Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

27 May 2021, 1.30pm to 3.30pm

'Virtual' Meeting

AGENDA

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3 to 10	Minutes of the meeting held on 25 March 2021	To Approve	Julie Hastings Committee Chair
4.	Page 11	Matters Arising		All
5. 1.45pm	Pages 12 to 31	Review of Primary Care Commissioning Committee Effectiveness: Outcome Report	For Decision	Abigail Combes Head of Legal and Governance
6. 1.55pm	Verbal	Primary Care Commissioning Financial Report	To Note	Simon Bell Chief Finance Officer
7. 2.05pm	Pages 32 to 42	End of Year Review of Primary Care Networks	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 2.30pm	Verbal	Coronavirus COVID-19 Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
9. 2.40pm	Pages 43 to 44	Primary Care Wellbeing	To Receive	Julie Hastings Committee Chair Abigail Combes Head of Legal and Governance
10. 2.55pm	Pages 45 to 54	Primary Care Commissioning Committee Risk Register	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health

11. 3.10pm	Pages 55 to 64	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. 3.25pm	Verbal	Key Messages to the Governing Body	To Agree	All
13.	Verbal	Next meeting: 1.30pm, 22 July 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 25 March 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
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Mettam (PM)	Accountable Officer
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Fiona Bell-Morritt (FB-M)	Lead Officer Primary Care, Vale
Abigail Combes (AC) – Item 5	Head of Legal and Governance
Louisa Cordon (LC)	Project Support Officer
Shamim Eimaan (SE)	Project Support Officer
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Heather Wilson (HW)	Project Support Officer

Apologies

Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Shaun Macey (SM)	Acting Assistant Director of Primary Care
Gary Young (GY)	Lead Officer Primary Care, City

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

Nine 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 28 January 2021

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 28 January 2021.

4. Matters Arising

PCCC35 Local Enhanced Services Review 2019/20: SP explained that the annual review of the Local Enhanced Services specifications and performance indicators had taken place and there was nothing of significance to report. The next phase was to assess potential alignment with NHS North Yorkshire CCG. SP also advised that the CCG would work with primary care during the year to determine whether these contracts remained fit for purpose for the transition to provider collaboratives. Discussion would also take place with the Local Medical Committee in relation to 2021/22 contracts and income. It was agreed that this action was complete.

PCCC55 Coronavirus COVID-19 Update: JH expressed appreciation to Dr Nigel Wells, CCG Clinical Chair, and the Communication and Engagement Team for formally writing to thank colleagues involved in the roll out of the vaccination programme, as requested by the Committee.

The other matters arising were noted as ongoing.

AC joined the meeting

5. Review of Primary Care Commissioning Committee Effectiveness

AC referred to the audit requirement for annual review of committee effectiveness which on this occasion comprised two sets of questions, general effectiveness of the Committee and COVID-19 specific effectiveness, noting a focus on workforce and particularly their welfare. AC sought and received confirmation from members that the questions were appropriate for the annual review. Members also agreed that the GPs in attendance be included in the SurveyMonkey circulation in order to accurately reflect primary care input. A report on the survey results would be provided for consideration.

The Committee:

1. Approved the proposed questions being put into a SurveyMonkey for completion within 14 days from the date of the Committee, noting the responses would be considered at a future meeting.
2. Agreed that, in addition to Committee members, the GPs in attendance be asked to complete the survey.

Post meeting note: The SurveyMonkey was circulated on 26 March 2021.

AC left the meeting

6. Primary Care Commissioning Financial Report Month 11

SB reported that the primary care position was an underspend within the CCG's overall forecast breakeven position at year end. He explained that the biggest single area in this underspend, which would not be carried forward for 2021/22, related to c£0.75m for the Additional Roles Reimbursement Scheme as recruitment to these specific cohorts of staff, nationally prescribed, had not been possible in year. SB additionally referred to the funding from April 2021 for recruitment of the Additional Roles, highlighting specifically mental health workers. He noted the competitive market for the mental health workforce, particularly in the current context of emphasis on mental health, but stressed the importance of recruiting as many as possible.

In response to DB enquiring about prescribing practice and costs during the pandemic, SB advised that work had been done by primary care early in the year to ensure availability of electronic access for both repeat and new prescriptions; no material change had been expected in this regard. AM and TM additionally described aspects of differences between face to face and the current approach of increased online and telephone contact.

With regard to the Additional Roles TM highlighted that, in addition to the recruitment challenge, Primary Care Networks needed to identify work space which was also a challenge; it was also important that the ambition to recruit was fulfilled such that it was meaningful. Specifically in relation to mental health workers, TM highlighted the recent change in recruitment approach whereby Tees, Esk and Wear Valleys NHS Foundation Trust, rather than the Primary Care Networks direct, would now recruit these workers and there would only be 50% funding. He noted the context of there being 32 Primary Care Networks in the Tees, Esk and Wear Valleys NHS Foundation Trust area. Whilst welcoming the funding for the mental health workers TM noted the complexity and commented that it would probably be late in the financial year that any return would be seen on this investment. He also referred to the impact "on the ground" from the frequently changing guidance.

AM noted a number of mental health workers had already been employed by Primary Care Networks to start in April prior to the change in employment arrangements and enquired whether the CCG had any flexibility in this regard. SB responded that the guidance was prescriptive and also noted the general changing environment for planning, commenting that funding for the first half of 2021/22 was still subject to confirmation and also noting the context of Primary Care Networks recruiting to a

number of roles from a limited workforce. DI additionally confirmed there had been no flexibility on the Additional Roles Reimbursement Scheme budget noting that a number of CCGs had an underspend in this. AM expressed appreciation that the CCG would, if permitted, adopt a flexible approach. The potential to discuss these concerns about constraints emanating from national policy with local MPs and also with NHS North Yorkshire CCG and across the region was noted.

PM assured the Committee that the CCG would continue to maintain values based working with clinicians and patients at the centre wherever possible in the current uncertain times. He noted that the Finance and Performance Committee had also discussed this earlier in the day.

In conclusion JH highlighted the perspective of potential opportunities through innovative ways of working and best practice.

The Committee:

Received the Primary Care Commissioning Financial Report as at month 11.

7. Primary Care Year End Report

SP reported that a primary care and Primary Care Network year-end position statement that demonstrated additional activity would be presented at the next meeting. She noted that a primary care dashboard was being developed to consolidate information on the work, such as cervical smears and childhood immunisations, that had continued alongside the vaccination programme.

FB-M referred to the additional work for the Primary Care Network Clinical Directors in terms of population health needs in their localities. With regard to the Additional Roles FB-M highlighted that at the last count there had been 72 whole time equivalent new posts in primary care as a result of this funding. These were making a significant contribution to the success of the Primary Care Networks.

FB-M commended the collaborative working both within and across the Primary Care Networks. She noted progress with such as improving approaches to health checks for people with learning disability and severe mental illness and support for these vulnerable groups.

FB-M explained that the Primary Care Networks were becoming more involved with population health management programmes. She noted partnership working in York, including the diabetes population health management approach, and advised that similar work was taking place in Selby and the Vale which included the voluntary sector and the County and District Councils.

FB-M referred to impact on primary care from the pandemic, particularly the perspective of resilience, noting the need to support the Primary Care Networks, and specifically the Clinical Directors, in further developing their work. She commended the maturity of the Primary Care Networks since establishment two years ago and highlighted the context of taking an active role in the health and care restructure of services from a positive position of system leadership and partnership working.

The Committee:

Noted that a Primary Care Year End Report would be presented at the next meeting.

8. Coronavirus COVID-19 Vaccination Programme Update

SP expressed appreciation to SM for providing the report which described the position across the CCG footprint including vaccination services hosted by the CCG, progress with the Joint Committee on Vaccination and Immunisations Priority Cohorts, and the current national and regional positions with vaccinations. SP also expressed appreciation to SS and her team for their support in the work focusing on gaining an understanding of areas and reasons where there was low take-up of the vaccination through Contact Tracers to work with Practices in wards where this was identified. She highlighted that national targets were being met and work was taking place with the national team to match appointments with vaccine supply. Additionally, SP commended the partnership working and commitment of both professionals and the voluntary sector to deliver the national vaccination programme despite the workforce fatigue. TM also commended the partnership working on the vaccination programme and noted the Askham Bar site in York as an exemplar.

SP explained that the CCG was working with City of York Council to provide flexibility in approach of offering the vaccine for ease of take-up. The programme for second doses, including all care homes, had begun; work was also taking place to ensure population groups such as the homeless, rough sleepers and asylum seekers were offered the vaccine.

SP expressed appreciation to everyone involved in delivering the vaccination programme, also highlighting the role of the workforce 'behind the scenes'. She emphasised the impact of the success of the roll out on lower hospital admission and transmission rates, less acuity in cases of people becoming ill, and the need to maintain Public Health message in the context of the 'roadmap' to lifting restrictions.

Whilst noting that discussions were taking place with the business sector on opening up the city safely, SS reported that infection rates in York in the over 60s were the lowest in the region and one of the lowest in the country, largely due to the success of the vaccination programme. She referred to the fact that the restrictions were being lifted in advance of completion of the vaccination programme and emphasised the need to continue the 'hands, face, space' infection control message and to be mindful of contacts, also noting that Directors of Public Health were strongly promoting this as key, alongside the vaccination programme, to avoid a potential further national lockdown. SS additionally referred to the context of winter planning and the expectation that the COVID-19 vaccination programme would continue alongside annual 'flu vaccination, therefore primary care would need support to enable this.

Discussion included clarification of aspects of the work to understand the reasons for vaccination hesitancy; acknowledgement that 100% take up would not be achieved as vaccination was not mandatory; the need for 'myth busting' through effective communication; and recognition that primary care had continued with 'busines as usual' alongside the success of delivering the vaccination programme.

The Committee:

Received the update on the Coronavirus COVID-19 Vaccination Programme.

SS left the meeting

9. Update - Internal Audit Report on Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions

SP referred to the report which provided an update to the management responses presented at the Part II Primary Care Commissioning Committee on 26 November 2020, following the Internal Audit Report on 'Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions'. SP noted that the report provided assurance of progress and resolution of the actions as required.

PG commented that this report, which had received the second highest level of assurance, was in line with recent Internal Audit reports to the Audit Committee. These had all been awarded one of the two highest levels of assurance.

