

**Minutes of the Primary Care Commissioning Committee on 24 September 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
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and Remuneration Committee
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Andrew Lee (AL)	Executive Director of Director of Primary Care and Population Health
Phil Mettam (PM) - part	Accountable Officer

In attendance (Non Voting)

Laura Angus (LA)	Head of Prescribing/Strategic Lead Pharmacist
Fiona Bell-Morrith (FB-M)	Lead Officer Primary Care, Vale
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Andrew Moriarty (AM)	North Yorkshire and York, YOR Local Medical Committee Limited
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)	Lead Officer Primary Care, City

Apologies

Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network

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 23 July 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

The matters arising were either on the agenda or had not reached their scheduled date.

5. Primary Care Commissioning Financial Report Month 5

SB explained that the CCG's position at month 5 was break-even in line with the national interim financial arrangements which were also expected to continue for month 6. The associated adjustments and forecasts relating to primary care were as detailed in the report with the October to March position being based on the assumption of the CCG's draft plan of a forecast £16.3m deficit.

SB advised that the allocation for October to March had been received since publication of the meeting papers and noted that work was required as a system to break-even for the remainder of the year. This had been discussed in detail at the Finance and Performance Committee earlier in the day.

The Committee:

Received the Primary Care Commissioning Financial Report as at month 5.

6. Primary Care Networks Update

Central Locality

GY provided an update on the urgent care transformation programme advising that four clinically led workshops had taken place and agreement had been reached for three different approaches in each of the CCG's localities. He noted that a number of GP Practices currently using EMIS were considering migrating to SystemOne to enable full integration with the proposed urgent care delivery. The proposed pathways, defined by 'place', had been well received and supported at a public and patient engagement focus

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group earlier in the week which had comprised of representatives from the three localities. The proposals would now be presented to the York, North Yorkshire and East Riding of Yorkshire Overview and Scrutiny Committees. Work was also taking place on governance arrangements.

GY and FB-M commended the engagement of the Primary Care Networks in the urgent care transformation work highlighting that the locality specific models would result in a more robust service for each area.

GY also reported on an OPEL (Operational Pressure Escalation Levels) framework being piloted by a number of Practices. This provided an operational response framework for all providers to report on whether they were at a position of 'business as usual' or at a level of pressure. The Local Medical Committee had also been involved in this work and the approach had been well received. GY additionally noted that the Central Locality Primary Care Network Clinical Directors supported this and highlighted the context of winter planning as well as urgent care.

Vale

FB-M highlighted work in Selby in response to increasing levels of COVID-19 noting plans for 'hot' and 'cold' sites and business continuity were being confirmed. She also noted increased demand on primary care and commended the partnership working with Selby District Council to deliver the 'flu vaccination programme.

FB-M explained that work was taking place to establish fixed posts in year through the Additional Roles funding. The focus was on care coordinators and health coaches, i.e. non clinical roles to enhance support. These opportunities were also being optimised in York.

FB-M reported on a pilot in South Hambleton and Ryedale, funded by the Sustainability and Transformation Partnership, whereby British Red Cross volunteers were working with the Community Response Team to provide six weeks' support to patients who did not have clinical need but would benefit from some assistance. This approach was also being extended to Selby.

FB-M noted that the Population Health Management Programme, which focused on intelligence to enable resources to be targeted based on need and inequality, had restarted. Selby Town Primary Care Network was represented on the programme and would share learning across the CCG.

AL additionally reported that a request had been submitted to the Humber, Coast and Vale Primary Care Operations Group for ratification of use of First Contact Practitioners in City and Vale. A model of sub contracting from York Teaching Hospital NHS Foundation Trust had been developed in the Vale to support MSK services with additional physiotherapist time in Practices as well as their hospital based commitment. For the Central Locality the private provider market was being utilised in this regard. TM commented on the benefits of First Contact Physiotherapists being part of the primary care team, particularly in terms of prevention of need for further services.

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Discussion ensued regarding the potential migration from EMIS to SystemOne, as referred to above. AL, FB-M and GY emphasised that this was not a CCG policy. It was entirely locality driven in the context of aligning services. However, the CCG as a commissioner was scoping costs of migration via NECS and from the Practice perspective with a view to developing a capital bid to offer support to Practices.

The Committee:

Noted the updates.

7. Coronavirus COVID-19 Update

SS reported that for City of York numbers of cases of COVID-19 were volatile but currently lower than both the regional and national averages. Positive tests from Pillar Two sites were also lower than the regional and national levels.

