NHS
Vale of York
Clinical Commissioning Group

Minutes of the Primary Care Commissioning Committee held on 30 January 2020 at West Offices, York

Present

Julie Hastings (JH)(Chair)	Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee
Simon Bell (SB	Chief Finance Officer
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and Remuneration Committee
Dr Andrew Lee (AL)	Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Fiona Bell-Morritt (FB-M) – item 7	Lead Officer Primary Care
Dr Paula Evans (PE) - part	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement North Region (Yorkshire and the Humber)
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Stephanie Porter (SP)	Assistant Director of Primary Care
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Gary Young (GY) – item 7	Lead Officer Primary Care

Apologies

David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Shaun Macey (SM)	Head of Transformation and Delivery
Phil Mettam (PM)	Accountable Officer
Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York

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

There were no members of the public in attendance and no public questions had been received.

The agenda was discussed in the following order.

Agenda

The agenda was discussed in the following order.

1. Welcome and Introductions

JH welcomed everyone to the meeting.

2. Apologies

As noted above.

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

There were 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 21 November 2019

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 21 November 2019.

5. Matters Arising

PCCC38 Estates Capital Investment Programme Update Report – engagement with City of York councillors through Members Briefings: There had to date been no meetings with councillors in this regard but SP was developing a working relationship with City of York Council officers, including in relation to primary care at the Burnholme Health Campus and support for mental health facilities.

PCCC41 Primary Care Resilience: GY's visit to Rochdale Health Alliance was included in agenda item 7.

PCCC44 Update from the Primary Care Workforce and Training Hub: AL confirmed that work was continuing to promote the various roles in primary care to remove the expectation that a GP appointment was always necessary.

PCCC35 Local Enhanced Services Review 2019/20: In response to TM seeking clarification about the timescale for implementation of any changes proposed in the report to the March Committee meeting in the context of contract and notice requirements, AL advised that no change was planned for 2020/21 and also referred to the requirement for consultation with the Local Medical Committee. AB noted that the Local Medical Committee was engaged with the review and SP referred to the potential for change to services within the scope of the review provided there was consensus from all practices.

Other matters were noted as agenda items, not having reached their scheduled date or were carried forward.

The Committee:

Noted the updates.

6. Primary Care Commissioning Financial Report Month 9

SB presented the report that forecast outturn of £45.0m for the CCG's primary care commissioning budget with an underspend of £308k against the delegated budget. He highlighted the information relating to Enhanced Services and the Primary Care Network Additional Roles Reimbursement Scheme noting an underspend of £219k for the latter. The significant overspend under Other Primary Care was mainly due to primary care prescribing and the forecast of £1.0m of the planned £2.0m QIPP (Quality, Innovation, Productivity and Prevention) schemes and two issues beyond the CCG's control: Category M price increases from August and No Cheaper Stock Obtainable. SB had no information on the potential impact from the UK leaving the European Union. He noted the expectation of delivery of both the planned £600k QIPP savings in the original core delegated budget and the additional £100k stretch target agreed by the Executive Committee in 2019.

In the wider context SB reported that the CCG continued to forecast delivery of the £18.8m deficit plan. With regard to the North Yorkshire CCGs, currently three but becoming one from 1 April and operating increasingly as a single organisation, SB explained that, following discussion with the Regulator, they had submitted a financial improvement trajectory compliant long term plan which assumed £20.0m or 3% savings. However, that other assumptions in the plan needed further clarity. He also noted emerging financial issues and emphasised that the national guidance defaulted to an approach of system, not individual organisation, management. Additionally, York Teaching Hospital NHS Foundation Trust was forecasting achievement of the year to date position in 2019/20, therefore eligible for the quarter 3 Sustainability and Transformation Fund, but was not forecasting achievement of plan for quarter 4. Factors contributing to this were staffing at Scarborough Hospital and the Emergency Department both there and at the York site in response to Care Quality Commission reports and also pension tax arrangements, particularly in respect of medical capacity in histology and radiology. SB highlighted the need for review of the impact of 2019/20 into 2020/21 on the system financial plan to inform any associated requirements and potential impact on services.

SB reported that, although the publication of national planning guidance was still awaited, Chief Finance Officers had attended a briefing in London the previous week when the requirement for delivery of financial plans had been emphasised. He also referred to the four year improvement funding and noted the national mandate for the Mental Health Investment Standard and investment in primary care which the CCG's Governing Body had already identified as priorities. SB explained that performance against these areas would be monitored in the context of managing referrals to the acute sector but noted that achieving changes in terms of patient demand and recruitment would take time. He also noted that the Primary Care Networks were expressing concern about workforce vacancies and the recently published draft contracts.