The Committee:

Received the update on progress pertaining to the Internal Audit Report on 'Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions'.

10. Primary Care Commissioning Committee Risk Register

SP presented the report which included the current reporting arrangements and the proposal for a Primary Care Commissioning Committee Risk Register to be developed and reviewed at each meeting. It also described legacy primary care risks, primary care risks currently on the Finance and Performance Committee Risk Register and proposed that the Primary Care Commissioning Committee Risk Register, and proposed that the Primary Care Commissioning Committee Risk Register be developed in the context of risks affecting quality in primary care, i.e. patient safety, clinical effectiveness or patient experience.

The Committee:

1. Agreed 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.
2. Approved the closure of the three legacy risks:
    - PRC.11 Estates and Technology Transformation Fund Strategy
    - PRC.12 Commissioning of evening and weekend access to General Practice for 100% of population
    - PRC.13 Primary Care Team resource to deliver the CCG statutory functions
3. Noted that the risks from the Finance and Performance Committee Risk Register would be included in the Primary Care Commissioning Committee Risk Register, namely:
    - PRC.14 Learning Disability Health Checks
    - PRC.15 Serious Mental Illness Health Checks

4. Agreed that the Primary Care Commissioning Committee Risk Register be developed with a focus on patient access and safe and resilient workforce.

11. NHS England and NHS Improvement Primary Care Report

DI presented the report which described requests from Pickering Medical Practice for use of an additional room for General Medical Services and from Posterngate Surgery for reimbursement for four additional car parking spaces (40 in total); approval of the respective additional notional rents was sought.

The report also provided updates on Coronavirus COVID-19; income protection for General Practice; General Practice Electronic Declaration (e-Dec); the Primary Medical Care Policy and Guidance Manual; Digital Primary Care; the NHS Community Pharmacy Consultation Service; and pooled resource in the form of the General Practice COVID Capacity Expansion Fund. DI noted in respect of the latter that he would follow up on the fact that to date only one of the CCG's Practices had completed the survey and also that he would bring the findings of the pilot on Artificial Intelligence in Online Consultations to a future meeting.

Discussion ensued on aspects of digital primary care. SP noted that GY was undertaking a patient experience survey on telephone triage with patients who had accessed primary care in this way to inform discussion across the system about changes in service delivery. Such changes in healthcare provision that had taken place in response to the pandemic would continue as limitations on primary care capacity had to be recognised and supported accordingly.

The Committee:

1. Received the NHS England and NHS Improvement Primary Care Report.
2. Supported the request from Pickering Medical Practice, Southgate, Pickering, YO18 7BL, to use the additional room for General Medical Services and approved the additional notional rent.
3. Supported the request from Posterngate Surgery, Portholme Road, Selby, YO8 4QH, for reimbursement for the four additional car parking spaces and approved the additional notional rent.

12. Key Messages to the Governing Body

The Committee was updated on the progress of the vaccinations programme. Work was progressing at pace with colleagues working closely with the contact tracers and Practices to identify low take up and to explore why some people were not presenting for vaccinations - 92% of the over 60's had been vaccinated, with a figure of 80% down the other cohorts. Second doses in Care Homes were progressing as were vaccinations for our Homeless, Rough Sleeper and Asylum Seeker population. Partnership working was still fully committed. The team was continually working to match vaccinations with supply whilst already forward planning for the annual winter flu programme. The Committee thanked all colleagues for their dedication and determination which had resulted in the infection rates for those over 60 being the lowest in the region.

There were 72 whole time equivalent posts because of the Additional Roles Reimbursement Scheme funding.

Updates in respect of the Mental Health Practitioners informed the Committee that they will now be employed and managed by Tees, Esk and Wear Valleys NHS Foundation Trust rather than the Primary Care Networks as originally planned.

Although our Primary Care Networks have matured in the past two years, we recognise that they need support as resilience is low. Despite this they are increasingly involved on a population health level where their input an expertise is invaluable.

The Committee:

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

13. Next Meeting

27 May 2021 at 1.30pm.

EXCLUSION OF PRESS AND PUBLIC

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NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 25 MARCH 2021 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC53	24 September 2020	Three Month Social Prescribing Impact Report from York CVS	• 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	• 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

Item Number: 5

Name of Presenter: Abigail Combes

Meeting of the Primary Care Commissioning Committee **Date of meeting: 27 May 2021**	NHS Vale of York Clinical Commissioning Group

Report Title – Review of effectiveness

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

Reason for Report
The responses to the effectiveness questions have been received and require review.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☐Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☒Primary Care ☐Equalities	N/a

Emerging Risks

Impact Assessments

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

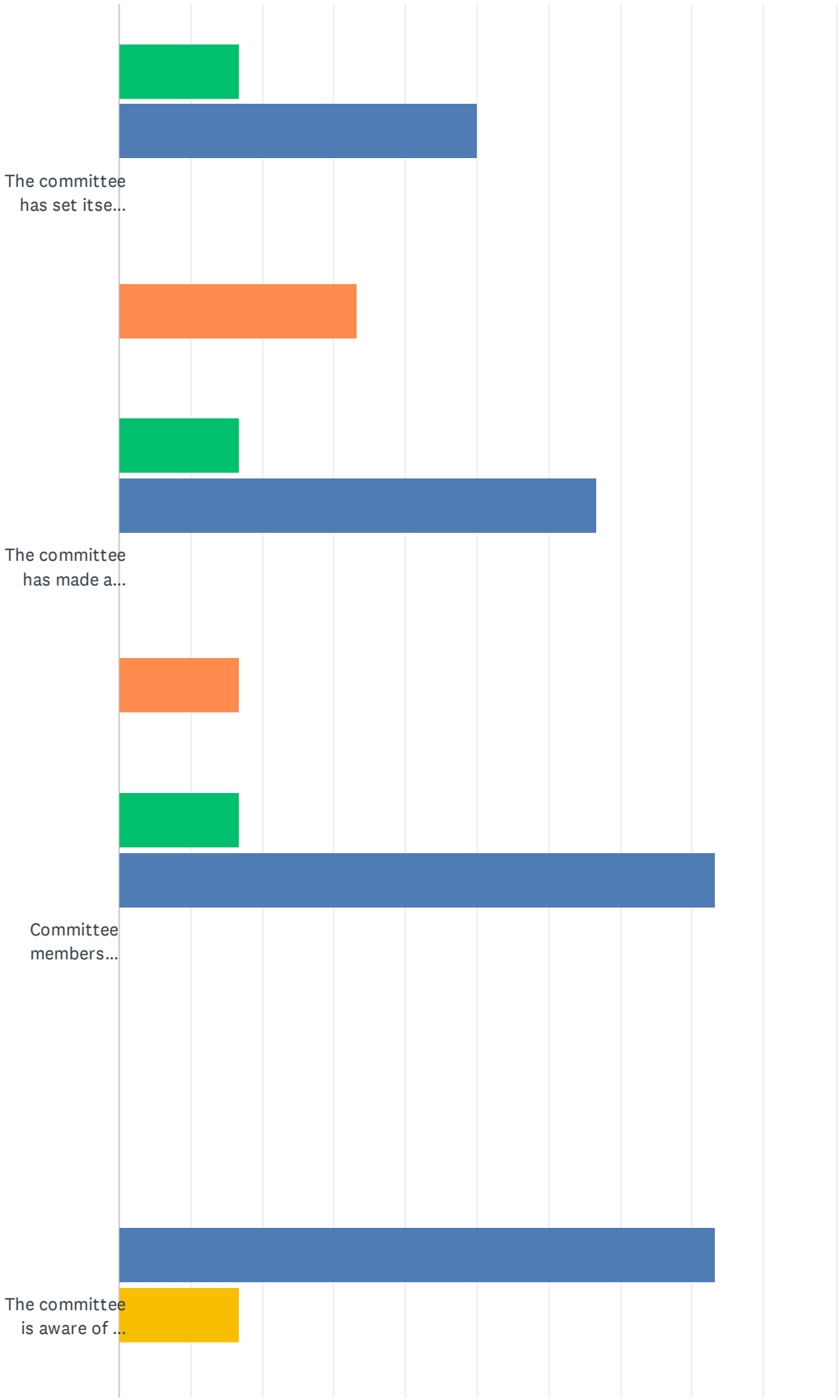
☐ Quality Impact Assessment
☐ Data Protection Impact Assessment
☐ Equality Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:
N/A
Recommendations
Receive the report and consider the Committee objectives for the next 12 months.
Decision Requested (for Decision Log)
Receive the report and consider the Committee objectives for the next 12 months.