In respect of care homes in City of York SS reported that at the start of the week there had been single cases in 10 homes and outbreaks of infection in two; confirmed infections had also been reported in three further care homes as at the day of the meeting. SS also noted that testing of whole care homes was resulting in asymptomatic positive tests and that work was taking place with colleagues in Adult Social Care to try and influence staff behaviours outside of work following a number of infections resulting from socialising.

SS reported that there were outbreaks in two schools with a further “live” situation in another. Access to tests was an issue and discussions were taking place regarding self isolation for staff and students.

SS advised that daily updates were received from York Teaching Hospital NHS Foundation Trust regarding admissions of City of York residents, including to intensive care. In respect of excess deaths SS explained that the position had changed from that of no excess deaths for approximately the three months to September but that as of the first week in September there had been nine excess deaths compared with the same week for the previous three years. She also noted an increase in workforce outbreaks.

SS noted that the current position was manageable but expressed concern in the context of winter pressures.

AL reported from the Vale perspective that there were no specific concerns about COVID-19 in the North Locality but that the infection rate in Selby was currently double the national average. He noted a cluster in Selby Town and also concern about schools and workplaces and, whilst numbers had considerably reduced from the previous week, an increase in cases was expected as winter approached. AL also advised that the Selby Practices had activated ‘hot’ clinic arrangements.

Detailed discussion ensued in the context of concerns about testing availability for both NHS staff and the public. SS explained the national portal for booking tests was only opened twice each day, morning and evening, for a limited time. It was closed on each occasion as soon as all test slots were booked as a means of controlling the backlog of swabs for processing. She also noted the issue of tests being offered but requiring considerable travel. Private tests were noted as a further concern in the context of laboratory capacity.

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SS reported that locally York Teaching Hospital NHS Foundation Trust had agreed to support testing for primary care staff and that a walk-in test centre was being established on the University of York site which would also be open to residents. Work was also taking place through the Local Resilience Forum to provide a solution to testing for key workers but the overall risk to the system was significant. AL additionally noted that the CCG was in discussion with Nimbuscare about extending testing to family members of General Practice staff.

The Committee:

Noted the update.

8. Introduction of a Primary Care Practice Managers Group

SP explained that the CCG and Local Medical Committee had funded a project for work with Practice Managers who had now requested that the CCG replicate arrangements for a Practice Managers Development Group similar to those in place in the former NHS Scarborough and Ryedale CCG, now transferred to NHS North Yorkshire CCG. She noted that SM would lead work to develop a forward plan and that periodic reports would be brought to the Committee, initially in the form of terms of reference. This was very much a response to a request from the Practice Managers and would be kept under review to assess the value it added and the ability of all to support during winter. In addition to formal arrangements there were monthly telephone check-in with the group.

JH welcomed the proposal in the context of partnership working and resilience. AL added that Practice Pharmacists had a similar arrangement.

The Committee:

Noted the establishment of a Primary Care Practice Managers Group and supported the proposal for a Practice Managers Development Group.

9. Three Month Social Prescribing Impact Report from York CVS

SP referred to the report presented to inform the Committee of the impact of the first three months of the year one appointments for social prescribing link workers as part of the Additional Roles for Primary Care Networks. In our central locality these roles were provided by York CVS and the report looked to assess their impact. It was acknowledged that it was very much a snap shot but SP highlighted the success of the collaborative approach with the voluntary sector and the benefits which can result when we give our voluntary sector partners more confidence around long term funding which allows them to plan.

SP explained that the social prescribers, known in some areas as link workers, were being funded through the Primary Care Networks Additional Roles Reimbursement Scheme. While welcoming the support TM expressed concern about the future of these roles when the funding under the Primary Care Networks contract ended in 2023/24 by NHS England.

AL noted that South Hambleton and Ryedale Primary Care Networks innovative development of care coordinators paralleled this work in the City; this would be presented at a future Committee meeting.

The Committee:

1. Received and commended the Three Month Social Prescribing Impact Report from York CVS.
2. Noted that South Hambleton and Ryedale Primary Care networks Care Coordinators approach to be presented at a future meeting.

10. Update on Online Consultations

SM recalled that funding for online consultations had been introduced through General Practice Forward View funding in 2018 when the Sustainability and Transformation Partnership, in an attempt to standardise solutions across the Humber, Coast and Vale, had procured Engage Consult and offered free licenses to Practices. Uptake had initially been slow but increased rapidly in response to COVID-19 to enable patients to access services remotely.

