

PRIMARY CARE COMMISSIONING COMMITTEE

24 September 2020, 1.30pm to 3.30pm

By Microsoft Teams due to Coronavirus COVID-19

AGENDA

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3-11	Minutes of the meeting held on 23 July 2020	To Approve	Julie Hastings Committee Chair
4.	Verbal	Matters Arising		All
5. 1.45pm	Pages 12-19	Primary Care Commissioning Financial Report Month 5	To Receive	Simon Bell Chief Finance Officer
6. 2.00pm	Verbal	Primary Care Networks Update including workforce plans	To Note	Fiona Bell-Morrith / Gary Young Primary Care Lead Officers
7. 2.20pm	Verbal	Coronavirus COVID-19 Update	To Note	Dr Andrew Lee Executive Director of Primary Care and Population Health
8. 2.35pm	Verbal	Introduction of a Primary Care Practice Managers Group	To Note	Stephanie Porter Assistant Director of Primary Care
9 2.40pm	Pages 20-29	Three Month Social Prescribing Impact Report from York CVS	To Receive	Stephanie Porter Assistant Director of Primary Care
10. 2.55pm	Verbal	Update on Online Consultations	To Note	Shaun Macey Head of Transformation and Delivery

11. 3.00pm	Verbal	Medicines Safety Programme	To Note	Laura Angus Head of Prescribing/ Strategic Lead Pharmacist
12. 3.15pm	Pages 30-36	NHS England and NHS Improvement Primary Care Report	To Receive	David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement (North East and Yorkshire)
13. 3.25pm	Verbal	Key Messages to the Governing Body	To Agree	All
14.	Verbal	Next meeting: 1.30pm, 26 November 2020	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.

**Minutes of the Primary Care Commissioning Committee on 23 July 2020
by Microsoft Teams due to Coronavirus COVID-19**

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
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
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
Phil Mettam (PM)	Accountable Officer

In attendance (Non Voting)

Fiona Bell-Morrith (FB-M)	Lead Officer Primary Care, Vale
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network
Jamal Hussein (JHu) – item 8	Senior Pharmacist
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Stephanie Porter (SP)	Assistant Director of Primary Care
Michèle Saidman (MS)	Executive Assistant
Gary Young (GY)	Lead Officer Primary Care, City

Apologies

Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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

Agenda

1. Apologies

As noted above.

2. 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.

3. Minutes of the meeting held on 28 May 2020

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 28 May 2020.

4. Matters Arising

4.1 PCCC49 Hepatitis B vaccination for patients with chronic kidney disease: AL reported that work was taking place with York Teaching Hospital NHS Foundation Trust to understand associated costs in accordance with NHS England and NHS Improvement's view that the vaccinations were best delivered in secondary care. This would enable comparison with the cost of primary care delivering the vaccinations. SB added that this change in approach would result in a cost to the system.

PCCC50 Financial Performance Report - Evaluation of the second Prescribing Incentive Budget Scheme: This item was being considered in the subsequent Part II meeting.

The Committee:

Noted the updates.

5. Primary Care Commissioning Financial Report Month 3

SB referred to the report which provided details on the financial plan for 2020/21 for the CCG's primary care commissioning areas, reported the year to date financial position and the forecast outturn position for 2020/21 including the context of COVID-19, and proposed allocation of the 2020/21 Personal Medical Services premium monies.

SB explained that the CCG had been operating under national financial arrangements for April to July; guidance was still awaited for the remainder of the year on the resource limit from August. He explained however that, subject to potential impact from a second wave of COVID-19, costs, which had already increased significantly over the last four months, could be forecast both from the CCG and provider perspectives and would materially impact the system for a number of years. These included:

- Non recurrent costs such as the purchase of a fridge to store testing kits and payment for GP Practices to open over the East Bank Holiday.
- Significant revenue costs resulting from capital investment in the A&E Department and endoscopy with associated future costs.
- "Recurrent non-recurrent" costs for such as reduced elective capacity due to requirements for social distancing, theatre cleaning and personal protective equipment.

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- Significant backlogs and waiting list increases.
- Social care costs, notably the approach to accelerated discharges. In this regard SB noted the cessation of the national arrangements from month six and the context of pressures on Local Authority budgets.

SB advised that indications from national and regional briefings were that the months one to four financial arrangements may continue for at least August, and possibly September, with a fixed system budget for the second half of the year. Discussions with Government were ongoing about this. He noted the expectation that costs associated with COVID-19, winter pressures and the start of the return to regular activity would be covered.

SB reported that guidance had changed for month three in respect of 'true-up' of allocation adjustment as the April and May claims were undergoing further review by NHS England and NHS Improvement for reasonableness. He emphasised that the CCG was confident that all variances in the 'true-up' category were reasonable and could be substantiated.

SB explained that, in the absence of national guidance from August to the end of the financial year, the forecast position of £110m for Delegated Commissioning and Other Primary Care was based on the last draft submitted plan for 2020/21. Subject to confirmation of the 'true-up' for April to July, break-even was forecast for the first four months but a £393k overspend was currently forecast for the remainder of the year, mainly in respect of primary care prescribing.

SB emphasised challenges emanating from the backlogs in secondary care, unmet need in primary care and the fact that an efficiency target was expected to be required for the second half of the year. He noted ongoing discussion between Government and the NHS regarding the awaited guidance.

Discussion included: potential reduction in other infections as a result of the COVID-19 infection prevention and control requirements; impact of discharges and lengths of stay on costs to the system; recognition of partnership working in the face of the pandemic; and recognition of a "light touch" approach but the need for assurance from the Primary Care Networks in respect of the additional Personal Medical Services monies investment

The Committee:

Approved the allocation of Personal Medical Services premium monies to Primary Care Networks without any constraints based upon weighted list size at 1 January 2020.

6. Primary Care Networks Update

Central Locality

In referring to the report which provided an update on recent Primary Care Network developments GY highlighted the establishment of a single primary care provider alliance in the Central Locality and commended the Clinical Directors for their work in this regard. He also noted a number of collaborative service developments in response to the COVID-19 pandemic including: the central COVID-19 hub which had the potential

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for proactive follow up patients who may need longer term surveillance; the winter 'flu campaign; the resumption of the urgent care transformation programme which was working on developing a 24/7 fully integrated urgent care offer for York that aligned with Talk Before You Walk being developed with Yorkshire Ambulance Service and NHS 111 regionally. GY also commended the Primary Care Operations Group, established by the CCG, which supported development of trust across the system.