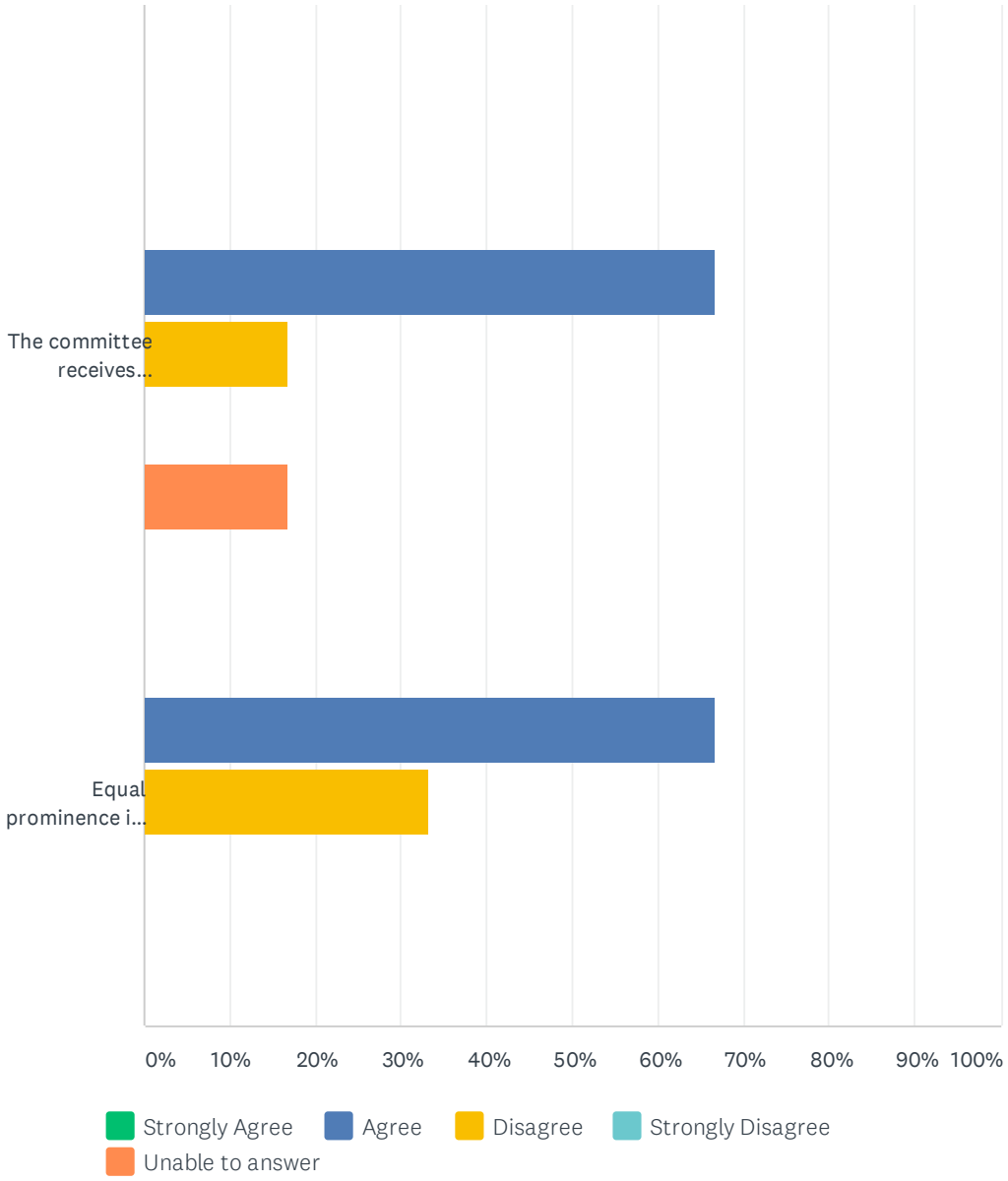
Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam, Accountable Officer	Abigail Combes, Head of Legal and Governance

Q1 Theme 1 - committee focus

Answered: 6 Skipped: 0



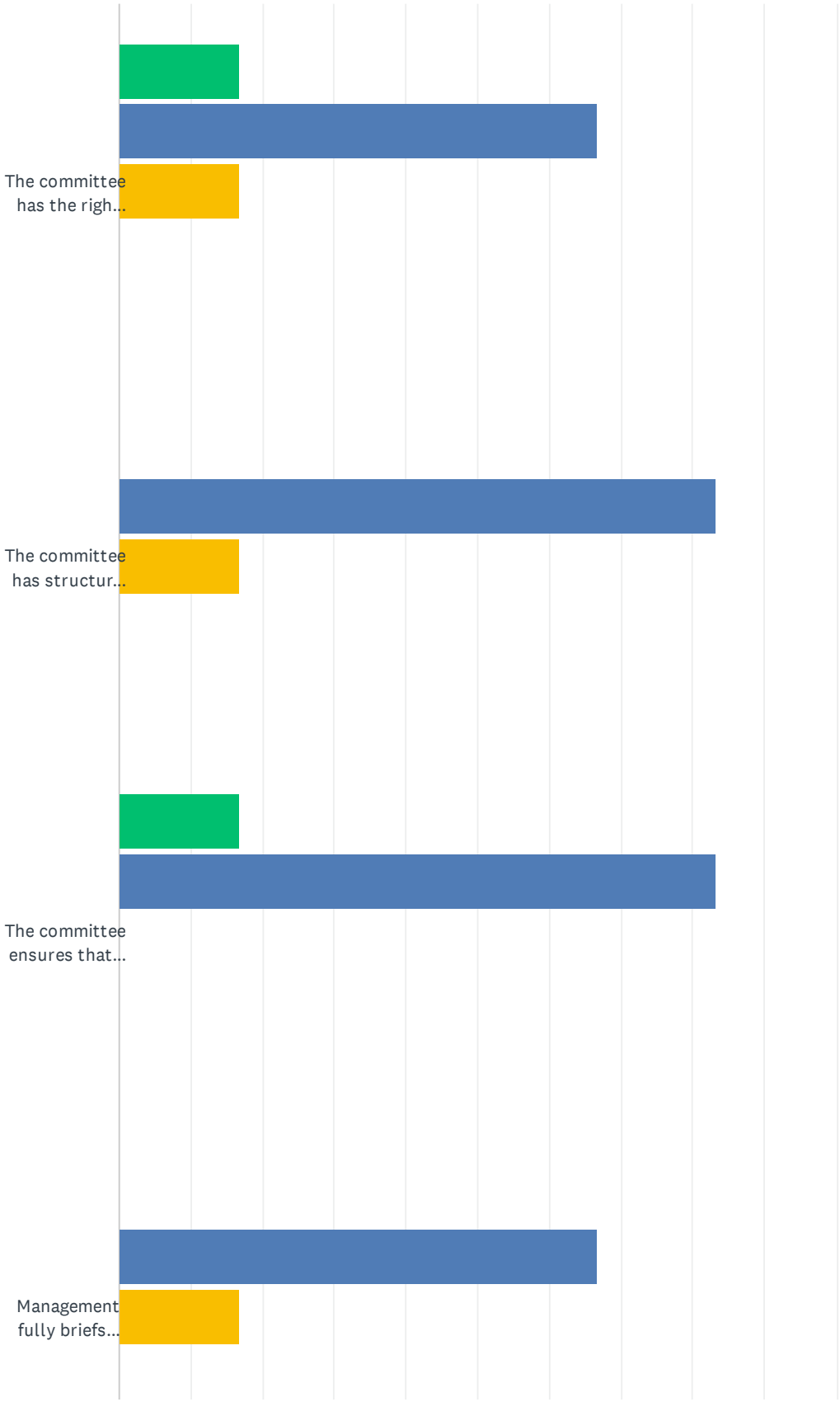
Primary Care Commissioning Committee Checklist Survey

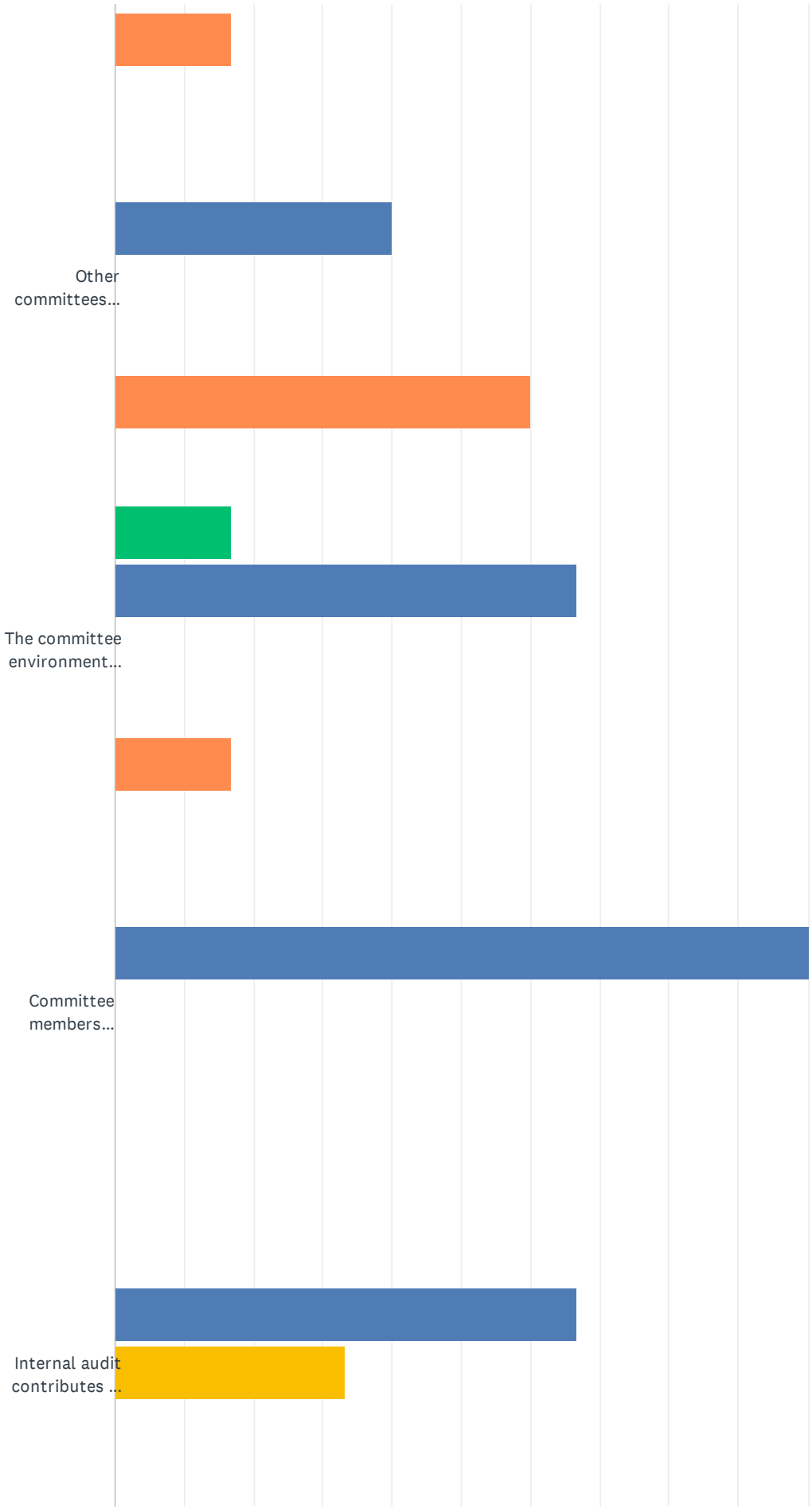


	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The committee has set itself a series of objectives for the year.	16.67% 1	50.00% 3	0.00% 0	0.00% 0	33.33% 2	6	2.83
The committee has made a conscious decision about the information it would like to receive.	16.67% 1	66.67% 4	0.00% 0	0.00% 0	16.67% 1	6	2.33
Committee members contribute regularly to the issues discussed.	16.67% 1	83.33% 5	0.00% 0	0.00% 0	0.00% 0	6	1.83
The committee is aware of the key sources of assurance and who provides them.	0.00% 0	83.33% 5	16.67% 1	0.00% 0	0.00% 0	6	2.17
The committee receives assurances from third parties who deliver key functions to the organisation, - for example, NHS Shared Business Services or private contractors.	0.00% 0	66.67% 4	16.67% 1	0.00% 0	16.67% 1	6	2.67
Equal prominence is given to both quality and financial assurance.	0.00% 0	66.67% 4	33.33% 2	0.00% 0	0.00% 0	6	2.33