SM explained that the online consultations market had developed and Practices were now exploring other platforms which they were self funding. Examples included Klinik being used by Haxby Group Practice and Priory Medical Group and EMIS Online Consult being used by Elvington Medical Practice and MyHealth. A request had been made to the Integrated Care System Primary Care Board earlier in the year to allow online consultations funding to be used for other solutions in addition to Engage Consult. This had been supported but receipt of the funding was awaited.

SM reported that Integrated Care System digital leads were also exploring accuRx which provided online consultations, video consultations and SMS messaging from the same 'app' and integrated with EMIS and SystmOne. He emphasised the need for more work on communication and engagement with Practices and patients to increase use of digital access to General Practice. Online consultations would only develop if they worked and were both easy and safe to use for Practices and patients. However, it was necessary to be mindful that digital access was not appropriate for everyone and that some traditional access must be maintained to ensure inclusivity.

TM expressed appreciation to SM for his support through these developments and enquired as to whether lessons had been learnt through the initial inflexible single system approach. DI confirmed that lessons had been learnt from the pilot, noted the competitive market that had since evolved and explained that CCGs were advised to adopt more than one option and offer a fair share solution. He also noted that the Integrated Care System was undertaking a full review with a view to making an offer to Practices and Primary Care Networks from April 2021.

GY reiterated the need for communication with patients noting that it had become evident in the urgent care transformation work that some A&E attendances were as a result of patients not being offered face to face access to a GP. AL added that it had been agreed at the Finance and Performance Committee earlier in the day that a focus on managing patient expectations was required.

The Committee:

Noted the update.

11. Medicines Safety Programme

PM left the meeting during this item

LA explained that the extensive remit of the Medicines Management Team included quality and safety. She was seeking the Committee's view on a proposal to introduce a systematic rolling programme of seeking assurance for such as ensuring appropriate action had been taken to alerts sent to Practices instead of the current ad hoc approach to following up a major safety issue.

LA's proposal was that alerts be issued on a monthly basis, unless urgent, with a timescale of a month for Practices to feedback completion of any requisite implementation potentially through a pro forma approach. In the event of this not being provided LA proposed a follow-up approach of two timescales of two weeks for response and thereafter reporting to either the Primary Care Commissioning Committee of Quality and Patient Experience Committee, or potentially both, for assurance. Communications would be sent to GPs and dispensing pharmacists. Concerns about community pharmacists would be raised via NHS England and NHS Improvement who commissioned this service.

From the GP perspective of TM and AM detailed discussion included: the context of resources and contract requirements; the role of the Local Medical Committee; emphasis that Practices are fully cognisant of their responsibility for safety; the potential to work with Primary Care Network Clinical Pharmacists; the need for added value; the potential for assurance to be through an online approach; and emphasis on collaborative working.

From the CCG perspective LA referred to the aspect of the commissioner seeking assurance from providers and AL highlighted the fact that prescribing clinicians do carry risk. The aim was for there to be assurance of safe service delivery preferably through a collaborative approach. AL proposed that he and LA progress discussion with the Local Medical Committee to develop a "light touch" approach. DB additionally suggested this as a potential topic for the Practice Managers Development Group, as discussed at item 8 above.

The Committee:

Noted that LA and AL would progress discussions with the Local Medical Committee with a view to developing a "light touch" approach to provide the CCG with assurance where appropriate.

12. NHS England and NHS Improvement Primary Care Report

DI referred to the report that provided information on COVID-19 in terms of the NHS Third Phase Response, support fund for General Practice, changes to the General Medical Services Contract for 202/21 and the Pharmacy Home Delivery Service. Workforce updates were provided in respect of the Additional Roles Reimbursement

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Scheme, expanding the primary care workforce in 2020/21, accelerating the recruitment of social prescribing link workers, the GP Retention Scheme and Workforce Minimum Data Set.

DI also highlighted that the Humber, Coast and Vale Integrated Care System was involved in Wave 2 of a national estates programme to gather primary care data to evidence and identify areas of need, opportunities for investment and demonstrate Primary Care Network cases for change.

Discussion included the funding for social prescribing link workers and pressures on GP Practice premises particularly in the context of new roles.

The Committee:

Received the NHS England and NHS Improvement Primary Care Report.

13. Key Messages to the Governing Body

The Committee:

- Expressed concern at the challenges and impact relating to the current COVID-19 testing availability.
- Welcomed the Three Month Social Prescribing Impact Report from York CVS and the British Red Cross Pilot in South Hambleton and Ryedale Primary Care Network.

The Committee:

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

12. Next meeting

1.30pm, 26 November 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.