In terms of challenges GY highlighted unlocking of capacity in General Practice noting that a source of supporting guidance would be welcome. He also reported concern in the context of impact on primary care as a result of secondary care recovery plans.

In response to concerns raised by TM about use of Improving Access monies for urgent care, GY acknowledged the need for some flexibility in how the Primary Care Networks operated.

Vale

FB-M noted significant achievements on the part of the Vale Primary Care Networks at the same time as managing the COVID-19 challenges and resuming routine services. She highlighted that, in addition to the multi-agency Vale System Group, the smaller Primary Care Networks had worked together to respond quickly to the pandemic, including establishment through working with partners of a testing of symptomatic patients service which could be stepped up if needed for a second wave of the pandemic; significant work with multi disciplinary teams in care homes; and enhancing the invaluable role of the third sector including voluntary groups such as Dementia Forward.

FB-M emphasised the work to resource and increase activity that had been paused as a result of the pandemic and also noted planning for the winter 'flu and the ability to respond in the event of a potential second wave of COVID-19.

FB-M explained that consideration was being given to recruitment to Primary Care Network additional roles such as First Contact Physiotherapists for which approval to recruit had been given at Humber, Coast and Vale Integrated Care System level. In this regard an approach of joint recruitment with York Teaching Hospital NHS Foundation Trust was being adopted to avoid destabilising their services. FB-M noted that workforce plans would be presented at the next meeting of the Committee.

PE emphasised the aspect of 'place', opportunities provided through smaller and dynamic units and a system approach. She noted work was taking place to reduce unwarranted variation through Practices working together, also commenting on high levels of satisfaction in a recent Patient Satisfaction Survey in the area. PE commented however on the challenge to a single voice approach due to the geographical composition of the Vale and also the tiered structure of North Yorkshire County Council.

In response to TM raising concern about potential shortages of 'flu vaccination, AL advised that a national directive was awaited in terms of the lowering of the eligibility age and the profile of eligible groups. He noted the multi-agency working group for winter 'flu, led by Dr Mike Holmes, Nimbus Chair, was developing a prioritisation process pending the awaited guidance.

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SP commented in light of PE's comments that devolution discussions were currently taking place. She noted links on Local Authority websites to devolution consultations advising that a Greater Yorkshire proposal was among a range of documents included on the City of York Council website <https://www.york.gov.uk/downloads/download/366/devolution-explained> (also circulated to the Committee after the meeting).

In conclusion AL emphasised the need for the whole system to work collaboratively and in particular noted the key role of Primary Care Networks, with support from the CCG, in ensuring the survival of General Practice in the Vale of York.

The Committee:

Received the Primary Care Networks update.

7. Coronavirus COVID-19 Update

AL reported that currently rates of infection in North Yorkshire and York were low and, in fact, among the lowest across Yorkshire and the Humber. He also noted the increase in cases in parts of West and South Yorkshire and Lancashire.

AL highlighted backlogs in the context of non COVID-19 services with particular reference to delayed appointments and referrals. He emphasised the potential need for Practices to re-instate "hot" and "cold" arrangements in the event of an increase in infection rates advising that local trends were monitored via the Thursday COVID-19 Incident Command Cell meetings. Practices would be alerted if infection rates rose above a threshold.

AL advised there had been no outbreaks in local Practices to date but other parts of the system had experienced cases that had impacted on business continuity. Practices were being encouraged to agree mutual arrangements to mitigate in the event of an outbreak. AL noted that an OPEL alert framework, similar to that in secondary care, was being considered by the Local Medical Committee. He also noted the limited availability of primary care data in the context of addressing the challenges of primary care expectations across Humber, Coast and Vale.

JHu joined the meeting

PE expressed support for "light touch" rather than bureaucracy in terms of General Practice workload demands, noted the prominent role of NHS 111 during the pandemic, and emphasised the need for Practices to receive timely support from the CCG with impactful issues, such as long term sickness of a partner.

The Committee:

Noted the update.

8. Prescribing Indicative Budgets 2

JHu described the gain share approach of Prescribing Indicative Budgets and advised that Prescribing Indicative Budgets 2 (PIB2) had started in all Primary Care Networks in Vale of York in September 2019. It had been due to end on 31 March 2020 but the CCG Executive had agreed to end the contract in February 2020 due to the COVID19 pandemic as detailed in the report.

JHu noted that overall PIB2 had been of limited success; only one of the eight Primary Care Networks had made financial savings on their prescribing budget and received a gainshare of those savings. He described factors that had affected the overall savings efficiencies, including the September instead of April start date, external pressures and the fact that there had not been full support from Practices.

JHu referred to the NHS Long Term Plan which, as part of the Network Contract Directed Enhanced Service in 2020/21, included an element of prescribing cost efficiencies via the Investment and Impact Fund. As this had eight indicators, five of which related to improving the quality and cost-effectiveness of prescribing, JHu noted the recommendation in the report to 'do nothing', i.e. do not actively seek to develop a prescribing incentive scheme for 2020/2021 at present. This recommendation was in the context of it being more worthwhile to focus the efforts of both the CCG medicines management team and the Primary Care Networks on improving prescribing systems and processes in terms of robustness, reducing the risk of any adverse prescribing/medicines events and ideally developing capacity within primary care to focus on other areas during the pandemic and recovery. The CCG medicines management team could then review the position and consider a complementary scheme, in collaboration with the Primary Care Networks when the Primary Care Network Directed Enhanced Service and Investment and Impact Fund were implemented.

Detailed discussion included the context of: the CCG's overall prescribing performance, which was recognised as good; concern that the prescribing QIPP (Quality, Innovation, Productivity and Prevention) had not been delivered; emphasis on the need for any new prescribing incentive scheme to align with other Primary Care Network priorities; recognition that implementing such as changes to prescribing practice took time to become established; the role of the medicines management team; and emphasis on the role of Primary Care Networks in the system.

SB referred to the earlier discussion about the fact that the CCG did not currently have a notified resource for the second half of the year. He could not advocate agreement of the recommendation to 'do nothing' as, notwithstanding a potential second wave of COVID-19, the CCG would be required to live within a fixed budget and prescribing efficiencies may be required. PM additionally referred to the CCG's statutory responsibilities and the potential for a system approach to be required.