In response to concerns raised by TM and AB which included potential impact on patients, the expectations being placed on Primary Care Networks and the significant investment needed in community services, SB emphasised that the CCG's financial strategy was to avoid cost growth through clinically appropriate referral thresholds and to improve service productivity through clinically led innovation; the fixed value contract with York Teaching Hospital NHS Foundation Trust was a key enabler of the latter. He also noted that there was currently no national mandate in expected national planning guidance for investment in community services. AL added that he and GY had discussed concerns about primary care capacity with NHS England and NHS Improvement. He also advised that work was currently taking place to transform the urgent care system and that an additional c£5m of national funding was available across the Sustainability and Transformation Partnership over four years for community services linked to the Ageing Well Programme.

CC additionally confirmed, in response to clarification sought regarding support for primary care, that the CCG's agreed primary care estates plans would not be affected.

The Committee:

Received the Primary Care Commissioning Financial Report as at Month 9.

8. Care Quality Commission Ready Programme

AL referred to the report which informed the Committee of progress made by practices to meet the core essential standards for registration with the Care Quality Commission, the discontinuation of the CCG-led Care Quality Commission Ready Programme and the CCG's offer of support to practices with an increased focus on effective incidence and complaints management processes to include ensuring effective shared learning across the CCG footprint.

In response to PG enquiring about the practice which had been placed in special measures by the Care Quality Commission following inspection in May 2018 AL advised that it had been rated as 'Good' at two subsequent inspections and was currently being monitored.

The Committee:

Received the Care Quality Commission Ready Programme report.

9. Primary Care Quality

AL gave the attached presentation on primary care quality.

PE joined the meeting during this item

Detailed discussion included:

- Development of a "needs led" approach for the CCG's support to primary care which may not be on a "fair shares" basis

- Aspects of historic funding variation between practices in the city and those in the Vale
- Opportunities provided through both “soft” and formal intelligence
- Emphasis on the need for transparency on sharing practice information with the CCG but recognition of historic issues in this regard
- Aspects of GP workload pressures
- Complexities of the system including impact on A and E from patients attending due to delays in GP appointments

In response to emphasis on the need to manage the urgent care system AL explained that a Commercial in Confidence report was currently being prepared following clinical engagement and a Healthwatch survey. He assured members that all system partners were represented in this work and that the information would be publicly available following the appropriate approval process.

The Committee

Noted the ongoing work to develop primary care quality and associated data with a focus on outcomes.

FB-M and GY joined the meeting; SP left the meeting

7. Primary Care Networks Update

GY referred to the report which provided an update on the Primary Care Resilience and Capacity (Central Locality) report presented at the September meeting of the Committee noting the recommendations had related to GP workforce; Changes to services, specifications and waiting times; IT and estates; and Individual practice support. GY highlighted that the main focus had been on GP workforce, the main cause of pressure both locally and nationally, and noted the urgent care transformation work that was taking place, as referred to above.

In respect of GP workforce GY provided a further update with regard to the proposed Vale of York Locum Bank advising that the bid for GP Forward View (Retention or Resilience) funding had not been successful; consideration was now being given to progressing this via a three month pilot.

In response to PE and TM seeking clarification and assurance about the additional five visits per day by Yorkshire Ambulance Service Urgent Care Practitioners, GY agreed to include activity data in his next update.

SP rejoined the meeting

In referring to the Vale update FB-M highlighted the workforce challenges at both local and national level for Primary Care Networks in respect of the additional roles funding and establishing core services. She noted additional financial impact in terms of employment of agency clinical pharmacists, particularly in the North Locality, and from the requirement for the 30% top up by all Primary Care Networks. FB-M explained that a partnership approach was being adopted to achieve the requirements relating to employment of clinical pharmacists and social prescribers and that the commissioned service in the core offer was being optimised.

FB-M reported that a model for the Vale Primary Care Networks was being developed through collaborative working with York Teaching Hospital NHS Foundation Trust in terms of the first contact physiotherapy posts required from 1 April 2020. This would enhance both existing workforce and practice resilience whilst trying to secure a stable workforce in both the PCN's and the trust.