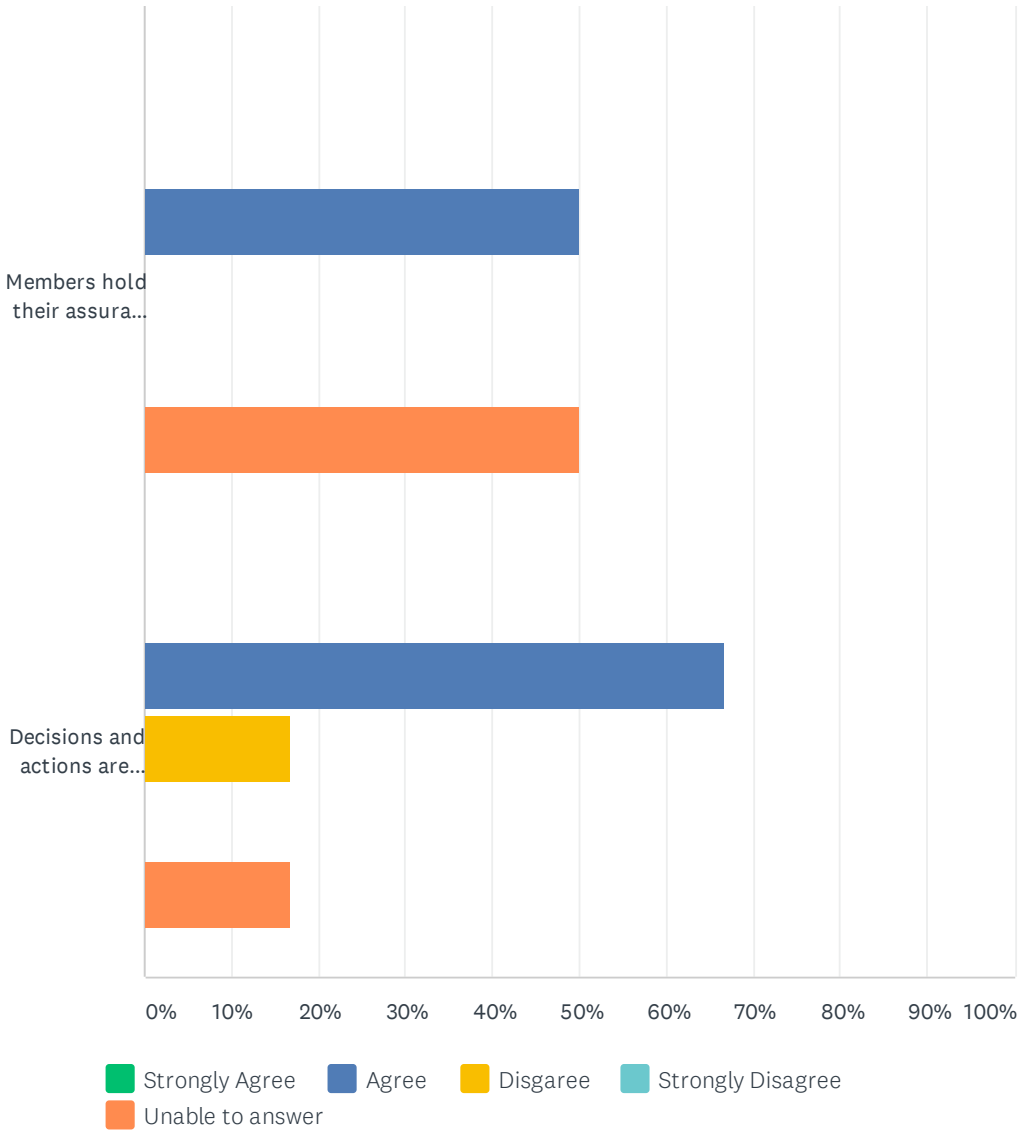
Q2 Theme 2 - committee team working

Answered: 6 Skipped: 0




Other committees...
The committee environment...
Committee members...
Internal audit contributes ...

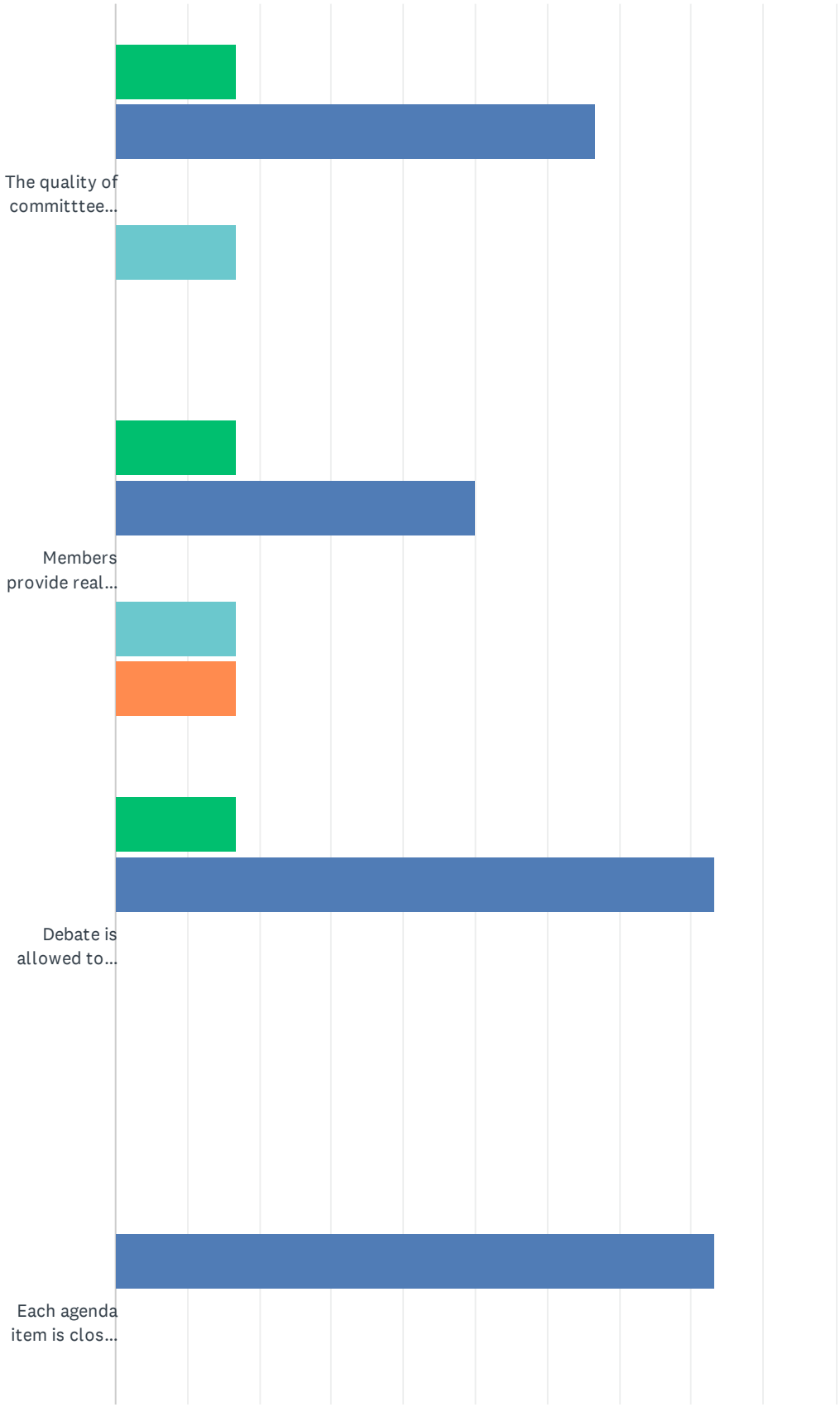
Primary Care Commissioning Committee Checklist Survey

