NHS
Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

27 March 2018, 9am to 11am

Please note start time

George Hudson Boardroom, 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. 9.10	Verbal	Welcome and Introductions		
2.	Verbal	Apologies		
3.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
4. 9.15	Pages 3 to 12	Minutes of the meeting held on 24 January 2018	To Approve	Keith Ramsay - Chair
5. 9.20	Verbal	Matters Arising		All
6. 9.25	Pages 13 to 18	Primary Care Commissioning Financial Report 2017/18 and Draft Financial Plan 2018/19	To Receive	Tracey Preece – Chief Finance Officer
7. 9.50	Verbal	General Practice Visits and Engagement Update	To Note	Dr Kevin Smith – Executive Director of Primary Care and Population Health
8. 9.55	Verbal	Primary Care Assurance Report: Update	To Note	Shaun Macey – Head of Transformation and Delivery
9. 10..00	Pages 19 to 22	Prescribing Indicative Budgets: Update	To Receive	Dr Kevin Smtih – Executive Director of Primary Care and Population Health

10. 10.10	Pages 23 to 31	Local Enhanced Services 2018/19	To Approve	Dr Kevin Smith – Executive Director of Primary Care and Population Health
11.	Deferred	Nimbus and Central Locality Bids for 2017/18 and 2018/19 PMS and £3/head monies		Dr Kevin Smith – Executive Director of Primary Care and Population Health
12. 10.40	Pages 33 to 37	GP Retention Scheme	To Approve	David Iley, Primary Care Assistant Contracts Manager, NHS England
13. 10.50	Pages 39 to 43	NHS England Primary Care Update	To Receive	David Iley, Primary Care Assistant Contracts Manager, NHS Engl*and*
14. 10.55	Verbal	Key Messages to the Governing Body	To Agree	All
15. 11.00	Verbal	Next meeting: 9.30am, 22 May 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 24 January 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
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Heather Marsh (HM)	Head of Locality Programmes, NHS England (Yorkshire and the Humber)
Tracey Preece (TP)	Chief Finance Officer
Dr Kev Smith (KS)	Executive Director of Director of Primary Care and Population Health

In Attendance (Non Voting)

Laura Angus (LA) – for item 9	Lead Pharmacist
Kathleen Briers (KB)	Healthwatch York Representative
Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Shaun Macey (SM)	Head of Transformation and Delivery
Michèle Saidman (MS)	Executive Assistant

Apologies

Phil Mettam (PM)	Accountable Officer
Dr Andrew Phillips (AP)	Joint Medical Director
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Sharon Stoltz (SS)	Director of Public Health, City of York Council.

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

There was one member of the public in attendance.

No questions had been submitted in advance of the meeting.

The agenda was discussed in the following order.

1. Welcome and Introductions

KR welcomed everyone to the meeting.

2. Apologies

As noted above.

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

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 22 November 2017

The minutes of the meeting held on 22 November were agreed.

The Committee

Approved the minutes of the meeting held on 22 November 2017.

5. Matters Arising

PCCC25 Matters Arising – Primary Care Assurance Report: This was agenda item 6 below and was also on the agenda of the Part II meeting immediately following the meeting in public.

PCCC27 General Practice Visits and Engagement – Briefing Summary: KS reported that the Primary Care and Population Health Team had had its first meeting the previous day and was reviewing the approach to Practice visits.

The other matter arising was scheduled for the March meeting although was also on the agenda at item 9.

The Committee:

Noted the updates.

6. Primary Care Commissioning Financial Report

TP presented the report which provided information on financial performance of primary care commissioning as at month 9. She explained that the overall year to date position was a £163k overspend and that the forecast outturn had been revised to £42,029m to reflect a £232k overspend against budget due mainly to non recurrent spend; this was not expected to continue into 2018/19. This position was an over-spend on budget not on allocation.

TP highlighted that Scott Road Medical Centre had now signed the Personal Medical Services (PMS) contract as calculated by NHS England and that the PMS premium monies was included in the expenditure on primary care within the core CCG budget.

TP reported an underspend for Enhanced Services due to the unplanned admissions scheme explaining that the scheme had ceased on 31 March 2017 but finalisation of 2016/17 payments was being completed, resulting in an over accrual of £106k. She referred to the components of Other GP services, the position regarding premises costs and that of Quality and Outcomes Framework points and prevalence, also noting that prior year variances had now been released into the position resulting in a £19k forecast underspend.

In response to DB seeking clarification about models of GP Practices in the context of ensuring equity, HM explained that each of the 26 Practices within the CCG had its own business model but was required to comply with a set of Standard Financial Entitlements - i.e. rules - some of which were reimbursable, others were not. Components for which Practices were reimbursed included rent, rates, clinical waste, maternity leave, sick leave of some clinicians, and decontamination of sterile equipment. Contracts also included negotiation on protection of the commercial model. KS added that national risk pooling enabled Practice models to be sustained but the Entitlements were complex and Practices were not always aware of their reimbursement rights.

With regard to premises HM clarified that there was a nationally negotiated contract with the District Valuer to ensure value for money. This included regular review of space against population. There was also comparison with commercial rent.

In concluding this item TP advised that she would present the proposed draft 2018/19 Financial Plan at the next meeting prior to its presentation to the April Governing Body meeting and that this would be informed by a primary care specific 'confirm and challenge' planning session.

The Committee:

Received financial position of the Primary Care Commissioning Budgets as at month 9.

7. General Practice Visits and Engagement Update

KS referred to his update at item 5 above and added that he had visited a number of Practices. He noted that the purpose of the visits included ensuring Practices were aware of their entitlements and to keep them informed of developments.

KS advised that the Council of Representatives had ratified the appointment of Dr Nigel Wells as Clinical Chair of the CCG and a process was currently taking place to appoint from the commissioning perspective a GP Locality Governing Body representative from each of the three localities. In terms of the GP provider role KS reported that discussions were taking place within the localities to establish a "single voice" for primary care for each; this would contribute towards ensuring sustainable General Practice. He also noted that NHS Vale of York and NHS Scarborough and Ryedale CCGs were working jointly in respect of the contract with York Teaching Hospital NHS Foundation Trust.

KS highlighted that the Committee was a forum for commissioner engagement; work was taking place to separate the General Practice commissioner and provider roles to ensure both were maximised. In this regard KS noted three aspects of primary care: as General Practices, as commissioners and as providers at scale.

The Committee:

Noted the update and ongoing work.

