.3	2.1	2.6
B82073 - South Milford...	2.2	1.9	2.5
B82021 - Dalton Terrace...	2.1	1.8	2.5
B82100 - Front Street S...	2.1	1.8	2.4
B82064 - Tollerton Surg...	2.0	1.6	2.5
B82096 - Jorvik Gillyga...	1.9	1.7	2.1
B82005 - Priory Medical...	1.8	1.7	1.9
B82071 - The Old School...	1.8	1.5	2.1
B82083 - York Medical G...	1.8	1.6	1.9
B82097 - Scott Road Med...	1.3	1.1	1.5
B82047 - Unity Health	0.6	0.5	0.7
B82006 - Clifton Medica...	0.0	0.0	0.1
B82003 - Petergate Surg...	0.0	0.0	0.1

Source: QOF

Compared with benchmark: Lower | Similar | Higher | Not compared

AF007: treated w anti-coag. therapy (CHADS2DS2-VASc >=2) (den.incl.exc.) 2016/17 — Proportion - %

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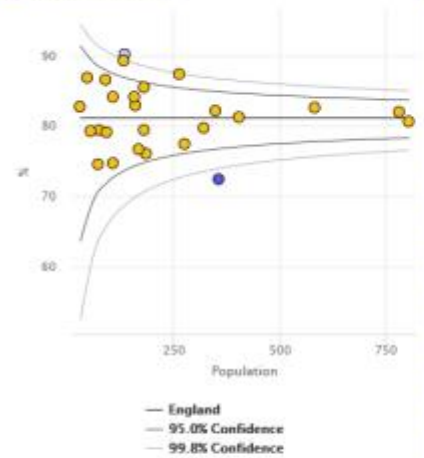


Export table as image

Area	Value	Lower CI	Upper CI
England	81.2	81.1	81.2
NHS Vale Of York CCG	81.2	80.2	82.1
B82021 - Dalton Terrace...	90.3	84.1	94.2
B82100 - Front Street S...	89.3	82.9	93.5
B82033 - Pickering Medi...	87.4	82.8	90.9
B82103 - East Parade Me...	87.0	74.3	93.9
B82071 - The Old School...	86.7	78.1	92.2
B82105 - Tadcaster Medi...	85.6	79.7	89.9
B82073 - South Milford...	84.2	77.7	89.0
B82018 - Escrick Surger...	84.1	76.0	89.8
B82077 - Kirkbymoorside...	83.0	76.4	88.1
B82619 - Terrington Sur...	82.8	65.5	92.4
B82083 - York Medical G...	82.7	79.4	85.5
B82041 - Beech Tree Sur...	82.2	77.9	85.9
B82005 - Priory Medical...	82.1	79.3	84.6
B82080 - My Health Grou...	81.2	77.1	84.7
B82026 - Haxby Group Pr...	80.6	77.7	83.2
B82074 - Posterngate Su...	79.8	75.1	83.8
B82079 - Stillington Su...	79.5	68.8	87.1
B82031 - Sherburn Group...	79.4	73.0	84.7
B82064 - Tollerton Surg...	79.2	66.5	88.0
B82097 - Scott Road Med...	79.1	69.7	86.2
B82096 - Jorvik Gillyga...	77.5	72.3	82.1
B82061 - Elvington Medi...	76.8	69.8	82.5
B82002 - Millfield Surg...	76.1	69.4	81.7
B82047 - Unity Health	74.8	65.8	82.0
B82068 - Helmsley Surge...	74.6	63.4	83.3
B81036 - Pocklington Gr...	72.4	67.5	76.8
B82006 - Clifton Medica...	*	-	-
B82003 - Petergate Surg...	*	-	-

Source: QOF

Context:

- Atrial fibrillation increases the risk of stroke by a factor of 5, and strokes caused by AF are often more severe, with higher mortality and greater disability.
- Anticoagulation reduces the risk of stroke in people with AF by two thirds. Despite this, AF is underdiagnosed and under treated: up to a third of people with AF are unaware they have the condition and even when diagnosed inadequate treatment is common – large numbers do not receive anticoagulants or have poor anticoagulant control.
- There are an estimated 2,600 people with undiagnosed AF in NHS Vale of York CCG.
- There are approximately 675 people with AF not anticoagulated in NHS Vale of York CCG. There is opportunity to prevent 169 avoidable strokes in this population's lifetime.
- **Only a half of people with known AF who then suffer a stroke have been anticoagulated before their stroke.**
- The SSNAP (Sentinel Stroke National Audit Programme) data for period April – July 2016 showed:
- 58 people in AF are admitted to York Hospital with stroke.
- 26 had been prescribed anticoagulation prior to their stroke.
- 32 had a stroke without protection from an anticoagulant
- With a 64% reduction in events, 21 strokes could have been avoided with appropriate anticoagulation
- Over a year period there were 84 avoidable strokes from July 2015 – July 2016.

Initiatives to support improvement:

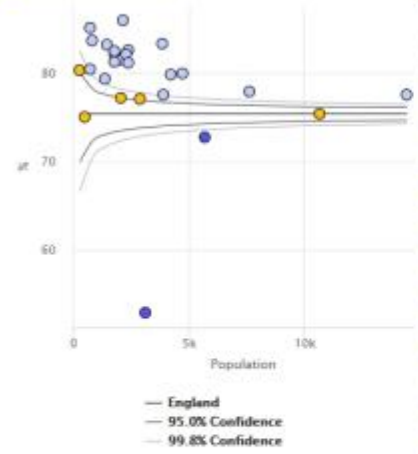
- increase opportunistic pulse checking especially in over 65s
- support practices to share audit data and systematically identify gaps and opportunities for improved detection and management of AF - eg GRASP-AF
- promote systematic use of CHADS-VASC and HASBLED to ensure those at high risk are offered stroke prevention
- promote systematic use of Warfarin Patient Safety Audit Tool to ensure optimal time in therapeutic range for people on warfarin
- develop local consensus statement on risk-benefit balance for anticoagulants, including the newer treatments (NOACs)
- work with practices and local authorities to maximise uptake and clinical follow up in the NHS Health Check
- commission community pharmacists to offer pulse checks, anticoagulant monitoring, and support for adherence to medication

Cervical Screening

Compared with benchmark: Lower | Similar | Higher | Not compared

CS002: Women, aged 25-64, with a record of cervical screening (last 5 yrs) 2016/17 — Proportion - %

Export chart as image



Export table as image

Area	Value	Lower CI	Upper CI
England	75.5	75.4	75.5
NHS Vale Of York CCG	77.9	77.6	78.2
B82105 - Tadcaster Medi...	86.1	84.6	87.5
B82079 - Stillington Su...	85.3	82.5	87.7
B82064 - Tollerton Surg...	83.8	81.1	86.1
B82041 - Beech Tree Sur...	83.4	82.2	84.5
B82018 - Escrick Surger...	83.3	81.2	85.1
B82033 - Pickering Medi...	82.7	81.2	84.2
B82071 - The Old School...	82.6	80.7	84.2
B82031 - Sherburn Group...	82.2	80.6	83.7
B82081 - Elvington Medi...	82.2	80.3	83.9
B82100 - Front Street S...	81.6	79.9	83.2
B82002 - Millfield Surg...	81.4	79.5	83.2
B82073 - South Milford...	81.3	79.7	82.8
B82068 - Helmsley Surge...	80.6	77.6	83.2
B82619 - Terrington Sur...	80.4	75.4	84.7
B82080 - My Health Grou...	80.1	78.9	81.2
B82074 - Postergate Su...	80.0	78.7	81.1
B82077 - Kirkbymoorside...	79.4	77.2	81.5
B82026 - Haxby Group Pr...	78.0	77.1	78.9
B82005 - Priory Medical...	77.7	77.0	78.4
B81036 - Pocklington Gr...	77.6	76.3	78.9
B82021 - Dalton Terrace...	77.3	75.4	79.0
B82097 - Scott Road Med...	77.2	75.6	78.7
B82083 - York Medical G...	75.4	74.6	76.2
B82103 - East Parade Me...	75.1	71.0	78.7
B82098 - Jorvik Gillyga...	72.9	71.7	74.0
B82047 - Unity Health	52.9	51.1	54.6
B82006 - Clifton Medica...	*	-	-
B82003 - Petergate Surg...	*	-	-

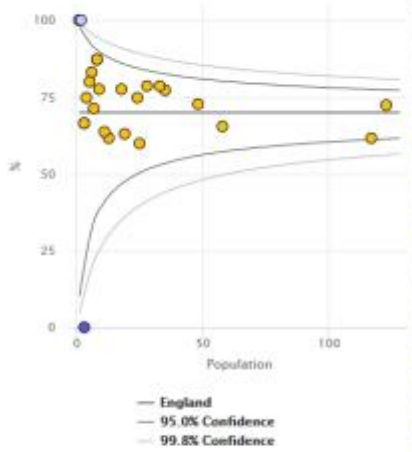
Source: QOF

Compared with benchmark: Lower | Similar | Higher | Not compared

MH008: Female patients (25-64 yrs) on the MH register who had cervical screening test in preceding 5 years (den. incl. exc.) 2016/17

Proportion - %

Export chart as image



Export table as image

Area	Value	Lower CI	Upper CI
England	70.0	69.8	70.3
NHS Vale Of York CCG	70.3	66.6	73.7
B82619 - Terrington Sur...	100	20.7	100
B82064 - Tollerton Surg...	100	34.2	100
B82105 - Tadcaster Medi...	87.5	52.9	97.8
B82103 - East Parade Me...	87.5	52.9	97.8
B82077 - Kirkbymoorside...	87.5	52.9	97.8
B82081 - Elvington Medi...	83.3	43.6	97.0
B82031 - Sherburn Group...	80.0	37.6	96.4
B82074 - Postergate Su...	78.8	62.2	89.3
B82097 - Scott Road Med...	78.6	60.5	89.8
B82100 - Front Street S...	77.8	45.3	93.7
B82033 - Pickering Medi...	77.8	54.8	91.0
B82021 - Dalton Terrace...	77.1	61.0	87.9
B82047 - Unity Health	75.0	55.1	88.0
B82018 - Escrick Surger...	75.0	30.1	95.4
B82026 - Haxby Group Pr...	72.9	59.0	83.4
B82005 - Priory Medical...	72.4	63.9	79.5
B82002 - Millfield Surg...	71.4	35.9	91.8
B82079 - Stillington Su...	66.7	20.8	93.9
B82071 - The Old School...	66.7	20.8	93.9
B82098 - Jorvik Gillyga...	65.5	52.7	76.4
B82073 - South Milford...	63.6	35.4	84.8
B82080 - My Health Grou...	63.2	41.0	80.9
B82083 - York Medical G...	61.5	52.5	69.9
B82041 - Beech Tree Sur...	61.5	35.5	82.3
B81036 - Pocklington Gr...	60.0	40.7	76.6
B82068 - Helmsley Surge...	0.0	0.0	56.1
B82006 - Clifton Medica...	*	-	-
B82003 - Petergate Surg...	*	-	-

Source: QOF

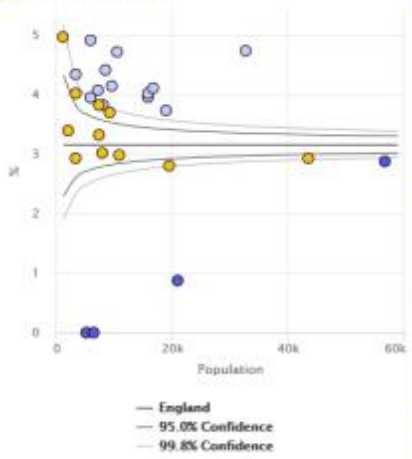
Coronary Heart Disease (CHD)

Compared with benchmark: Lower | Similar | Higher | Not compared

CHD: QOF prevalence (all ages) 2016/17

Proportion - %

Export chart as image



Export table as image

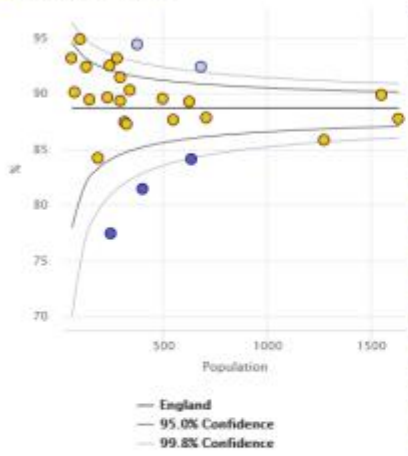
Area	Value	Lower CI	Upper CI
England	3.2	3.1	3.2
NHS Vale Of York CCG	3.3	3.3	3.4
B82619 - Terrington Sur...	5.0	3.9	6.4
B82077 - Kirkbymoorside...	4.9	4.4	5.5
B82026 - Haxby Group Pr...	4.7	4.5	5.0
B82033 - Pickering Medi...	4.7	4.3	5.1
B82105 - Tadcaster Medi...	4.4	4.0	4.9
B82068 - Helmsley Surge...	4.3	3.7	5.1
B82073 - South Milford...	4.1	3.8	4.6
B82074 - Postergate Su...	4.1	3.8	4.4
B82081 - Elvington Medi...	4.1	3.6	4.6
B82079 - Stillington Su...	4.0	3.4	4.7
B81036 - Pocklington Gr...	4.0	3.7	4.3
B82041 - Beech Tree Sur...	3.9	3.7	4.3
B82018 - Escrick Surger...	3.9	3.5	4.5
B82100 - Front Street S...	3.8	3.4	4.3
B82002 - Millfield Surg...	3.8	3.4	4.3
B82080 - My Health Grou...	3.7	3.5	4.0
B82031 - Sherburn Group...	3.7	3.3	4.1
B82103 - East Parade Me...	3.4	2.7	4.3
B82071 - The Old School...	3.3	2.9	3.7
B82021 - Dalton Terrace...	3.0	2.7	3.4
B82097 - Scott Road Med...	3.0	2.7	3.3
B82064 - Tollerton Surg...	2.9	2.4	3.6
B82083 - York Medical G...	2.9	2.8	3.1
B82005 - Priory Medical...	2.9	2.7	3.0
B82098 - Jorvik Gillyga...	2.8	2.6	3.0
B82047 - Unity Health	0.9	0.8	1.0
B82006 - Clifton Medica...	0.0	0.0	0.1
B82003 - Petergate Surg...	0.0	0.0	0.1