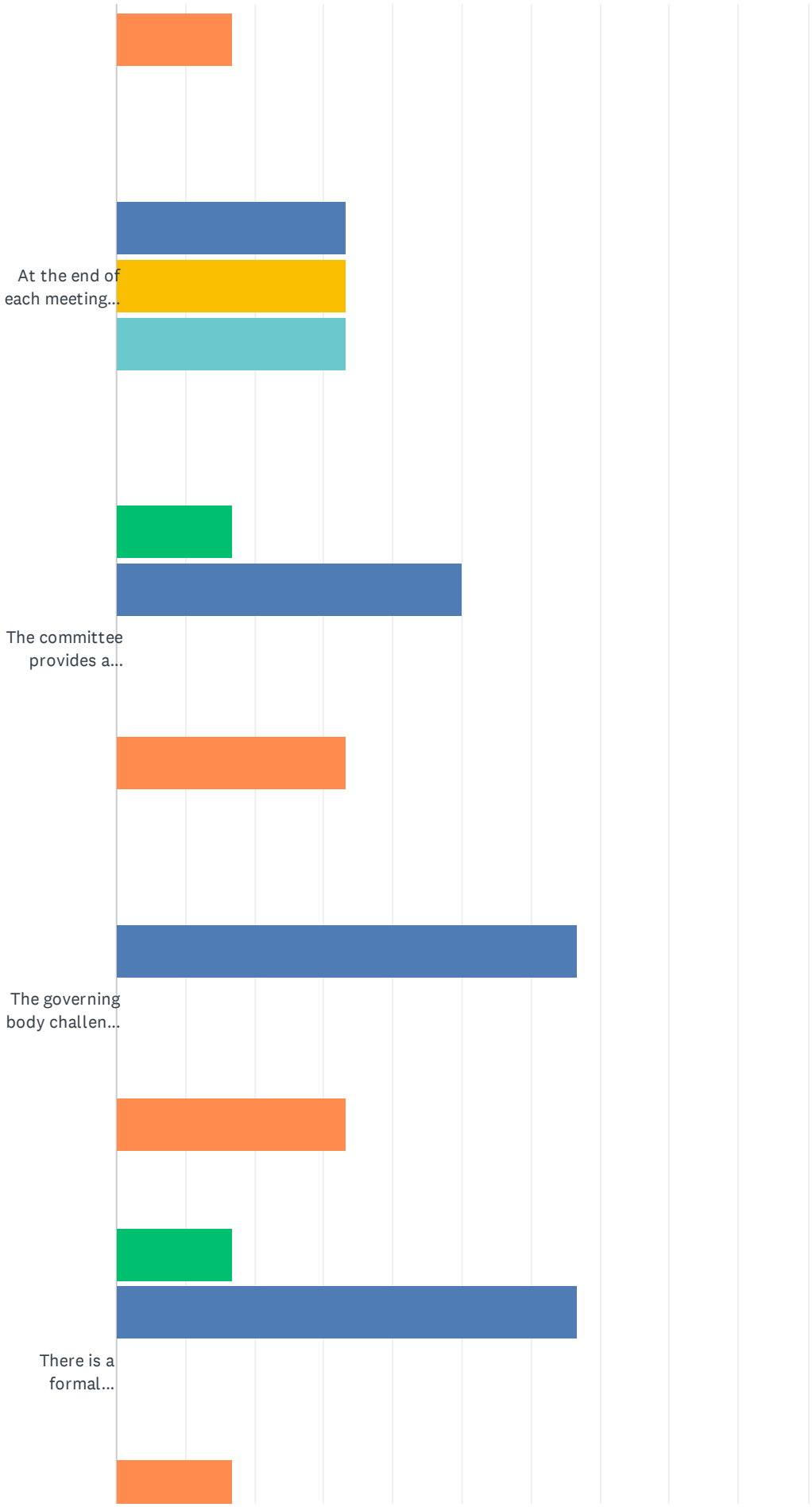


	STRONGLY AGREE	AGREE	DISGAREE	STRONGLY DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The committee has the right balance of experience, knowledge and skills to fulfil its role.	16.67% 1	66.67% 4	16.67% 1	0.00% 0	0.00% 0	6	2.00
The committee has structured its agenda to cover quality, data quality, performance targets and financial control.	0.00% 0	83.33% 5	16.67% 1	0.00% 0	0.00% 0	6	2.17
The committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives.	16.67% 1	83.33% 5	0.00% 0	0.00% 0	0.00% 0	6	1.83
Management fully briefs the committee on key risks and any gaps in control	0.00% 0	66.67% 4	16.67% 1	0.00% 0	16.67% 1	6	2.67
Other committees provide timely and clear information in support of the audit committee.	0.00% 0	40.00% 2	0.00% 0	0.00% 0	60.00% 3	5	3.80
The committee environment enables people to express their views, doubts and opinions.	16.67% 1	66.67% 4	0.00% 0	0.00% 0	16.67% 1	6	2.33
Committee members understand the messages being given by external audit, internal audit and counter fraud specialists.	0.00% 0	100.00% 5	0.00% 0	0.00% 0	0.00% 0	5	2.00
Internal audit contributes to the debate across the range of the agenda.	0.00% 0	66.67% 4	33.33% 2	0.00% 0	0.00% 0	6	2.33
Members hold their assurance providers to account for late or missing assurances.	0.00% 0	50.00% 3	0.00% 0	0.00% 0	50.00% 3	6	3.50
Decisions and actions are implemented in line with the timescale set down.	0.00% 0	66.67% 4	16.67% 1	0.00% 0	16.67% 1	6	2.67

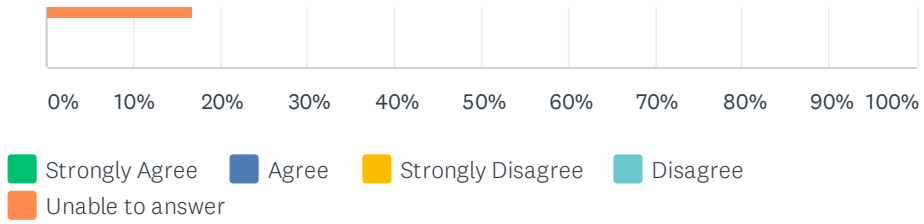
Q3 Theme 3 - committee effectiveness

Answered: 6 Skipped: 0




At the end of each meeting...
The committee provides a...
The governing body challen...
There is a formal...

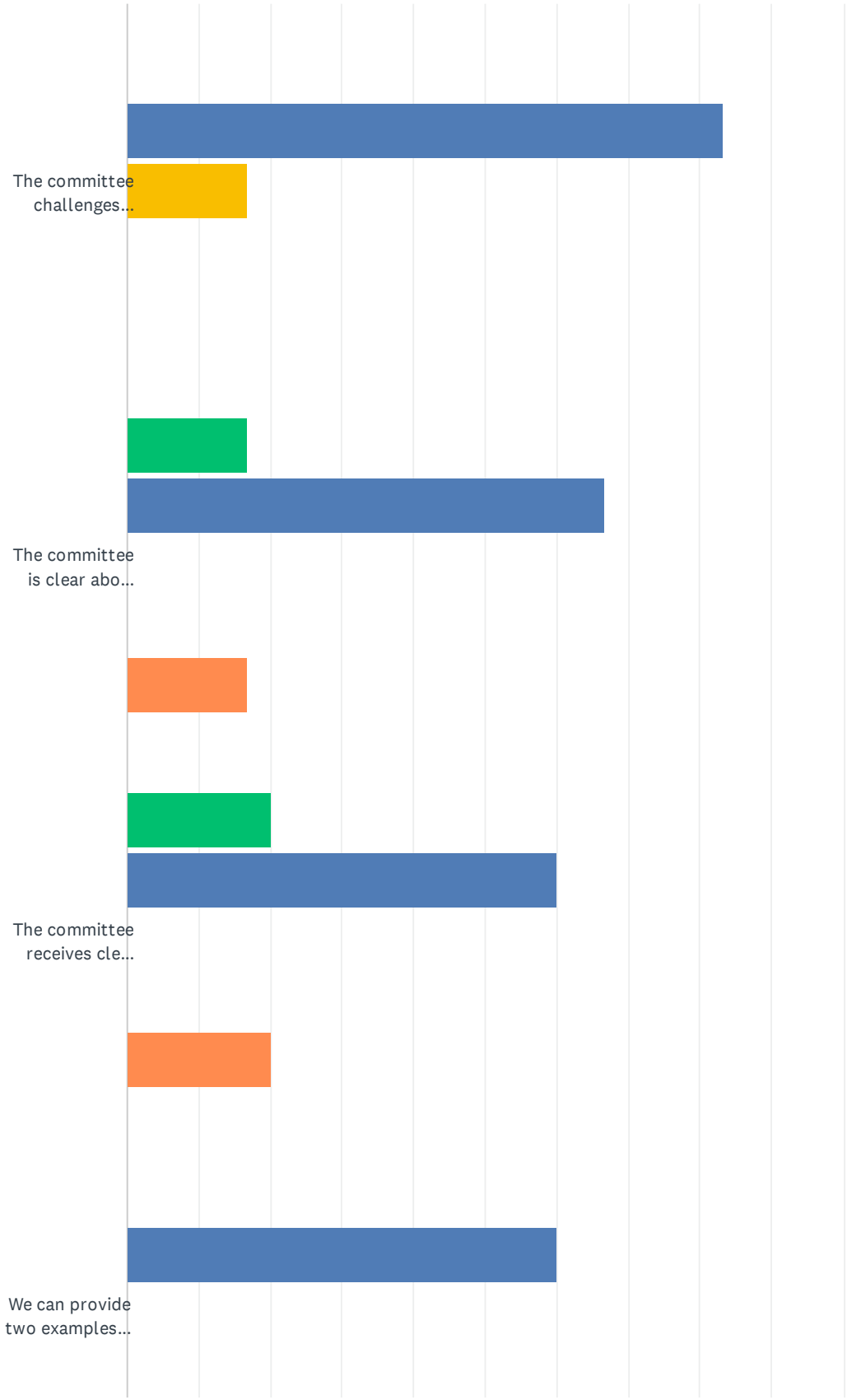
Primary Care Commissioning Committee Checklist Survey



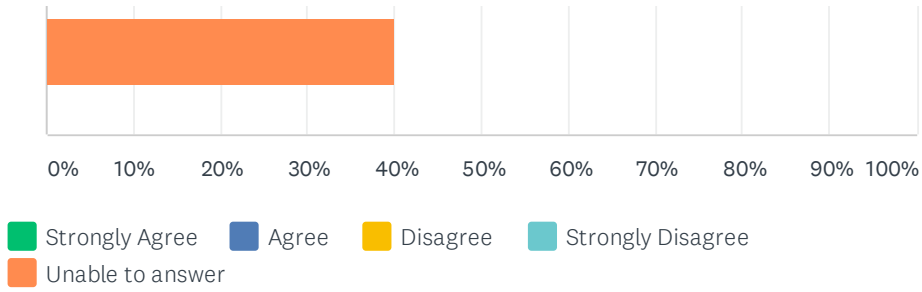
	STRONGLY AGREE	AGREE	STRONGLY DISAGREE	DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The quality of committtee papers received allows committee members to perform their roles effectively	16.67% 1	66.67% 4	0.00% 0	16.67% 1	0.00% 0	6	2.17
Members provide real and genuine challenge - they do not just seek clarification and/or reassurance	16.67% 1	50.00% 3	0.00% 0	16.67% 1	16.67% 1	6	2.67
Debate is allowed to flow, and conclusions reached with being cut short or stifled.	16.67% 1	83.33% 5	0.00% 0	0.00% 0	0.00% 0	6	1.83
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.	0.00% 0	83.33% 5	0.00% 0	0.00% 0	16.67% 1	6	2.50
At the end of each meeting, the committee discuss the outcomes and reflect on decisions made and what worked well, not so well etc.	0.00% 0	33.33% 2	33.33% 2	33.33% 2	0.00% 0	6	3.00
The committee provides a written summary report of its meetings to the governing body	16.67% 1	50.00% 3	0.00% 0	0.00% 0	33.33% 2	6	2.83
The governing body challenges and understands the reporting from this committee.	0.00% 0	66.67% 4	0.00% 0	0.00% 0	33.33% 2	6	3.00
There is a formal appraisal of the committee's effectiveness each year.	16.67% 1	66.67% 4	0.00% 0	0.00% 0	16.67% 1	6	2.33