8. Primary Care Assurance Report

HM reported that, since presentation of the Primary Care Assurance Report at the last meeting of the Committee, a small group had reviewed the 2016/17 Quality and Outcomes Framework results as agreed. In view of this being the first time for such a detailed report on this information, it would be discussed in detail at the Part II meeting and presented at the March meeting in public.

The Committee:

Noted the update.

10. 2018/19 £3 per head and Personal Medical Services Funding: Principles and Process

SM presented the report which included: explanation of both the Personal Medical Services (PMS) and £3 per head funding; proposals from the Council of Representatives, subsequently ratified by the Governing Body, for the funding; and principles, proposed next steps and process. Two annexes comprised firstly a 2018/19 £3 per head and PMS Outline Project Plan Template and secondly, for consideration of apportioning to each locality, Vale of York GP £3 and PMS weighted national raw and national weighted list sizes. SM also noted the main risk associated with the £3 per head funding was failing to achieve a break-even position in order to enable the funding to continue forward into 2019/20 and the context of Aligned Incentive Contracts which would require work with the CCG and York Teaching Hospital NHS Foundation Trust to demonstrate actual cost reduction from activity changes rather than a tariff based saving.

SM explained the principles and process.

Principles

- The primary principle underpinning any proposals should be to work at scale with the aim of releasing capacity and providing additionality. Therefore proposals should cover a locality, or an identified population health need across a more specific geographical footprint.
- All proposed projects should collaborate across a minimum of two Practices.
- PMS will continue to include an element to fund GP time/leadership in localities.
- The funding from any Practices not yet ready to participate in collaborative projects will be made available for other locality proposals (i.e. Practices may give permission for their share of the funding to be used to support the wider locality programme – and are able to decide which locality projects their funding will support).

Process

- Practices will be notified of their 2018/19 PMS Premium and £3 per Head allocations by 31 January 2018.

- Locality project plan templates should be finalised, peer-reviewed within each locality, and submitted to s.macey@nhs.net no later than 30 March 2018 for approval by the CCG's Primary Care Commissioning Committee.
- Once approved by the Primary Care Commissioning Committee, funding may be drawn down against proposals as per the profiles in the application template.
- Project progress should be peer-reviewed by localities on an on-going basis, with the Primary Care Commissioning Committee being kept appraised of any significant developments or risks.
- The CCG's finance team will maintain an income and expenditure account for each Practice, locality and individual project spend for PMS and £3 per head.
- Localities will be invited to present progress reports to the Primary Care Commissioning Committee at the end of Quarter 2, and will be required to submit a formal report for each project detailing outcomes, return on investment, learning and future plans during Quarter 4.

Members sought and received clarification on aspects of the process noting peer-review of projects, review by the CCG management team and presentation of a report both mid year and at year end to the Committee to inform a decision about continuation. With regard to Aligned Incentive Contracts TP explained that activity would continue to be measured and this approach aimed to reduce the cost of acute services so a link to cost reduction may be possible; alternatively significant changes to activity flow may take place.

AB reported that, as the Council of Representatives supported the approach described, the Local Medical Committee accepted it although it was not in line with official guidance.

SM detailed the process by which the principles had been developed through engagement with the Council of Representatives advising that there had been unanimous agreement at the December meeting. He noted that, if approved by the Committee, the process could commence from 1 April 2018. KS added that the principles should enable projects to be implemented prior to consideration by the Committee but they would subsequently be presented for ratification.

TP noted the wider context of approval by the Governing Body of the 2018/19 Financial Plan, which would include this funding.

With regard to weighting SM reported that the Council of Representatives favoured Practice weighted list sizes based on the Carr-Hill formula, which included deprivation and age profiles, rather than raw list sizes. Members sought clarification on the weighted information and noted that all Practices would receive their allocation but the principle aimed for pooling the resource and working at scale.

In response to KB enquiring about patient involvement, it was noted that mechanisms for communication and engagement would evolve within the localities. However, assurance of patient engagement in developing proposals would be sought as part of the process. This was different to the requirement for consultation to take place in the event of service change.

The Committee:

1. Agreed the principles and process as above.
2. Agreed that the funding be apportioned to each locality based on the national weighted list sizes.

LA joined the meeting

9. 'No Cheaper Stock Obtainable' Update on Risk to Prescribing Indicative Budgets

LA presented the update on risk to Prescribing Indicative Budgets from the national 'No Cheaper Stock Obtainable' issue. She advised that the Executive Committee on 17 January had agreed to continue with Prescribing Indicative Budgets but with review of the model and added that, since the last Committee meeting, she had written to the local MPs to raise the profile of this issue. Following discussion with the three Alliances the revised model would be presented to the Committee.

TP explained that the estimated full year pressure to the CCG from 'No Cheaper Stock Obtainable' had reduced from £2.6m to £1.8m of which £1m was reflected in the month 9 position, with a further £800k forecast as risk. She noted that there was currently no timescale for a resolution to this but highlighted that savings schemes were delivering through the work of the Medicines Management Team, North of England Commissioning Support and the Practices. The CCG was also in a comparatively better position than many due to having one of the lowest prescribing budgets in Yorkshire and the Humber and the engagement of the Practices which members commended. KS added that engagement with primary care was key to maintaining the long term position.

The Committee:

1. Received the update on risk to Prescribing Indicative Budgets associated with 'No Cheaper Stock Obtainable'.
2. Noted that the revised model for Prescribing Indicative Budgets would be presented following discussion with the three Alliances.

LA left the meeting

11. Terrington Surgery Update

KS detailed the background to the position at Terrington Surgery, currently occupied through a Tenancy at Will arrangement and run by the same team as Helmsley Surgery. Following the threat of eviction the Practice had gone to The Press. However, this threat had now been removed and the CCG was working with the Practice on a contingency plan to maintain a GP Practice in Terrington as patients would need to travel a considerable distance to alternative provision; Terrington was also an area of growth.

KS advised that resilience funding had been made available to provide cover for Dr Nick Wilson, enabling him to focus on the emergency but also maintain a service. KS highlighted this as an example of the CCG as a commissioner ensuring availability of services and providing support.

SM explained that to date there was agreement for resilience funding for legal costs and locum backfill, with agreement in principle to identify further General Practice Forward View resilience funding to support ensuring existence of a Practice either on the current or an alternative site. He emphasised the level of impact on the system in the event of the Practice closing or relocating at short notice.

Whilst recognising the need for a solution, KR expressed concern about setting a precedent. In response, HM explained that there were regulatory safeguards, including property values, and noted that any decision about the level of reimbursement support would be taken by the Committee.