Source: QOF

Compared with benchmark: Lower | Similar | Higher | Not compared

CHD002: Last BP reading in last 12mths is <=150/90 (den.incl.exc.) 2016/17 — Proportion - %

Export chart as image



Export table as image

Area	Value	Lower CI	Upper CI
England	88.7	88.6	88.7
NHS Vale Of York CCG	88.4	87.8	88.9
B82064 - Tollerton Surg...	94.9	88.6	97.8
B82105 - Tadcaster Medi...	94.4	91.5	96.3
B82002 - Millfield Surg...	93.2	89.6	95.6
B82619 - Terrington Sur...	93.1	83.6	97.3
B82021 - Dalton Terrace...	92.5	88.4	95.2
B82074 - Postergate Su...	92.4	90.2	94.1
B82079 - Stillington Su...	92.4	86.5	95.8
B82081 - Elvington Medi...	91.4	87.7	94.1
B82031 - Sherburn Group...	90.3	86.6	93.0
B82103 - East Parade Me...	90.1	81.0	95.1
B82026 - Haxby Group Pr...	89.9	88.3	91.3
B82018 - Escrick Surger...	89.7	85.1	92.9
B82033 - Pickering Medi...	89.5	86.5	91.9
B82068 - Helmsley Surge...	89.4	83.3	93.5
B82077 - Kirkbymoorside...	89.3	85.3	92.4
B82041 - Beech Tree Sur...	89.3	86.6	91.5
B82080 - My Health Grou...	87.8	85.2	90.0
B82005 - Priory Medical...	87.7	86.0	89.2
B82098 - Jorvik Gillyga...	87.6	84.6	90.1
B82100 - Front Street S...	87.5	83.3	90.7
B82097 - Scott Road Med...	87.2	83.1	90.4
B82083 - York Medical G...	85.8	83.8	87.7
B82047 - Unity Health	84.2	78.3	88.8
B81036 - Pocklington Gr...	84.1	81.0	86.7
B82073 - South Milford...	81.5	77.3	85.0
B82071 - The Old School...	77.5	71.8	82.3
B82006 - Clifton Medica...	*	-	-
B82003 - Petergate Surg...	*	-	-

Source: QOF

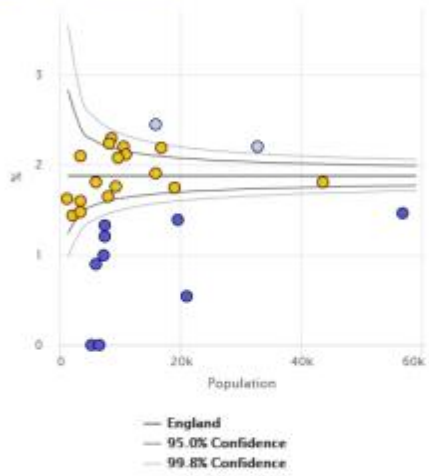
Chronic Obstructive Pulmonary Disease (COPD)

Compared with benchmark: Lower | Similar | Higher | Not compared

COPD: QOF prevalence (all ages) 2016/17

Proportion - %

Export chart as image



Export table as image

Area	Value	Lower CI	Upper CI
England	1.9	1.9	1.9
NHS Vale Of York CCG	1.7	1.6	1.7
B82041 - Beech Tree Sur...	2.4	2.2	2.7
B82105 - Tadcaster Medi...	2.3	2.0	2.6
B82100 - Front Street S...	2.2	1.9	2.6
B82033 - Pickering Medi...	2.2	1.9	2.5
B82026 - Haxby Group Pr...	2.2	2.0	2.4
B82074 - Posterngate Su...	2.2	2.0	2.4
B82097 - Scott Road Med...	2.1	1.9	2.4
B82064 - Tollerton Surg...	2.1	1.7	2.6
B82073 - South Milford...	2.1	1.8	2.4
B81036 - Pocklington Gr...	1.9	1.7	2.1
B82083 - York Medical G...	1.8	1.7	1.9
B82077 - Kirkbymoorside...	1.8	1.5	2.2
B82031 - Sherburn Group...	1.8	1.5	2.0
B82080 - My Health Grou...	1.7	1.6	1.9
B82021 - Dalton Terrace...	1.7	1.4	2.0
B82619 - Terrington Sur...	1.6	1.0	2.5
B82079 - Stillington Su...	1.6	1.2	2.1
B82068 - Helmsley Surge...	1.5	1.1	1.9
B82005 - Priory Medical...	1.5	1.4	1.6
B82103 - East Parade Me...	1.4	1.0	2.0
B82098 - Jorvik Gillyga...	1.4	1.2	1.6
B82071 - The Old School...	1.3	1.1	1.6
B82002 - Millfield Surg...	1.2	1.0	1.5
B82081 - Elvington Medi...	1.0	0.8	1.2
B82018 - Escrick Surger...	0.9	0.7	1.2
B82047 - Unity Health	0.5	0.4	0.6
B82006 - Clifton Medica...	0.0	0.0	0.1
B82003 - Petergate Surg...	0.0	0.0	0.1

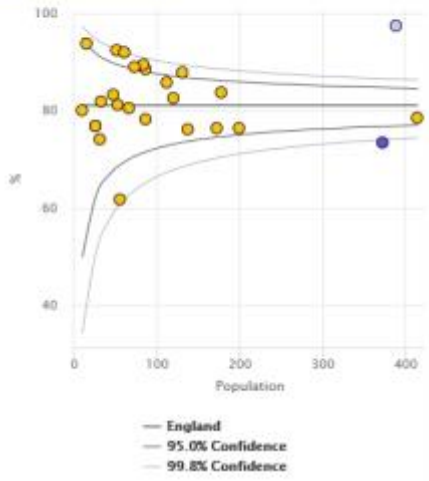
Source: QOF

Compared with benchmark: Lower | Similar | Higher | Not compared

COPD002: Diagnosis conf. by spirometry (den. incl. exc.) 2016/17

Proportion - %

Export chart as image



Export table as image

Area	Value	Lower CI	Upper CI
England	81.0	80.9	81.1
NHS Vale Of York CCG	82.3	80.9	83.6
B82005 - Priory Medical...	97.4	95.3	98.6
B82103 - East Parade Me...	93.8	71.7	98.9
B82064 - Tollerton Surg...	92.3	81.8	97.0
B82077 - Kirkbymoorside...	91.8	82.2	96.4
B82073 - South Milford...	89.3	80.9	94.3
B82031 - Sherburn Group...	89.0	79.8	94.3
B82105 - Tadcaster Medi...	88.4	79.9	93.6
B82098 - Jorvik Gillyga...	87.8	81.1	92.3
B82097 - Scott Road Med...	85.7	78.0	91.0
B82080 - My Health Grou...	83.7	77.6	88.4
B82002 - Millfield Surg...	83.3	70.4	91.3
B82033 - Pickering Medi...	82.5	74.7	88.3
B82018 - Escrick Surger...	81.8	65.6	91.4
B82071 - The Old School...	81.1	68.6	89.4
B82021 - Dalton Terrace...	80.6	69.6	88.3
B82619 - Terrington Sur...	80.0	49.0	94.3
B82026 - Haxby Group Pr...	78.5	74.3	82.2
B82100 - Front Street S...	78.2	68.4	85.5
B82079 - Stillington Su...	76.9	57.9	89.0
B82068 - Helmsley Surge...	76.9	57.9	89.0
B82041 - Beech Tree Sur...	76.4	70.0	81.7
B82074 - Posterngate Su...	76.3	69.4	82.0
B81036 - Pocklington Gr...	76.1	68.3	82.4
B82081 - Elvington Medi...	74.2	56.8	86.3
B82083 - York Medical G...	73.5	68.8	77.7
B82047 - Unity Health	61.8	48.6	73.5
B82006 - Clifton Medica...	*	-	-
B82003 - Petergate Surg...	*	-	-

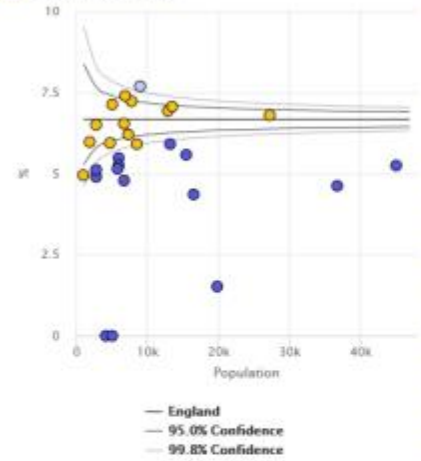
Source: QOF

Diabetes

Compared with benchmark: Lower | Similar | Higher | Not compared

Diabetes: QOF prevalence (17+) 2016/17 — Proportion - %

Export chart as image



Export table as image

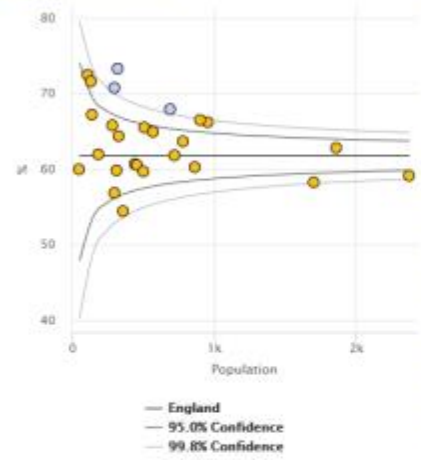
Area	Value	Lower CI	Upper CI
England	6.7	6.7	6.7
NHS Vale Of York CCG	5.3	5.3	5.4
B82033 - Pickering Medi...	7.7	7.2	8.3
B82105 - Tadcaster Medi...	7.4	6.8	8.0
B82073 - South Milford...	7.2	6.7	7.8
B82077 - Kirkbymoorside...	7.1	6.4	7.9
B82074 - Posterngate Su...	7.1	6.6	7.5
B82041 - Beech Tree Sur...	6.9	6.5	7.4
B82026 - Haxby Group Pr...	6.8	6.5	7.1
B82100 - Front Street S...	6.5	6.0	7.2
B82068 - Helmsley Surge...	6.5	5.7	7.5
B82031 - Sherburn Group...	6.2	5.7	6.8
B82103 - East Parade Me...	6.0	5.0	7.1
B82018 - Escrick Surger...	6.0	5.3	6.7
B81036 - Pocklington Gr...	5.9	5.5	6.3
B82097 - Scott Road Med...	5.9	5.4	6.4
B82080 - My Health Grou...	5.6	5.2	5.9
B82002 - Millfield Surg...	5.5	4.9	6.1
B82005 - Priory Medical...	5.3	5.1	5.5
B82071 - The Old School...	5.2	4.7	5.8
B82081 - Elvington Medi...	5.2	4.6	5.8
B82079 - Stillington Su...	5.1	4.3	6.0
B82619 - Terrington Sur...	5.0	3.8	6.5
B82064 - Tollerton Surg...	4.9	4.2	5.8
B82021 - Dalton Terrace...	4.8	4.3	5.3
B82083 - York Medical G...	4.6	4.4	4.8
B82096 - Jorvik Gillyga...	4.3	4.0	4.7
B82047 - Unity Health	1.5	1.4	1.7
B82006 - Clifton Medica...	0.0	0.0	0.1
B82003 - Petergate Surg...	0.0	0.0	0.1

Source: QOF

Compared with benchmark: Lower | Similar | Higher | Not compared

DM007: Last HbA1c is <=59mmol/mol in last 12mths (den. incl. exc.) 2016/17 — Proportion - %