Q4 Theme 4 - committee engagement

Answered: 6 Skipped: 0



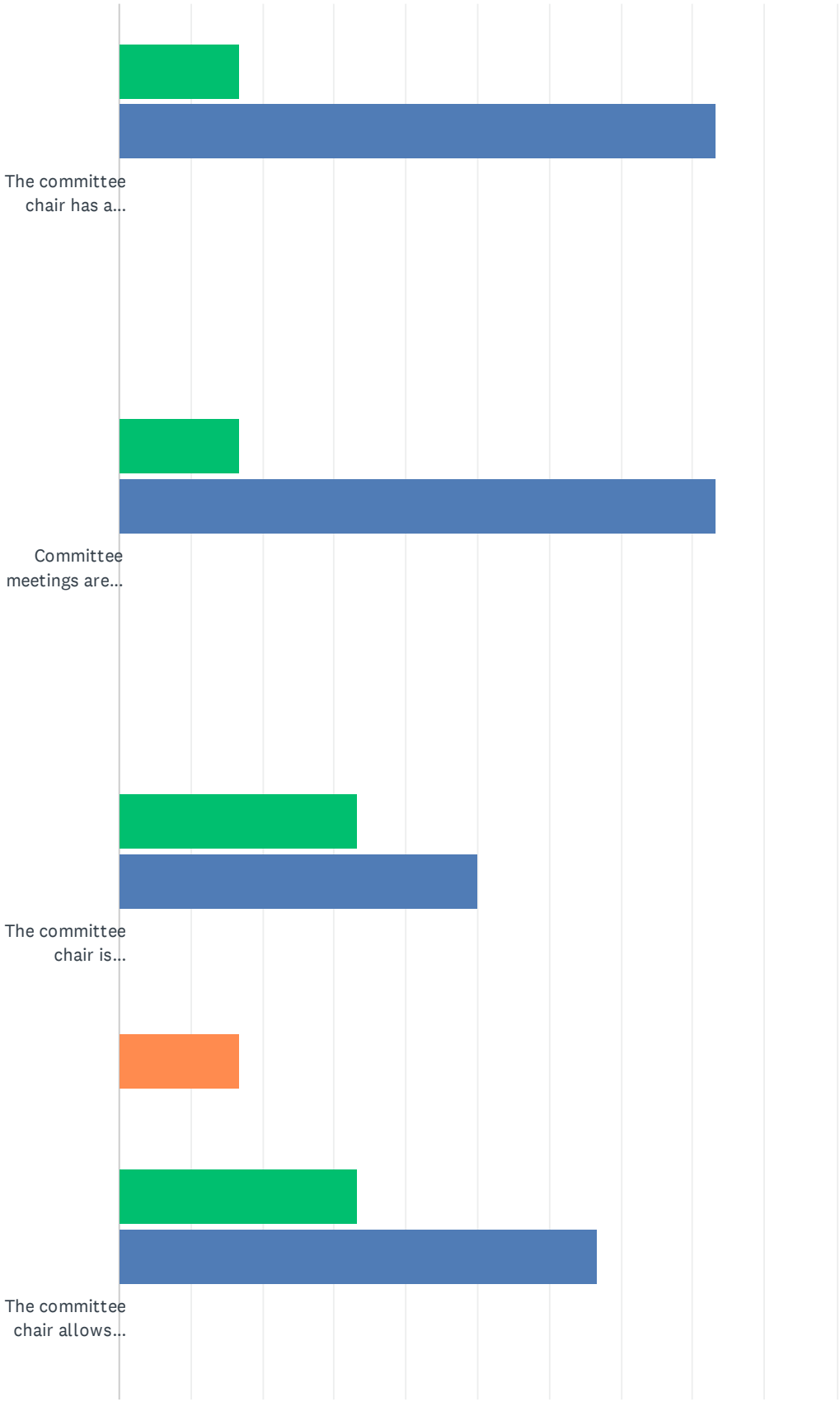
Primary Care Commissioning Committee Checklist Survey



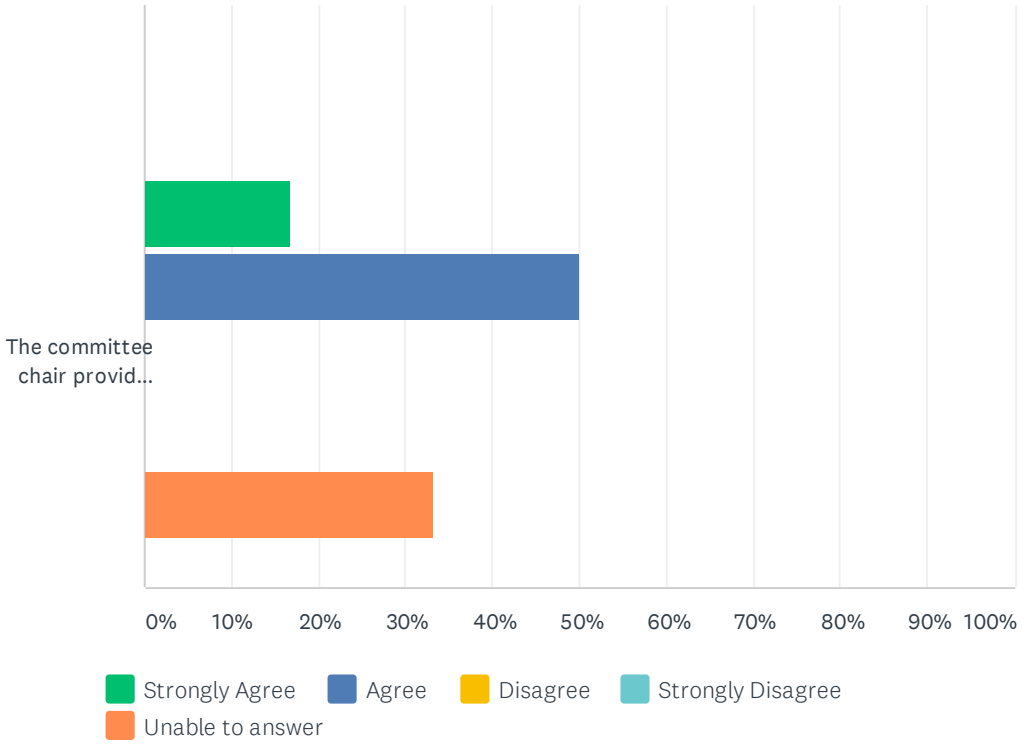
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The committee challenges management and other assurance providers to gain a clear understanding of their findings.	0.00% 0	83.33% 5	16.67% 1	0.00% 0	0.00% 0	6	2.17
The committee is clear about its role in relationship to other committees that play a role in clinical governance, quality and risk management.	16.67% 1	66.67% 4	0.00% 0	0.00% 0	16.67% 1	6	2.33
The committee receives clear and timely reports from other governing body committtees which set out the assurances they have received and their impact (either positive or not) on the organisation's framework.	20.00% 1	60.00% 3	0.00% 0	0.00% 0	20.00% 1	5	2.40
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.	0.00% 0	60.00% 3	0.00% 0	0.00% 0	40.00% 2	5	3.20

Q5 Theme 5 - committee leadership

Answered: 6 Skipped: 0



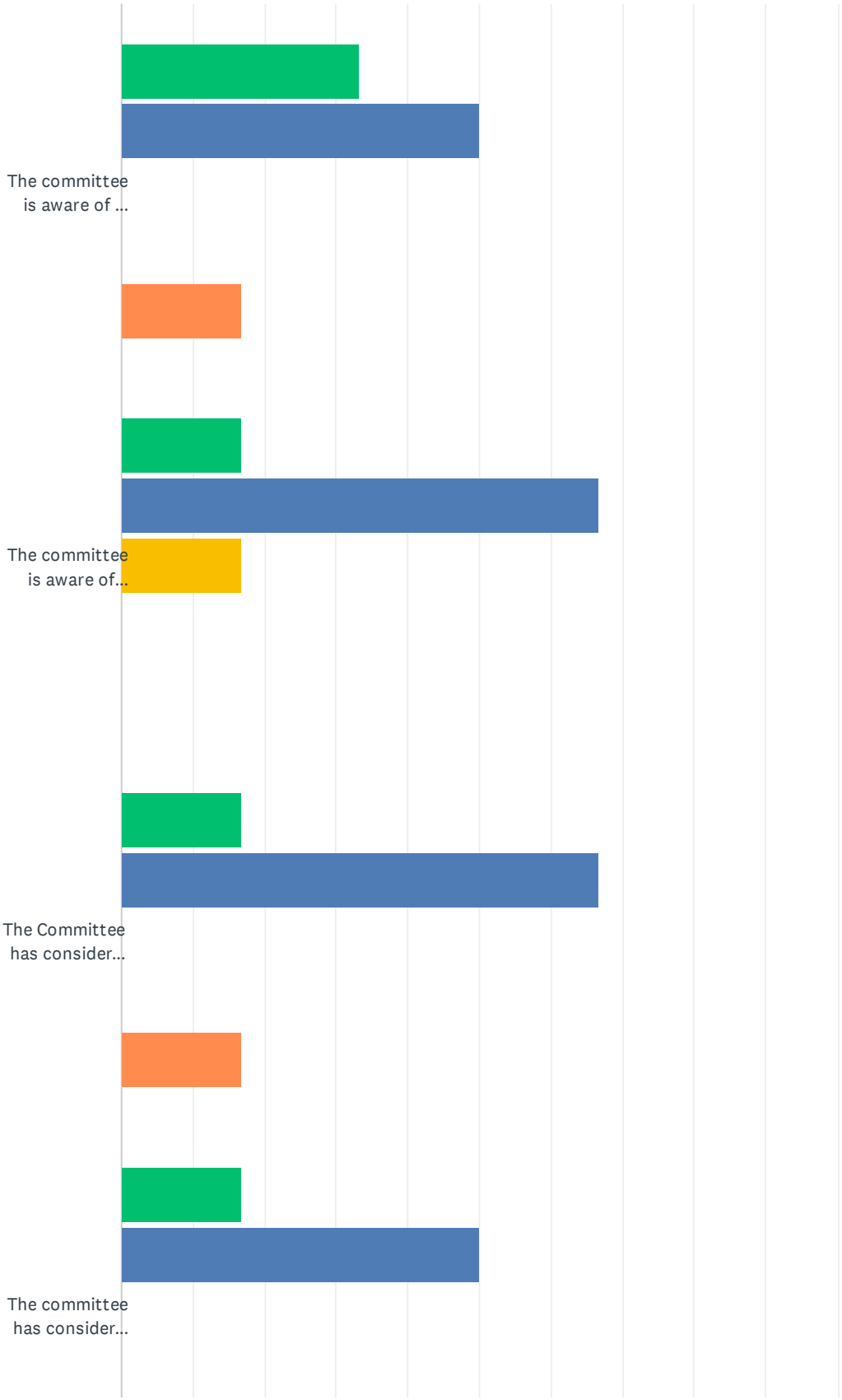
Primary Care Commissioning Committee Checklist Survey



