

PRIMARY CARE COMMISSIONING COMMITTEE

25 March 2021, 2.00pm to 4.00pm

'Virtual' Meeting

AGENDA

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3-7	Minutes of the meeting held on 28 January 2021	To Approve	Julie Hastings Committee Chair
4.	Pages 8-9	Matters Arising		All
5. 2.15pm	Pages 10-17	Review of Primary Care Commissioning Committee Effectiveness	To Approve	Abigail Combes Head of Legal and Governance
6. 2.25pm	Pages 18-25	Primary Care Commissioning Financial Report Month 11	To Receive	Simon Bell Chief Finance Officer
7. 2.40pm	Verbal	Primary Care Year End Report	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 2.50pm	Pages 26-30	Coronavirus COVID-19 Vaccination Programme Update	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health
9. 3.10pm	Pages 31-36	Update - Internal Audit Report on Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health
10. 3.20pm	Pages 37-43	Primary Care Commissioning Committee Risk Register	To Approve	Stephanie Porter Interim Executive Director of Primary Care and Population Health

11. 3.40pm	Pages 44-52	NHS England and NHS Improvement Primary Care Report	For Decision	David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement (North East and Yorkshire)
12. 3.50pm	Verbal	Key Messages to the Governing Body	To Agree	All
13. 3.55pm	Verbal	Next meeting: 1.30pm, 27 May 2021	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 'Virtual' Primary Care Commissioning Committee on
28 January 2021**

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 the Remuneration Committee
Shaun Macey (SM)	Head of Transformation and Delivery
Phil Mettam (PM)	Accountable Officer

In attendance (Non Voting)

Fiona Bell-Morrith (FB-M)	Lead Officer Primary Care, Vale
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
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
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)

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

Two members of the public joined the live stream.

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 26 November 2020

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 26 November 2020.

4. Matters Arising

Matters arising had been deferred due to the work required in response to the COVID-19 pandemic.

5. Primary Care Commissioning Financial Report Month 9

SB reported that, in line with other NHS organisations, the CCG had received a 'true up' to break-even adjustment up to Month 6 and this arrangement was expected to continue for the remainder of the financial year. The year to date position and end of year forecast for break-even remained as previously reported.

SB noted receipt of part of the allocation for the Primary Care Network Additional Roles; the remainder would be reimbursed retrospectively following recruitment to roles. He also explained in respect of the COVID-19 vaccination programme that reimbursement from NHS England and NHS Improvement had been slower than anticipated.

SB responded to a number of areas of clarification sought. The shortfall in planned prescribing savings for 2019/20 had been made up in other areas and the plan for the current year was to maintain the generally good prescribing practice by GPs and pharmacists; prescribing was part of the 'true-up' to break-even arrangements. In the latest lockdown, the CCG would again be maintaining income levels for potential reduction in GP income, such as Local Enhanced Services and Quality and Outcomes Framework. For Practices who had secured the services of GPs returning to work in response to the pandemic, the current arrangements would continue until the end of the financial year.

SB additionally noted that discussions were taking place at a national level regarding 2021/22 and the current financial arrangements were expected to continue in some form at least into Quarter 1.

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The Committee:

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

6. Coronavirus COVID-19 Update

SM expressed appreciation to colleagues in primary care for their work to implement Local Vaccination Services at short notice. He explained that sites had been established across the CCG to cover all Primary Care Network (PCN) populations at the start of the vaccination programme:

- Pickering Medical Practice for the South Hambleton and Ryedale (SHaR) PCN
- Haxby Health Centre for West, Outer, North East York (WONE) PCN
- Posterngate Surgery for Selby Town PCN
- Tadcaster Health Centre for Tadcaster and Rural Selby PCN
- Nimbuscare at Askham Bar for Priory Medical Group, York Medical Group, York City and York East residents

Alongside these Local Vaccination Services, Nimbuscare Vaccination Centre at Askham Bar, commissioned by NHS England and NHS Improvement, was vaccinating CCG residents and staff and the York Hospital Hub was mainly vaccinating local health and care staff.

SM reported that all vaccines had been promptly utilised in accordance with the four national Joint Committee on Vaccination and Immunisation (JCVI) priority groups and that all care home residents in the CCG had been vaccinated by the 24 January timescale requirement, other than where this had not been possible due to an outbreak of COVID-19; these would be completed as soon as safe to do so.

SM referred to the national scrutiny for vaccinating the priority cohorts 1 to 4 within the 15 February timescale. He noted that at the present time workforce capacity to deliver the vaccine was not a concern; the limiting factor was the supply chain of vaccine. Work was currently taking place nationally to understand numbers required in each locality to enable vaccine supply to match demand.

In terms of challenges SM referred to the above but noted the vaccine supply chain was becoming more reliable, although there had been some understandable constraints in terms of national supplies. The CCG team continued to work closely with NHS England and NHS Improvement on vaccine supplies and deliveries. SM noted that meeting the 15 February timescale for the first four priority cohorts would mean that c55,000 registered patients and a number of frontline health and care staff had been vaccinated across the CCG.

In conclusion SM noted that there was still much to be done but reiterated appreciation for the work within the local vaccination sites, the vaccination centre at Askham Bar run by Nimbuscare and the hub at York Hospital.

SS concurred with commending the work on the vaccination programme and advised that as at 26 January more than 26,000 York residents had received their first dose, which represented more than 90% of over 80 year olds. She noted that an approach

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was being adopted of trying to divert staff to the hub at York Hospital to maintain the Askham Bar capacity for York residents.

SS detailed the recent fluctuations in case rates across North Yorkshire and York advising that at the present time cases had considerably reduced. However, cases in the over 60 age group were comparatively high and being monitored closely. SS emphasised the continuing pressures on the NHS and noted hospital activity was also being closely monitored.

SS explained that testing and contact tracing and the vaccination programme were progressing well but advised that the number of deaths had, as expected, increased. This was also expected to continue before reducing due to the time lag element.

SS noted that the new variant of COVID-19, which was becoming dominant, was a factor in the spike in case numbers in North Yorkshire and York and in other parts of the region. This was being closely monitored. She noted representations were being made to Government in respect of the need for the current restrictions to be maintained.

From the GP perspective, whilst agreeing about the achievement locally to date, TM expressed a level of concern about the 15 February timeframe in the context of vaccine supply. He also noted the aspect of late information at national level and the Practice workload in booking vaccination appointments for patients unable to use the electronic system.

TM additionally highlighted the need for clarity for patients in respect of the Joint Committee on Vaccination and Immunisation's definitions of eligibility for vaccination in terms of being "clinically extremely vulnerable" and "clinically vulnerable". SS offered to facilitate a joint approach between the City of York Council and the CCG Communication Teams to support GPs in this regard and also to reinforce the message that patients should not contact GP Practices enquiring about vaccination as this would be offered in line with the national priority cohorts.

In response to DB enquiring about the Public Health perspective for the future, SS reiterated the importance of continuing the current restrictions. Test, trace and isolate, with support, and the vaccine were part of managing the pandemic along with the infection control measures of face masks, distance and handwashing. SS noted it was too early to know whether transmission was prevented by vaccination and that, as well as reduced case numbers, pressures on the NHS would inform consideration of relaxing the restrictions.