Export chart as image

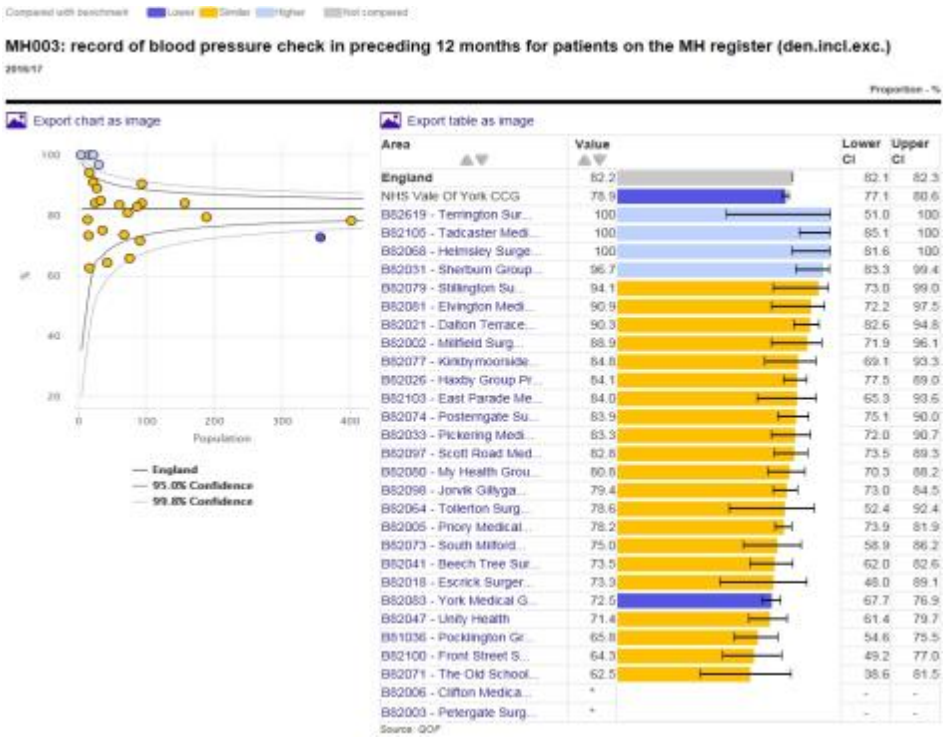


Export table as image

Area	Value	Lower CI	Upper CI
England	61.8	61.7	61.8
NHS Vale Of York CCG	62.5	61.7	63.2
B82021 - Dalton Terrace...	73.3	68.2	77.8
B82103 - East Parade Me...	72.5	63.4	80.0
B82064 - Tollerton Surg...	71.6	63.5	78.6
B82081 - Elvington Medi...	70.8	65.4	75.7
B82033 - Pickering Medi...	68.0	64.4	71.3
B82079 - Stillington Su...	67.1	59.0	74.4
B82041 - Beech Tree Sur...	66.4	63.3	69.5
B82074 - Posterngate Su...	66.2	63.2	69.2
B82018 - Escrick Surger...	65.7	60.0	71.0
B82105 - Tadcaster Medi...	65.5	61.3	69.5
B82073 - South Milford...	64.9	60.9	68.7
B82002 - Millfield Surg...	64.3	59.0	69.3
B81036 - Pocklington Gr...	63.6	60.2	66.9
B82026 - Haxby Group Pr...	62.8	60.5	64.9
B82068 - Helmsley Surge...	62.0	54.8	68.7
B82096 - Jorvik Gillyga...	61.9	58.3	65.3
B82100 - Front Street S...	60.6	56.0	65.1
B82031 - Sherburn Group...	60.5	56.0	64.9
B82080 - My Health Grou...	60.2	56.9	63.4
B82619 - Terrington Sur...	60.0	46.2	72.4
B82071 - The Old School...	59.9	54.4	65.1
B82097 - Scott Road Med...	59.7	55.4	63.9
B82005 - Priory Medical...	59.1	57.1	61.1
B82083 - York Medical G...	58.3	56.0	60.7
B82047 - Unity Health	56.8	51.2	62.3
B82077 - Kirkbymoorside...	54.5	49.3	59.6
B82006 - Clifton Medica...	*	-	-
B82003 - Petergate Surg...	*	-	-

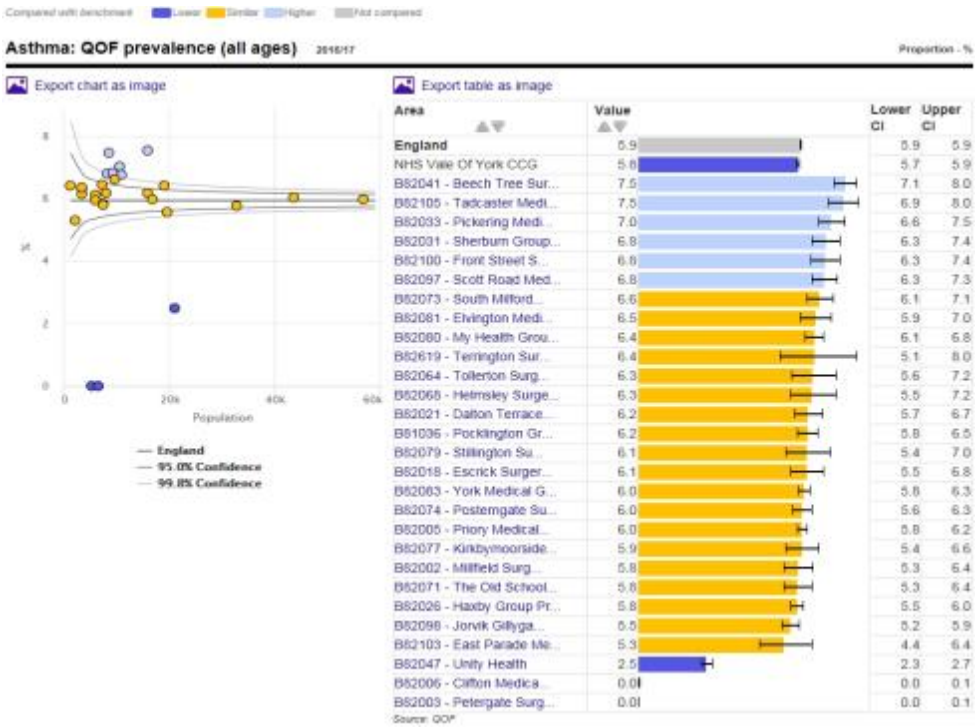
Source: QOF

Blood Pressure Check



It is known that for patients with a long term mental health condition their health outcomes are not as favourable, and one of the ways early identification and intervention for physical health problems can be achieved is through yearly health checks. This graph demonstrates wide variation in the uptake of blood pressure checks for this cohort of patients.

Asthma



Cancer

Compared with benchmark: Lower | Similar | Higher | Not compared

Two-week wait referrals (Indirectly age-sex standardised referral ratio) 2016/17 — Indirectly standardised ratio - per 100

Export chart as image

Funnel plot is not available

Export table as image

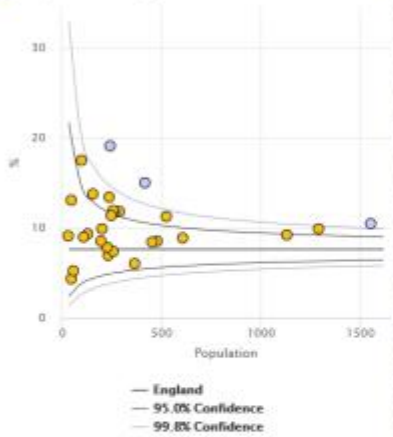
Area	Value	Lower CI	Upper CI
England	100	-	-
NHS Vale Of York CCG	-	-	-
B82097 - Scott Road Med...	120	108	133
B82018 - Escrick Surger...	106	92	120
B82064 - Tollerton Surg...	104	87	124
B82026 - Haxby Group Pr...	99	93	104
B82031 - Sherburn Group...	94	83	105
B82002 - Millfield Surg...	93	82	105
B82074 - Posterngate Su...	92	85	101
B82071 - The Old School...	91	81	103
B82005 - Priory Medical...	91	87	96
B82081 - Elvington Medi...	91	80	103
B82083 - York Medical G...	87	82	92
B82080 - My Health Grou...	86	80	94
B82105 - Tadcaster Medi...	85	75	96
B82041 - Beech Tree Sur...	84	77	92
B82021 - Dalton Terrace...	81	70	92
B82079 - Stillington Su...	80	66	96
B82077 - Kirkbymoorside...	79	68	91
B82073 - South Milford...	73	64	83
B82098 - Jorvik Gillyga...	73	66	80
B82068 - Helmsley Surge...	71	58	87
B81036 - Pocklington Gr...	70	63	77
B82619 - Terrington Sur...	65	45	91
B82047 - Unity Health	57	49	65
B82103 - East Parade Me...	56	41	75
B82033 - Pickering Medi...	53	47	61
B82100 - Front Street S...	53	45	62
B82006 - Clifton Medica...	-	-	-
B82003 - Petergate Surg...	-	-	-

Source: NHS England Cancer Waiting Times Database

Compared with benchmark: Lower | Similar | Higher | Not compared

Two-week referrals resulting in a diagnosis of cancer (Conversion rate: as % of all TWW referrals). 2016/17 — Proportion - %

Export chart as image



Export table as image

Area	Value	Lower CI	Upper CI
England	7.6*	7.6	7.6
NHS Vale Of York CCG	10.2*	9.6	10.8
B82033 - Pickering Medi...	19.1*	14.6	24.5
B82068 - Helmsley Surge...	17.5*	11.2	26.3
B81036 - Pocklington Gr...	15.0*	11.9	18.8
B82100 - Front Street S...	13.7*	9.2	20.1
B82081 - Elvington Medi...	13.4*	9.6	18.3
B82006 - Clifton Medica...	13.0*	6.1	25.7
B82105 - Tadcaster Medi...	11.9*	8.5	16.4
B82031 - Sherburn Group...	11.8*	8.6	16.1
B82002 - Millfield Surg...	11.7*	8.4	16.2
B82073 - South Milford...	11.3*	8.0	15.9
B82074 - Posterngate Su...	11.3*	8.8	14.3
B82005 - Priory Medical...	10.4*	9.0	12.0
B82026 - Haxby Group Pr...	9.9*	8.4	11.7
B82047 - Unity Health	9.9*	6.5	14.7
B82064 - Tollerton Surg...	9.3*	5.4	15.6
B82083 - York Medical G...	9.2*	7.7	11.0
B82619 - Terrington Sur...	9.1*	3.1	23.6
B82079 - Stillington Su...	9.0*	5.0	15.8
B82080 - My Health Grou...	8.9*	6.8	11.4
B82077 - Kirkbymoorside...	8.5*	5.4	13.3
B82041 - Beech Tree Sur...	8.5*	6.3	11.4
B82098 - Jorvik Gillyga...	8.4*	6.2	11.3
B82021 - Dalton Terrace...	7.9*	5.0	12.1
B82071 - The Old School...	7.5*	4.7	11.2
B82018 - Escrick Surger...	6.9*	4.3	11.0
B82097 - Scott Road Med...	6.0*	4.0	8.9
B82003 - Petergate Surg...	5.5*	1.8	14.4
B82103 - East Parade Me...	4.3*	1.2	14.5

Source: NHS England Cancer Waiting Times Database

Cancer referrals and conversion rates

Two week wait referral performance is monitored monthly by the CCG and by providers. Referral rates by speciality are monitored to understand changes in demand in these specialities with a particular focus on where referrals are increasing. Information on referral rates by practice in those specialities which are experiencing an increasing rate of referrals (whether a significant change in 1-3 months or over a longer period for example year on year) support providers and commissioners in identifying where further analysis may be required.

Conversion rate analysis can assist in assessing that the majority of referrals are appropriate. This can also be an indication of population health needs changing and those changes in morbidity would inform work with public health colleagues.

All referral information can support relatively rapid communications with our practices and also form part of quarterly updates around areas such as cancer and the impact of pathway changes.

Immunisations & Vaccinations

The data shown below is sourced from ImmForm, which is the system used by the Department of Health, the National Health Service and Public Health England to record data in relation to uptake against immunisation programmes, incidence of flu-like illness and provide Vaccine Ordering facilities for the NHS.

Data is available to the CCG at a practice level, however the Imm Form data protection guidance does not permit practice level detail to be shared in the public domain, therefore the data below is presented at a CCG level.

Immunisations and screening issues including cold chain wastage are discussed at the CCG's Quality and Patient Experience Committee (QPEC) and information presented in the report this committee receives. Sessions at Practice Nurse Forums have included flu, sharing of uptake data, sharing of good practice, cold chain guidance and reiteration of actions to take to avoid vaccine wastage in cases of cold chain failure. Practice visits have been offered to understand barriers to data upload.

Flu

The flu data is also sourced from Imm Form, and comes with the following caveats:. Data is provided by GP IT Suppliers - EMIS, Systmone, INPS and Microtest. Some practices had issues with data uploads and have needed to work with IT suppliers, the CCG and the PHE Screening and Immunisation team to overcome this. As of 15/11/2017 all practices have flu data uploaded with the uptake already demonstrating higher numbers than this time last year. Caution should be exercised when monitoring % uptake of vaccines given by location as there is likely to be a lag in data being fed back into the GP record.

The data below shows the uptake for the CCG overall, week 4 2017 compared to week 4 2018. Where the figure for week 4 2018 is in green, this reflects an improvement year on year. Amber is within 5% of the same week last year, and red is more than 5% below the same week last year.

As shown in the top table which is the overall achievement by the CCG, uptake was higher this year in all but 3 groups, and where it has dropped this was by less than 5% year on year.