It was agreed that, in view of the current uncertainties, consideration of any future prescribing incentive schemes be deferred until there was greater clarity.

The Committee:

Agreed to defer consideration of any future prescribing incentive scheme.

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JHu left the meeting

9. Risk Assessments for At Risk Groups – General Practice

SP reported that risk assessment processes had been completed with General Practice through engagement and with CCG staff. She explained that any member of staff deemed to be at risk of COVID-19 must be offered an assessment advising that most CCG staff had taken up this offer.

The Committee:

Noted the update.

10. NHS England and NHS Improvement Primary Care Report

CC referred to the report that provided information on achievement against the 2019/20 Quality and Outcomes Framework, a number of updates and guidance to primary care and General Practice in relation to COVID-19, and Contract merger between Jorvik Gillygate Surgery and East Parade Medical Practice. Two appendices comprised letters respectively on NHS support for patients who are shielding and confirmation of General Practice contractual arrangements from July and income protection.

In respect of unspent recruitment budgets being transferred from one Primary Care Network to another, CC confirmed that these budgets would be reinstated for 2021/22.

The Committee:

Received the NHS England and NHS Improvement Primary Care Report.

11. Key Messages to the Governing Body

The Committee:

- Noted the challenges facing primary care in the current environment, particularly in the context of such as prescribing budgets.
- Commended the developments and maturing of the Primary Care Networks.

The Committee:

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

12. Next meeting

1.30pm, 24 September 2020.


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 23 JULY 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 19 March 2020	Local Enhanced Services Review 2019/20	<ul style="list-style-type: none"> • Report on PSA review as part of the LES report to the November meeting • Full LES report to March meeting • Deferred to autumn 2020 	SP	9 May 2019 11 July 2019 21 November 2019 19 March 2020 24 September or 26 November 2020
PCCC52	23 July 2020	Primary Care Networks Update	<ul style="list-style-type: none"> • Primary Care Networks workforce plans to be presented at the next meeting 	FB-M / GY	24 September 2020

Item Number: 5	
Name of Presenter: Simon Bell	
Meeting of the Primary Care Commissioning Committee Date of meeting: 24 September 2020	 Vale of York Clinical Commissioning Group
Primary Care Commissioning Financial Report Month 5	
Purpose of Report For Information	
Reason for Report	
To provide the Committee with details of the Month 5 and forecast position for Primary Care expenditure areas.	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

The Committee is asked to receive the report.

Decision Requested (for Decision Log)

The Committee received the report.

Responsible Executive Director and Title

Simon Bell, Chief Finance Officer

Report Author and Title

Caroline Goldsmith, Deputy Head of Finance

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

Report produced: September 2020

Financial Period: April 2020 to August 2020

1. Introduction

This report provides details on the year to date financial position as at Month 5 and the forecast outturn position for 2020-21.

2. Primary Care Year to Date and Forecast Position

Due to the COVID-19 pandemic, CCGs are currently operating under interim financial arrangements for the April – September period, whereby;

- Revised allocations have been issued for April – September, based on a centralised NHS England expenditure model
- Retrospective allocation adjustments are being made as follows:
 - To fund all COVID-19 related expenditure
 - Further ‘true-up’ allocations where expenditure variances are deemed to be reasonable – this will return CCGs to a break even position for the period.

From October onwards, it is expected that the CCG will move to a financial envelope, which will be managed across the Integrated Care System. The CCG submitted a draft plan for the October to March period on 1 September. This was based on the CCG’s draft financial plan for 2020-21 with adjustments made for COVID-19 financial arrangements where these are known to be different to the original plan. Primary Care was amended for the following items:

- Prescribing QIPP of £1.06m relating to October to March was removed. This has been partly offset by releasing the prescribing risk reserve of £500k, resulting in a net change of £558k.
- £1.00m for Improving Access was added. In previous years, this has been funded through non-recurrent allocation but it is expected that this will form part of the block allocation in October to March.

Expenditure for April to September has been forecast on a detailed basis. For October to March, forecast figures are based on the 1 September plan submission.

2.1 Delegated Commissioning Financial Position – Month 5

The table below sets out the year to date position for 2020-21.

Delegated Primary Care	Month 5 Year To Date Position		
	Budget £000	Actual £000	Variance £000
Primary Care - GMS	9,464	9,435	29
Primary Care - PMS	3,869	3,716	153
Primary Care - Enhanced Services	231	231	0
Primary Care - Other GP services	2,851	2,483	368
Primary Care - Premises Costs	1,866	1,866	0
Primary Care - QOF	1,878	1,878	0
Sub Total	20,158	19,609	549
NHSE Allocation Adjustment	(550)	0	(550)
Total	19,608	19,609	(1)

- The Month 5 year to date position is £19.61m which is an underspend of £549k against the CCG's financial plan.
- **GMS** is based upon the current contract and list sizes to date and is showing an underspend of £29k due to smaller list size movements than expected.
- **PMS** contracts are underspent by £153k due primarily to PMS premium monies which are accrued in Other Primary Care (£130k).
- **Enhanced Services** have been accrued to budget. A more detailed breakdown is shown in the table below.

Enhanced Services	Month 5 Year to Date Position		
	Budget £000	Actual £000	Variance £000
Learning Disability	42	42	0
Minor Surgery	181	181	0
Violent Patients	9	9	0
Sub Total	231	231	0

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

- A breakdown of **Other GP services** is shown in more detail in the table below.

Other GP Services	Month 5 Year to Date Position		
	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	849	782	67
PCO Administrator	394	394	0
GP Framework:			
<i>Extended Hours</i>	220	220	0
<i>Network Participation</i>	259	259	0
<i>Clinical Director</i>	110	110	0
<i>PCN Support</i>	80	80	0
<i>Additional Roles</i>	627	627	0
Needle, Syringes & Occupational Health	12	12	0
Reserves	300	0	300
Sub Total	2,851	2,483	368

Dispensing Doctors are paid two months in arrears and is currently underspent based upon April to June's dispensing figures.

PCO Administrator, GP Framework payments and Needle, Syringes and Occupational Health are all accrued to budget.

The year to date budget in **reserves** reflects the uncommitted investment reserve that was provided for in the CCG's draft plan.