PM requested that the Committee recommend to the Governing Body that they formally write to the leaders of the vaccination programme across the Vale of York in recognition and appreciation of the work that had taken place.

The Committee:

1. Noted the update.
2. Expressed appreciation for the work in response to the pandemic, noting in particular the significant progress with roll out of the vaccination programme.

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3. Agreed that the Governing Body be asked to formally write to the leaders of the vaccination programme in recognition of the work undertaken.

7. Key Messages to the Governing Body

The Committee received a detailed update on the response to COVID-19, notably the vaccination programme, and requests that the Governing Body formally writes to the leaders of the programme in appreciation of their extensive work.

The Committee:

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

In concluding the meeting JH highlighted the aspects of clear and timely communication being key, commended the collaborative working and emphasised the perspective of maintaining personal health and wellbeing. She also noted positive aspects of support to people recovering from COVID-19

8. Next Meeting


25 March 2021 at 1.30pm.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 28 JANUARY 2021 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 26 November 2020
PCCC53	24 September 2020	Three Month Social Prescribing Impact Report from York CVS	<ul style="list-style-type: none"> South Hambleton and Ryedale Primary Care networks Care Coordinators approach to be presented at a future meeting. 	FB-M	26 November 2020
PCCC54	24 September 2020 26 November 2020	Medicines Safety Programme Medicines Safety Programme	<ul style="list-style-type: none"> Discussion to take place with the Local Medical Committee with a view to developing a "light touch" approach to provide the CCG with assurance where appropriate. Further work to take place including discussion at the December Quality and Patient Experience Committee 	LA LA	10 December 2020

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC55	28 January 2021	Coronavirus Update	COVID-19 <ul style="list-style-type: none"> Governing Body to be asked to formally write to leaders of the vaccination programme 	JH	4 February 2021

Item Number: 5	
Name of Presenter: Abigail Combes	
Meeting of the Primary Care Commissioning Committee Date of meeting: 25 March 2021	 Vale of York Clinical Commissioning Group
Report Title – Review of effectiveness	
Purpose of Report <i>(Select from list)</i> For Approval	
Reason for Report The Committee is required to review its effectiveness annually. Consider the attached questions for circulation to the Committee. All other committees have reviewed their effectiveness using the membership only however in this case it may be worth considering extending the review to include those GP members in attendance at the committee in order to accurately reflect primary care input.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input checked="" 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 N/a
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:

N/A

Recommendations

The Committee should consider whether the questions suggested are sufficient to adequately review the effectiveness of the committee and approve those questions being put into a survey monkey for completion within 14 days from the date of the committee. The responses should be considered at a future meeting.

Decision Requested (for Decision Log)

The Committee should consider whether the questions suggested are sufficient to adequately review the effectiveness of the committee and approve those questions being put into a survey monkey for completion within 14 days from the date of the committee. The responses should be considered at a future meeting.

Responsible Executive Director and Title

Stephanie Porter, Interim Executive Director of Primary Care and Population Health

Report Author and Title

Abigail Combes, Head of Legal and Governance

Primary Care Commissioning Committee Checklist March 2021 (HFMA AC Handbook 2018)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ Action
Theme 1 - committee focus						
The committee has set itself a series of objectives for the year.						
The committee has made a conscious decision about the information it would like to receive.						
Committee members contribute regularly to the issues discussed.						
The committee is aware of the key sources of assurance and who provides them.						
The committee receives assurances from third parties who deliver key functions to the organisation, - for example, NHS Shared Business Services or private contractors.						
Equal prominence is given to both quality and financial assurance.						
Theme 2 - committee team working						
The committee has the right balance of experience, knowledge and skills to fulfil its role.						
The committee has structured its agenda to cover quality, data quality, performance targets and financial control.						

The committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives.						
Management fully briefs the committee on key risks and any gaps in control.						
Other committees provide timely and clear information in support of the audit committee.						
The committee environment enables people to express their views, doubts and opinions.						
Committee members understand the messages being given by external audit, internal audit and counter fraud specialists.						
Internal audit contributes to the debate across the range of the agenda.						
Members hold their assurance providers to account for late or missing assurances.						
Decisions and actions are implemented in line with the timescale set down.						
Theme 3 - committee effectiveness						
The quality of committee papers received allows committee members to perform their roles effectively						
Members provide real and genuine challenge - they do not just seek clarification and/or reassurance						
Debate is allowed to flow, and conclusions reached with being cut short or stifled.						


Each agenda item is closed off appropriately so that the committee is clear on the conclusion; who is doing what, when and how, and how it is being monitored.						
At the end of each meeting, the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc.						
The committee provides a written summary report of its meetings to the governing body						
The governing body challenges and understands the reporting from this committee.						
There is a formal appraisal of the committee's effectiveness each year.						
Theme 4 - committee engagement						
The committee challenges management and other assurance providers to gain a clear understanding of their findings.						
The committee is clear about its role in relationship to other committees that play a role in clinical governance, quality and risk management.						
reports from other governing body committees which set out the assurances they have received and their impact (either positive or not) on the organisation's framework.						
We can provide two examples of where we as a committee have focused on improvements to the system of internal control as a result of assurance gaps identified.						

Theme 5 - committee leadership						
The committee chair has a positive impact on the performance of the committee.						
Committee meetings are chaired effectively.						
The committee chair is visible within the organisation and is considered approachable						
The committee chair allows debate to flow freely and does not assert his/her own views too strongly.						
The committee chair provides clear and concise information to the governing body on committee activities and gaps in control.						

Primary Care Commissioning Committee Checklist March 2021 (HFMA AC Handbook 2018)

Statement	Strongly Agree	Agree	Disagree	Strongly Disagree	Unable to answer	Comments/ Action
Primary Care service delivery during Covid-19						
The committee is aware of any likely issues with performance of primary care during the Covid-19 pandemic						
The committee is aware of likely issues with performance of primary care once the pandemic is resolved						
The Committee has considered whether a review of the performance risks reported during the Covid-19 pandemic is required at a point in the future						
The committee has considered whether there is an opportunity for learning to inform future performance planning in the event of similar events in the future and how the committee would wish to approach this.						
Primary Care staff resilience during Covid-19						
The committee is aware of any likely issues with primary care resilience following the Covid-19 pandemic						

The committee is aware of any anticipated staffing issues when the Covid-19 pandemic eases						
The committee is aware of likely issues facing primary care as a result of the covid-19 pandemic and the impact on the wellbeing of primary care staff						
The committee has considered whether there is an opportunity for learning to inform future workforce planning for Commissioners and primary care providers in the event of similar events in the future and how the committee would wish to approach this.						
The Committee has considered whether a review of the primary care risks reported during the Covid-19 pandemic is required at a point in the future						

Item Number: 6	
Name of Presenter: Simon Bell	
Meeting of the Primary Care Commissioning Committee Date of meeting: 25 March 2021	 Vale of York Clinical Commissioning Group
Primary Care Commissioning Financial Report Month 11	
Purpose of Report For Information	
Reason for Report	
To provide the Committee with details of the Month 11 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)**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: March 2021

Financial Period: April 2020 to February 2021

1. Introduction

This report provides details on the year to date financial position as at Month 11 and the forecast outturn position for 2020-21.