In response to MC seeking assurance that the CCG was aware of any potential similar issues with Practice buildings HM explained that in light of a number of issues that were emerging work would be taking place with the Local Medical Committee on premises rules. She also emphasised that Practices were not permitted to retrospectively apply for rent increases and that they should engage with the CCG in the event of any changes to lease arrangements. SM referred to a proposal to review all leases to ensure identification of any risks to the CCG.

KR additionally commended the CCG Communciations Team for their handling of the publicity surrounding this matter.

The Committee:

Noted the update and ongoing support being provided by the CCG to Terrington Surgery.

12. Rent Reimbursements

HM presented the report which referred to rent reimbursement for one of the MyHealth Group sites and rent reimbursement and abatement for South Milford Surgery. She highlighted, in the context of the previous discussion, that the rules and safeguards had been followed in these instances.

The Committee:

1. Agreed the increase in notional rent for MyHealth Group, 46 Viking Road, Stamford Bridge, York, YO41 1AF
2. Agreed the increase in notional rent and noted the abatement period for South Milford Surgery, 14 High Street, South Milford, Leeds, LS25 5AA.

13. NHS England Primary Care Update

HM referred to the report which provided updates on NHS England's revised Policy and Guidance Manual for Primary Medical Services, the General Practice Forward

View, Pharmaceutical Needs Assessment and the National Association of Primary Care (NAPC) Diploma in Advanced Primary Care Management.

With regard to the General Practice Forward View HM reported that, in addition to the programme details presented, there was the potential in the forthcoming planning guidance for the target date for 100% extended access hours to be brought forward to October 2018 from March 2019. HM noted that this was not yet official.

HM reported that in the City of York Council draft Pharmaceutical Needs Assessment the main area of need appeared to be for the University campus; the North Yorkshire County Council draft did not identify any major changes for the CCG footprint.

In response to clarification sought by KR regarding triangulation of the needs of surrounding villages, KS explained in the context of the CCG's three Local Authorities, that a common format was utilised for presentation of the Pharmaceutical Needs Assessment to Health and Wellbeing Boards. HM added that these assessments were succeeded by a commercial pharmaceutical review to assess viability and inform consideration of opening new pharmacies. If NHS England identified requirement for further provision in localities, other arrangements could be established. HM also referred to the fact that, although there may be rural dispensing Practices, they did not provide the full range of services provided by a pharmacy.

HM referred to the funding for the National Association of Primary Care (NAPC) Diploma in Advanced Primary Care Management: one third to be met by the individual or the Practice and two thirds by either NHS England or the CCG. She advised that NHS England locally had agreed that funding would be top sliced to support the two applicants.

The Committee:

Noted the NHS England updates.

14. Key Messages to the Governing Body

- The Committee recognised the work to manage prescribing budgets in light of the "No Cheaper Stock Obtainable" issue.
- The Committee recognised the work relating to £3 per head and PMS premium monies and the steer from the Council of Representatives to achieve implementation.

The Committee:

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

15. Next meeting

9.30am on 27 March 2018 at West Offices.

16. 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 24 JANUARY 2018 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC28	22 November 2017	Prescribing Indicative Budgets	• Update to the March meeting	TP/LA	27 March 2018

Item Number: 6

Name of Presenter: Tracey Preece

Meeting of the Primary Care Commissioning Committee

27 March 2018

NHS
Vale of York
Clinical Commissioning Group

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

Purpose of Report
For Information

Reason for Report

To brief members on the financial performance of Primary Care Commissioning as at the end of February 2018 and the draft 2018/19 Financial Plan.

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 the Primary Care Commissioning budgets as at Month 11 and the draft 2018/19 Financial Plan.

Responsible Executive Director and Title	**Report Author and Title**
Tracey Preece, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance

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

Report produced: March 2018

Financial Period: April 2017 to February 2018

Introduction

This report details the financial position of the CCG's Primary Care Commissioning areas at year to date and at forecast outturn (FOT) level. The report also briefs the Committee on the draft Primary Care delegated budgets for 2018/19.

Delegated Commissioning Financial Position – Month 11

The table below sets out the year to date and outturn position as at Month 11.

Area	Cumulative To Date				Forecast Outturn		
	Budget £000	Actual £000	Variance £000		Budget £000	Actual £000	Variance £000
Primary Care - GMS	19,028	18,996	32		20,758	20,723	35
Primary Care - PMS	7,878	7,672	207		8,594	8,371	223
Primary Care - Enhanced Services	1,018	941	76		1,110	1,028	82
Primary Care - Other GP services	4,785	3,026	1,759		5,218	3,260	1,958
Primary Care - Premises Costs	3,894	3,897	(3)		4,248	4,286	(38)
Primary Care - QOF	3,757	4,024	(267)		4,099	4,361	(262)
Sub Total	**40,360**	**38,556**	**1,804**		**44,027**	**42,030**	**1,997**
Memo: exclude non-recurrent allocation	*(1,833)*	*0*	*(1,833)*		*(2,000)*	*0*	*(2,000)*
Revised sub total	***38,527***	***38,556***	***(29)***		***42,027***	***42,030***	***(3)***

- The underlying overall year to date position is a £29k over-spend, which excludes non-recurrent allocation received from NHS England.
- The total forecast outturn (FOT) figure remains at just over £42.0m which is a revised FOT provided by NHS England as anticipated, based upon Month 8 figures.
- GMS is based upon current list size and MPIG is per actual costs for current contracts. In total GMS is showing a year to date underspend of £32k.
- The PMS contract includes the impact of Scott Road who have now signed up to the contract as calculated by NHS England and arrears have been paid. The budget for CCG premium reinvestment funding is showing as £205k slippage YTD and £223k FOT, however this has been accrued and forecast within Other Primary Care in the main CCG dashboard. The list size adjustment and Out of Hours deduction are a further £2k under YTD as per the current list size.
- Enhanced Services are underspent due to Unplanned Admissions. The scheme ceased on 31st March 2017, but finalisation of 2016/17 payments is being completed, resulting

in an over-accrual of £106k. This is offset by YTD overspend on minor surgery of £18k and a YTD overspend of £14k for learning disabilities.

- The CCG received additional non-recurrent allocation in month 11 for co-commissioning interim support 17/18 of £230k. This is included within Other GP services and recognises previously reported one-off overspends during 2017/18 in seniority (£48k), maternity (£111k), sickness (£44k) and the retainer scheme (£47k).
- Premises Costs are based on current expected costs with assumptions on the rent revaluations due. Business rates are currently forecast to overspend by £77k 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 YTD. The FOT includes £121k as a result of the finalisation of 2016/17 points and prevalence which was under accrued in 2016/17.
- Prior year variances have now been released into the position, resulting in a £28k forecast under spend.