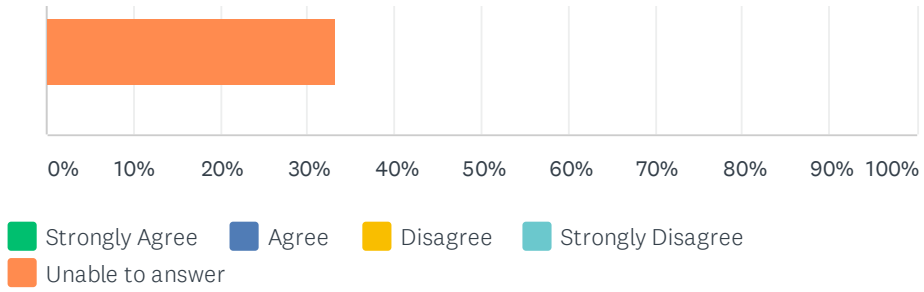
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The committee chair has a positive impact on the performance of the committee.	16.67% 1	83.33% 5	0.00% 0	0.00% 0	0.00% 0	6	1.83
Committee meetings are chaired effectively.	16.67% 1	83.33% 5	0.00% 0	0.00% 0	0.00% 0	6	1.83
The committee chair is visible within the organisation and is considered approachable	33.33% 2	50.00% 3	0.00% 0	0.00% 0	16.67% 1	6	2.17
The committee chair allows debate to flow freely and does not assert his/her own views too strongly.	33.33% 2	66.67% 4	0.00% 0	0.00% 0	0.00% 0	6	1.67
The committee chair provides clear and concise information to the governing body on committee activities and gaps in control.	16.67% 1	50.00% 3	0.00% 0	0.00% 0	33.33% 2	6	2.83

Q6 Primary Care service delivery during Covid-19

Answered: 6 Skipped: 0



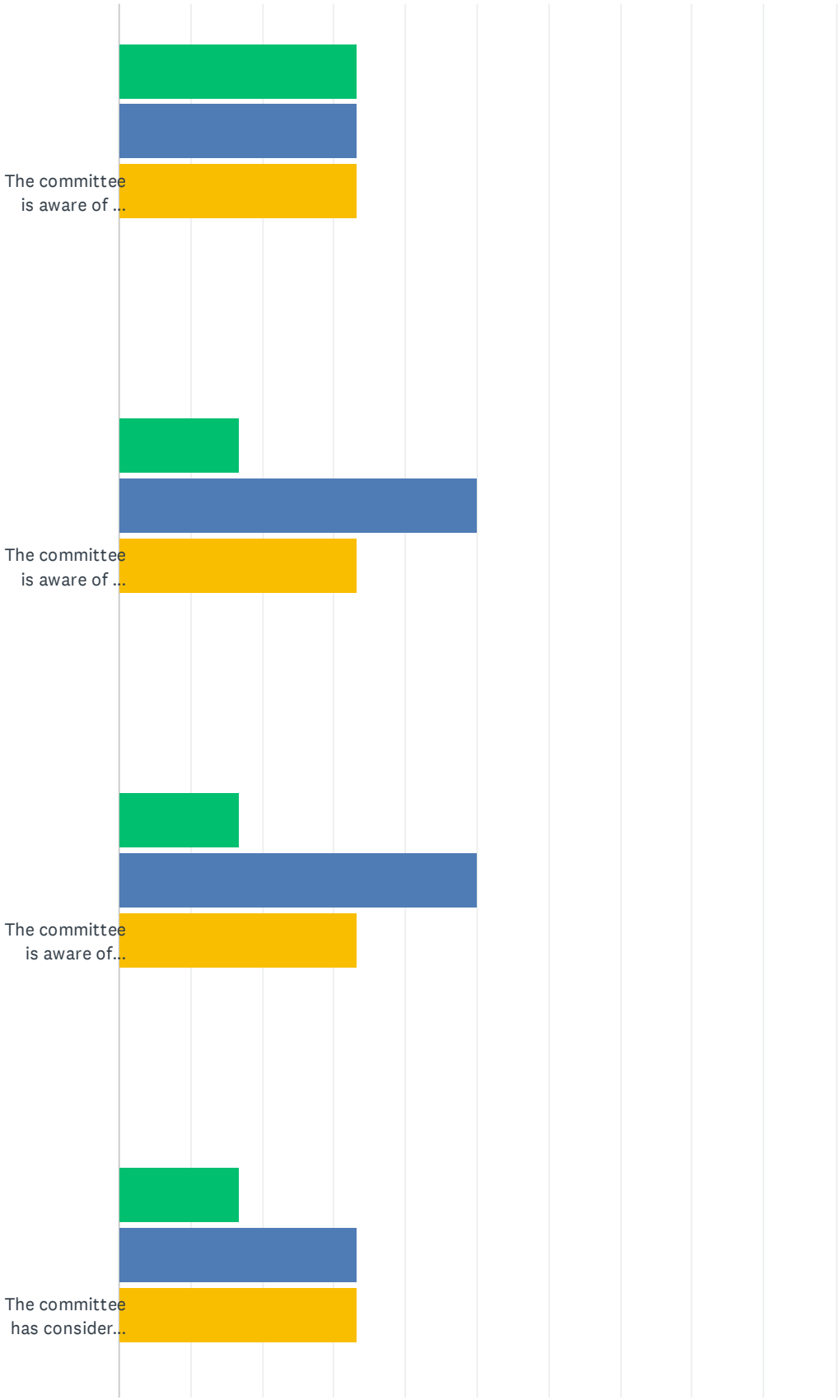
Primary Care Commissioning Committee Checklist Survey



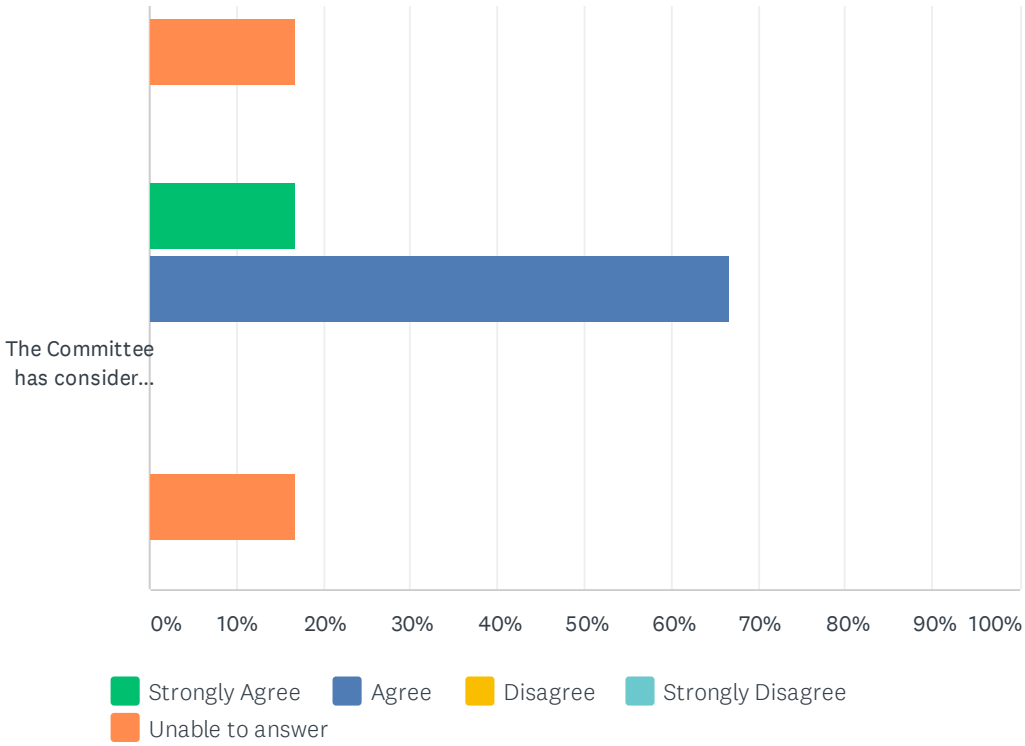
	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The committee is aware of any likely issues with performance of primary care during the Covid-19 pandemic	33.33% 2	50.00% 3	0.00% 0	0.00% 0	16.67% 1	6	2.17
The committee is aware of likely issues with performance of primary care once the pandemic is resolved	16.67% 1	66.67% 4	16.67% 1	0.00% 0	0.00% 0	6	2.00
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	16.67% 1	66.67% 4	0.00% 0	0.00% 0	16.67% 1	6	2.33
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.	16.67% 1	50.00% 3	0.00% 0	0.00% 0	33.33% 2	6	2.83

Q7 Primary Care staff resilience during Covid-19

Answered: 6 Skipped: 0



Primary Care Commissioning Committee Checklist Survey



	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	UNABLE TO ANSWER	TOTAL	WEIGHTED AVERAGE
The committee is aware of any likely issues with primary care resilience following the Covid-19 pandemic	33.33% 2	33.33% 2	33.33% 2	0.00% 0	0.00% 0	6	2.00
The committee is aware of any anticipated staffing issues when the Covid-19 pandemic eases	16.67% 1	50.00% 3	33.33% 2	0.00% 0	0.00% 0	6	2.17
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	16.67% 1	50.00% 3	33.33% 2	0.00% 0	0.00% 0	6	2.17
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.	16.67% 1	33.33% 2	33.33% 2	0.00% 0	16.67% 1	6	2.67
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	16.67% 1	66.67% 4	0.00% 0	0.00% 0	16.67% 1	6	2.33

Item Number: 7

Name of Presenter: Fiona Bell-Morritt and Gary Young

Meeting of the Primary Care Commissioning Committee

Date of meeting: 27 May 2021

NHS
Vale of York
Clinical Commissioning Group

Report Title – End of Year Review of Primary Care Networks

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

Reason for Report

This report provides a summary of the PCN End of Year Reports 2020-21, detailing how funding has been used to help meet nationally agreed priorities during 2020/21 and the significant progress made by PCN's in the last calendar year, and concludes by recognising the challenges ahead and how the funding will support on-going recovery of General Practice.