CCG Summary

NHS Vale of York CCG - Flu Vaccine Uptake by Group	Week 4 2017	Week 4 2018
65 and over	73.2	75.3
At risk - (6 months to under 65 years)	47.6	49
At risk - (16 years to under 65 years)	47.7	49.3
At risk - (5 years to under 16 years)	46.2	45.9
At risk - (2 years to under 5 years)	54.3	54.9
At risk - (6mths to 2 years)	25	21.8
Children Aged 2 (Born: 01/09/2013 - 31/08/2014)	51.2	50.3
Children Aged 3 (Born: 01/09/2012 - 31/08/2013)	50.9	51.6
Pregnant Women - At-Risk	63	72.2
Pregnant Women - Not At-Risk	52.2	55.9
Pregnant Women - All	53.3	57.5
Carers	40.1	43.5
<65 At-Risk (Chronic Heart Disease)	46.8	48.9
<65 At-Risk (Chronic Respiratory Disease)	47.4	49.8
<65 At-Risk (Chronic Kidney Disease)	55.8	57.8
<65 At-Risk (Chronic Liver Disease)	36.2	41.4
<65 At-Risk (Diabetes)	64.8	65.6
<65 At-Risk (Immunosuppression)	53.3	55.6
<65 At-Risk (Chronic Neurological Disease)	47.8	50.2
<65 At-Risk (Asplenia or dysfunction of the spleen)	39.8	43.8

Other immunisations & vaccinations

The CCG also have data available at a practice level for the following areas and are working together with the screening and immunisation team to evaluate the data:

- Flu Uptake – Healthcare Workers
- MenACWY Vaccine
- Early Childhood Baseline MMR

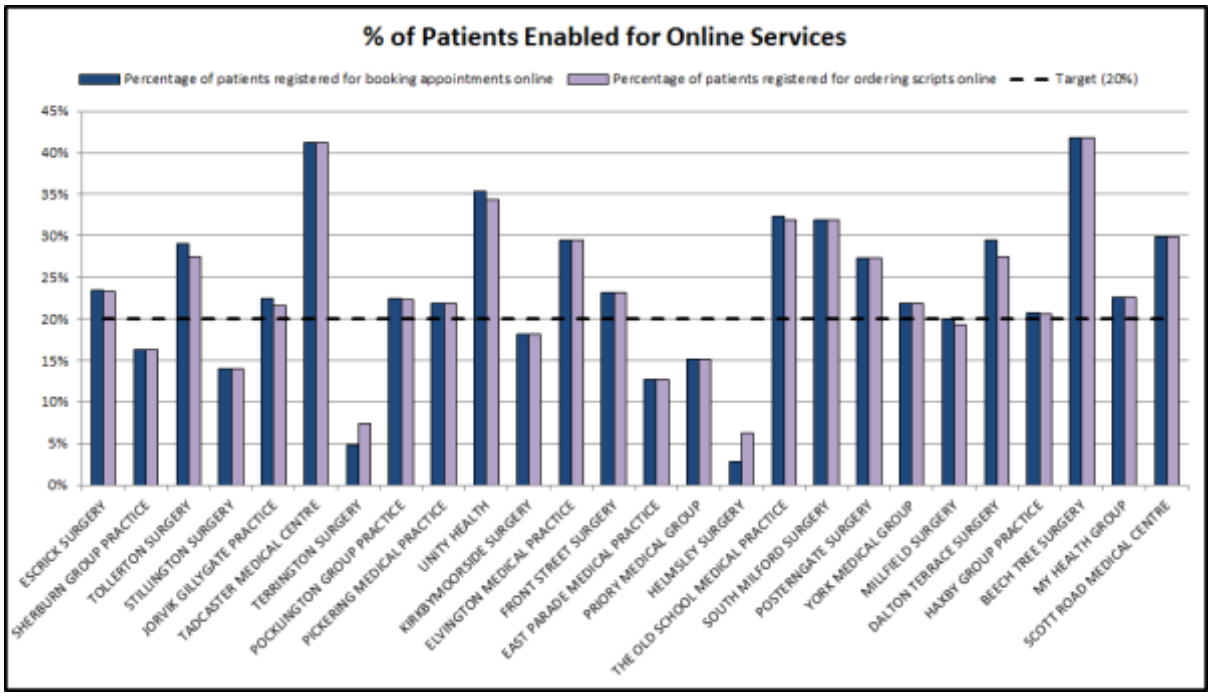
Patient Online

NHS England's Patient Online programme is designed to enhance the quality of care from GP Practices by offering online services, and increasing choice and convenience for patients https://www.england.nhs.uk/gp/gpfv/infrastructure/patient-online/

The government has committed to enabling patients to book appointments and order repeat prescriptions electronically, and to view their own health records within their

GP practice. Patient Online is NHS England's programme which is designed to support GP Practices to offer and promote online services to patients.

The data below shows each Practice's position against the 2017/18 20% target for registering patients for online services. As at January 2018, 7 of the CCG's 26 Practices fell short of the 2017/18 20% target for booking appointments online, and 8 of 26 fell short for ordering scripts online. Work is underway to offer support to these Practices to help them achieve the national target.



Care Quality Commission

The Care Quality Commission monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and publish what inspectors find, including performance ratings to help people choose care. Each Practice inspection provides a detailed report for the Practice via the CQC web site.

http://www.cqc.org.uk/what-we-do/services-we-regulate/doctorsgps

To date, all NHS Vale of York Practices have received an overall rating of GOOD.

In terms of ratings under the subheadings of Safe, Effective, Caring, Response and Well-led practices were rated GOOD with the following exceptions:

- Jorvik Gillygate Practice and 5 locations run by the Priory Medical Group were rated Outstanding under the Responsive category.

	Date of Latest CQC report	Overall Rating	Rating for 'Safe'	Rating for 'Effective'	Rating for 'Caring'	Rating for 'Responsive'	Rating for 'Well-led'
BEECH TREE SURGERY	05/03/2015	Good	Good	Good	Good	Good	Good
DALTON TERRACE SURGERY	17/12/2015	Good	Good	Good	Good	Good	Good
EAST PARADE MEDICAL PRACTICE	20/04/2016	Good	Good	Good	Good	Good	Good
ELVINGTON MEDICAL PRACTICE	26/11/2015	Good	Good	Good	Good	Good	Good
ESCRICK SURGERY	04/02/2016	Good	Good	Good	Good	Good	Good
FRONT STREET SURGERY	08/05/2015	Good	Good	Good	Good	Good	Good
HAXBY GROUP PRACTICE	10/12/2015	Good	Good	Good	Good	Good	Good
HELMSLEY SURGERY	22/08/2016	Good	Good	Good	Good	Good	Good
JORVIK GILLYGATE PRACTICE	03/03/2016	Good	Good	Good	Good	Outstanding	Good
KIRKBYMOORSIDE SURGERY	18/07/2016	Good	Good	Good	Good	Good	Good
MILLFIELD SURGERY	17/09/2015	Good	Good	Good	Good	Good	Good
MY HEALTH GROUP	18/07/2016	Good	Good	Good	Good	Good	Good
OLD SCHOOL MEDICAL PRACTICE	26/08/2016	Good	Good	Good	Good	Good	Good
PICKERING MEDICAL PRACTICE	19/11/2015	Good	Good	Good	Good	Good	Good
POCKLINGTON GROUP PRACTICE	21/07/2016	Good	Good	Good	Good	Good	Good
POSTERNGATE SURGERY	14/01/2016	Good	Good	Good	Good	Good	Good
PRIORY MEDICAL GROUP	13/09/2016	Good	Good	Good	Good	Outstanding	Good
SCOTT ROAD MEDICAL CENTRE	08/10/2015	Good	Good	Good	Good	Good	Good
SHERBURN GROUP PRACTICE	13/08/2015	Good	Good	Good	Good	Good	Good
SOUTH MILFORD SURGERY	20/08/2015	Good	Good	Good	Good	Good	Good
STILLINGTON SURGERY	08/10/2015	Good	Good	Good	Good	Good	Good
TADCASTER MEDICAL CENTRE	23/07/2015	Good	Good	Good	Good	Good	Good
TERRINGTON SURGERY	22/08/2016	Good	Good	Good	Good	Good	Good
TOLLERTON SURGERY	19/01/2018	Good	Good	Good	Good	Good	Good
UNITY HEALTH	03/03/2016	Good	Good	Good	Good	Good	Good
YORK MEDICAL GROUP	14/01/2016	Good	Good	Good	Good	Good	Good

Information Governance Toolkit

100% of practices within the CCG have completed and published their Information Governance Toolkits.

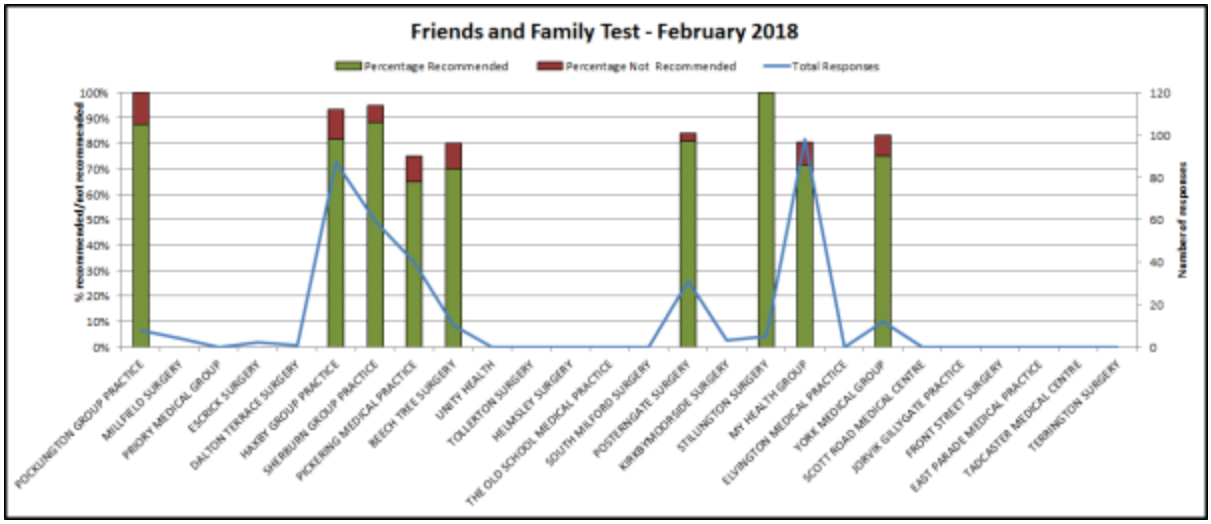
Friends and Family Test

The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience.

It asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. This kind of feedback is vital in transforming NHS services and supporting patient choice.

The focus for commissioners of GP services will be on influencing future behaviour in practices that are either not submitting data or submitting data that raises concerns https://www.england.nhs.uk/ourwork/pe/fft/commissioners/

Note that the number of responses to the Friends and Family survey is generally extremely small compared to the Practice list size (see the second table, below). In this respect, the CCG plans to triangulate this data with other patient feedback from Patient Participant Groups, complaints, etc. in order to develop a more informed view of patient satisfaction.



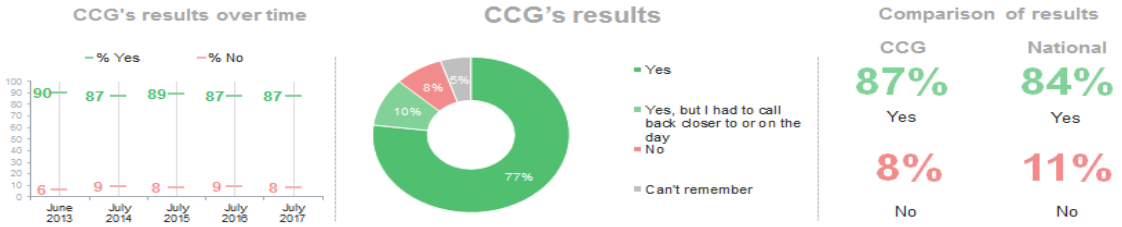
Practice Code	Name	Practice List Size	Total Responses	Percentage Recommended	Percentage Not Recommended	Breakdown of Responses					
						Extremely Likely	Likely	Neither	Unlikely	Extremely Unlikely	Don't Know
B81036	POCKLINGTON GROUP PRACTICE	16,114	8	88%	13%	6	1	0	0	1	0
B82002	MILLFIELD SURGERY	7,314	4	*	*	*	*	*	*	*	*
B82005	PRIORY MEDICAL GROUP	57,316	no data								
B82018	ESCRICK SURGERY	5,925	2	*	*	*	*	*	*	*	*
B82021	DALTON TERRACE SURGERY	8,092	1	*	*	*	*	*	*	*	*
B82026	HAXBY GROUP PRACTICE	32,682	87	82%	11%	56	15	4	4	6	2
B82031	SHERBURN GROUP PRACTICE	9,338	59	88%	7%	46	6	0	1	3	3
B82033	PICKERING MEDICAL PRACTICE	10,532	40	65%	10%	18	8	3	4	0	7
B82041	BEECH TREE SURGERY	15,898	10	70%	10%	3	4	2	0	1	0
B82047	UNITY HEALTH	22,878	no data								
B82064	TOLLERTON SURGERY	3,285	no data								
B82068	HELMSLEY SURGERY	3,294	no data								
B82071	THE OLD SCHOOL MEDICAL PRACTICE	7,346	no data								
B82073	SOUTH MILFORD SURGERY	9,725	no data								
B82074	POSTERNGATE SURGERY	16,839	31	81%	3%	22	3	5	0	1	0
B82077	KIRKBYMOORSIDE SURGERY	5,929	3	*	*	*	*	*	*	*	*
B82079	STILLINGTON SURGERY	3,298	5	100%	0%	5	-	-	-	-	-
B82080	MY HEALTH GROUP	19,164	98	71%	9%	51	19	19	5	4	-
B82081	ELVINGTON MEDICAL PRACTICE	7,130	no data								
B82083	YORK MEDICAL GROUP	44,103	12	75%	8%	4	5	1	1	0	1
B82097	SCOTT ROAD MEDICAL CENTRE	10,679	0	NA	NA	0	0	0	0	0	0
B82098	JORVIK GILLYGATE PRACTICE	19,683	no data								
B82100	FRONT STREET SURGERY	8,081	no data								
B82103	EAST PARADE MEDICAL PRACTICE	2,121	0	NA	NA	0	0	0	0	0	0
B82105	TADCASTER MEDICAL CENTRE	8,521	0	NA	NA	0	0	0	0	0	0
B82619	TERRINGTON SURGERY	1,185	no data								