- **Premises** costs have been accrued to budget at this stage.
- **QOF** is accrued to budget.

2.2 Other Primary Care Financial Position – Month 5

The table below sets out the core primary care financial position as at Month 5. Note that the CCG received £813k in additional allocation to offset COVID-19 expenditure in Primary Care incurred between April and July.

Primary Care	Month 5 Year to Date Position				
	Budget	Actual	Variance	COVID related variance	Non-COVID related variance
	£000	£000	£000	£000	£000
Primary Care Prescribing	21,648	22,444	(796)	0	(796)
Other Prescribing	714	716	(1)	0	(1)
Local Enhanced Services	960	939	21	13	8
Oxygen	159	127	32	0	32
Primary Care IT	575	639	(64)	(34)	(30)
Out of Hours	1,423	1,447	(24)	0	(24)
Other Primary Care	1,003	1,977	(973)	(41)	(932)
Sub Total	26,483	28,287	(1,804)	(62)	(1,743)
NHSE Allocation Adjustment	1,412	0	1,412		
Total	27,895	28,287	(392)	(62)	(1,743)

The **Prescribing** position is overspent by £796k as at Month 5. This position is based upon 3 months of prescribing data and does not include any QIPP. £566k of this overspend relates to prior year due to March prescribing figures.

Oxygen is underspent by £32k as at Month 5 as activity is lower than expected.

The overspend of £64k on **Primary Care IT** includes £33k for a firewall upgrade required as a result of COVID and £34k for the CCG's contribution to an ICS programme for which the budget is in reserves.

Other Primary Care is overspent by £973k. This includes £41k of GP Practice COVID expenditure in August for which allocation is expected in September. The non-COVID variance is made up of £130k for PMS premium monies for which the budget is included with delegated commissioning and £833k for Improving Access which is not in the financial plan as it is usually funded through non-recurrent allocation. This will be dealt with through the 'true-up' through April to September.

2.3 COVID Expenditure

As at Month 5, the CCG has incurred £4.29m of COVID-19 related expenditure against which allocation of £3.37m has been received. The table below shows the level of COVID expenditure included within Primary Care areas and the allocation received for it to date.

Primary Care	COVID expenditure as at Month 5 £000	Forecast COVID expenditure as at Month 6 £000	COVID allocation received as at Month 4 £000	Comments
Local Enhanced Services	80	100	(93)	Care Homes LES, additional MECS and anti-coagulation costs
Primary Care IT	107	107	(73)	Care Home tablets, additional SMS and telephony costs and firewall upgrade
Out of Hours	19	19	(19)	Additional OOH costs
Other Primary Care	669	669	(628)	GP COVID costs, GP Practices opening over Bank Holidays, COVID management service, Advanced Care Planning sessions
Total	875	895	(813)	

2.4 Delegated Commissioning and Other Primary Care Forecasts


The forecast position covers two distinct phases of the financial year, as follows:

- For April to September, the plan is based upon the CCG's draft financial plan, with a £769k adjustment to increase the plan to meet the current allocation as advised by NHSE/I. Expenditure shown is the year to date position, plus forecast for September. As shown in the table following, an allocation adjustment of £820k is expected to cover August and September COVID spend and to adjust the financial position to breakeven.
- For October to March, the plan figures are based upon the updated draft plan submission.

The forecast table shows April to September plan and forecast outturn as well as October to March plan and forecast outturn.

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

	Forecast Position (£000)									Comments April to September	Comments October to March
	April to September			October to March			Financial Year				
	Plan	Forecast	Variance	Plan	Forecast	Variance	Plan	Forecast	Variance		
Delegated Commissioning											
Primary Care - GMS	11,357	11,321	35	11,357	11,357	0	22,713	22,678	35		
Primary Care - PMS	4,643	4,458	185	4,643	4,643	0	9,285	9,100	185	£156k PMS (forecast included in Other Primary Care)	
Primary Care - Enhanced Services	541	278	263	277	277	0	818	555	263		
Primary Care - Other GP services	3,157	3,023	134	3,624	3,624	0	6,781	6,647	134	£361k slippage on investment reserve	
Primary Care - Premises Costs	2,239	2,239	0	2,239	2,239	0	4,478	4,478	0		
Primary Care - QOF	2,254	2,254	(0)	2,254	2,254	0	4,508	4,508	(0)		
Total Delegated Commissioning	24,190	23,572	618	24,393	24,393	0	48,583	47,965	618		
Other Primary Care											
Primary Care Prescribing	25,977	26,950	(973)	25,977	25,977	0	51,954	52,927	(973)	£566k prior year impact of March prescribing figures, £407k in year overspend	QIPP now removed from October to March plan, partially offset by release of risk reserve
Other Prescribing	857	864	(7)	857	857	0	1,715	1,722	(7)		
Local Enhanced Services	1,134	1,132	2	1,053	1,053	0	2,187	2,185	2		
Oxygen	191	159	32	191	191	0	383	350	32		
Primary Care IT	675	745	(70)	602	602	0	1,277	1,347	(70)	£34k COVID spend in August	
Out of Hours	1,704	1,735	(31)	1,685	1,685	0	3,389	3,420	(31)	Agreed increase in contract value for April - September	
Other Primary Care	1,078	2,239	(1,161)	1,523	1,523	0	2,601	3,762	(1,161)	£41k COVID spend in August, £1.0m Improving Access (not in plan, usually funded through NR allocation, will be funded through 'true-up' exercise for Apr-Sep), £156k PMS premium	
Total Other Primary Care	31,617	33,824	(2,207)	31,889	31,889	0	63,506	65,713	(2,207)		
Total Primary Care	55,807	57,396	(1,589)	56,282	56,282	0	112,089	113,678	(1,589)		
NHSE Allocation Adjustment	769	0	769	0	0	0	769	0	769	Adjustment in notified April to July allocation compared to CCG financial plan, partly offset by M1-4 'true up' allocation	
Expected impact of 'true-up' exercise	0	(820)	820	0	0	0	0	(820)	820	Anticipated increase to allocation for Aug & Sep COVID spend £82k and Aus & Sep 'true-up' £738k	
Total	56,576	56,576	(0)	56,282	56,282	0	112,858	112,858	(0)		

Item Number: 9	
Name of Presenter: Stephanie Porter	
Meeting of the Primary Care Commissioning Committee Date of meeting: 24 September 2020	 Vale of York Clinical Commissioning Group
Report Title: Three Month Social Prescribing Impact Report from York CVS	
Purpose of Report <i>(Select from list)</i> To Receive	
Reason for Report To inform the Committee of the collaborative work that began in January 2020 between York CVS and the Primary Care Networks in York.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input type="checkbox"/> CCG Footprint <input checked="" type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

Please confirm below that the impact assessments have been approved and outline any risks/issues identified.