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	Cumulative To Date				Forecast Outturn		
	Budget £000	Actual £000	Variance £000		Budget £000	Actual £000	Variance £000
Primary Care Prescribing	45,912	45,601	311		50,196	49,871	325
Other Prescribing	617	1,581	(964)		673	1,831	(1,158)
Local Enhanced Services	1,732	1,401	331		1,918	1,834	84
Oxygen	241	275	(34)		263	300	(37)
Primary Care IT	914	940	(26)		1,146	1,164	(18)
Out of Hours	2,903	2,976	(72)		3,167	3,219	(52)
Other Primary Care	856	186	670		1,095	589	506
Sub Total	**53,176**	**52,961**	**215**		**58,459**	**58,808**	**(350)**

Expenditure in respect of the £223k of PMS premium monies is included in the Other Primary Care forecast above. Note that the under spend in Other Primary Care is due to a slippage in the Out of Hospital QIPP which means that the associated investments which has not been 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 includes total expenditure for delegated commissioning of £43.5m, a difference of £443k which is not currently included in the plan following Governing Body discussion.

The draft plan is as follows:

Area	17/18 FOT as at M10 £000	Draft 18/19 plan £000
GMS	20,723	**21,289**
PMS	8,371	**8,704**
Premises	4,286	**4,540**
Enhanced Services	1,029	**1,178**
QOF	4,361	**4,330**
Other GP services	3,026	**3,424**
Total	**41,797**	**43,466**

The draft plan has been provided by NHS England and is supported by a detailed and extensive working paper which details all changes on a practice by practice basis. The plan is too detailed to include at that level here, however it is based upon the following assumptions:

- It is based upon the FOT as at Month 10.
- It is based upon the list size as at 1st January 2018.
- The plan includes £219k for the 0.5% contingency as required by national business rules.
- Inflation has been included at 1% on all elements of the GP contract as national changes to the GMS and PMS contracts will not be announced until May 2018.
- Inflation of 3% on the refuse and clinical waste contract as this is managed by a third party provider.
- Demographic growth has been assumed to be 0.7% year on year.
- A number of adjustments for non-recurrent expenditure in 2017/18 including adjustments for unplanned admissions which were over-accrued in 2016/17, sickness and maternity claims and QOF.
- The full year effect of increases to rates and adjustments to GMS global sums.
- There is no QIPP target.
- Expenditure relating to £3 per head is included within other primary care as detailed below.
- The budget for PMS premium monies is included within other GP services however the corresponding expenditure will be included within other primary care as in 2017/18.

Other Primary Care *(information only)*

The baseline for the primary care draft plan 2018/19 is the forecast outturn as at Month 10, adjusted for any non-recurrent adjustments. This has then been uplifted for tariff and demographic growth and adjusted for any adjustments, cost pressures and investments. The table below shows the plan submitted to NHS England on 8th March 2018.

Area	17/18 FOT as at M10 £000	Non-recurrent benefits £000	Recurrent 17/18 expenditure £000	Tariff uplift £000	Demographic growth (0.6%) £000	Adjustments and cost pressures £000	Investments £000	QIPP £000	Draft 18/19 plan £000
Primary Care Prescribing	50,257	(2,530)	47,727	1,050	1,073	0	0	(1,628)	**48,222**
Other Prescribing	1,616	(175)	1,441	32	33	0	0	0	**1,505**
Local Enhanced Services	1,948	0	1,948	16	12	281	0	0	**2,257**
Oxygen	298	0	298	7	7	0	0	0	**311**
Primary Care IT	1,167	(281)	886	0	0	106	0	(113)	**880**
Out of Hours	3,223	(9)	3,214	0	0	0	0	0	**3,214**
Other Primary Care	343	(61)	282	0	0	0	1,077	325	**1,684**
Total	**58,851**	**(3,056)**	**55,795**	**1,104**	**1,124**	**387**	**1,077**	**(1,416)**	**58,072**

The non-recurrent benefits in 2017/18 are as follows:

- Primary Care Prescribing - £1.8m for NCSO, £723k for Category M adjustments
- Other Prescribing - £293k PIB mobilisation payment offset by £117k for non-recurrent vacancies in the Medicines Management Team
- Primary Care IT – £150k NHS WiFi, £129k HSCN
- Other Primary Care - £61k GPFV reception and clerical training

Adjustments and cost pressures in 2018/19 are as follows:

- £281k - Recurrent impact of increase in anti-coagulation and near patient testing contracts
- £106k - Non-recurrent HSCN GP funding
- £1.1m - Non-recurrent £3 per head funding

The full CCG draft Financial Plan will go to the Governing Body meeting in April for approval prior to submission of the final version at the end of April in line with national required timescales.

Recommendation

The Primary Care Commissioning Committee are asked note the financial position of the Primary Care Commissioning budgets as at Month 11 and the draft 2018/19 plan.

Item Number: 9

Name of Presenter: Dr Kevin Smith

Meeting of the Primary Care Commissioning Committee **27 March 2018**	NHS Vale of York Clinical Commissioning Group

Prescribing Indicative Budgets (PIB): Update

Purpose of Report
For Information

Reason for Report

Update on NCSO (no cheaper stock obtainable) risk on PIB (prescribing indicative budgets)

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

Recommendations

N/A

Responsible Executive Director and Title	**Report Author and Title**
Dr Kevin Smith Director of Primary Care and Population Health	Laura Angus Lead Pharmacist