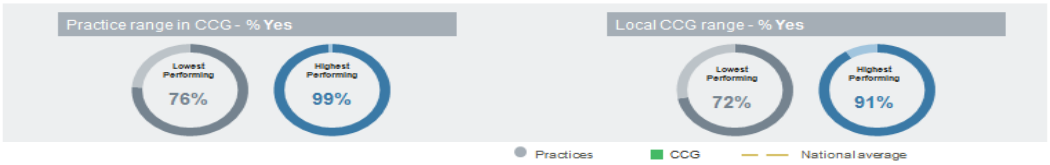
GP Patient Survey

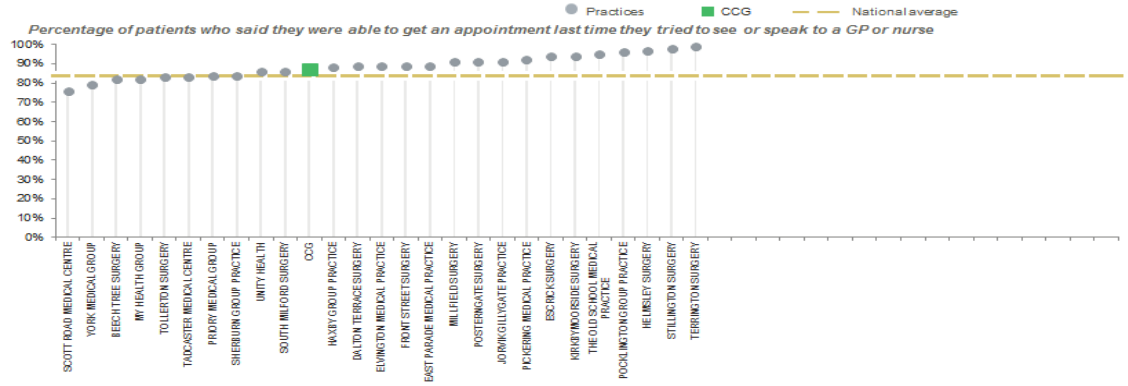
The GP Patient Survey is an independent survey run by Ipsos MORI on behalf of NHS England. The survey is sent out to over a million people across the UK. The results show how people feel about their GP Practice. Data covers the 2017 results, based on patients surveyed in January to March 2017.

https://gp-patient.co.uk/Slidepacks2017#V

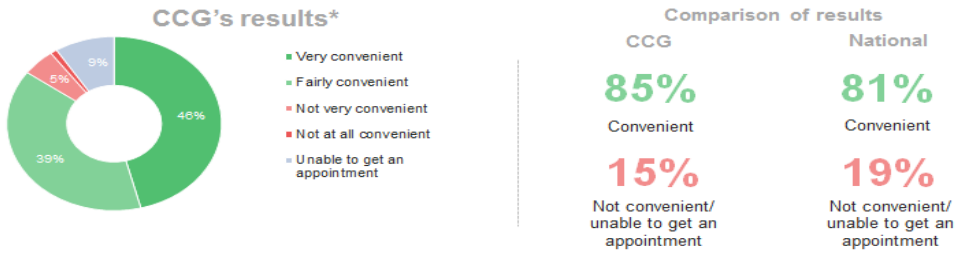
Q12. Last time you wanted to see or speak to a GP or nurse from your GP surgery, were you able to get an appointment to see or speak to someone?

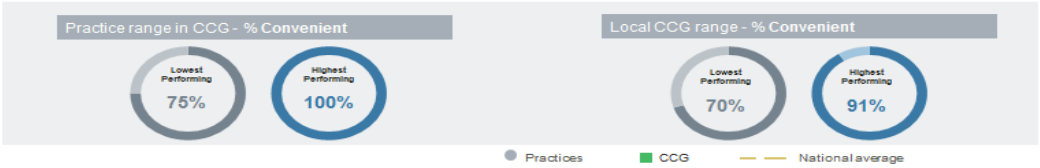


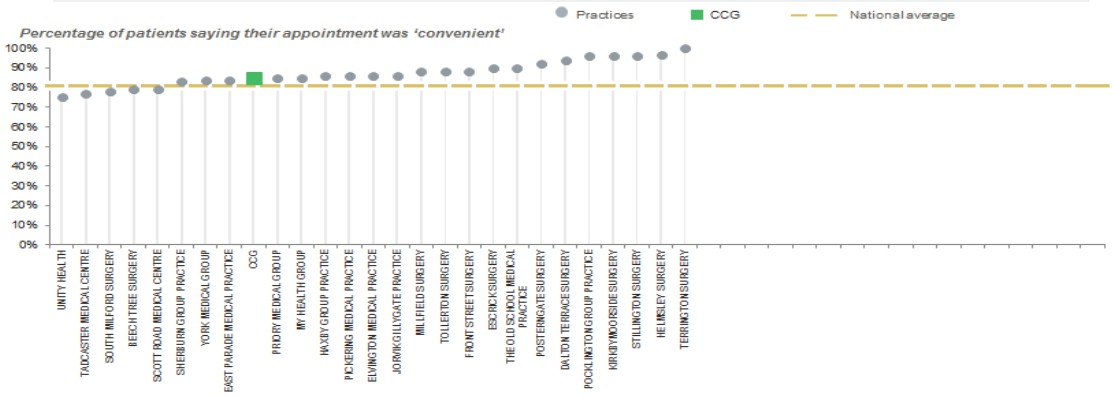




Q15. How convenient was the appointment you were able to get? (rebased)



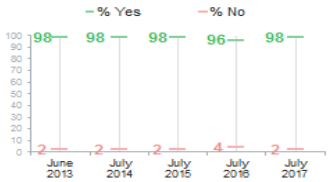




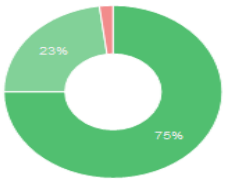
Q24. Did you have confidence and trust in the nurse you saw or spoke to?*

*Those who say 'Don't know/can't say' have been excluded from these results.

CCG's results over time



CCG's results



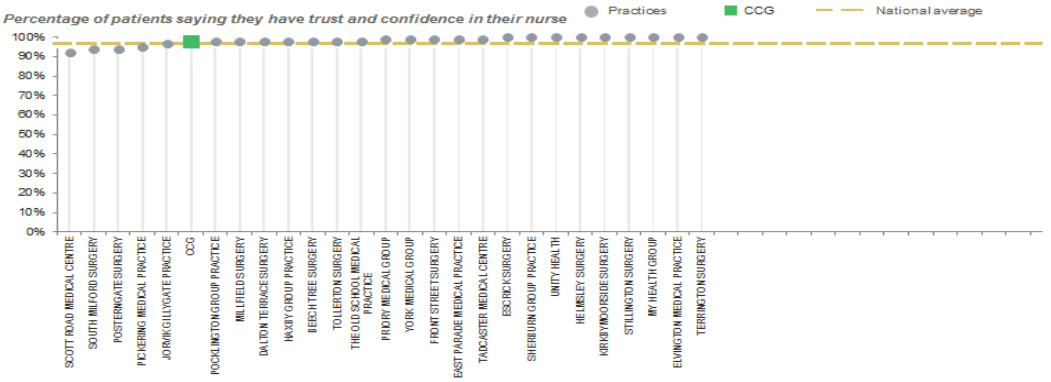
Comparison of results

	CCG	National
Yes	98%	97%
No	2%	3%

Practice range in CCG - % Yes

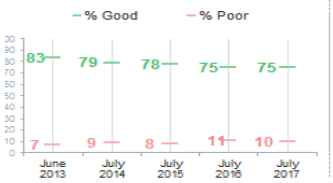
Local CCG range - % Yes

Percentage of patients saying they have trust and confidence in their nurse

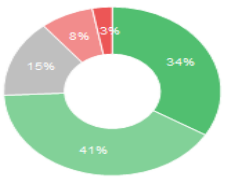


Q18. Overall, how would you describe your experience of making an appointment?

CCG's results over time



CCG's results



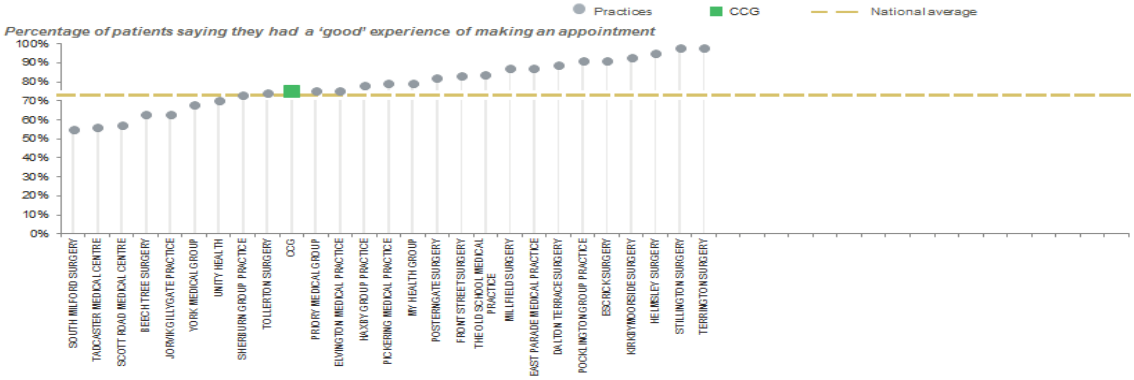
Comparison of results

	CCG	National
Good	75%	73%
Poor	10%	13%

Practice range in CCG - % Good

Local CCG range - % Good

Percentage of patients saying they had a 'good' experience of making an appointment



In 2018/19, the GP Patient Survey (GPPS) forms part of the CCG's Quality Premium. The Quality Premium (QP) is a scheme which rewards CCGs for improvements in the quality of services they commission, and carries a maximum financial reward of £5 per head of population, subject to meeting a number of conditions. As one of the QP measures for 2018/19, the CCG will be assessed on the response to the GPPS measure on overall experience of making a GP appointment. The target is for 85% of respondents in the July 2019 publication to say they had a good experience of making a GP appointment, or alternatively a 3% increase from the July 2018 result. Once the 2018 data is published the CCG will have a baseline from which to work.

Local Enhanced Services

Enhanced services are defined as primary medical services other than essential services, additional services or out-of-hours services. NHS England or CCGs commission these services across England.

The table below shows which Practices/Providers provide the range of services that are currently offered through Local Enhanced Services, based on 2018/19 contracts.

The CCG's preference, in order to ensure equity of access for patients, is that all Practices provide the full range of enhanced services, or Practices work together to provide services for each other's patients – but contractually, Practices are not obliged to sign up for enhanced services.

Row Labels	Locality	Bone Protection Service	Complex Wound Care	Diabetes	Care of Homeless*	LARC (IUS) – NYCC patients (Gynae indications only)	Minor Injury Services	Near Patient Testing	Neonatal Checks	Phlebotomy	PSA	Student Health*	Vexatious Patients*	Wound Care
Dalton Terrace Surgery	Central	x	x	x		x	x	x	x	x	x			x
East Parade Surgery	Central	x	x	x		x	x	x		x	x			x
Elvington Medical Practice	Central	x	x	x		x	x	x		x	x			x
Front Street Surgery	Central	x	x	x		x	x	x	x	x	x			x
Haxby Group Practice	Central	x		x		x	x	x	x	x	x			x
JorvikGillygate Medical Practice	Central	x	x	x		x	x	x	x	x	x			x
My Health	Central	x	x	x		x	x	x	x	x	x			x
Pocklington Group Practice	Central	x		x		x	x	x			x			
Priory Medical Group	Central	x	x	x		x	x	x	x	x	x			x
The Old School Medical Practice	Central	x	x	x		x	x	x	x	x	x			x
Unity Health	Central	x		x		x	x	x	x	x	x	x	x	x
York Medical Group	Central	x	x	x	x	x	x	x	x	x	x	x	x	x
Stillington Surgery	North	x		x		x	x	x		x	x			x
Tollerton Surgery	North	x	x	x		x	x	x	x	x	x			x
Helmsley Surgery	North	x	x	x		x	x	x	x		x			x
Millfield Surgery	North	x		x		x	x	x	x	x	x			
Pickering Medical Practice	North	x	x	x		x	x	x	x		x			x
Terrington Surgery	North	x	x	x		x	x	x			x			x
The Kirkbymoorside Surgery	North	x	x	x		x	x	x	x		x			x
Beech Tree Surgery	South	x		x		x		x	x		x			x
Escrick Surgery	South	x	x	x		x	x	x	x	x	x			x
Posterngate Surgery	South	x	x	x		x		x	x	x	x			x
Scott Road Medical Centre	South	x	x	x		x		x	x		x			x
Sherburn Group Practice	South	x	x	x		x	x	x	x		x			x
South Milford Surgery	South	x		x		x	x	x	x	x	x			x
Tadcaster Medical Centre	South	x	x	x		x	x	x	x		x			x

*Student Health, Vexatious Patients and Care of the Homeless are legacy PCT services with only specific practices signed up and able to make claims.