2. Primary Care Year to Date and Forecast Position

The CCG's financial plan for M7-12 was a break even position against allocation, however at the time of submission there was uncertainty around two specific primary care funding streams as detailed in the table below. The related spend was added into the financial plan submission to ensure that the risk associated with not receiving these allocations was recognised on a system, regional and national level. This means that the final financial plan submission showed a deficit of £1.33m for M7-12.

In November the Primary Care allocation adjustment of £318k was transacted, which nets off against the planned deficit.

60% of Additional Roles funding is included within the CCG baseline with additional allocation to be drawn down as and when actual spend incurred exceeds the baseline. In February the CCG's forecast spend on Additional Roles has been updated, and it is now expected that £265k of the central funding will be required.

Description	Plan £m	FOT £m	Comments
Position as per CCG financial plan	0.00	0.00	Breakeven position against financial envelope
Primary Care allocation adjustment	(0.32)	0.00	Additional allocation that was notified in March 2020 during the original planning process but not reflected in planning templates. An allocation adjustment was transacted for this in November.
PCN Additional Roles reimbursement central funding	(1.01)	(0.27)	Additional Roles forecast now updated to reflect latest information from PCNs.
Deficit	(1.33)	(0.27)	

The CCG received a retrospective allocation to adjust the M1-6 financial position to breakeven. Variances in the YTD and FOT tables on the following pages therefore relate to variances from plan for M7 onwards.

In line with NHS England (NHSE) guidance, several categories of expenditure are classed as 'outside of envelope' for M7 to M12. Spend on these areas is reimbursed centrally, in a Financial Period: April 2020 to February 2021

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

similar arrangement to that for COVID related spend in M1-6. Expenditure on these categories within Primary Care includes influenza vaccines (additional venues and cold chain), asylum seekers and additional PPE claims. In February, the CCG received a retrospective allocation for M9 and M10 outside of envelope spend, and for 80% of forecast spend in M11 and M12.

The YTD and Forecast Outturn tables in this report are adjusted to show the position excluding 'outside of envelope' spend.

2.1 Delegated Commissioning Financial Position – Month 11

The table below sets out the YTD position for 2020-21.

Delegated Primary Care	Month 11 Year to Date Position				
	Budget £000	Actual £000	Variance £000	'Outside Envelope' £000	Adjusted Variance £000
Primary Care - GMS	20,785	20,785	0	0	0
Primary Care - PMS	8,327	8,167	160	0	160
Primary Care - Enhanced Services	495	326	69	0	69
Primary Care - Other GP services	6,417	6,511	(94)	0	(94)
Primary Care - Premises Costs	4,087	4,078	9	0	9
Primary Care - QOF	4,132	4,132	0	0	0
Sub Total	44,243	44,099	144	0	144

- The Month 11 YTD actual expenditure position is £44.1m which is an underspend of £144k against the CCG's financial plan.
- **PMS** contracts are underspent by £160k due to PMS premium monies which are accrued in Other Primary Care (£130k) and smaller list size movements than expected.
- **Enhanced Services** are underspent due to slippage on Minor Surgery claims received to date. Minor Surgery claims were income protected in Quarter 1 and are again in Quarter 4, however Quarter 2 and 3 saw a reduction in claims compared to budget. A more detailed breakdown is shown in the table below.

Enhanced Services	Month 11 Year to Date Position		
	Budget £000	Actual £000	Variance £000
Learning Disabilities	92	100	(8)
Minor Surgery	383	306	77
Violent Patients	20	20	0
Sub Total	495	426	69

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Primary Care Commissioning Financial Report

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

Other GP Services	Month 11 Year to Date Position		
	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	1,800	1,859	(59)
PCO Administrator	877	819	58
GP returners	8	66	(57)
COVID Expansion Funding	714	714	0
GP Framework:			
<i>Extended Hours</i>	487	484	3
<i>Network Participation</i>	571	571	(1)
<i>Clinical Director</i>	241	241	0
<i>PCN Support</i>	92	95	(3)
<i>Additional Roles</i>	1,380	1,464	(84)
<i>Care Homes Premium</i>	135	129	6
<i>Impact and Investment Fund</i>	115	118	(3)
Needle, Syringes & Occupational Health	(3)	(50)	47
Reserves	0	0	0
Sub Total	6,417	6,511	(94)

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

An underspend of £48k on maternity and sickness claims accounts for the majority of the underspend on **PCO Administrator**.

GP returners is a Yorkshire and Humber pilot scheme set up by NHSE whereby GPs return to General Practice to support Primary Care during COVID. A limited number of pilots were supported by NHSE/I and these will be funded to the end of March only.

The allocation for **COVID Expansion Funding** (£893k in total) was received in Month 9. This was paid over in full to practices in January.

GP Framework payments are being paid in line with plan with the exception of Additional Roles. Additional Roles are now overspent against the 60% funding in the CCG baseline and additional funding has been requested from NHSE/I.

Needle, Syringes and Occupational Health are all accrued to budget but offset by the release of some prior year accruals.

- **Premises** costs are based upon payments made for the year to date with slippage on clinical waste.
- **QOF** is accrued to budget and will be protected.

2.2 Other Primary Care Financial Position – Month 11

The table below sets out the core primary care financial position as at Month 11.

Core Primary Care Heading	Month 11 Year to Date Position				
	Budget £000	Actual £000	Variance £000	'Outside Envelope' £000	Adjusted Variance £000
Primary Care Prescribing	49,208	48,926	282	0	282
Other Prescribing	1,648	1,529	119	0	119
Local Enhanced Services	1,994	1,812	182	0	182
Oxygen	311	269	42	0	42
Primary Care IT	1,250	1,201	50	0	50
Out of Hours	3,138	3,138	0	0	0
Other Primary Care	4,312	4,331	(20)	6	(14)
Sub Total	61,861	61,205	656	6	661

- The **Prescribing** position as at Month 11 is an underspend of £282k. This position is based upon 9 months of prescribing data and does not include any QIPP. The CCG received a 'true up' adjustment against the Month 6 position which included estimated spend for Month 5 and Month 6 in line with prescribing data timescales. Actual spend for these months was lower than estimated. Spend has also been lower than plan in October and November but increased in December.
- The underspend on **Other Prescribing** is due to vacancies in the Medicines Management Team and an underspend on Medicines Optimisation in Care Homes.
- **Local Enhanced Services** are underspent by £182k. Quarter 1 payments were income protected whilst Quarter 2 and 3 payments were made based upon actual claims. In line with national guidance, Quarter 4 payments will be income protected. The underspend is made up primarily of underspends in Anti-coagulation (£70k), Diabetes (£41k) and Ophthalmology (£34k).

2.3 COVID Expenditure

The table below sets out the COVID expenditure included within Primary Care areas.