Vale of York Clinical Commissioning Group

Primary Care Commissioning Committee

Update on Prescribing Indicative Budgets

18.03.2018

Laura Angus – Strategic Lead Pharmacist

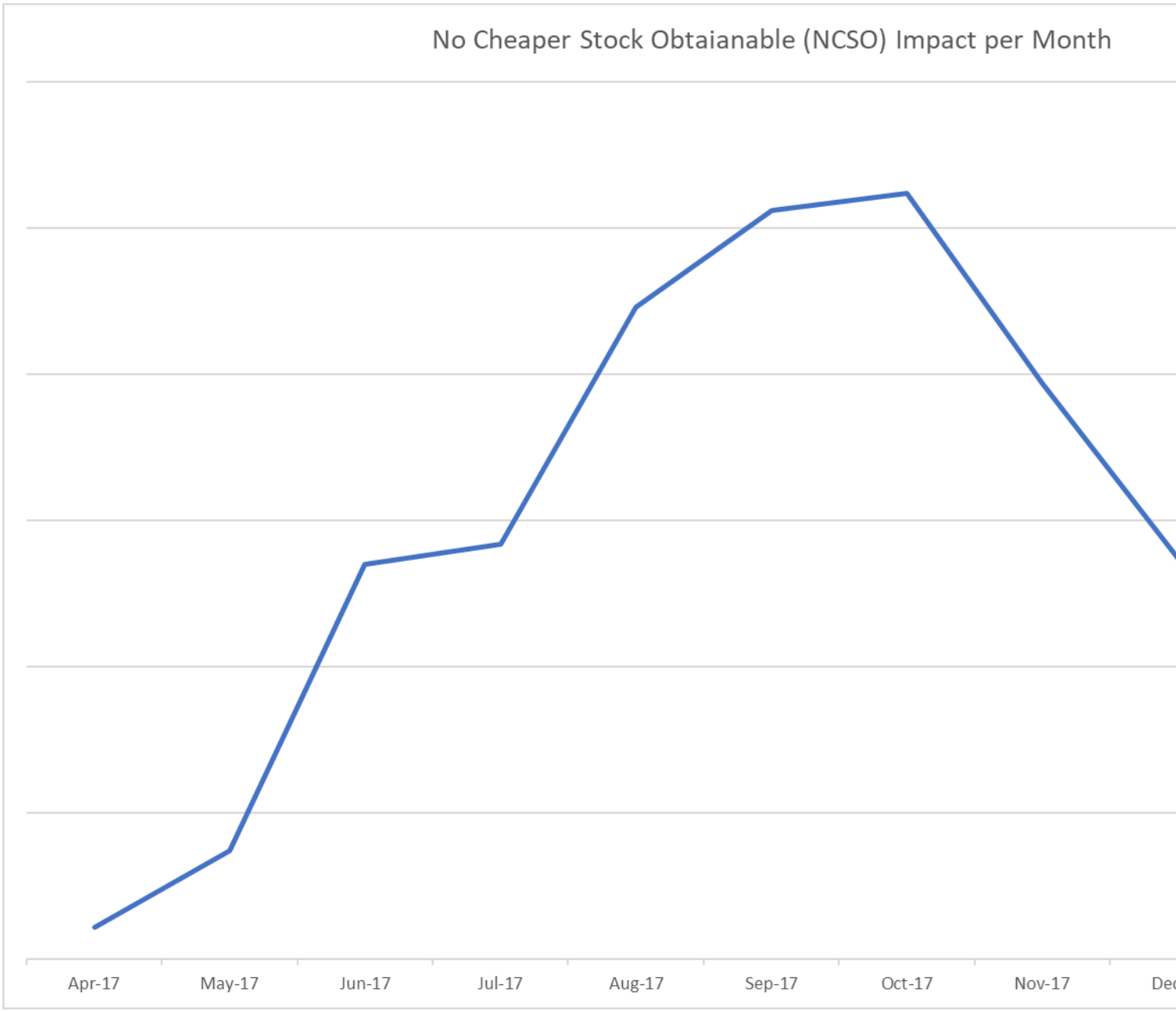
Background

Prescribing Indicative Budgets (PIB) have been 'live' since July 2017. Primary Care Commissioning Committee has received two updates (Nov 17 and Jan 18) in relation to a potential risk to the PIB model due to NCSO (no cheaper stock obtainable).

CCG and GP alliances have been waiting to see what would happen regarding NCSO risk.

NCSO is decreasing – see Graph 1 – the impact peaked in September/October 2017 but has decreased in last few months. Data only available to December 2017, Jan and Feb are forecast figures. NHS England Planning guidance states NCSO not expected to continue into 18/19 i.e. will reduce to 'normal' levels.

Graph 1 – Impact of NCSO per Month



Update

With NCSO no longer a significant risk it makes PIB financially viable to the CCG and the GP alliances.

Even despite the NCSO situation the PIB model has delivered savings for both the CCG and the 3 alliances.

PIB has increased engagement with primary care colleagues in relation to prescribing and this engagement is key regarding achieving significant change regarding prescribing behaviour.

CCG met with all 3 GP alliances on 08th March 2018

Meeting discussed:

- Success of PIB, despite NCSO situation

- Need to ensure both CCG and all 3 GP alliances adhere to the terms of the Memorandum of Understanding, contractual elements of PIB, to ensure all parties are robust in governance processes and transparent regarding achieving savings and reinvesting savings into primary care services.

- Plans for 18/19 – this included focussing on deprescribing, which would improve the cost-effectiveness and quality of prescribing; reducing medicines waste and improving repeat prescribing processes; and discussion regarding on specific focus areas, for example anticoagulants.

- Some minor changes are required to the Memorandum of Understanding – both CCG and all 3 GP alliances in agreement of required changes, these will be made formally using a contract variation and relevant CCG committees will be updated accordingly.

- Optimise Rx – prescribing support software tool – GP alliances need to consider future use of this software, as contract due for renewal in June 2018.

- NHS England have announced plans to fund care home pharmacists to specifically review medication of patients in care homes and this would also support the local agenda to improve prescribing in the frail elderly population and would naturally fit in and support PIB.

Summary

PIB is 'working', it is a success so far, it is delivering savings for both the CCG and the 3 GP alliances, despite the NCSO risk.
More importantly, it is also a success because it is increasing engagement with primary care in relation to prescribing and achieving joint working and collaboration between the CCG and 3 GP alliances to achieve the same goals.
The NCSO risk is decreasing and not expected to continue into 18/19.

Ends

Item Number: 10

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee

Date of meeting: 27 March 2018

NHS
Vale of York
Clinical Commissioning Group

Report Title – Local Enhanced Services 2018/19

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

Reason for Report

Local enhanced services are contracted with practices via the standard NHS contract. This is a rolling contract that requires an annual renewal or 3 month notice period to cease or significantly amend. This report captures the current information regarding the 17/18 enhanced services service delivery and makes recommendations regarding their 18/19 contract.

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)

We are not fully aware of the levels of service delivery for all the Enhanced services and we may have some gaps in service provision that may need to be addressed.

Recommendations

As we are unable to do any short term extensions to the contracts and at this point have not completed a full service review the recommendation is

- To roll the contracts on for a further year.
- Complete a full service review by the end of Quarter 1 with recommendations for their future commissioning being brought to the PCCC in July.