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

For information only

Decision Requested (for Decision Log)

Primary Care Commissioning Committee noted the report

Responsible Executive Director and Title

Dr Andrew Lee
Executive Director of Primary Care and
Population Health

Report Author and Title

York CVS



Three Month Social Prescribing Impact Report from York CVS June 2020



Introduction

A collaboration between York CVS and the newly formed Primary Care Network's in York began in January 2020. This collaboration was the first steps in ensuring that Social Prescribing was consistently available within Primary, as outlined in NHS Long Term Plan. This one year pilot has set out to explore how by working together with the voluntary sector we can improve wellbeing outcomes for patients registered with GP Practices in York. Our model of work reflects a holistic person centred approach to working with people, we have the time and opportunity to explore not what is the matter with people but what matters to them. The aim of Social Prescribing is to empower individuals to take more responsibility for their own health and wellbeing and to identify support networks within their community and to reduce the number of patients attending the GP's with non-medical conditions that may well have a social solution.

However, before this work was able to take off Covid-19 arrived. This report has been compiled to provide a snap shot of the work that has been carried out by the Social Prescribing teams during the three months March 2020 – June 2020, at the height of the Covid-19 Pandemic. When we went into lockdown York CVS offered a hotline number to all the PCN's that could go into their call menu. This number was staffed by the Social Prescribing Link Workers (SPLWs) and the team at York CVS and provided social and emotional and wellbeing support. We quickly became aware that a number of people were experiencing significant isolation and loneliness and began making weekly welfare calls, alongside a team of volunteers, to a number of patients across the City. We also made calls to lists of people who were coded as frail, shielding, Carers and patients living with a Dementia diagnosis.

In May York CVS was contacted by Andrew Lee at the CCG and asked to work alongside Nimbus Care Ltd. As part of the Covid-19 Monitoring Hub. This was set up to ensure that individuals who were symptomatic for Covid-19 were contacted on day 1, day 3 and then every day from day 7 to 14. This was identified as a need when it was recognised that on days 7 to 10 the symptoms of Covid-19 could worsen and it was necessary to ensure individuals had access to the medical support they needed.

Moving forward: SPLWs are part of both the general practice and community response to Covid-19, working to ease some of the pressure on primary care. They are currently carrying their own caseloads, as well as supporting shielded and other vulnerable groups. It is predicted that the pandemic will have an impact on health and wellbeing beyond the immediate crisis, and the hope is that SPLWs will be integral to primary care's effective response. Alongside this SPLWs are well placed to contribute to addressing health inequalities which have been highlighted during the pandemic.

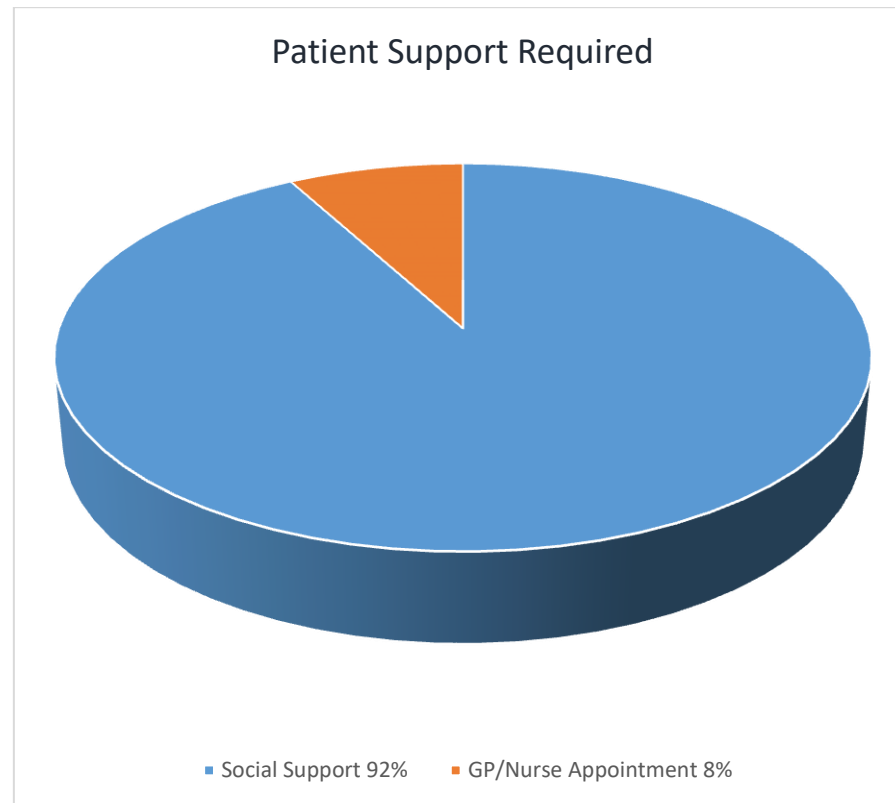
What We Did



1,759 people supported



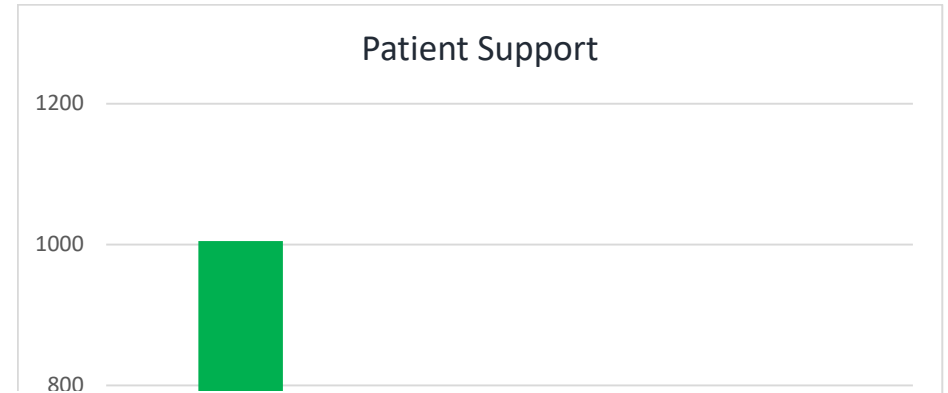
Saving
Primary Care
of £56,525



IMPACT

- Over the last 3 months we have supported 1,759 people
- Of the number of patients that were referred to the Social Prescribing team or contacted the Social Prescribing number only 8% required an appointment with a GP or Practice Nurse
- This equates to saving Primary Care £56,525*