Primary Care	YTD COVID expenditure as at Month 11 £000	Forecast COVID expenditure as at Month 11 £000	Comments
Primary Care – Other GP Services	780	972	GP returners scheme, COVID expansion funding
Local Enhanced Services	99	100	Care Homes LES, additional MECS and anti-coagulation costs
Primary Care IT	113	113	Care Home tablets, additional SMS and telephony costs, laptops
Out of Hours	18	18	Additional OOH costs

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

Other Primary Care	969	1,099	GP COVID costs, GP Practices opening over Bank Holidays, COVID management service, Advanced Care Planning sessions, Flu vaccines, winter resilience schemes
Total	1,979	2,303	

2.4 Additional Roles Reimbursement Scheme (ARRS)

At the beginning of March 2021, the CCG submitted an additional allocation request to NHSEI to draw down the funding forecast to be required for ARRS, over and above the 60% included within the CCG baseline. The forecast was based upon claims received to date and information from the PCNs. The table below shows the forecast expenditure by PCN.

PCN	Maximum ARRS funding (per CCG plan) £000	FOT funding utilised £000	Unutilised funding £000
East York	264	169	95
Nimbus	174	49	125
Priory	312	261	51
Selby Town	378	252	125
SHAR	282	275	8
Tadcaster and Selby	210	105	105
WONE	293	127	166
YMG	285	268	17
York City Centre	322	252	70
Total	2,521	1,758	763


2.5 Additional Funding for Student Practices

In January 2021, NHSE/I requested that the CCG review the support offered to practices who serve significant student populations. They noted that there had been a sustained reduction in new patient registrations at a number of university practices since the start of the pandemic but this was expected to be a short-term impact. The CCG was asked to proactively offer support to university practices where there has been a significant patient list reduction at the start of the 20/21 academic year. The CCG reviewed the list sizes of Unity and YMG. Numbers remained consistent for both practices in quarter 3 of 20/21 compared to the same quarter last year. However, Unity saw a decrease in numbers between January 2020 and January 2021 and, as per guidance from NHSE/I, the practice has been offered additional support of £9k for quarter 4. The quarter 4 numbers at YMG were consistent and so no additional support was offered to the practice.

2.6 Delegated Commissioning and Other Primary Care Forecasts

The forecast position in the table covers the full financial year. The first three columns show the position as per the CCG's financial ledger. As per the YTD tables, this is adjusted for the outside of envelope spend, to give a true comparison to the financial plan.

	Forecast Position (£000)					Comments
	Ledger Position			Adjusted Position		
	Plan	Forecast	Variance	Outside envelope'	Adjusted variance	
Delegated Commissioning						
Primary Care - GMS	22,678	22,693	(16)	0	(16)	
Primary Care - PMS	9,100	8,911	189	0	189	£156k PMS premium (forecast included in Other Primary Care) plus smaller list size adjustments.
Primary Care - Enhanced Services	541	465	77	0	77	Underspend on minor surgery LES.
Primary Care - Other GP services	8,155	7,408	747	0	747	£763k underspend on ARRS national funding, provided for fully in plan, £70k overspend for GP returners not funded centrally, £70k prior year benefit.
Primary Care - Premises Costs	4,460	4,451	9	0	9	
Primary Care - QOF	4,508	4,508	(0)	0	(0)	
Total Delegated Commissioning	49,442	48,436	1,006	0	1,006	
Other Primary Care						
Primary Care Prescribing	53,606	53,606	0	0	0	Current forecast position is based on M7-12 plan. August to November figures have shown some improvement against this trajectory but spend has been highly variable between months and high spend in December.
Other Prescribing	1,791	1,674	117	0	117	
Local Enhanced Services	2,171	1,989	182	0	182	In line with national guidance Q1 LES payments were income protected. Q2 and Q3 payments were made based upon actual claims which were lower than budget. Q4 payments will again be income protected.
Oxygen	343	300	42	0	42	
Primary Care IT	1,351	1,300	51	0	51	
Out of Hours	3,419	3,419	1	0	1	
Other Primary Care	4,823	4,916	(93)	9	(84)	£156k PMS premium (budget on Primary Care - PMS) offset by underspends on COVID schemes. Outside of envelope includes £6k for additional PPE claims and £3k for asylum seekers.
Total Other Primary Care	67,503	67,203	300	9	309	
Total Primary Care						
Total Primary Care	116,946	115,639	1,306	9	1,315	

Item Number: 8	
Name of Presenter: Stephanie Porter	
Meeting of the Primary Care Commissioning Committee Date of meeting: 25 March 2021	 Vale of York Clinical Commissioning Group
Covid-19 Vaccination Programme Update, March 2021	
Purpose of Report For Information	
Reason for Report	
<p>This report provides an update to the Primary Care Commissioning Committee regarding NHS Vale of York CCG's progress regarding the national Covid-19 vaccination programme that was started in December 2021.</p>	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" 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 checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks	
None to note.	

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:

None to note.

Recommendations

n/a – update, for information.

Decision Requested (for Decision Log)

n/a – update, for information.

Responsible Executive Director and Title Stephanie Porter Interim Executive Director of Primary Care and Population Health	Report Author and Title Shaun Macey Acting Assistant Director of Primary Care
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1. Background

This report provides an update to the Primary Care Commissioning Committee regarding NHS Vale of York CCG's progress around the national Covid-19 vaccination programme that was started in December 2021.

Practices and PCN's have played a key role in responding to this programme and in mobilising vaccination services for the Vale of York Population, and wider region.

CCG staff have supported PCN Local Vaccination Services (LVS's) through the site designation/approval process, and continue to hold regular meetings with LVS's to help manage vaccine delivery schedules, complete national data returns, and advise on operational and clinical safety matters.

NHS Vale of York CCG currently hosts the following vaccination services.

Nimbuscare LVS (Askham Bar)	Covering Priory Medical Group PCN, York Medical Group PCN, York City Centre PCN, and York East PCN populations
Haxby Health Centre LVS	Covering the West, Outer and North East York PCN population
Pickering LVS and The Galtres Centre LVS	Covering the South Hambleton & Ryedale PCN population
Selby Leisure Centre LVS	Covering the Selby Town PCN population
Tadcaster Health Centre LVS	Covering the Tadcaster & Rural Selby PCN population
Nimbuscare Vaccination Centre (Askham Bar)	One of the national, NHSEI-commissioned Vaccination Centres – using the national booking system
Haxby Pharmacy	Recently mobilised to improve access to vaccination services and offer patient choice
Priory Medical Group Pharmacy	Recently mobilised to improve access to vaccination services and offer patient choice

2. Joint Committee on Vaccination and Immunisation Priority Cohorts

The Joint Committee on Vaccination and Immunisation (JCVI) has defined the following prioritisation of population cohorts for the vaccination programme.