-

Responsible Executive Director and Title	**Report Author and Title**
Kevin Smith Director of Primary Care and Population Health	Heather Marsh Head of Locality Programmes , NHS England

Annexes (please list)

Annex 1 – Enhanced service uptake 17/18

Primary Care Commissioning Committee: 27 March 2018

Local Enhanced Services 2018/19

1.0 Background

The contracting for Local Enhanced Services (LES) sits within the CCG rather than the delegated functions from NHS England due to the funding for them coming from the core CCG allocation.

Most of the current LESs are historical services, some that pre date the CCG. They have predominately been rolled forward on an annual basis and until last year had not been subject to any significant review. Last year the Amber drugs (near patient testing) enhanced service was updated and the pricing structure uplifted. The remaining LESs were also uplifted by 1%. No additional clinical review has been carried out on the remaining services.

In addition the services detailed in this report there is also an enhanced service in place for Anticoagulation monitoring. This service is under significant review and negotiation currently and is therefore not within the scope of this report.

The core contracting team of the CCG has managed the contract for these services, however due to capacity issues minimal contract management has been carried out.

The services are a mix of cost per case and capitation based payments with a variety of annual, quarterly and monthly payment mechanisms, that are administered across different systems. Some are managed via a web based portal, others rely upon manual claims. This has led to the contracts being very difficult to manage for both the CCG and practice staff, which has led to difficulties in claiming, budget forecasting and performance monitoring.

Where the claims are on a cost per case we have basic activity data, however for the capitation based services, and for the quality measures within the specifications we have very limited information.

Where the services are applicable to the general practice population, these services are offered to all practices however there is no requirement for a practice to provide the service. The uptake of services is shown in annex 1. As is shown we do not have full coverage for all of the services, and in some cases where a practice has signed up to the service they have not subsequently made any claims against it, therefore we do not know the full extent of the service provision. For some of the services (e.g. phlebotomy) we are aware of the alternative services that patients can access, however for some it may be that patients are just unable to access that service (e.g. Bone protection). This situation needs to now be fully understood so we can assure appropriate levels of access to all services.

Three services, homeless and Student health and vexatious patients are only commissioned for a defined population and are only delivered by specific practices.

2.0 Current service information

2.1 Bone protection service –lead commissioner – planned care
Cost per case service with 3 payment levels - £5.05, £10.10, £30.30 (budget £17k Forecast £15k)

This service is contracted from all practices, however a number of them have not made any claims. It is not clear what the alternative service provision would be for the patients of those practices not providing the service. This service has 3 payment levels attached to it and therefore we are currently unclear of the levels of activity being delivered, but will carry out further analysis to identify this.

The wider Bone protection pathway is under review and this element will have a new specification developed as a part of that review.

The revised service specification will aim to:

- Revise current guidelines and service specification and as a result provide clearer outcomes for practices and incorporate KPIs to measure performance against these.
- Explain how practices performance will be measured against these KPIs

2.2 Complex wound care –lead commissioner Primary care

Cost per case - £330.17 for 6 months care (budget £133.5k forecast £106k)

This is a specialized service to support the management mainly of leg ulcers. These are often time consuming and long term needs for patients. Nurses delivering these services require a high level of specialist wound care expertise to ensure that wound healing is maximized. This is a cost per case service based on a 6 monthly care package for individual payments.

19 practices currently provide this service, however activity levels for some practices are very low and in some cases appear inaccurate. The community nursing service will be meeting the needs of the patients in the practices not contracted for the service.

The service also specifies that certain healing rates should be achieved as a marker of the quality of the service. The audit information to monitor this has not yet been submitted.

2.3 Simple wound care – lead commissioner Primary care

Capitation payment - £0.35 per patient provided by 24 practices (£116k budget)

This is mainly a service to support post-operative care, suture removal, simple dressings and wound checks. We currently have no activity data for this service. Patients of the 2 practices not providing the service may be accessing either hospital or community nursing services.

2.4 Diabetes – lead commissioner Planned care

£10.10 per patient on the practice diabetic register, a range of clinical information regarding these patients is then submitted on an annual basis to evidence the service delivery. (budget £124k forecast £101k)

The service aims to support the increased clinical management of diabetic patients within general practice rather than their management being provided by specialist secondary care services.

We recommend continuing with the current Diabetes Primary Care Management LES into 2018/19 with a view to review it by the end of June 2018. The required notice will then be given to all practices on the current LES with an ask that they then consider opting into the revised service specification. The revised service specification will aim to:

- Provide clarity on how the LES builds on current QOF targets.
- Provide clearer outcomes for practices and incorporate KPIs to measure performance against these.
- Explain how practices performance will be measured against these KPIs
- Outline how practices are paid based on achievement of KPIs.

2.5 LARC(long acting removable contraceptive) – lead commissioner Primary care

2 payment levels, £82.82 (insertion) £22.22 (removal) – (budget £35.5k forecast £16k)

This service is only for LARC that are being used for Gynecological rather than contraceptive needs. Contraceptive services are commissioned by the local Authority.

For NY practices the services are provided by individual practices for their own patients and for the City practices the service is contracted through the NIMBUS alliance. All patients therefore have access to a service.

The activity levels under this service are small and practices are being asked to confirm their practitioners are able to meet the minimum procedure requirements across the two services.

2.6 Minor Injuries - lead commissioner Primary Care

Capitation payment - £0.51 per patient (£156k budget)
Cost per case - £58.58 per attendance for a limited range of more complex injuries (budget £38k)

Service provided by all practices except those in Selby. There is currently a minor injuries service based in Selby hospital.

Activity levels for the cost per case are submitted by practices and there is a small level of service provided across the area. However we have no activity data on the levels of service provided under the capitation payment.

2.7 Near Patient Testing/ Amber drugs – Lead commissioner mental health and Medicines management

3 payment levels - £7.15, £45.97, £91.95 (budget £366k forecast outturn £358k)

This service supports the shared care agenda of managing patients on a range of medications that require more specialized and regular monitoring. This service was reviewed and updated in 2017. All practices are contracted to provide the service although we have a number of practices who have not made any claims therefore we are unclear as to whether we have any gaps in services. However no concerns have been raised by the mental health services who will have overall management of these patients and the levels of claims from the remaining practices is at expected levels.

2.8 Neonatal checks – lead commissioner Primary Care

Cost per case £61.90 provided by 22 practices (budget £11k forecast £3k)

This service is a safety net service to ensure that all newborns have a neonatal check carried out within their first few days. The service is mainly delivered by the obstetrics service prior to discharge but occasionally early discharge or home births may require the check post discharge. Very small numbers of checks are carried out. And where a practice does not provide the service the baby will have to return to the maternity unit.