Pickering Medical Practice also carry out Phlebotomy, however due to legacy PCT issues funding for this service is already included in the Practice budget, therefore Phlebotomy is not applicable as an Enhanced Service.

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Item Number: 10

Name of Presenter: Dr Kevin Smith

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 May 2018

NHS
Vale of York
Clinical Commissioning Group

Approved Plans from Central and North Localities for 2018/19 PMS Premium and £3/head Transformation Funding

Purpose of Report
To Receive

Reason for Report
To update on the decision from the Primary Care Commissioning Committee meeting held in private on 26 April 2018, where approval was given to the North and Central locality plans for 2018/19 PMS Premium and £3/head transformation funding.

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 Committee is asked to receive this report.

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

PRIMARY CARE COMMISSIONING COMMITTEE: 22 MAY 2018

1. Background

Principles have been previously agreed through the Primary Care Commissioning Committee around utilising the 2018/19 PMS Premium and £3/head transformation funding to deliver improvements to patient care, to deliver system efficiencies and transformation, and to develop services that enable General Practice to become more resilient and sustainable.

At the section of the Primary Care Commissioning Committee meeting that was held in private on 26 April 2018, approval was given to the North and Central locality plans for 2018/19 PMS Premium and £3/head transformation funding (note that plans from the South locality had not been received at this point and could not therefore be approved).

The Committee made particular reference to how well these plans aligned with the CCG's commissioning intentions and priorities for 2018/19, and were keen for links for each of the projects to be developed between locality clinical leads and CCG commissioning managers.

CCG managers will work with localities to clarify invoicing arrangements/processes, agree how the CCG can provide support to keep projects moving forwards, and develop reporting arrangements that help to describe how the projects are delivering against intended outcomes.

This paper summarises the plans from the North and Central localities for the public section of the Primary Care Commissioning Committee.

2. Summary of Central Locality Projects

12 Practices, total raw population = 245,002 (April 2018 figures)

Project 1 - Supporting complex older patients in their home (including Care Homes)

Aim: This project aims to develop a multidisciplinary team that will provide a proactive service to support frail/complex/vulnerable patients, both in Care Homes and in their own homes.

Quality and patient experience: The scheme will improve the quality and consistency of support from Primary Care, develop advance care planning processes for patients, focus on medication reviews and de-prescribing where appropriate, and provide better support for dementia patients through improved identification and more collaborative working with the voluntary sector.

Funding requirements: Funding is requested primarily to cover staffing costs to develop the extended multidisciplinary team to provide this service. Staffing includes dedicated GP time, Urgent Care Practitioner, Clinical Pharmacist, Advanced Nurse Practitioner, Advanced Care Practitioner – with scope for hospital consultant/geriatrician input and support as the service scales up. All of the above work well in the context of developing the skill-mix in Primary Care. Funding will only be released (suggested on a monthly or quarterly basis) on submission of invoices for staff that have been recruited and are in post.

Mobilisation and delivery: Required staffing numbers are relatively small, so assuming that recruitment is straightforward, the team could mobilise and expand their services relatively quickly. Staff will be employed directly by the Practices, so any risk around securing on-going funding to fund posts into 2019/20 lies with the Practices.

Overall impact: This scheme has a huge potential for improving care and patient experience. At small scale it will be difficult to make sufficient impact to cover team costs, but as the project scales up to cover 10+ Care Homes, there is a potential to deliver system cost savings through reductions in hospital activity and prescribing. Targets of 20% reductions in A&E attendances and unplanned admissions are ambitious, but the impact of better flow management through more proactive and coordinated care will almost certainly deliver additional whole system savings and benefits.

Project 2 – Improving quality of services to patients with mental health conditions

Aim: Development of a team of Mental Health Practitioners to work alongside Central locality Practices to provide case management of patients with complex mental health needs or a particular vulnerability.

Quality and patient experience: This scheme has a specific patient experience focus – providing better care co-ordination and support for vulnerable people with mental health conditions and their families, giving improved support to patients in crisis or following A&E attendances, and signposting to supporting services beyond health care (voluntary sector, housing, etc).

Funding requirements: Funding is requested to employ up to 8 x Mental Health Practitioners who will work across the Central locality supporting Practices, along with an amount for clinical supervision and training. Funding will only be released (suggested on a monthly or quarterly basis) on submission of invoices for staff that have been recruited and are in post.

Mobilisation and delivery: There is a degree of risk around Central locality's ability to recruit and mobilise 8 Mental Health Practitioners within the 2018/19 financial year, but this risk and the ability to evidence outcomes lies with the Practices themselves. However, even if a smaller number of Mental Health Practitioners can be recruited and prove the concept that this service delivers benefits to patients and the system, it feels right to support this scheme in principle and monitor investment against delivery as the scheme progresses.

Overall impact: As described above, the delivery of benefits is largely dependent on recruitment and development of the team of Mental Health Practitioners, but if this goes to plan there will undoubtedly be improvements to patient experience, a reduction in whole system costs, and an added benefit to General Practice directly through freeing up GP appointments (it is suggested that up to a third of GP appointments could be managed by a Mental Health Practitioner or Counsellor).

Project 3 – Development of a Learning Disability Support Team (as part of Complex Care and Vulnerable Adults Programme of Care)

Aim: To co-produce with the registered Learning Difficulties patient population and York CVS, a healthcare service that is accessible and appropriate to their specific needs. This will require collaboration across all providers in the Central locality and specifically the Learning Difficulties services, Community Nurses, Social Services, York CVS and the Community Response and Integrated Care Teams.

Quality and patient experience: This project aligns well with key CCG strategic priorities around improving services for Learning Difficulties/Disabilities patients. Improving access will Increase the number of health checks completed for Learning Difficulties patients with the aim of improving health outcomes. Specific goals are to reduce late cancer presentations, improve screening uptake rates and reduce early mortality.

Funding requirements: Funding is requested to employ 2 Practice Nurses, 0.75 WTE Support Manager for Learning Difficulties care co-ordination, and setup costs for a single point of access service. Funding will only be released (suggested on a monthly or quarterly basis) on submission of invoices for staff that have been recruited and are in post.

Mobilisation and delivery: Staffing requirements are fairly straightforward, so this service should be relatively quick to mobilise and develop a new pathway that improves the identification and coding of patients with learning difficulties. This will increase the number of patients benefiting from the improved service. Any risk around on-going funding of staff sits with the Practices.

Overall impact: Although no direct cash-releasing benefits are described in the plan-on-a-page, there are undoubtedly other system benefits from this project including improvement of Central locality Learning Difficulties QOF prevalence to the North Yorkshire average in phase 1 and the regional average in phase 2, subject to segment analysis – and from a patient quality perspective, an increase the number of health checks completed for Learning Difficulties patients. As this is not a direct cash-releasing scheme, benefits will need to be presented in order for recurrent funding to be considered.

Project 4 – Complex older patients at risk of hospital admission due to falls

Aim: The aim of this project is for Central locality Practices to work with BeIndependent, who are a provider of Telecare solutions, to help to proactively support patients in their own homes who are at risk of falls. The project is intended to help people remain independent in their own homes, and provide a rapid and

effective response to any patients who do experience a fall, with a view to helping to avoid unnecessary hospital attendances/admissions. Initial caseload will be 175 patients, with City of York Council supporting an additional 100 patients within the terms of the current BeIndependent contract.

Quality and patient experience: Strong quality theme in terms of proactively identifying and supporting frail elderly patients who are at risk of falls in order to help them maintain their independence. Also links into the BeIndependent home monitoring and first call service which offers additional support to people in their own homes (mixture of Local Authority and self-funded). Development of a service that provides more effective first response to people who fall in their homes. Each patient on the caseload will receive a routine 12 weekly wellbeing visit with an opportunity to signpost to Voluntary Sector or Social Prescribing support.

Funding requirements: Funding is requested for a combination of clinical advice and management time, administrative resource to manage delivery, development of a training programme and some IT equipment to facilitate remote support and training. Costs include the ability to provide the BeIndependent service to an additional 175 self-funding patients as a 3 month trial. City of York Council has offered to part-match the investment by offering 100 further places on the BeIndependent scheme. Funding will only be released (suggested on a monthly or quarterly basis) on submission of invoices for staff that have been recruited and are in post, or existing staff resource that invoices for work completed.

Mobilisation and delivery: Initially 1 Practice Nurse appointment is required to start the case-finding process, so mobilisation should be fairly rapid, with official kick off with key partners scheduled for Apr/May. The team is planning to recruit maximum numbers of patients by August 2018, so will have 7 months running at capacity to evidence the impact of the service. It is assumed that the training programme will be developed at the start of the year.

Overall impact: Much of the cash-saving return on investment is predicated on hospital attendance/admissions avoidance and a reduction in ambulance activity, and there are definite opportunities to co-ordinate services across the system to proactively manage more patients at home, improve system flow, and reduce system costs. An additional key benefit is the saving of GP/appointment time as this service is scaled up – it is suggested that in its current form, the BeIndependent service may reduce demand on GP time by up to 15% which would equate to over 3,000 hours of appointment time per year. Expanding this service further across the Central locality could have a significant effect on releasing GP time.

3. Summary of North Locality Plans

7 Practices, total raw population = 34,812 (April 2018 figures)

Development of North Integrated Care Team (NICT)

Aim: To further develop and expand a ‘North Integrated Care Team’ (NICT) which has oversight of all the admissions and discharges to/from York Teaching Hospitals NHS Foundation Trust (YTHFT) on a daily basis for North locality patients - and can

then effectively treat, manage and refer on as appropriate. A dedicated team will review and identify patients who are already known to the services, who have been in or out of hospital or social care recently, or who are at first presentation to the health and care system but may need support. The patients will be identified via case finding mechanisms on the Primary Care systems and the daily admission/discharge lists provided by YTHFT, or by recommendation from any other related system partner who has a concern, e.g. housing support, the Fire Service, etc.

Quality and patient experience: Strong quality theme in terms of proactively identifying and supporting frail elderly patients and co-ordinating health and care services to improve services. The NICT will have a positive impact on proactive discharge planning, enabling patients to get home from hospital more quickly, and will support patients to remain safe and independent in their own homes.

Funding requirements: Funding is requested to employ 1 x WTE Band 4 Care Co-ordinator, and 3 x WTE Band 3 Healthcare Assistants. Funding will only be released (suggested on a monthly or quarterly basis) on submission of invoices for staff that have been recruited and are in post.

Mobilisation and delivery: Some service provision already in place, and the funding will enable the North locality to build on this. Staffing requirements are fairly straightforward, so this service should be relatively quick to mobilise. The scheme will benefit the entire locality immediately - the care co-ordinator role covers all the existing Practice populations and individual Band 3 generic support workers will work alongside existing Practice and community teams in the different areas. Any risk around on-going funding of staff sits with the Practices.

Overall impact: System savings are predicated on a decrease in excess bed days, and a decrease in unplanned attendances. Based on the York Integrated Care Teams work, which is already well established, the NICT is confident that it can contribute to a reduction in hospital demand, and deliver a return on investment of over 2:1.

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Item Number: 11

Name of Presenter: Dr Kevin Smith

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 May 2018

NHS
Vale of York
Clinical Commissioning Group

Patient Enquiry via Healthwatch regarding Unity Health Closure of Sites

Purpose of Report
To Receive

Reason for Report

To provide the Primary Care Commissioning Committee with information and assurance relating to a patient enquiry (via Healthwatch) regarding the closure of two of Unity Health's sites and the opening of the new Kimberlow Hill Surgery.

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 Director of Primary Care and Population Health	Shaun Macey Head of Transformation & Delivery

PRIMARY CARE COMMISSIONING COMMITTEE: 22 MAY 2018

1. Background

On 23 March 2018, the CCG was contacted by Healthwatch who had been approached by a member of the public who has asked them to raise an item with the CCG's Primary Care Commissioning Committee.

The query is as follows:

"We've been approached by a member of the public who has asked us to raise an item with this committee. As such, I am copying in our representative on the committee, Kath Briers. They wrote raising concern about the failure of Unity Health to provide information about the closure of sites and the opening of the new Campus East Health Centre. They are very upset that elderly and vulnerable residents have not been consulted about the potential impact of these changes, and concerned that due to this failure their needs may not be met".

2. CCG Response

The CCG maintains that appropriate process has been followed by Unity Health in relation to the development of the new Kimberlow Hill Surgery, and the associated closure of the Practice's Hull Road and University Campus sites. With reference to patient engagement and consultation, the CCG believes that the Practice has made appropriate efforts to involve patients.

The business case for the new development at Kimberlow Hill was largely driven by the University indicating that the Practice's tenancy at the Campus site would not be renewed, together with an acknowledgement that the Hull Road premises were becoming increasingly unsuitable for the delivery of modern General Practice services.

The CCG has been supportive of Unity Health's plans around the development of the new Kimberlow Hill site (to replace both the Campus and Hull Road sites) on the basis that the Practice has clearly articulated a commitment to:

- Improving access to Primary Care services
- Meeting changing patient needs
- Developing and providing new treatment options
- Developing partnerships with other health and care providers
- Developing and investing in preventative healthcare
- Working to deliver integrated out-of-hospital care

On 26 April 2016, the CCG and Unity Health presented a paper to the York Health and Adult Social Care Policy and Scrutiny Committee which explained that:

Unity Health's concerns are reinforced by NHS Property Services who have confirmed that the Practice is the most in need of additional floor space, by a significant margin, across the CCG's total of 29 Practices. The Hull Road premises are also considered to have a low functional suitability, with poor access for disabled patients and limited capacity for improvement/development.