Priority Cohort 1	Residents in a care home for older adults and staff working in care homes for older adults
Priority Cohort 2	All those 80 years of age and over and frontline health and social care workers
Priority Cohort 3	All those 75 years of age and over
Priority Cohort 4	All those 70 years of age and over and clinically extremely vulnerable individuals (not including pregnant women and those under 16 years of age)
Priority Cohort 5	All those 65 years of age and over
Priority Cohort 6	Adults aged 16 to 65 years in an at-risk group
Priority Cohort 7	All those 60 years of age and over
Priority Cohort 8	All those 55 years of age and over
Priority Cohort 9	All those 50 years of age and over
Priority Cohort 10	Rest of the population

The Government target date for an offer of a first vaccination to Priority Cohorts 1 to 4 was 15 February 2021.

Vaccination services have now moved on to Priority Cohorts 5 and 6, with further national Government targets including an offer of a first vaccination to everyone age 50 and over by 15 April 2021, and a first vaccination offer to every adult by 31 July 2021.

The Humber, Coast & Vale Regional vaccination programme continues to work towards these targets. NHS Vale of York CCG has also undertaken significant work with Practices and vaccination Providers over recent weeks to identify and invite people with a learning disability, and other groups who may be reluctant to attend a Covid-19 vaccination clinic.

National and Regional Position

At the time of writing this report, the most recent nationally published vaccination data, covering the period to 7 March 2021 shows:

Total first dose vaccinations given across England is 18,962,382

Total second dose vaccinations given across England is 796,562

Total first doses vaccinations given across Humber Coast & Vale ICS is 636,229


Total first doses vaccinations given across Humber Coast & Vale ICS is 22,450

Total first dose vaccinations given to NHS Vale of York CCG population is 129,825

Total second dose vaccinations given to NHS Vale of York CCG population is 3,822

For the NHS Vale of York CCG population, the % of people aged 60 and over who have had at least 1 dose (using ONS denominators) is 92.4%

Data source: <https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-vaccinations/>

Item Number: 9	
Name of Presenter: Stephanie Porter, Interim Director Primary Care & Population Health	
Meeting of the Primary Care Commissioning Committee Date of meeting: 25 March 2021	 Vale of York Clinical Commissioning Group
Update - Internal Audit Report on Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions (Ref. 2020/05)	
Purpose of Report For Information	
Reason for Report	
<p>The NHS England Primary Medical Care Commissioning and Contracting 'Internal Audit Framework for delegated Clinical Commissioning Groups' outlines a prescribed Primary Medical Services audit scope and work programme.</p> <p>This report provides an update to the management responses that were presented at the 26 November 2020 Primary Care Commissioning Committee meeting, following the Internal Audit report on 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions'.</p>	
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 checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	

<p>Emerging Risks</p> <p>None to note.</p>
<p>Impact Assessments</p> <p>Please confirm below that the impact assessments have been approved and outline any risks/issues identified.</p> <p> <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 </p> <p>Risks/Issues identified from impact assessments:</p> <p>None to note.</p>
<p>Recommendations</p> <p>n/a – update, for information.</p>
<p>Decision Requested (for Decision Log)</p> <p>n/a – update, for information.</p>

<p>Responsible Executive Director and Title Stephanie Porter Interim Director of Primary Care & Population Health</p>	<p>Report Author and Title Shaun Macey Acting Assistant Director of Primary Care</p>
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1. Background

Primary care co-commissioning was one of a series of changes that was originally set out in the NHS Five Year Forward View. It gave Clinical Commissioning Groups (CCG's) an opportunity to take on greater responsibility for General Practice commissioning. It was introduced to support the development of integrated out-of-hospital services, based around the needs of local people.

In 2014/15, NHS England invited CCG's to take on greater responsibility for General Practice commissioning, and NHS Vale of York CCG took on a fully delegated commissioning role, with full responsibility for the commissioning of its General Practice services.

Where NHS England delegates its functions to CCG's, it still retains overall responsibility and liability for these functions, and is responsible for obtaining assurances that these are being discharged effectively. To that end, NHS England has introduced an internal audit framework with the aim of providing information to CCG's that they are discharging NHS England's statutory primary medical care functions effectively.

2. Financial Year 2020/2021 – Internal Audit of Contract Oversight and Management Functions


The following table summarises the Internal Audit recommendations and progress against the agreed actions.

<p>19784 VoY CCG Primary Care Commissioning & Contracting (2020/05) Special Allocation Scheme process</p> <p>Processes for the Special Allocation Scheme should be established.</p>	<p>Internal Audit recommendation agreed.</p> <p>The CCG has agreed a process with the provider of the Special Allocation Scheme (SAS) service, whereby all patients who are registered with this service are reviewed by the lead GP to assess their suitability for moving back into mainstream General Practice services.</p> <p>The CCG will be provided with a (non-identifiable) list of patients registered on this scheme every 3 months – showing the duration of their registration on the scheme, and the date of their last clinical review to assess their suitability for moving back into mainstream General</p>
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	<p>Practice services.</p> <p>At the first of these reviews at the end of February 2021, it was agreed that 2 out of the active list of 22 patients could be supported to move back into mainstream Primary Care services.</p> <p>The CCG will work with the SAS Practice to ensure that patients are supported to register with a mainstream Practice if they require help.</p> <p>The CCG will also work with the SAS Practice to ensure that any patients who are registered with this scheme, yet rarely attend the Practice, are proactively contacted at appropriate intervals to check on their wellbeing.</p>
<p>19783 VoY CCG Primary Care Commissioning & Contracting (2020/05) Equality and health inequalities impact assessments</p> <p>Equality and health inequalities impact assessments should be undertaken for Practice closures and mergers so that the impact on protected groups can be considered by the PCCC in decision making.</p>	<p>Internal Audit recommendation agreed.</p> <p>Equality and health inequalities impact assessments will form part of any future Practice closures/mergers process.</p>
<p>19786 VoY CCG Primary Care Commissioning & Contracting (2020/05) PCCC quality assurance</p> <p>The PCCC should receive regular assurance on the quality of Primary Care medical services.</p>	<p>Internal Audit recommendation agreed.</p> <p>The majority of reports on quality go via the Quality & Patient Experience Committee (QPEC). QPEC and PCCC share a Chair in line with the Terms of Reference of both Committees. A governance review will be undertaken.</p>
<p>19779 VoY CCG Primary Care Commissioning & Contracting (2020/05) Practice opening times</p> <p>A review of practice opening times and telephone provision should be undertaken to identify any limitations to</p>	<p>Internal Audit recommendation agreed.</p> <p>There is a clear message from NHS England Improvement that General Practice is open and must offer face to face appointments to any patient who needs to see a clinician.</p>