There has been a recent request from the maternity service for all these checks to now be carried out within the maternity service; however we are unclear of why this is being requested. This is currently under investigation.

2.9 Phlebotomy - lead commissioner Primary Care

Annual block payment based upon historical activity levels (pre new GP contract in 2006) £2.50 per case. (Budget £142K)

This is a service contracted form 17 practices who prior to the new contract provided an in-house phlebotomy service. However we currently have no activity or service provision data.

Where a service is not provided by the practice there is a combination of hospital based and community based clinics provided by York FT.

2.10 PSA (prostate cancer monitoring) – Lead commissioner Cancer

Cost per case £40.40 service contracted to all practices (budget £46k forecast £22k)

Although there is a significant amount of activity from some practices a number of them have yet to submit any claims therefore we are not clear on the levels of service provision.

2.11 Homeless service -lead commissioner mental health

This is an annual payment of £404 per patient on the register of homeless patients held by YMG. (budget £26k forecast £38k)

There are around 100 patients accessing the service and the payment supports 12 months care for those patients.

Beyond the numbers on the register we currently have no other activity data regarding the provision of this service.

2.12 Student health –lead commissioner Primary care

This is an enhanced payment of £2.53 per student on their register for the 2 practices with a significant student population. (Budget £47k Forecast £44.5k)

A rage of service enhancements around mental, sexual and public health are specified within the service. However we currently have no activity or quality data available.

2.13 Vexatious patients – lead commissioner Primary care

£16.44 per contact (budget £718 forecast 1.5k)

This is a cost per contact payment to support practices to manage a very small number of patients whose behavior whilst not violent can be very challenging. These patients can often bounce around the practices regularly being removed by the practice due to their challenging behavior. This enhanced payment supports the practice to enhance their service provision and maintain the patient on their register. There is currently 1 patient managed within this scheme.

3.0 Structure of the review for 2018/19

To enable a full clinical service review to be carried out we need to collate the activity and quality data for 17/18. Current data is mainly linked to service payments, and a lot of the more qualitative data or activity data for capitation based services has not regularly been requested or submitted. Practices have now been asked to submit this data by the end of April.

Where there is not full population coverage we will also gather information on the alternative services that patients may be accessing to assess if we have both accessible and cost effective service provision.

4.0 Commissioning and contracting responsibilities

Now a primary care team has been established a clear commissioning timeline and process will be developed. This will be submitted with the Enhanced service review. We have established commissioning lead responsibilities for each service that will ensure where appropriate the LES will be reviewed in line with the rest of the clinical pathway. Where the service is more of a primary care support service the primary care team will take the lead commissioner role.

5.0 Recommendations

As the contracts cannot be extended for less than a year and we are currently not in a position to know whether we wish to decommission or significantly change the services it is recommended that all the LESs are rolled over for a further year.

The contract does however allow for either mutually agreed variations to be done in year or for a three month notice to be given to either vary or terminate the contract should mutual agreement not be reached. This will allow us to complete the clinical service review, submit recommendations to the July Primary Care Commissioning Committee and then have any changes required contracted within 6 months.

The Committee is also asked to support the proposals for the clinical review of the services with the exception of Amber drugs which was reviewed in 2017.

Commissioning recommendations will be submitted to the July Primary Care Commissioning Committee.

Any cells that are greyed out mean that the Practice hasn't signed up for this service

Practice Name	Practice Number	Diabetes	Bone Protection	Anti-Coag	Near Patient Testing	Minor Injury	Minor Injury Cost per Case	Phlebotomy	Wound Care	Neonatal	Complex Wound Care	PSA	LARC	Student Health	Care of Homeless
POCKLINGTON GROUP PRACTICE	B81036														
MILLFIELD SURGERY YO61 3JR	B82002														
PRIORY MEDICAL GROUP YO31 7SX	B82005														
ESCRICK SURGERY	B82018														
DALTON TERRACE SURGERY	B82021														
HAXBY GROUP PRACTICE	B82026														
SHERBURN GROUP PRACTICE	B82031														
PICKERING MEDICAL PRACTICE	B82033														
BEECH TREE SURGERY	B82041														
UNITY HEALTH	B82047														
TOLLERTON SURGERY	B82064														
HELMSLEY SURGERY	B82068														
THE OLD SCHOOL MEDICAL PRACTICE	B82071														
SOUTH MILFORD SURGERY	B82073														
POSTERNGATE SURGERY	B82074														
KIRKBYMOORSIDE SURGERY	B82077														
STILLINGTON SURGERY	B82079														
MY HEALTH	B82080														
ELVINGTON MEDICAL PRACTICE	B82081														
YORK MEDICAL GROUP	B82083														
SCOTT ROAD MEDICAL CENTRE	B82097														
JORVIKGILLYGATE MEDICAL PRACTICE	B82098														
FRONT STREET SURGERY	B82100														
EAST PARADE	B82103														
TADCASTER MEDICAL CENTRE	B82105														
TERRINGTON SURGERY	B82619														

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Item Number: 12

Name of Presenter: David Iley

Meeting of the Primary Care Commissioning Committee **27 March 2018**	NHS Vale of York Clinical Commissioning Group

GP Retention Scheme

Purpose of Report
For Approval

Reason for Report

To provide an update on the GP Retention Scheme and inform the Committee of the implications of approving any applications

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☒Financial ☐Legal ☒Primary Care ☐Equalities	

Recommendations

The Committee are asked to note the content of the paper

The Committee is asked to support the suggested approval process for future applications and allow approvals to be made outside of this Committee meeting.

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
GP Retention Scheme
March 2018

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

2

13 March 2018

1.0 Background

The GP Retention Scheme is a package of financial and educational support to help doctors, who might otherwise leave the profession, remain in clinical general practice. The GP Retention Scheme replaces the Retained Doctors Scheme 2016. The scheme continues to be managed jointly by the local offices of Health Education England (HEE) (through the designated HEE RGP Scheme Lead) and NHS England.

2.0 About the scheme

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.

RGPs may be on the scheme for a maximum of five years with an annual review each year to ensure that the doctor remains in need of the scheme and that the practice is meeting its obligations.

This scheme enables a doctor to remain in clinical practice for a maximum of four clinical sessions (16 hours 40 minutes) per week – 208 sessions per year, which includes protected time for continuing professional development and with educational support.