- 1,005 PATIENTS REFERRED FOR SOCIAL SUPPORT
- 393 PATIENTS CONTINUE TO RECEIVE SUPPORT FORM THE LINK WORKER TEAM OR WELFARE CALLS
- 223 PATIENTS WERE REFERRED TO THE WELFARE CALL VOLUNTEERS
- 876 WELFARE CALLS MADE
- THIS EQUATES TO SAVING PRIMARY CARE £30,660

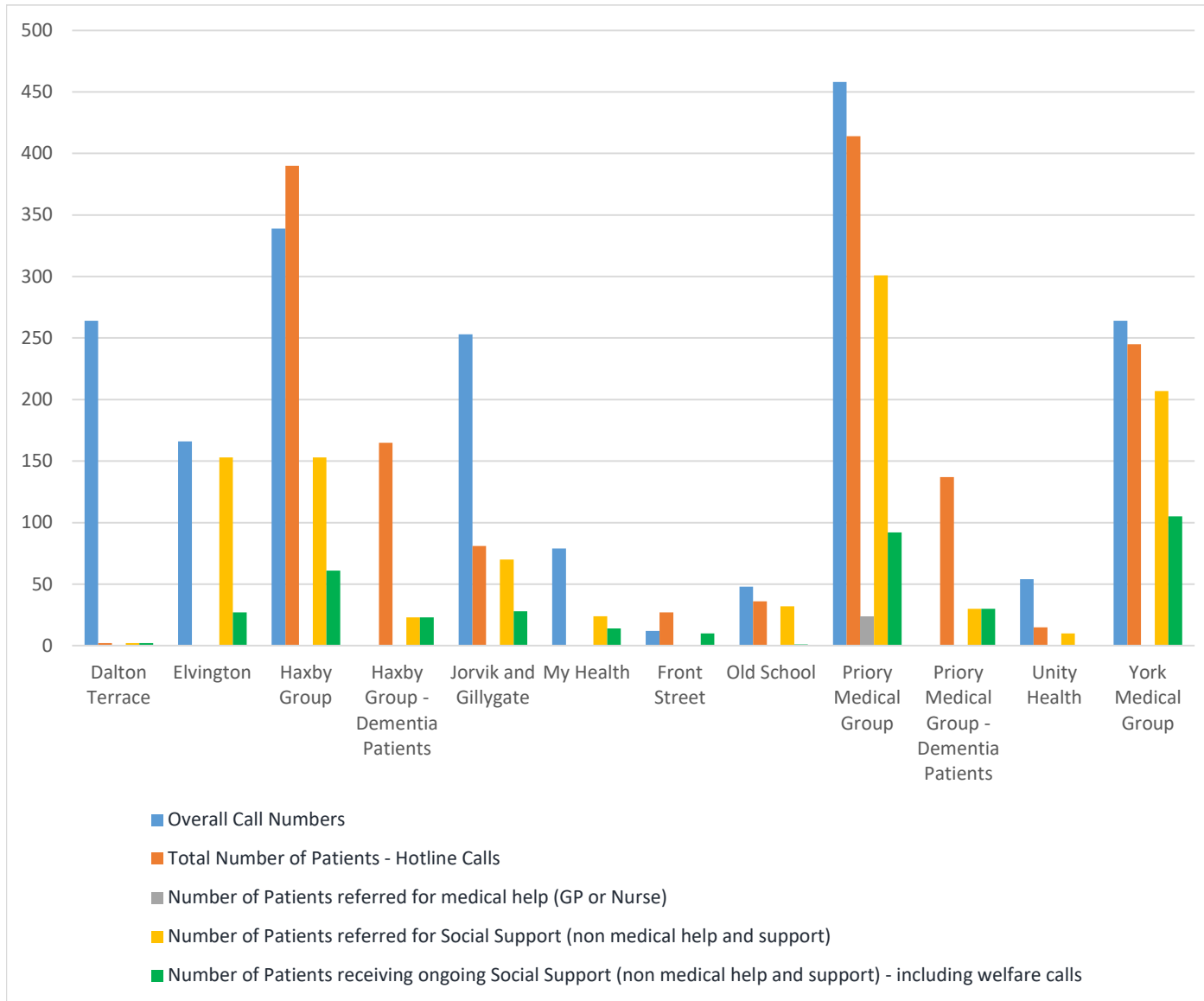


876 welfare calls made

Savings to Primary Care of £30,660

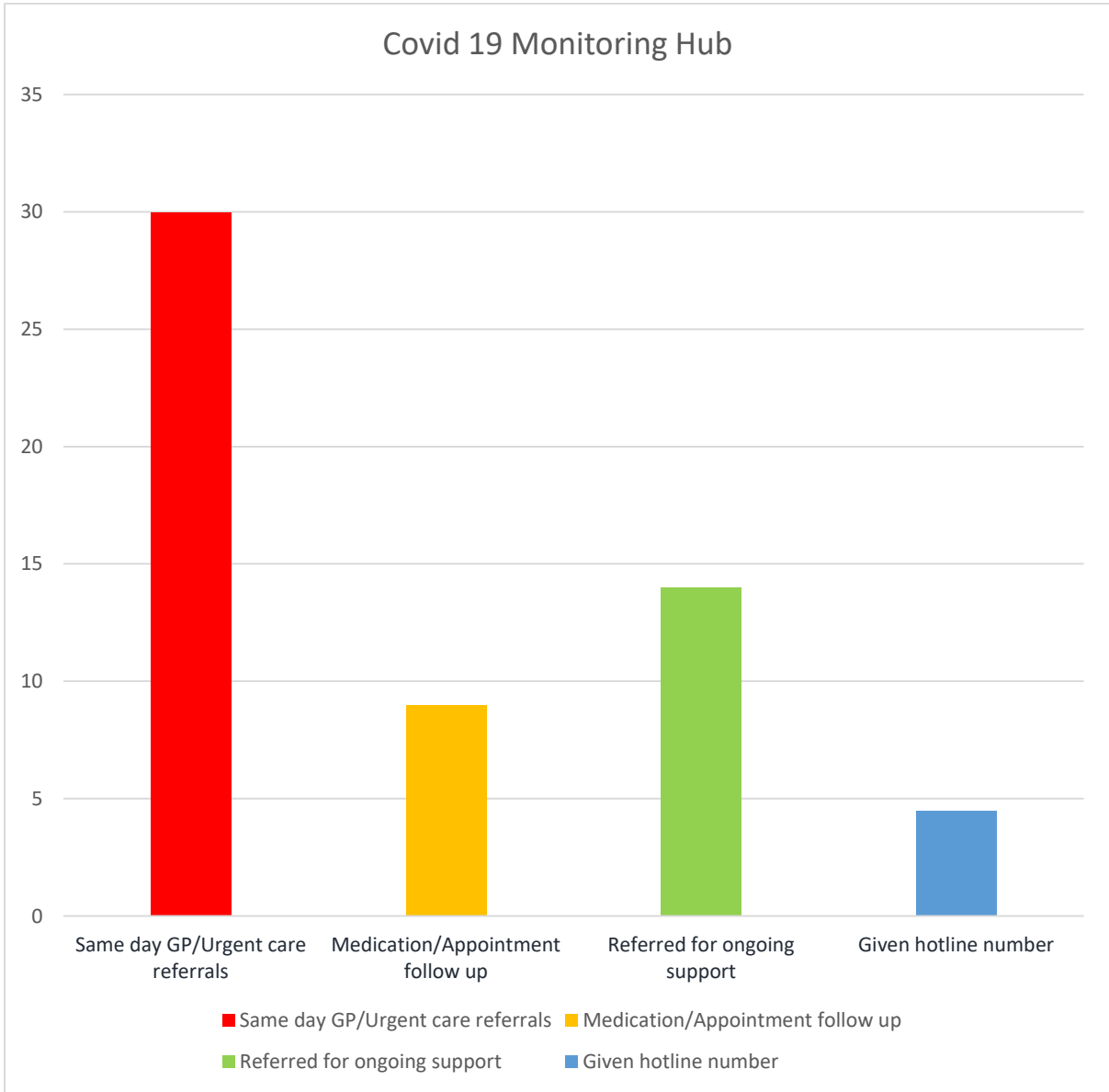


The data below shows the impact the Social Prescribing team had within specific practices, the data provided includes all calls received, referrals received and proactive calls made to vulnerable and shielding patients.



- Supported a number of vulnerable individuals identified by their GP to successfully amend prescriptions and arrange delivery or collection of medicines.
- Provided support for people with learning difficulties to understand the importance of staying home and how to access support.
- Put plans in place for individuals living with Dementia to receive a daily welfare call.
- Supported individuals in crisis to access same day appointments with their GP and/or made referrals to Adult Social Care and the crisis team.
- Arranged patient transport for individuals who otherwise would not have been able to attend their appointments.
- Arranged for emergency food parcels to be delivered to those most in need, when this has been the only option. When there has been no other option we have delivered it ourselves!
- We have worked closely with staff in the surgeries to ensure that those individuals who need medical support have received it.

7th May 2020 - 30th June 2020



350 PATIENTS RECEIVED MONITORING CALLS

- 30 PATIENTS REQUIRED SAME DAY GP/URGENT CARE REFERRALS
- 9 PATIENTS REQUIRED MEDICATION/APPOINTMENT FOLLOW UP
- 14 PATIENTS WERE REFERRED TO RECEIVE ONGOING SUPPORT FROM THE LINK WORKER TEAM OR WELFARE CALLS
- 13 PATIENTS WERE GIVEN THE HOTLINE NUMBER FOR SUPPORT



350 patients called

The Impact (stories)