<p>patient access during the contractual opening times between 8am and 6:30pm.</p>	<p>It was initially hoped that there would be a 'natural' opportunity to review Practice opening times from April 2021 when the extended access/hours services was planned to move to the PCN DES – requiring PCN's and their member Practices to effectively offer access from 8am to 8pm on week days (plus a level of additional access at weekends).</p> <p>NHSEI has, however, deferred this change until April 2022 in order to enable PCN's to work on the Covid-19 vaccination programme.</p> <p>The CCG's Primary Care team therefore intends to survey Practice opening times during April 2021 – and report back findings to the Primary Care Commissioning Committee.</p>
<p>19780 VoY CCG Primary Care Commissioning & Contracting (2020/05) Programme of Practice visits</p> <p>The programme of Practice visits should resume following the initial response to Covid-19.</p>	<p>Internal Audit recommendation agreed.</p> <p>The finding is correct in terms of the CCG Primary Care contracting team.</p> <p>However, the CCG has been assured during the pandemic through regular two way communications with the Practices, through Primary Care Lead officers meeting the Practices as part of PCN meetings, the weekly Primary Care Ops Group, the monthly Practice Managers catch up call, and through extensive support to Practices around the Covid-19 vaccination programme.</p>
<p>19781 VoY CCG Primary Care Commissioning & Contracting (2020/05) Prioritisation of Practice visits</p> <p>The CCG should consider a risk based approach to prioritise Practice visits based on the triangulation of soft intelligence received.</p>	<p>Internal Audit recommendation agreed.</p> <p>The CCG acts on issues raised in their 'soft intel forum'. Not all soft intel will necessarily require a Practice visit to address in terms of prioritising visits.</p>
<p>19782 VoY CCG Primary Care Commissioning & Contracting (2020/05)</p>	<p>Internal Audit recommendation agreed.</p>

<p>Reference to the Primary Medical Care Policy Guidance Manual (PMC PGM) in PCCC decisions</p> <p>Reports to the PCCC for approval of commissioning changes should refer to or include the relevant criteria stated in the PMC PGM, for transparency and assurance of consideration as part of the decision making process.</p>	<p>To note - NHSEI led the recent Practice merger process between Jorvik/Gillygate and East Parade, which provided assurance to the CCG that the process was in line with the PMC PGM for decision making.</p>
<p>19787 VoY CCG Primary Care Commissioning & Contracting (2020/05) PCCC risk assurance</p> <p>The CCG should introduce oversight of primary care risk at the PCCC.</p>	<p>Internal Audit recommendation agreed.</p> <p>Primary Care risks are currently represented via Finance & Performance Committee, Quality & Patient Experience Committee, and Governing Body.</p> <p>The CCG is currently reviewing all the risk reporting structures in place and this issue will be addressed.</p> <p>A Primary Care risk report will be presented at the 25 March 2021 Primary Care Commissioning Committee.</p>

Item Number: 10									
Name of Presenter: Stephanie Porter									
Meeting of the Primary Care Commissioning Committee Date of meeting: 25 March 2021									
Primary Care Commissioning Committee Risk Register									
Purpose of Report For Approval									
Reason for Report <p>Although Primary Care risks have, to date, mainly been reviewed at the CCG's Governing Body, Quality & Patient Experience, and Finance & Performance Committees – it feels appropriate that the Primary Care Commissioning Committee should also be sighted on these risks where appropriate, particularly where discussions around risk might potentially have contractual implications, or require some form of control or mitigation through a formal Primary Care Commissioning route.</p> <p>Additionally, the recent Internal Audit review of the CCG's 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions' recommended that 'The CCG should introduce oversight of Primary Care risk at the PCCC'.</p> <p>With this in mind, it is proposed that the Primary Care Commissioning Committee Risk Register is developed and reviewed at each future Primary Care Commissioning Committee meeting.</p>									
Strategic Priority Links <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input type="checkbox"/> Reducing Demand on System</td> <td><input checked="" type="checkbox"/> System transformations</td> </tr> <tr> <td><input checked="" type="checkbox"/> Fully Integrated OOH Care</td> <td><input type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<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 checked="" type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability	<input type="checkbox"/> Sustainable acute hospital/ single acute contract	
<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 checked="" type="checkbox"/> Fully Integrated OOH Care	<input type="checkbox"/> Financial Sustainability								
<input type="checkbox"/> Sustainable acute hospital/ single acute contract									
Local Authority Area <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<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				
<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 type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
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Emerging Risks
None to note.

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

Quality Impact Assessment Equality Impact Assessment
 Data Protection Impact Assessment Sustainability Impact Assessment

Risks/Issues identified from impact assessments:
None to note.

Recommendations
The Committee is recommended to receive the Primary Care Risk Register at future meetings in order to oversee any risks associated with the CCG’s delegated Primary Care commissioning functions.

Decision Requested (for Decision Log)
Primary Care Risk Register at future meetings in order to oversee any risks associated with the CCG’s delegated Primary Care to be received at future meetings.

Responsible Executive Director and Title Stephanie Porter Interim Director of Primary Care & Population Health	Report Author and Title Shaun Macey Acting Assistant Director of Primary Care
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1. Background

Although Primary Care risks have, to date, mainly been reviewed at the CCG's Governing Body, Quality & Patient Experience, and Finance & Performance Committees – it feels appropriate that the Primary Care Commissioning Committee should also be sighted on these risks where appropriate, particularly where discussions around risk might potentially have contractual implications, or require some form of control or mitigation through a formal Primary Care Commissioning route.

Additionally, the recent Internal Audit review of the CCG's 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions' recommended that 'The CCG should introduce oversight of Primary Care risk at the PCCC'.

With this in mind, it is proposed that the Primary Care Commissioning Committee Risk Register is developed and reviewed at each future Primary Care Commissioning Committee meeting.

2. Legacy Primary Care Risks

The current Primary Care Risk Register includes 3 legacy risks that the Primary Care Commissioning Committee is asked to consider as closed, or appropriate for re-framing as follows:

2.1. PRC.11 Estates and Technology Transformation Fund Strategy

The CCG has recognised through its estates strategy that investment is required in property to address the need to enhance estate to support service transformation. It has prioritised a small number of schemes it wished to see develop business cases to demonstrate deliverability and affordability. The schemes seek to secure capital grant funds to abate the revenue impact to the CCG.

Three new build schemes have been supported by the CCG recognising the need to invest to address under capacity in physical infrastructure. The proposals are affordable taking into account a capital bullet payment via the Estates and Technology Transformation Fund.

With two new builds now complete (Beech Tree Surgery's branch site at Carlton, and the new Tollerton Surgery), and the third converted to an improvement scheme (Millfield Surgery in Easingwold) it is recommended that this risk is now closed, and the Primary Care Team reviews any estates-related risks in the context of its current estates strategy and understanding of potential future funding streams.

2.2. PRC.12 Commissioning of evening and weekend access to General Practice for 100% of population

Risk relates to the CCG's responsibility to commission evening and weekend access to General Practice services for 100% of its population. This is a national requirement from NHS England, with monthly returns on activity and utilisation rates.

A procurement exercise was undertaken and contracts awarded for service provision in the North and Central localities. Currently, no service provision is formally contracted in the South locality.

It is recommended that this risk is now closed as the CCG has successfully commissioned extended access services for the South locality through contracts with Beech Tree Surgery (for Selby Town PCN patients) and South Milford (for South Milford and Sherburn Group patients) – with 100% of the CCG's population covered through these contracts.

2.3 PRC.13 Primary Care Team resource to deliver the CCG statutory functions

The statutory contracting of Primary Care may be compromised leading to poorer care for the population if the CCG does not hold the appropriate resource including expertise within the CCG team.