This paper also included, as an annex, information on the Hull Road Surgery public consultation event which was held at St Thomas's Church, Osbaldwick, on Friday 15 April 2016. This event was extremely well attended by the public.

In addition, the CCG understands that Unity Health has a very active patient involvement group and has undertaken various exercises with this group associated with the new development.

More recently, Unity Health held an opening event for the new Kimberlow Hill premises which was attended by over 100 patients, and the Practice has made extensive efforts to advertise the changes to its premises via posters and its web site.

Item Number: 12

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 May 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

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
May 2018

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

15 May 2018

1. Contractual Issues

1.1 Outcome of GMS 2018/19 Contract Negotiations

The NHS England letter (Appendix 1) confirms the outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) on amendments that will apply to GP contracts in England in 2018/19.

The key principles agreed are:

• Full implementation of NHS e-Referral Service (e-RS) from October 2018

• Amendment of Regulations to support introduction of phase 4 of the Electronic Prescription Service (EPS)

• Replacement of the National Quality Requirements (NQR) with new Key Performance Indicators (KPIs)

• A commitment to work together to support further use of NHS 111 direct booking into GP practices

• Agreement that practices must not advertise private providers of GP services where that service should be provided free of charge on the NHS.

1.2 Third Next Appointment

In October 2017, NHS England commissioned the North of England CSU to collect third next appointment data from each general practice in England in order to better understand waiting times in general practice as well as quantify the pressure general practice is under. The data collected has been used to give an indication of the amount of time in days a patient would theoretically need to have waited for an appointment at the time a booking was made. A second collection was commissioned for March 2018. Any findings will be shared with the CCG once they're made available by NHS England.

1.3 Dispensing Services Quality Scheme (DSQS)

DSQS is an annual scheme that rewards Practices for providing high quality services to their dispensing patients. 15 GP Practices (of the 17 dispensing Practices) signed up to the scheme in 2017/18 and all successfully met the criteria.

B82081	Elvington Medical Practice
B82026	Haxby
B82073	South Milford
B82079	Stillington
B82041	Beech Tree Selby
B82071	Old School, Copmanthorpe
B82080	My Health Group Strensall
B82002	Dr R Westerman & Partners, Easingwold
B82018	Escrick
B82064	Tollerton
B81036	Pocklington Group Practice
B82074	Posterngate
B82033	Pickering
B82031	Sherburn Group Practice
B82105	Tadcaster Medical Centre

1.4 East Parade Medical Practice (B82103)

The Practice notified the CCG and NHS England of the following change in partners and status of their GMS contract.

- 1st March 2018 – Dr Andrew Murray took on Dr Mark Roman as a partner. The contract became a partnership rather than a sole provider
- 1st April 2018 – Dr Andrew Murray left the partnership. The contract was held by Dr Mark Roam as a sole provider
- 1st May 2018 – Dr Mark Roman took on Dr Andrew Murray as a partner. The contract became a partnership rather than a sole provider
- 31st May 2018 – Dr Mark Roam will leave the partnership. The contract will be held by Dr Andrew Murray.

1.5 Assurance of General Practice

Following the collation of the results from the 2017/18 annual electronic GP Practice self-declaration CCGs have been notified by NHS England of any Practices who are regularly closed for half a day, an extended period on any day or a significant number of hours across the week. The report received by NHS England regarding Vale of York CCG Practices indicated the following;

- Terrington Surgery declared that they are routinely closed for at least half a day a week.
- East Parade Medical Practice did not declare they were closed for ½ a day a week but their return suggested that they are routinely closed for a significant number of hours during the week; this has been defined as 45 hours or less per week.
- Tollerton Surgery did not declare they were closed for ½ a day a week but their return suggested that they are routinely closed for a significant number of hours during the week; this has been defined as opening for less than 7.5 hours on any given day.

The CCG have asked each Practice to complete a pro forma provided by NHS England in order to gain assurance the needs of patients are being met. The returns will be reviewed by the CCG once received and a further update provided at the next Committee.

1.6 NHS England Directed Enhanced Services

NHS England - North Yorkshire and the Humber Local Team have offered the 2018/19 Directed Enhanced Services out to GP Practices via CQRS. The services available for this year are as follows

- Learning Disabilities
- Minor Surgery
- Extended Hours
- Out of Area Registration

The CCG will review this year's sign up as well as last year's activity to understand where services aren't being provided and follow up with individual or neighbouring Practices to see where those gaps can be filled.

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.

2.2 GP Retention Scheme

At the last Primary Care Commissioning Committee a paper was presented and discussed regarding the GP Retention Scheme, a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The paper asked for the Committee to support the recommended approval process for any applications received by the CCG. The paper also explained that a Retained GP could remain on the scheme for 5 years with an annual review undertaken by Health Education England. What hadn't been appreciated at the time of the report was that the CCG would be asked to annually re-approve the GPs position on the scheme over the 5 year period. The re-approval process that the CCG will follow will be the same as approving any new applications on to the scheme.

3. Other

3.1 Pharmaceutical Needs Assessment

The North Yorkshire Pharmaceutical Needs Assessment for the period 2018-2021 has now been published and can be found using the following link

https://cpny.co.uk/resources/pharmaceutical-needs-assessments/

The York Pharmaceutical Needs Assessment for the period 2018-2021 has now been published and can be found using the following link

http://www.healthyork.org/

The Committee are asked to note the NHSE update

Gateway Reference 07813

To: Directors of Commissioning,
Regional heads of Primary Care
Heads of Primary Care
CCG Clinical Leads and Accountable Officers

Strategy and Innovation Directorate
NHS England
Quarry House
Quarry Hill
Leeds
LS2 7UE

20th March 2018

Dear Colleague

OUTCOME OF 2018/19 GMS CONTRACT NEGOTIATIONS

This letter confirms the outcome of the contract negotiations between NHS Employers (on behalf of NHS England) and the BMA's General Practitioners Committee England (GPC) on amendments that will apply to GP contracts in England in 2018/19.

The key principles agreed are:

- Full implementation of NHS e-Referral Service (e-RS) from October 2018
- Amendment of Regulations to support introduction of phase 4 of the Electronic Prescription Service (EPS)
- Replacement of the National Quality Requirements (NQR) with new Key Performance Indicators (KPIs)
- A commitment to work together to support further use of NHS 111 direct booking into GP practices
- Agreement that practices must not advertise private providers of GP services where that service should be provided free of charge on the NHS.

The contract agreement is part of our continued investment in general practice which will rise to over £12 billion a year by 2020/21 as set out in the General Practice Forward View (GPFV). We have made significant progress to date on increasing investment in general practice from our very first year of operation. In 2012/13, the last year before we took on responsibility for commissioning General Practice, investment was £8.460 billion and by 2016/17 this had increased by over £1.74 billion to £10.204 billion.

As last year, we will now work with NHS Employers and GPC to develop more detailed guidance where appropriate, on all of the agreed changes which are provided in annex A.

The NHS Employers contract website www.nhsemployers.org/gms201819 provides details of the agreement and we will be updating this and NHS England's dedicated GP contracts page https://www.england.nhs.uk/gp/gpfv/investment/gp-contract/ with details of the 2018/19 guidance, in time for these new arrangements to take effect from 1 April 2018.

Given the timing of this announcement, we will be implementing some of these changes from October 2018. These are:

- NHS e-Referral Service (e-RS)
- EPS phase 4
- OOH Key Performance Indicators (KPIs)
- Minor changes to the violent patients arrangements
- A requirement that practices that have not achieved a minimum of ten per cent of patients registered for online services will work with NHS England to help them achieve greater use of online services.

Further guidance along with standard contract documentation will be available from October 2018. Please ensure that this letter is distributed to all relevant people within your teams.

Yours faithfully

Ed Waller
Director
New Business Models and Primary Care Contracts Groups

Annex A

Key changes to GP contracts for 2018/19

Contract uplift and Expenses: summary

We have agreed an investment of £256.3 million for 2018/19 which is an overall contract uplift of 3.4%.

This incorporates a one percent uplift to pay and a three percent uplift to expenses in line with consumer price index inflation from 1 April 2018 and the increase also covers:

Details	Amount (£ millions)	Comments
Uplift of pay and expenses	102.9	Based on DDRB formula and latest OBR inflation forecast for CPI
Volume increase cost	59.7	NHS England estimate based on ONS population projections
Locum reimbursement	0.4	Locum allowances for sickness, maternity, paternity and adoption leave increased by 1%
Indemnity	60.0	Payments made directly to practices based on registered patients at £1.017 per patient
QOF CPI adjustment	22.3	Value of QOF point increased from £171.20 to £179.26
V&I Item of Service (IoS) fee	0.9	Uplift to IoS fee for nine V&I programmes from £9.80 to £10.06
Electronic Referrals System	10.0	Non-recurrent payment made directly to practices based on number of weighted patients at £0.170 per patient
Total	**256.3**	**An overall 3.4% increase**

The on-going reinvestment of eroded Seniority payments as applied in 2014/15 and Minimum Practice Income Guarantee payments as applied in 2013/14 will be added to the global sum allocation with no out-of-hours (OOH) deduction applied.

A further uplift may be made following the Government's response to any recommendations by DDRB

The changes to key figures, such as Global Sum, Out of Hours adjustment and the value of a QOF point are set out in annex B.

Indemnity costs

We have agreed a non-recurrent investment of £60 million, based on unweighted patient numbers, to be paid before the end of March 2018 to cover the increased costs of indemnity for the year 2017/18.

This follows on from the £30m paid towards indemnity costs in March 2017. This payment is being made centrally by NHS England, there is no action for delegated CCGs or for NHS England local teams in areas where CCGs do not have delegated commissioning responsibility. These central payments will be accounted for on Regional Local Team cost centres funded by extra allocations provided from central underspend for 2017/18.

Contractual changes (to come into force in October 2018)

Electronic prescription service (EPS)

The relevant Regulations will be amended to allow an initial phase of implementation to support a planned roll-out during 2018/19. The pharmaceutical Regulations will need to be amended to cover all pharmacists as patients may go outside of the area to get their prescription. The initial phase of implementation is yet to be decided but it is anticipated to include a limited selection of practices at this stage.

It will be important to learn the lessons from the initial phase to ensure that issues identified are resolved, to enable practices to be properly supported where they have implementation challenges. An NHS patient awareness campaign (including resources for practices to manage patient concerns) will be undertaken to ensure patients are aware of the changes and to reduce any burden on practices in this regard.

We have agreed that there must be a local fall-back process if the system is not operational.

NHS e-Referral Service (e-RS)

The national e-RS programme continues to support local systems in near 100% delivery of e-RS by October 2018. Latest utilisation figures are 62 per cent for December 2017. This 62% figure masks large differences between local areas and between practices. Programme resources are supporting these areas with their local project delivery. Some, but not all providers are ready and all have plans in place. From now until October the e-RS team will work closely with clinical commissioning groups (CCGs) and GPs to target support for primary care and practices.

Where there are concerns from local GPs, the e-RS team will meet with them, to understand those concerns and jointly develop and deliver action plans to address any issues. In addition, the national e-RS implementation team is working on national products to raise awareness and understanding of e-RS. These include guidance which has been co-created with the GPC, as well as videos and training materials, that will outline the different ways practices can implement e-RS including what support can be given by other members of the practice team.

The target for this programme is to have all CCGs and trusts using e-RS for all their practice to first, consultant-led, outpatient appointments from October 2018, and to have switched off paper referrals.

Where paper switch off has been achieved, practices will be expected, through a contractual change, to use e-RS for these referrals from October 2018. Where a practice is struggling to use e-RS, there will be a contractual requirement to agree a plan between the practice and CCG to resolve issues in a supportive way as soon as possible.

Overall, NHS England's approach to e-RS implementation will be a supportive one with any contractual action being a last resort. Practices will not be penalised if e-RS is not fully implemented in their locality, for example, where services are not available to refer into or IT infrastructure is incapable of delivering an effective platform.

NHS England and GPC England are committed to work together to continuously improve the referral process and to deliver an ever more efficient and effective system that minimises workload for the practice. NHS England will work with GPC to conduct a post-implementation review to identify implementation challenges, including any workload savings or burdens, and this will inform the next round of contract negotiations.

We have agreed a non-recurrent investment of £10 million for 2018/19, distributed directly to practices and based on weighted patient numbers, to support the full transition to 100% e-Referrals. These payments will be made by NHS England, there is no action for CCGs or NHS England local teams in areas where CCGs do not have delegated commissioning responsibility. These central payments will be accounted for on Regional Local Teams cost centres and extra allocations provided from central underspend for 2017/18.

Violent patients (VP)

We recognise that regulations already allow practices to refuse registration where there are reasonable grounds for doing so. We accept that a "VP flag" against a patient record would constitute reasonable grounds.

We also agree that the Regulations should be amended to allow a practice which has mistakenly registered a patient with a "VP flag" to be able to deregister that patient by following the same procedures for removing patients who are violent from a practice list,

If a patient is removed under the violent patient provisions further care will be managed in line with agreed national policies, including where appropriate special allocation schemes and specify this in guidance (with links to the national policy).

OOH key performance indicators (KPIs)

The National Quality Requirements (NQR) will be replaced with new KPIs. We will work with GPC to test the new indicators and thresholds with the intention of amending the Regulations by October 2018 when reference to the NQR will be replaced with a reference to the new urgent care KPIs.