FB-M highlighted the information in the report relating the national Time to Care programme advising that Front Street in Acomb had expressed an interest on behalf of the Nimbus practices in addition to the 14 Vale practices wanting to take part. She noted that this was wave 11 of the programme and emphasised that the projects undertaken by the practices would benefit patient care.

In terms of outcomes FB-M noted that organisational development funding was supporting projects such as anticipatory care and increasing dementia diagnosis rates. She and GY were supporting the Primary Care Networks in development of service improvement plans and of a population needs approach to inform prioritisation. Additionally, the Vale Primary Care Networks were working with North Yorkshire County Council to establish shared population based objectives with a focus on outcomes.

SP reported on work taking place from the perspective of the Humber, Coast and Vale Sustainability and Transformation Partnership to try to mitigate workforce challenges, including consideration of skills and staff grades and potential flexibility, to support primary care.

Detailed discussion included:

- The need for consideration of recruitment and retention of the whole primary care team in the longer term.
- Urgent care transformation as an enabler to enhance resilience and create capacity for continuity of care in practices.
- Recognition of the needs of Primary Care Networks on the basis of population, not geography.
- Aspects of the requirements relating to employing pharmacists. GY additionally noted discussions taking place with the York Teaching Hospital NHS Foundation Trust Pharmacy Team about potential supervision and training options.
- Recognition of culture differences between primary and secondary care practitioners.

The Committee:

Received the Primary Care Networks update noting that activity data on the additional five visits per day by Yorkshire Ambulance Service Urgent Care Practitioners would be included in the next update.

FB-M and GY left the meeting

10. Updates on Improving Access to General Practice at Evenings and Weekends, and Selby Urgent Treatment Centre

SP referred to the report which confirmed that the CCG was now commissioning improved access to General Practice services at evening and weekends for the South Locality; coverage across the whole CCG footprint was now in place as required. An

update was also provided on a related piece of work around commissioning a formally designated Urgent Treatment Centre in the New Selby War Memorial Hospital.

SP expressed appreciation to Shaun Macey, Head of Transformation and Delivery, for his work in this regard noting that FB-M had also been providing support more recently.

In response to AB enquiring about availability of data regarding appointment take up of improving access capacity, SP agreed to provide a report to the March Committee meeting.

The Committee

1. Received the update on improving access to General Practice at evenings and weekends and the Selby Urgent Treatment Centre.
2. Agreed to receive a report on evening and weekend appointment take up at the next meeting.

11. NHS England Primary Care Update

DI presented the report which provided updates under the headings of: Contractual in respect of General Practice Electronic Declaration (eDEC) and Protocol in respect of locum cover or GP performer payments for parental and sickness leave, and GP Forward View / Transformation including the GP Retention Scheme. Members discussed the latter and supported progressing discussion with practices in this regard. PE additionally suggested promoting this through the Vocational Training Scheme, as an option for GPs in their 50s who may be considering leaving General Practice and potentially to locums outside the CCG area.

In response to TM seeking clarification about online consultations and compliance with contract requirements DI agreed to provide the relevant definition (see below). TM noted that the current system was a stand alone and that alternative systems were more effective in that they enabled management of all aspects of online consultation. SP noted that a system on online consultations was planned for a future protected learning time event.

Post meeting note: Online consultation systems allow patients to contact their GP practice without having to wait on the phone or take time out to come into the practice, and they form an important part of Digital First Primary Care. Online consultations enable patients to ask questions, report symptoms and upload photos. The practice then looks at the request and responds within a stated timeframe, connecting the patient to the right person, service or support. Currently, most practices who have implemented online consultations use a questionnaire-based system, with their own staff then looking at requests from patients and delivering the service in response.

The Committee:

Received the NHS England primary care update noting that DI would progress discussions with practices regarding the GP Retention Scheme.

12. Key Messages to the Governing Body

The Committee:

- Welcomed the developments on primary care quality.

- Noted that the CCG was now compliant with the improving access to General Practice at evenings and weekends requirements and that, related to this, a formally-designated Urgent Treatment Centre had been established in the New Selby War Memorial Hospital.

- Requested that the Governing Body receive an update on the Primary Care Networks.

- Recognised the need for awareness of expectations being placed on Primary Care Networks in the context of the draft contract specification.".

- Commended the fact that all practices within the CCG had been rated as 'Good', with one rated as 'Outstanding', in the 2019 Care Quality Commission reviews.

The Committee:

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

13. Next meeting

1.30pm, 28 May 2020 at West Offices.