It is recommended that this risk is now closed on the basis of continued close working with (and support from) NHS England/Improvement colleagues in the Humber, Coast and Vale Region to ensure that the CCG delivers its statutory and delegated Primary Care Commissioning functions. It is also recommended that any associated risks are considered as part of the system transformation work leading to the dissolution of CCG's from April 2022.

3. Current Primary Care Risks from the CCG's Finance & Performance Committee

The following risks are recommended to be included on the Primary Care Commissioning Committee Risk Register in order that this Committee can have oversight of these risks.

3.1 PRC.14 Learning Disability (LD) Health Checks

There is a risk that the target of 67% of people on General Practice learning disability registers have an annual health check will not be met due the impact of Covid-19 and the ability of General Practice to restore proactive annual health checks sufficiently. This could impact negatively on patients and potentially increase mortality and morbidity rates where underlying health conditions go un-detected and/or are under-treated, resulting in widening health inequalities for this population.

March 2021 update:

LD health check Q3 cumulative performance is 598/1,182 = 50.6% (provisional data).

By Q3, 598 were completed, which is 246 above plan and equates to 143 more checks than at the same point in the previous financial year.

To reach 67%, the CCG' Practices would need to achieve 792 Health checks against the current 14+ LD list size, which is an additional 194 health checks in Q4.

The risk of not achieving CCG target of 67% is reducing as there was a significant increase in activity during Q3. At the end of Q3 all Practices had either restarted health checks or provided assurance they plan to complete all their LD patient health checks during Q4. Two PCN's are on track to deliver over 80% of health checks.

However, some risk around achieving the target remains because some Practices have reported that since eligibility for Covid-19 vaccinations was extended to these people as part of the Covid19 at risk cohort, there has been an increase in people self-identifying as having LD, and so LD register sizes have increased. Therefore, in the context of the increase in the identified LD cohort (which has obvious longer term benefits for these people) additional health checks will now need to be completed before the end of the financial year, which Practices may not have planned for.

3.2 PRC.15 Serious Mental Illness (SMI) Health Checks

The risks are:

No improvements will be made to the physical health of patients with severe mental illness. This could further increase the differential between mortality and morbidity already recognised for those with a severe mental illness.

Failure to achieve the requirement of the CCG that 60% of patients on the mental health QOF Practice registers receive a comprehensive physical health check at least annually.

Suspension of face-face consultations in Primary Care due to Covid-19 restrictions.

March 2021 update:

In January 2020 there were 2,260 'active' patients on the Vale of York CCG Practices' QOF mental health registers.

The CCG has allocated investment to address this work since 2019/20 and a Local Enhanced Service has been offered to Primary Care. In 2020/21 the LES has been accepted by 24 Practices. SMI health check performance in Q1 this year was 24.7%, a reduction from the previous quarter of 30%. This downward trend has continued and performance at Q3 is 21.2%.

In summary:

- Three Practices failed to submit a return
- Overall, over 60% of patients received checks 1,2 and 6 (from the six required checks)
- Less than 50% received checks 3, 4 and 5
- Only three Practices achieved over 50% of patients receiving all six checks
- The lowest two performing practices achieved less than 10%.

Impact of Covid-19:

At the start of the Pandemic in March 2021, necessary steps were taken to safeguard the health system from being overwhelmed and to free-up and protect staff.

However, it is thought that ongoing challenges to restore system activity to normal levels, as part of the third phase NHS Covid-19 recovery programme from August 2020, had a significant impact on delivering improvements.

Catch-up initiatives to reach out proactively to clinically vulnerable people coincided with planning for the biggest ever flu vaccination programme, on top of on-going workload and workforce pressures. Social distancing measures also had an impact on individuals attending GP practices. In addition, blood testing has been hampered due to issues with the phlebotomy service at York hospital which has now been resolved.

Actions to catch-up with the backlog include:

- Use of standardised template, robust and timely reports and clinical searches developed in collaboration with practices and Business Intelligence colleagues to support proactive measures to improve delivery and support for this work
- Liaison with Drug and Alcohol Service in York – making every contact count
- Winter pressures funding secured for additional Health Care Assistant (HCA) resource to support health checks up to March 2021
- Work to accelerate take-up including outreach and engagement by Third Sector and Primary Care Social Prescribers to encourage take-up between now and the end of March
- Additional HCA clinics
- Longer term, PCN's developing a personalised care approach with support from the third sector and dedicated HCA resource
- Participating in the Humber Coast & Vale SMI Steering Group to share best practice from other networks
- The CCG is exploring training options to support Primary Care

4. For Future Consideration

The main aim of the Primary Care Commissioning Committee Risk Register will be to ensure that the Committee is sighted on any risks that affect quality in Primary Care – i.e. patient safety, clinical effectiveness, or patient experience.

In the context of developments over the past year in relation to how the Covid-19 Pandemic has affected our services, and the population that we serve, it is suggested that the Risk Register is further developed with a key focus on:


- Patient access - how effectively and easily patients can access the Primary Care services that they need, particularly in the context of Practices rapidly adopting a 'total triage' access model over the past year
- Safe and resilient workforce – the effectiveness of Primary Care to deliver services is hugely dependent on its workforce, and the Pandemic has demonstrated how this can be significantly compromised with staff being unable to work through illness due to Covid-19, or having to self-isolate at home to reduce the spread of the disease

5. Summary

The Primary Care Commissioning Committee is asked to approve the closure of the 3 legacy risks as described in Section 2 of this report.

The Committee is asked to note the risks from the Finance & Performance Committee in Section 3 of this report – that will now be included in the Primary Care Commissioning Committee Risk Register.

The committee is asked to consider any key areas for future inclusion in the Primary Care Commissioning Committee Risk Register, including those suggested in Section 4 of this report.

Item Number: 11	
Name of Presenter: David Iley	
Meeting of the Primary Care Commissioning Committee Date of meeting: 25 March 2021	 Vale of York Clinical Commissioning Group
Report Title – Primary Care Report	
Purpose of Report <i>(Select from list)</i> For Decision	
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"/> 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 checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input 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 checked="" 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:

N/A

Recommendations

For the Committee to approve the notional rent requests from Pickering Medical Practice and Posterngate Surgery

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

Annexes (please list)

Annex 1 – CPCS Flyer



Vale of York CCG Delegated Commissioning Primary Care Update March 2021

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

15th March 2021

1.0 Items for a Decision

1.1 Pickering Medical Practice, Southgate, Pickering, YO18 7BL

The Practice are requesting to extend the General Medical Service (GMS) footprint of their premises to move into what will soon become void space at the Practice. One room at the Practice is currently privately rented out to an Osteopath and therefore does not attract any notional rent. The Osteopath is vacating the room on 31st March 2021 and the Practice would like to use the room for primary medical services rather than look to rent it out privately again.

The Practice provided the following rationale for needing the additional space;

Despite our recent building improvements, we are still working at full capacity many days within the building. We are a hub for Covid vaccinations and have been asked this week if we feel able to sustain our Covid vaccination delivery for the next few months. To enable us to do this especially on Pfizer vaccine delivery days we do need a lot of space for vaccination stations and observation rooms, at the moment we have some days where we are able to ask clinical team members to work from home but this is not ideal if we have patients needing to be seen face to face. I appreciate that this may not be long term but does have a big impact on our building usage for the foreseeable future. Looking further ahead with more additional PCN roles being introduced we do need more clinical rooms for them to see patients in also. It would be beneficial for us to be able to use this room for GMS services and would give us the capacity and flexibility to be able to do so.