Patient access to online services

Practices that have not achieved a minimum of ten per cent of patients registered for online services will work with NHS England to help them achieve greater use of online services.

Changes to the Statement of Financial Entitlements

Vaccinations and immunisations (V&I)

We have agreed an uplift to the IoS fee for the following programmes, from £9.80 to £10.06, from 1 April 2018:

- Hepatitis B at-risk (new-born babies)
- HPV completing dose
- Meningococcal ACWY freshers
- Meningococcal B
- Meningococcal completing dose
- MMR
- Rotavirus
- Shingles routine
- Shingles catch-up

The IoS fee for the following programmes isunchanged at £9.80 per dose:

- Childhood seasonal influenza
- Pertussis
- Seasonal influenza and pneumococcal polysaccharide

The payment for pneumococcal PCV will remain at £15.02.

In addition to these increases to the IoS fee, we have agreed the following V&I programme changes from April 2018:

- Hepatitis B (newborn babies) – programme name changed to Hepatitis B at-risk (newborn babies). Vaccine changes and number of recommended doses reduced to three, therefore the payment of the second dose has now been uncoupled from the third dose. This was an in-year change effective 30 October 2017, included for completeness.
- MenACWY 18 years on 31 August – programme removed.
- Meningococcal completing dose – cohort extended to include eligible school leavers previously covered by the 18 years programme. The eligibility is now 1 April 2012.
- Meningococcal B – programme moved in to the SFE, but is not included in the childhood targeted programme (Annex I of the SFE). There are no changes to eligibility of payment requirements.
- Pneumococcal PCV three-month dose – removed from the targeted childhood programme, the date this change is effective from will be confirmed. The funding

for the remaining dose will remain at £15.02.

The following programmes will roll forward unchanged:

Programmes in SFE
- Shingles routine programme for 70-year olds
- MMR over 16-year olds
- HPV completing dose for girls 14-18 years
- Rotavirus
- Pertussis.

Programmes with service specifications
- Shingles catch-up for 78 and 79-year olds
- MenACWY freshers
- Childhood influenza 2 and 3-year olds
- Seasonal influenza and pneumococcal polysaccharide.

Quality and Outcomes Framework (QOF)

The average practice list size (CPI) has risen from 7,732 as at 1 January 2017 to 8,096 at 1 January 2018. As such, the value of a QOF point will increase by £8.06 or 4.7 per cent from £171.20 in 2017/18 to £179.26 in 2018/19.

QOF indicators continue unchanged with the exception of a minor change to the clinical codes that make up the register for learning disabilities. As such, the indicator ID had changed from LD003 to LD004. See QOF FAQs[1] on the NHS Employers website for further details.
No indicators have been removed and there are no changes to thresholds.

Locum reimbursement

We have agreed to uplift the maximum figure practices can be reimbursed for locum costs by 1%, We also have agreed to simplify locum reimbursement for parental leave and sickness absence. From 1 April 2018, if a contractor chooses to employ a salaried GP on a fixed-term contract to provide cover, NHS England will reimburse the cost of that cover to the same level as cover provided by a locum, or a performer or partner already employed or engaged by the contractor.

Further agreed principles
Advertising

NHS England and GPC agree that NHS-commissioned practices must not advertise private providers of GP services which the practices should be providing free of charge on the NHS. GPC and NHS England will work together, supporting the local CCG and LMC, to ensure this does not happen. If necessary, this will be reinforced by a contractual clarification for 2019/20.

[1] NHS Employers. FAQs. http://www.nhsemployers.org/your-workforce/primary-care-contacts/general-medical-services/faqs-and-queries

Direct booking

Over the next year, GPC and NHS England will work together to support further use of 111 direct booking where agreed with practices, to fully evaluate benefits and address any concerns about its implementation and potential consequences. Lessons learned, and the solutions reached, will inform a discussion in the 2019/20 contract negotiations.

Working at scale

GPC and NHS England agree on the importance of providing support to practices that wish to develop integrated and at-scale[2] models of primary care, building on the GMS contract and designed both to provide benefits to patients and greater resilience for practices. We will work collaboratively on this issue.

Cost recovery for overseas visitors

In the 2017/18 GMS agreement, contractual changes were made to help identify patients with a non-U.K. issued European Health Insurance Cards (EHIC) or S1 form. These changes have yet to be fully implemented, in terms of IT systems and the workload and practical impact have yet to be fully understood. We have agreed that we will review the implementation of this agreement in the 2019/20 negotiations.

In the meantime, we have agreed to issue joint guidance recommending that where appropriate, practices remind patients that they might be charged for NHS services outside the practice and to make available to patients the nationally produced literature on this.

GMS digital

We have agreed to build on the work of recent years to develop high quality secure electronic systems and pro-actively encourage patients and practices to use them. The changes that we have agreed for 2018/19 will be taken forward through non-contractual working arrangements which we will jointly promote in guidance.

Electronic repeat dispensing
We have agreed to promote continued uptake of electronic repeat dispensing to a target of 25 per cent, with reference to CCG use of medicines management and co-ordination with community pharmacy.

Patient access to online services and clinical correspondence
We have further agreed non-contractual changes to joint guidance that will promote uptake of patient use of one or more online services to 30 per cent including, where possible, applications to access those services and increased access to clinical correspondence online.

[2] https://www.england.nhs.uk/deliver-forward-view/

Cyber and data security
Building on the work of the 2017/18 agreement, practices are encouraged to complete the NHS Digital Information Governance toolkit (IGT), including adherence to requirements, and attain Level 2 accreditation.

Building on the work of the 2017/18 agreement, practices are encouraged to implement the National Data Guardian's (NDG) 10 data security standards.

GP data

GPC and NHS Digital will work together to develop a framework for the delivery of a new general practice data service to replace General Practice Extraction Service (GPES). The new service will improve capacity and functionality, reduce cost burdens and ensure data collection is appropriate and meaningful. It is anticipated that any new system will be operational from 2019/20 at the earliest.

Practice appointment data

GPC, NHS England, NHS Digital and system suppliers will work together to facilitate appropriate collection, analysis and use of anonymised, standardised appointment data, to better understand workload pressures in general practice. We will also work together to contextualise data where possible, to ensure data is appropriately interpreted and used.

Diabetes

CCGs should ensure appropriate and funded services are in place, to allow practices to refer patients to the NHS Diabetes Prevention Programme (NHS DPP). We encourage practices to make use of such services when appropriate for their patients.

Social prescribing

CCGs will develop and provide funding for appropriate local social prescribing services and systems, with input from local practices and LMCs enable practices to refer patients to local social prescribing 'connector' schemes within the voluntary sector, where they exist in their locality. This may include patients who are lonely or isolated, have wider social needs, mental health needs or are struggling to manage long-term conditions. Practices will be encouraged to use such services to enable patients to connect to community support, improve prevention, address the wider determinants of health and increase their resilience and ability to self-care.

Sharing of information with partners

We recognise the important role that social care providers have in the provision of care for patients. We therefore encourage practices to share relevant information with social care providers, subject to the usual safeguards including confidentiality, where systems and/or procedures are in place to do so appropriately.

Freedom to speak up

In November 2016 NHS England published guidance on freedom to speak up in primary care. We have agreed that we will work together to determine the most effective way of introducing an appropriate and agreed system for general practice. We would aim to implement this no later than 1 April 2019.

Locum data

GPC, NHS England and the DH will work together to improve data on locum usage by undertaking a piece of research with a sample of practices. These parties, as well as the BMA's sessional GPs subcommittee, will work together from the outset on the design, analysis and outcomes of the study.

Reducing the administrative burden

GPC, NHS England the DHSC will work together to take urgent steps to reduce the administrative burden in general practice, taking into account issues highlighted in the GPC's 'Urgent prescription for general practice' and 'Saving general practice'.

Hepatitis B (HepB) renal

NHS England will work with specialised commissioning and secondary care colleagues, to ensure that it is clear the responsibility to deliver HepB vaccinations to renal patients lies with the renal service and not with general practice unless locally agreed arrangements are in place to deliver this service.

HepB medical students

GPC, NHS England and Health Education England (HEE) will work together to ensure all medical schools provide services for the provision of HepB vaccinations for medical students, to ensure that this burden does not fall to practices without appropriate funding arrangements being in place.

Directed Enhanced services (DESs)

The learning disabilities health check scheme will continue unchanged with the exception of a minor change to the clinical codes that make up the register. All other DESs are unchanged.

Premises Costs Directions

Changes to the 2013 Premises Cost Directions have recently been agreed between NHS England and GPC England.

We recognise that there is a need to undertake a review of premises used to provide primary medical care in England. This review (to begin by the early summer of 2018) will also address some outstanding issues from the review of the Premises Costs

Directions and stakeholders, including regional teams and CCGs will have the opportunity to feed into these discussions.

It is likely to take six months and will make recommendations on next steps as soon as possible. The recommendations will be taken into account in any further national premises negotiations.

Annex B

Changes to key number in 2018/19

Section 1: Key contract figures

Figure	2017/18	2018/19
Value of QOF point	£171.20	£179.26
Global Sum price per weighted patient	£85.35	£87.92
Out of Hours adjustment	4.92%	4.87%

Section 2: Locum allowances

Maternity / Paternity / Adoption allowance	2017/18	2018/19
First Week	£1,131.74	£1,143.06
Subsequent weeks	£1,734.18	£1,751.52

Sickness	2017/18	2018/19
Ceiling amount	£1,734.18	£1,751.52

						Progress			
GPFV	**High Impact Action (HIA)**	**Summary**	**Year**	**Funding**	**Deadline**	**North Locality**	**Central Locality**	**South Locality**	**Year End Position**
Improving Access in General Practice	5 Productive Workflows	Plan delivery of extended access as per the requirements in the refreshed Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision to 100 % of the population by October 2018. Reinforce links into locality programmes - and the wider agenda around the development of Urgent Treatment Centres. Planning guidance states procurement required.	2018/19	£6.00 per head	Oct-18	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.			Paper currently awaiting procurement review being undertaken, exercise to review options for securing a service to include a review procurement legislation - paper to exec was taken and agreed would pilot then procure and would support a PIN - agreement to fund Anna Bourne for the Procurement process. A draft specification to go to PCCC for the principles around localitites to decide if there is a single provider to cover or 3 seperate providers to cover the 3 localities.
	7 Partnership Working		2019/20	£6.00 per head	Mar-19	All 3 localities - Improving Access Patient Survey went live in Jan 2018			
Reception & Clerical Training	1 Active Signposting	Funding for training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence. This innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most Practices.	2016/17		Mar-19	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			Various schemes with federation and locality based approaches, all Schemes approved and signed off. As yet not had confirmation of available funding for 18/19, when confirmed prior to agreeing the process for allocation for 18/19 a review to be conducted and baseline assesment of where all practices are at to take a more targeted approach of scheme priorities.
	4 Develop The Team		2017/18	£ 61,000					
	6 Personal Productivity		2018/19	£ 61,000					
Clinical Pharmacists	4 Develop The Team	NHS England is inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety.	2017/2018	£ -	Mar-20	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 coevered under the scheme. Discussions with NHS England around these options are on going			4 Clinical Pharmacists in place covering a populattion of 127,46. Scheme not progressed within the South Locality looking at options available for Posterngate Surgery to be able to contine within the Scheme there maybe an option in alinging with a new clinical Pharmacist scheme, awaiting further guidance from NHSE.
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 and current existing schemes are being developed with a view to PIDS being submitted in June.
	5 Productive Workflows	Funding to support Practices to develop resilience in the following areas: Support for Practices having difficulties with recruitment Support for support Practice mergers Support for organisational development	2016/17	£ 29,000		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			

Resillience Funding	10 Develop of QI Expertise	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	2017/18	£ 49,740	Mar-18	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.	9 Schemes have been supported and approved with reimbursement to a value of £51,980. Awaiting confirmation from NHSE of the scheme going forward in 18/19 and the processes and requirements of assessing any future18/19 funding.
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	Sarah Kocinski will be managing this programme on a day to day basis. Embed has stated that there are currently 6 practices below 20% expectation - working with practices and attending a workshop in Leeds on the 23/4 to see how we can best help support these practices.
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.
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	198 planned Broadband lines to be installed with 54 completed, currently Embed are 25% below target. Delays have been caused due to nationwide demand on the PA WiFi Programme causing issues to all Suppliers. Embed had addresses issues with their supplier and are on track to complete all installations by the end of May 2018.
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.	NHSE completed Procurement - new provider is Wiggly amps, package is called Engage Consult - 10 Practices wishing to go live 18/19, covering population of 230,000. Awaiting further NHSE guidance, STP Project Manager has been appointed to support roll out.
	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	South Localty and LMC Schemes have been supported, requested updates from the schemes around delivery.
			2017/18	£ 8,846		Commission the LMC to deliver a training programme around effective Practice Management and GDPR.	
Edenbridge	5 Productive Workflows	Opportunity to become part of an early access programme to Edenbridge Apex - Business Intelligence tool that plugs into the Clinical System to enable Practices to better understand	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	Development of workforce toolkit is being reviewd by NHSE - live in 11 Emis practices

Workforce Tool	10 Develop QI Expertise	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	Health, Sherburn, Tollerton, Stillington, Dalton Terrace, Milfield, Unity)	
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.		£ -		There are currently 7 GPs employed by Practices under the GP Retainer Scheme all doing 4 sessions per week.	In line with committees last request - practices are being reminded to seek approval from CCG in a timely manner