We supported an Elderly lady who was living with her daughter and grandchildren. Her Daughter was hospitalised with Covid-19 which meant there was limited income coming into the house and this was impacting their ability to shop for food and other essentials. The lady was extremely distressed and unsure of her options for support. The Social Prescribing Link Worker initially ensured prescriptions and food were being delivered, then liaised with Adult Social Care, alerting them to the current situation. Adult Social Care are now monitoring the situation and carers are going in to the home. We will continue to make welfare calls to this lady and work alongside Adult Social Care.

An existing GP referral for a very isolated lady has meant that she has benefitted from our continued support over the phone instead of face to face appointments. She lives with her cat and, other than a member of our team, wasn't speaking to anyone else. Through rapid changes to the service we've been able to arrange for a volunteer to call her once a week for a social call. She said speaking to another human over the phone makes such a difference. A social prescriber talked to her about practical ways to manage her mental health at home. We searched online for community based alternatives and she has now started watching the National Theatre at Home plays online each week. Crucially, this also enables her to chat with others who are online. We also explored ways to stay physically active at home and manage anxiety with online yoga. A referral to York Mind's adapted 1-1 emotional wellbeing support over the phone means she's getting more practical tips to manage her anxiety and mood. At the moment she's still picking up her prescriptions, but her anxiety meant she was very worried about what happened if she or her cat became unwell – now that a volunteer is checking in each week and she knows Move the Masses can bring out prescriptions and there are options for 'click and collect' food delivery her anxiety has lessened as she knows help is out there if she needs it.


IN SUMMARY

-THIS PIECE OF WORK IS A 12 MONTH PILOT; PART OF A BIGGER 5 YEAR CONTRACT IN -LINE WITH THE NHS LONG TERM PLAN.

-THIS IS THE FIRST ATTEMPT (SINCE STARTING THE PILOT IN FEBRUARY) TO QUANTIFY THE SOCIAL AND ECONOMIC VALUE OF SOCIAL PRESCRIBING IN PRIMARY CARE.

-THIS REPORT IS EVIDENCE OF THE YORK CVS RESPONSE TO COVID – 19. OUR NEXT STEP IS TO ENSURE THAT OUR SOCIAL PRESCRIBING OFFER IS FULLY ALIGNED WITH THE PLANS OF EACH PCN, MEETING THEIR NEEDS FOR THE FUTURE.