The room is estimated to be 16.9m². The current rate of reimbursement for the premises is £140/m² so the estimated additional notional rent for the room would be around £2,366.

The Committee is asked to support the Practices request to use the room for General Medical Services and approve the additional notional rent.

1.2 Posterngate Surgery, Portholme Road, Selby, YO8 4QH

The Practice have requested for an additional 4 car parking spaces to be considered for reimbursement through notional rent. Due to what appears to have been an administrative error the Practice declared they had 36 spaces in 2016 when they were due a rent review by the District Valuer. The Practice realised this error when completing a recent Current Market Rental form to assess their notional rent following a recently completed estates project which involved the reconfiguration of the Practice to create additional clinical rooms.

There are 43 spaces at the Practice (3 of which belong to the pharmacy). Records suggest the Practice were historically reimbursed for 40 spaces prior to 2016. The current reimbursement rate for a car parking space at the Practice is £300 so the notional rent increase would be £1,200.

The Committee is asked to support the Practices request for reimbursement for the 4 additional car parking spaces (40 spaces in total) and approve the additional notional rent.

2.0 Items for Noting

2.1 Covid-19

Links below to regular updates provided to primary care and general practice regarding COVID-19.

<https://www.england.nhs.uk/coronavirus/primary-care/>

[https://www.england.nhs.uk/coronavirus/primary-care/general-practice/Coronavirus » Updates and guidance for general practice \(england.nhs.uk\)](https://www.england.nhs.uk/coronavirus/primary-care/general-practice/Coronavirus%20»%20Updates%20and%20guidance%20for%20general%20practice%20(england.nhs.uk))

2.2 Income Protection

Letters were published on 21st January and 3rd February 2021 around supporting General Practice and protecting income.

[C1054-supporting-general-practice-in-21-22.pdf \(england.nhs.uk\)](#)

[Letter template \(england.nhs.uk\)](#)

In relation to local services, CCGs are being asked to suspend local enhanced services unless they support the COVID-19 vaccination programme, reduce hospital admissions or increase hospital discharges.

In relation to NHS England enhanced services and QOF:

- The Minor Surgery Direct Enhanced Service (DES) is income protected until March 2021
- The Quality Improvement Domain and 8 Prescribing Indicators are income protected until March 2021

Given the continued priority attached to flu immunisation, social prescribing referrals and health checks, the Investment and Improvement Fund (IIF) indicators are not suspended.

QOF is to be reinstated from 1/4/21 based upon the indicator set already agreed for 2020/21, with very limited changes.

2.3 General Practice Electronic Declaration (e-Dec)

The e-Dec is an annual contractual requirement in which practices provide responses to a series of questions with the purpose of providing assurances of contract compliance. In relation to the most recent collection, the deadline was extended to Friday 26th February 2021. We have been advised all

Practices in the Vale of York submitted a return before the deadline. Once we have been provided with the details of the returns they will be shared with the Committee.

2.4 Primary Medical Care Policy and Guidance Manual

The Primary Medical Care Policy and Guidance Manual This is the manual that NHS England and GP practices use to support contract changes such as list closures etc. It is regularly updated, the most recent of which was February 2021. The link below is to the updated document and highlights the changes

[NHS England » Primary Medical Care Policy and Guidance Manual \(PGM\)](#)

2.5 Digital Primary Care

Digital Primary Care is a revenue funding stream being made available by NHS England and NHS Improvement to support the development of Digital solutions across Primary Care. The programme runs from 2020/21 through to 2023/24 to support Practices, PCNs and the wider system. The main aims of the funding are to address core digital capabilities as well as looking to deliver wider transformation of primary care using digital tools to drive improvement, innovation and create better access.

In 2020/21 funding has been used to support the ongoing development of the Yorkshire and Humber Shared Care Record and to pilot several innovative projects including Artificial Intelligence in Online Consultations, understanding patient digital maturity and enabling video consultations in community settings. Funding is also going to be used for additional project resource to support the utilisation of digital tools in primary care, the mobilisation of the digitisation of Lloyd George records programme as well as understanding and developing schemes of work to support digital inclusion.

2.6 Community Pharmacy Consultation Service

Since starting in October 2019, the NHS Community Pharmacy Consultation Service (CPCS) has supported thousands of patients referred from NHS111 with medicine needs and management of minor acuity conditions. The service has now been extended to include referrals from General Practice for minor illnesses and conditions such as constipation, cough, sore throat and joint pain. Further information can be found in appendix 1. All Practices have been contacted to make them aware of the programme and to ask for expressions of interest to take part.

2.7 Pooled resource

The General Practice COVID Capacity Expansion Fund provides £150m to systems via CCGs for expanding general practice capacity. The Fund is intended to support amongst other things an increase in overall GP numbers. Systems can receive up to an additional £120k for the realisation of pools at pace to engage and deploy local GPs flexibly in an ongoing way to support local primary care, including PCN extended access services.

The £120k funding can be used for creating and administering a virtual pool or enhancing an existing pool arrangement and can be utilised in a number of ways including for staff to administer the pool, digital supplier requirements, and the delivery of the peer support and networking activities.

Further information can be found in the following presentation [PowerPoint Presentation \(england.nhs.uk\)](#)

NHSE&I emailed Practices and PCNs on 5th March with a short survey to raise awareness of the initiative and to ask for feedback to ensure the funding is used most effectively.

The Committee is asked to note the updates in section 2 of the paper

GP Referral to the Community Pharmacy Consultation Service



Since starting in October 2019, the **NHS Community Pharmacy Consultation Service (CPCS)** has supported thousands of patients referred from NHS111 with medicine needs and management of minor acuity conditions.

The service has now been extended to **include referrals from General Practice** for minor illnesses and conditions such as constipation, cough, sore throat and joint pain*



How does it work?



A patient contacts their GP Practice for an appointment



The practice assesses the patient for minor acuity conditions



If appropriate, the patient is referred electronically to their preferred pharmacy



The pharmacist undertakes the consultation with the patient



What are the benefits?

Referring patients to CPCS this way:

- Gives the pharmacist all the information needed to provide the service safely and effectively
- Usually allows the patient to be seen the same day
- Frees up practice appointment time
- Allows information captured during the consultation to be shared with the practice

91% of GP Staff indicated they would recommend this service to other GP practices**

89% of patients were 'definitely satisfied' with the consultation with the pharmacist**

Patients cited convenience, time-saving, & being able to fit appointments around work as reasons to use the service again**



How do we get involved?

Rollout of GP referral will be phased over a period of time

- Training will be provided for GP practice staff to support the referral process
- Communication will be shared with GP staff and local pharmacies to support implementation
- If you are interested in implementing GP referral to CPCS, email f.pedlingham@nhs.net

Look out for further information for your practice or pharmacy soon!