Exclusion of Press and Public

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 30 JANUARY 2020 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC35	24 January 2019 9 May 2019 21 November 2019	Local Enhanced Services Review 2019/20	• Report on PSA review as part of the LES report to the November meeting • Full LES report to March meeting	SP	9 May 2019 11 July 2019 21 November 2019 19 March 2020
PCCC38	11 July 2019 19 September 2019 21 November 2019 30 January 2020	Estates Capital Investment Proposals – Progress Report	• SS to facilitate engagement with City of York councillors through Members Briefings	SS	19 September 2019 21 November 2019 30 January 2020 10 March 2020
PCCC45	21 November 2019 30 January 2020	Primary Care Networks Update	• AM to raise with the Local Medical Committee concerns about this at scale working in terms of both funding and also terms and conditions to try and facilitate a solution. • Update to next meeting	AM AB	 19 March 2020

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC46	30 January 2020	Improving access to General Practice at evenings	• Report on appointment take up to be presented at the next meeting	SP	28 May 2020
PCCC47	30 January 2020	NHS England Primary Care Update	• Discussions to be progressed with practices regarding the GP Retention Scheme	DI	
PCCC48	30 January 2020	Key Messages to the Governing Body	• An update on Primary Care Networks to be presented to the Governing Body	F-BM / GY	5 March 2020

NHS VALE OF YORK CCG

Primary Care Quality

January 2020

What is Quality

- Maxwell's 6 dimensions of quality
  - Effectiveness
  - Efficiency
  - Equity
  - Accessibility
  - Acceptability
  - Safety

- Darzi's
  - Patient Outcomes
  - Patient Experience
  - Patient Safety

FORMAL INTELLIGENCE

- IAF indicators reported to Finance & Performance Committee

- Routinely look at primary care indicators in our primary care intelligence meetings e.g. QOF, SMI/LD Healthcheck data etc…

- RAIDR in the near future will provide more opportunity and scope to get a better picture of primary care activity.

Can we use data to inform our decisions, i.e. be more "needs" led?