3.0 Who is eligible for the programme

Doctors applying for the scheme must be in good standing with the General Medical Council (GMC) without GMC conditions or undertakings – except those relating solely to health matters. The scheme is not intended for the purpose of supporting a doctor's remediation and where the relevant NHS England Responsible Officer has concerns, the doctor would not usually be eligible for the scheme.

4.0 Funding

4.1 Support for RGP

Each RGP would qualify for an annual professional expenses supplement of between £1000 and £4000 which is based on the number of sessions worked per week. It is payable to the RGP via the practice. The expenses supplement is subject to deductions for tax and national insurance contributions but is not superannuable (pensionable) by the practice.

The RGP will be offered an expenses supplement payment (paid via their practice), as follows: Number of sessions per week	Annualised sessions*	Expenses supplement payment per annum (£)
1	Fewer than 104	1,000
2	104	2,000
3	156	3,000
4	208	4,000

4.2 Funding - Support for practices

Each practice employing a RGP will be able to claim an allowance relating to the number of sessions for which their retained doctor is engaged. The practice will qualify for a payment of £76.92 per clinical session (up to a maximum of four) that the doctor is employed for. This allowance will be paid for all sessions including sick leave, annual leave, educational, maternity, paternity and adoptive leave where the RGP is being paid by the practice. Evidence of this payment will be required. The practice and RGP will continue to receive payments under the terms of the scheme as long as the RGP remains contracted to the practice and the practice continues to pay the RGP.

Contracted sessions per week	Maximum financial support to practice per year (based on £76.92 per session)
1	£3,999.84
2	£7,999.68
3	£11,999.52
4	£15,999.36

5.0 Application Process

- Health Education England receives an application and confirms the GP is eligible for the scheme. The application is passed to the NHS England Medical Team.
- NHS England Medical Team confirms there are no performer concerns and passes the application to the NHS England Transformation Team.
- NHS England Transformation Team liaise with the relevant CCG
- NHS England or fully delegated CCG confirm support for the applicant.

6.0 GPs currently on the scheme in Vale of York

There are currently 7 RGPs in the Vale of York. 6 GPs were approved under the Retained Doctors Scheme 2016 at which point CCGs weren't responsible for

approving applications. Since the commencement of the GP Retention Scheme one application has been received and approved by the CCG for Priory Medical. This prompted the need for a discussion around the formal approval process the CCG needs to undertake to approve any future requests.

Surname	Forename	Start Date	No of Sessions	Practice Name	Practice Code
Begg	Fiona	1st March 2017	4	Sherburn Group Practice	B82031
Kirkman	Gill	1st July 2017	4	Scott Road Medical Practice	B82097
Graindorge	Karen	1st April 2017	4	Gale Farm Surgery	B82026
Bradley	Laura	1st May 2017	4	Haxby Group Practice Wiggington	B82026
Fitter	Melanie	1st July 2017	4	My Health Group Strensall	B82080
Downes	Tamie	1st July 2017	4	York Medical Group	B82083
Ridgers	Eleanor Rachel	26th February 2018	4	Priory Medical Centre, York	

7.0 Suggested CCG 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 RGP 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 isn't sufficient need for the host GP Practice to be funded to employ a RGP 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. This is in acknowledgment the timeframe to approve an application may be needed before the next committee meeting

Applications are being received by NHS England where a start date between the Practice and the RGP appears to have been agreed prior to approval. We are proposing to contact all Practices informing them of the scheme and advising them that initial communication with the CCG is important as an application being approved is not a formality.

8.0 Recommendations

8.1 The Committee are asked to note the content of the paper

8.2 The Committee is asked to support the suggested approval process for future applications and allow approvals to be made outside of this Committee meeting.

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Item Number: 13

Name of Presenter: David Iley

Meeting of the Primary Care Commissioning Committee **27 March 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	**Covalent Risk Reference and Covalent Description**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

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
March 2018

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

2

13 March 2018

1. Contractual Issues

1.1 Quality and Outcomes Framework (QOF)

GP Practices have until 23rd March 2018 to accept the QOF offer on CQRS for 2018/19. NHS England have made the offer and will chase up Practices nearer the deadline. A verbal update will be given at the meeting but we anticipate 100% compliance.

If this action is not completed by the deadline aspiration payments cannot be calculated for the GP practice and as a result the practice will not receive a QOF aspiration payment in April 2018.

1.2 Rent Reimbursement

Dalton Terrace Surgery, Glentworth, Dalton Terrace, York, YO24 4DB (B82081)

Following a routine review the Dictrict Valuer (DV) determined the Current Market Rental (CMR) value for the above property on 1st January 2018. The existing valuation is £60,425 per annum; the site has been valued at £60,425 per annum from 1st January 2018. The property is owned by the Practice.

As there is no increase in notional rent the Committee is asked to note the valuation.

2. GP Forward View (GPFV)

The CCG continues to be actively involved with the NHSE GPFV transformation programme. As previously agreed with the committee we will provide regular updates against all of the elements of the programme on a monthly basis.

The details of the programme are contained in appendix 1.

The Committee are asked to note the NHS England update

						Progress		
GPFV	**High Impact Action (HIA)**	**Summary**	**Year**	**Funding**	**Deadline**	**North Locality**	**Central Locality**	**South Locality**
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.		
	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		
	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		
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		
Resillience Funding	5 Productive Workflows	Funding to support Practices to develop resilience in the following areas: Support for Practices having difficulties with recruitment Support for support Practice mergers Support for organisational development Support for the costs of a prescribing course for Practice nurses Support for an ANP to undertake a review / implement changes within the Practice that support the longer term plan / resilience of the Practice Organisational Development via a recognised programme following a CQC review that identifies improvements that need to be made	2016/17	£ 29,000		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		
	10 Develop of QI Expertise		2017/18	£ 31,750	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 leadership 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.		

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
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
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
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.
	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
			2017/18	£ 8,846		Commission the LMC to deliver a training programme around effective Practice Management and GDPR.
Edenbridge Workforce Tool	5 Productive Workflows 10 Develop QI Expertise	Opportunity to become part of an early access programme to Edenbridge Apex - Business Intelligence tool that plugs into the Clinical System to enable Practices to better understand capacity and demand, and extract/report a range of operational/workforce/clinical data. Currently EMIS only - but SystmOne functionality in the pipeline.	2017/2018	£ -	Jan-18	There are 13 EMIS Practices within the Vale of York, 10 have shown interest in this opportunity to utilise the tool to assist with planning, match resources to demand and process alignment. To date the tool has been installed in 9 Practices (Pickering, Pocklington, My Health, Sherburn, Tollerton, Stillington, Dalton Terrace, Milfield, Unity)