We appreciate and value your feedback please contact christinemarmion@yorckcvs.org.uk with any thoughts or feedback. Thank you.

Item Number: 12	
Name of Presenter: David Iley	
Meeting of the Primary Care Commissioning Committee Date of meeting: 24 September 2020	 Vale of York Clinical Commissioning Group
Report Title – Primary Care Report	
Purpose of Report <i>(Select from list)</i> 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 <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
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Impact Assessments

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- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

For the Committee to receive the report.

Decision Requested (for Decision Log)

(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)

Responsible Executive Director and Title

Phil Mettam
Accountable officer

Report Author and Title

David Iley
Primary Care Assistant Contracts Manager



Vale of York CCG Delegated Commissioning Primary Care Update September 2020

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

15th September 2020

1.0 Covid-19

1.1 Third Phase of NHS Response to Covid-19

The letter and supporting documents relating to the third phase of the NHS response to Covid-19 can be found through the following weblink.

<https://www.england.nhs.uk/coronavirus/publication/third-phase-response/>

Areas particular to Primary Care are as follows:

- General practice, community and optometry services should restore activity to usual levels where clinically appropriate and reach out proactively to clinically vulnerable patients and those whose care may have been delayed.
- In restoring services, GP practices need to make rapid progress in addressing the backlog of childhood immunisations and cervical screening through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.
- GPs, primary care networks and community health services should build on the enhanced support they are providing to care homes and begin a programme of structured medication reviews.
- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must offer face to face appointments at their surgeries as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services.

1.2 Covid-19 Support Fund for General Practice

On the 4th August 2020, a letter was published in relation to the COVID-19 support fund. This contains guidance around what is and what is not reimbursable. A copy of the letter can be found in the web link below.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0651-covid-support-fund-letter-aug-2020.pdf>

1.3 Changes to the General Medical Services Contract for 202/21

This letter and guidance document provide an update on the arrangements for the Quality and Outcomes Framework (QOF) for the remainder of 2020/21 and the Dispensary Services Quality Scheme (DSQS) which was reinstated from 1 August 2020 as previously announced.

<https://www.england.nhs.uk/publication/changes-to-the-general-medical-services-contract-for-2020-21/>

1.4 Pharmacy Home Delivery Service

NHS England & NHS Improvement (NHSE&I) commissioned the Community Pharmacy Home Delivery Service during the COVID-19 outbreak. This service was designed to support shielded patients in England to access their prescribed medicines and appliances while they are self-isolating at home during the pandemic period. The service went live from 9 April 2020 and ceased on 31 July 2020.

The agreed fee was £5 plus VAT per delivery for shielded patients only and was paid via NHS E/I national funding. A summary of claims for VoY CCG patients is detailed below: -

	April	May	June	July	August	Total
Total Number of Deliveries	3,551	3,551	6,667	6,220	8,164	28,153
Total Cost of Deliveries	£17,755	£17,755	£22,335	£31,100	£40,820	£140,765

2.0 Workforce

2.1 Additional Roles Reimbursement Scheme (ARRS)

PCNs were required to complete a workforce planning template asking them to confirm their plans for this financial year as well as intentions for future years. Those submissions were made to the CCG who were required to submit an aggregated CCG wide workforce plan to NHS England and NHS Improvement.

The plan suggested that across Vale of York PCNs expect to have recruited an additional 80 Full Time Equivalent members of staff by 31st March 2021 under the ARRS utilising much of the funding available to them.

By 31st October 2020 PCNs are required to provide details of indicative recruitment intentions through to 2023/24 as well as providing any updates to their plans for 20/21 on an ongoing basis.

2.2 Expanding the Primary Care Workforce in 2020/21

NHS England and NHS Improvement have written to Systems to remind them of the need to expand and develop the primary care workforce. The letter included details on supporting the expansion of the GP workforce including details of the New to Partnership Payment Scheme, the GP Fellowship Scheme and GP Mentors Scheme. The letter also encouraged PCNs to utilise as much of their Additional Roles Reimbursement Scheme funding as possible. A copy of the letter can be found through the following weblink. <https://www.england.nhs.uk/publication/expanding-and-transforming-the-primary-care-workforce/>

2.3 Accelerating the recruitment of social prescribing link workers

Recognising the important role of Social Prescribing Link Workers (SPLW) in the response to Covid-19 NHS England and NHS Improvement are funding a time limited support offer to cover recruitment and induction costs for additional SPLWs employed by Primary Care Networks. Further details are included in the following weblink.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0656_PCN-SPLW-recruitment-support-Covid-19_31-July.pdf

2.4 GP Retention Scheme

The National GP Retention Scheme is a package of financial and educational support to help eligible doctors, who might otherwise leave the profession, remain in clinical general practice. 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.

Further information can be found via the following link:

https://www.yorksandhumberdeanery.nhs.uk/general_practice/recruitment-and-retention/gp-retention-scheme

Health Education England are looking to expand the network of practices and supervisors supporting these Doctors to support retention across the region, particularly in under doctored areas. Practices in the Vale of York have been made aware of the programme and have been advised how to submit an expression of interest if they're interested in employing a GP under the Retention Scheme.

2.5 Workforce Minimum Data Set

The next GP and PCN Workforce data extraction will be taken via the National Workforce Reporting System (NWRS) on 30 September 2020.

This information is used to support workforce planning at local, system and national level and will be used to inform conversations about how to improve the career support and development offer for those working in primary care, as well as how to support recruitment activity and development of the multi-disciplinary team.

3.0 Primary Care Data Gathering

Humber, Coast and Vale ICS is involved in Wave 2 of a national estates programme being undertaken by NHSE in order to learn more about GP practice premises. This data is key to evidence and identify areas of need, opportunities for investment and demonstrate PCN cases for change.

CCG representatives are currently working with Community Health Partnerships, who are managing the programme on behalf of NHSE

nationally, and both Shared Agenda and Community Ventures locally, gathering as much data centrally as we can from existing sources of information, including internal databases CMRs, DV reports. There may however be gaps in the information we hold, at which point practices would be contacted to provide any outstanding data in order to complete the template. Formal comms will be issued by NHSE soon.

**The Committee is asked to note the updates in
the paper**