Values compared to England Benchmark

Higher
Similar
Lower
Not Compared

Indicator	Period	England	NHS Vale Of York CCG	Beech Tree Surgery	Escrick Surgery	Posterngate Surgery	Scott Road Medical Centre	Dalton Terrace Surgery	East Parade Medical Practice	Jorvik Gillygate Practice	Unity Health	Elvington Medical Practice	Front Street Surgery	Haxby Group Practice	My Health Group	Pocklington Group Practice	Priory Medical Group	The Old School Medical Practice	Sherburn Group Practice	South Milford Surgery	Tadcaster Medical Centre	Helmsley Surgery	Kirkbymoorside Surgery	Millfield Surgery	Pickering Medical Practice	Stillington Surgery	Terrington Surgery	Tollerton Surgery	York Medical Group
% aged 0 to 4 years	2019	5.5	4.4	5.0	3.6	5.4	6.3	4.6	3.9	4.0	1.4	4.2	3.9	4.1	4.9	4.1	5.2	4.3	6.4	5.4	4.7	4.6	3.7	4.3	3.3	3.5	4.5	3.5	4.5
% aged 85+ years	2019	2.3	2.6	2.8	2.5	2.6	1.0	2.8	3.6	1.6	0.7	3.5	3.0	4.5	2.9	3.0	2.3	2.5	2.2	2.3	2.7	4.0	3.9	3.6	4.3	3.9	2.5	2.2	1.8
Cancer: QOF prevalence (all ages)	2018/19	3.0	3.3	3.5	4.4	3.6	2.7	2.8	3.4	2.7	0.9	4.2	3.4	3.8	4.5	4.3	2.9	4.6	3.3	3.7	3.0	4.3	3.9	5.2	5.0	4.8	4.8	4.2	2.8
Hypertension: QOF prevalence (all ages)	2018/19	14.0	13.5	15.4	15.3	13.8	13.5	14.6	16.3	10.1	3.6	15.1	15.0	17.4	14.7	15.3	11.5	14.6	13.2	16.4	17.1	17.9	19.3	15.4	20.6	18.5	17.1	16.2	11.2
Atrial fibrillation: QOF prevalence	2018/19	2.0	2.4	3.1	2.4	2.4	1.6	2.4	2.5	1.9	0.6	2.9	2.4	3.3	2.8	2.9	1.9	2.4	2.3	2.5	2.8	2.7	3.6	3.5	3.6	3.0	3.0	2.3	1.9
Stroke: QOF prevalence (all ages)	2018/19	1.8	2.1	2.6	2.3	2.3	1.5	1.7	2.0	1.6	0.5	2.6	2.3	2.9	2.5	2.3	1.8	2.2	1.9	2.1	2.5	3.8	2.8	2.6	2.7	3.0	2.8	1.8	1.8
CHD: QOF prevalence (all ages)	2018/19	3.1	3.4	3.9	3.8	4.0	3.1	3.0	3.3	2.6	0.8	3.9	3.9	4.7	3.7	3.9	2.8	3.3	3.3	4.0	4.0	4.0	4.8	4.1	4.8	3.7	4.6	3.2	2.9
Heart Failure: QOF prevalence (all ages)	2018/19	0.9	1.0	1.4	1.0	1.0	0.8	0.7	0.8	0.8	0.3	1.4	0.9	1.1	1.1	1.3	1.0	0.7	1.1	1.3	0.9	1.8	1.9	1.4	1.6	0.8	1.3	1.0	1.0
Obesity: QOF prevalence (18+)	2018/19	10.1	10.3	12.1	8.7	15.7	16.7	7.1	10.5	8.6	2.5	10.5	10.5	10.3	9.8	11.4	8.9	8.4	13.8	14.5	13.9	8.9	11.9	11.0	17.9	11.0	3.2	7.1	9.7
Diabetes: QOF prevalence (17+)	2018/19	6.9	5.6	7.3	6.1	7.0	6.7	4.8	5.8	4.1	1.4	5.6	6.5	7.0	5.9	5.9	5.3	5.2	6.2	7.2	7.2	7.5	7.5	6.1	7.9	5.1	5.5	5.3	4.9
Mental Health: QOF prevalence (all ages)	2018/19	1.0	0.8	0.7	0.4	0.7	0.8	1.3	1.2	1.1	0.4	0.6	0.8	0.8	0.6	0.7	1.0	0.4	0.6	0.6	0.6	0.8	0.9	0.7	0.7	0.5	0.6	0.5	1.1
Dementia: QOF prevalence (all ages)	2018/19	0.8	0.8	1.1	0.8	0.8	0.7	0.5	0.6	0.5	0.2	1.5	0.6	1.2	0.9	0.7	0.8	0.6	0.8	0.5	0.6	0.8	0.9	0.9	1.3	0.9	0.3	0.4	0.5
COPD: QOF prevalence (all ages)	2018/19	1.9	1.8	3.1	0.9	2.2	2.3	1.9	1.6	1.3	0.5	1.1	2.4	2.3	1.9	1.7	1.4	1.4	1.7	2.0	2.1	1.6	1.6	1.6	2.2	1.5	1.3	1.9	1.9
Osteoporosis: QOF prevalence (50+)	2018/19	0.8	1.2	0.4	0.6	0.7	1.6	0.7	0.5	0.7	0.8	0.8	1.5	1.6	1.9	0.9	0.7	0.3	1.2	0.3	0.7	0.4	1.1	1.9	2.4	1.3	0.4	1.5	2.0

- Ongoing work to help address EQUITY / VARIATIONS.
- Intention is a shared understanding of what the population disease burden is.
- To enable a more '*population health needs*' informed discussion of priorities.

SOFT INTELLIGENCE

Info collated on:

- Estates
- IT
- Workforce
- Finance/contracts
- QOF
- Improving Access
- 2 week waits
- Relationships
- Dispensing
- Medicines management
- Flu/vaccinations
- Complaints/incidents

Care Quality Commission (CQC)

- Overview of CQC reports for our practices
- CQC readiness assessment by practices
- Good links through our Quality and Safety team to CQC.

Learning from mistakes / incidents

- Public concerns around branch closures and access to primary care services
- Concerns about financial probity?
- Concerns about practice management style?

What else could we look at?

- Accessibility of Primary care
  - Routine appointments
  - IA/EA availability
- Accessibility to secondary care
  - RSS / Referrals data
  - Are clinical pathways and thresholds safe and efficacious? How do we know?
- Serious incidents / Significant events
  - How do we record and share learning more widely in the system

What we can improve on?

- Closer working with
  - Quality & Safety team
  - Patient / Public engagement lead
- Closer working on care homes agenda
- Don’t forget community services

Other key issues

- How do we monitor clinician's performance (medical performer's list) and get feedback from NHSE/I?
- How do we more accurately measure and monitor patient experience?
- Which quality dimensions matter most?

- ***How do we be more "outcomes" focused?***