Strategic Priority Links

☒Strengthening Primary Care
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☒System transformations
☐Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

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

To accept the report and note the significant progress made by Primary Care Networks throughout the last calendar year.

Decision Requested (for Decision Log)

Report accepted and significant progress made by Primary Care Networks throughout the last calendar year noted

1. Background/Context

During 2020/21 a number of funding streams were made available to General Practice and PCNs in order to support the Covid-19 response and wider organisational development and resilience work programmes in Primary Care.

The funding has been used to help to meet nationally agreed priorities during 2020/21 and support on-going recovery of General Practice services in addition to delivery of the Covid vaccination programme. This includes the 'General Practice Covid Capacity Expansion Fund', introduced for the purpose of supporting the expanding general practice capacity up until the end of March 2021.

The £150 million General Practice Covid Capacity Expansion Fund' was expected to support seven priority goals:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model, arrangements for which will be set out in a parallel letter shortly
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely

PCNs were asked to provide a brief summary of their progress or plans against each of the areas of funding made available to them. This report aims to highlight the achievements of PCNs throughout the pandemic delivering services through the pandemic in a time with unprecedented demand for primary care services.

2. Supporting general practice through Covid recovery funding

Practices have been operating a total triage model throughout the Covid pandemic and a letter from NHSE (13th May 2021) (UPDATED STANDARD OPERATING PROCEDURE TO SUPPORT RESTORATION OF GENERAL PRACTICE) changes this direction by instructing primary care to '*respect preferences for face to face care unless there are good clinical reasons to the contrary'* while still needing to retain full infection control and social distancing in practices. The majority of PCNs across Vale of York report General Practice as being back to (and above) pre-Covid levels of the total number of appointments available and, across the Vale of York, GP face-to-face appointments are already back to 90% of pre-pandemic levels.

With rising pressure from patients to catch up delayed routine appointments, as well as responding to concerned patients on long outpatient/acute waiting lists, and the demand to be seen face-to-face, the system pressure on primary care is acute and there is a growing concern for primary care resilience as we come out of lockdown.

Throughout 2020/21, health systems were encouraged to use the funds to stimulate the creation of additional salaried GP roles, for the employment of staff returning to help with COVID, or to increase the time commitment of existing salaried staff. PCNs have confirmed that this funding has been used effectively to support additional clinical time, vaccination clinics, and to offer additional hours for existing staff.

Examples of how the funding was used across Vale of York are outlined below:

- Recruitment of GP returners
- Expanded nurse and GP capacity by employing locum nurses and GPs according to funds available, with more sessions to cover annual leave.
- Locum cover used to the release of GP time to focus on more complex care.
- Overtime provided for administration/reception staff to support planning and day to day running of primary care alongside covid vaccination organisation to ensure efficient practice functioning throughout the pandemic.
- Funding to support additional staff hours for part time staff, and to employ temporary staff to improve resilience and capacity
- Released partner sessions and increased practice management to ensure efficient practice functioning and setting up of the vaccination programme.

Taken as a whole, the additional resource supported teams to pull together under strong clinical leadership which, for example, has enabled primary care to respond to the restrictions of infection prevention/social distancing and improve patient access by providing more remote consultations to increase the overall number of primary care appointments available to patients (Organisational Development).

2.1 Central PCNs

- Improved uptake of LD health checks; for example York Medical Group have achieved 94% as result of dedicating 2 days/week throughout the pandemic.

- Built on relationships already established with other central York stakeholders through York Health and Care Collaborative, including CYC, CVS, St Leonard's Hospice, TEWV, and YTHFT, to locally define delivery of Ageing Well, Frailty, and population health/inequalities agendas for York ‘place’.

- In ‘wave 1’ central PCNS established Central Covid SPA together with CVS (to support patients at high risk of rapid decline) and, in ‘wave 2’, have expanded the offer to support post Covid patients with health trainer input by working collaboratively with City of York Council. Central PCNs have also supported Asylum Seekers and Peppermill Court services.

- Priory Medical Group recruited primary care mental health workers to support patients in advance of the Additional Roles funding expected in 2021/22 and, in

doing so, have established a model now being replicated by other central PCNs

- By working more closely together, 4 of the 5 central PCNs are now using Klinik (triage and urgent care workflow) and are moving towards a single patient record system in the city, with only East PCN choosing to remain on EMIS as a PCN.

- Central PCNs are shaping community Diagnostic Hub conversation through their GP Federation (Nimbus) with a view to maintaining the Askham Bar site as a primary/community care hub for York residents.

- Overall, central PCNs have achieved the NHSE model for primary care in York at multiple levels: patient, GP practices, PCNs, with Nimbus as an 'at scale' primary care provider translating the central PCN/primary care voice at ICS.

2.2 Vale PCN's

- Dedicated use of winter pressures funding in Selby Town and South Hambleton and Ryedale PCN's to enhance support for their most vulnerable patients.

- Additional sessions specifically focussed on providing health checks for patients with learning disabilities and serious mental illness has resulted in a significant improvement in the number seen by the practices, although more work remains to be done to support these individuals with the full range of checks and develop personal care plans.

- In Selby Town and South Hambleton and Ryedale PCN's, LD health check rates are now at 82% and 81% respectively, and South Hambleton and Ryedale PCN achieved over 53% of their SMI health checks over recent months.

- The Vale geography, with 3 distinct localities, means place based partnerships are complex. The developing relationships and closer working with both County Council and District Council partners has been key to enabling the PCN's to start to develop a vision and shared priorities in collaboration with acute and mental health providers and voluntary sector colleagues.

- All three Vale PCN's are taking a population health management approach to the needs of their communities, and building alliances and partnerships around shared challenges and opportunities.

- The two Selby PCN's (Selby Town/Tadcaster & Rural Selby) are increasingly working together a Selby District footprint with partners, and a workshop is planned to launch a long term strategy around a shared vision developed of building a more resilient, more equitable and healthier Selby District.

- South Hambleton and Ryedale PCN and a range of partners are addressing the challenges of a complex/rural geography to develop flexible partnerships across geographical boundaries focused on the needs of different patient groups.

- A system wide Vale group involving PCN's, lead GP's, acute trust, mental health partners, voluntary sector colleagues, stronger communities teams, district and county council colleagues has been meeting for over a year now. After an initial focus on covid response, energy has now moved into longer term joint planning around mental health transformation, aging well, and reducing inequalities.

- All Vale PCN's invested funding outside of the additional roles reimbursement scheme to enhance their wider workforce including health care assistants with a focus on LD and SMI, paramedics, and additional mental health posts.

- The three Vale PCN's are working closely with colleagues from Tees Esk and Wear Valleys NHS Trust to develop the model for primary mental health worker roles under the Additional roles reimbursement schemes which other North Yorkshire PCN's will replicate.

- Across the Vale, there have been significant developments around management of frailty, earlier diagnosis and support for patients with dementia, integrated working with community services, smoking cessation and support for patients with hypertension in some of Vale of York's most deprived communities.

3. Vaccination programme

All Vale of York PCNs rapidly mobilised to set up vaccination centres over December and January, while continuing to manage the ongoing needs of the population. As a result, the vaccination programme across Vale of York has been an outstanding success, with a high degree of collaboration across a wide variety of partners.

- **Central PCNs**

    - Mass flu and covid vaccination (local and national) delivered through Nimbus who estimate they have given 1 in every 250 Covid vaccinations in the UK at the Askham Bar site (approx 170,000 - 180,000 vaccinations at 11th May) and supported Vale PCNs to deliver Covid vaccinations to cohort 10-12

    - Improved system networking by linking with wide range of stakeholders including community pharmacy as part of the vaccination campaign

- **Vale PCNs**

    - The vaccinations approach in the Vale differed due in part due to geographical challenges of supporting rural communities with all practices contributing to the staffing models to deliver the vaccinations in each of their core sites. As in York, extensive collaboration was seen with volunteers and wider partners including the county council, district councils, and voluntary sector.

    - In South Hambleton and Ryedale vaccination sites centred on The Galtres Centre in Easingwold and at Pickering Medical practice. Selby town consolidated vaccinations at The Summitt in Selby and in Tadcaster and Rural

Selby PCN, at Tadcaster and Sherburn Air Field.

- Summary figures for the population across the Vale (accurate to 13.05.21):
  - 95,211 individuals have been vaccinated
  - 72.4% first dose, 39.2% second doses
  - 53.4% of the population has been invited, 57,844 people

4. Extended access

Across Vale of York, all PCNs confirmed extended access operated throughout the pandemic, with many sessions repurposed to support the vaccination programme, systematically and proactively identify clinically extremely vulnerable patients, and to provide dedicated clinics for shielding patients. A process for identification and referral of patients diagnosed with Long Covid has also been established.

5. Additional Roles Reimbursement Scheme (ARRS)

ARRS supports recruitment of additional staff working in General Practice. Despite problems recruiting, especially during the second wave/lockdown, PCNs across the Vale of York utilised an average of 73% of available ARRS funding with £2,343,000 invested in additional roles. New posts include:

- Clinical Pharmacists
- Pharmacy Technicians,
- MSK First Contact Practitioners
- Advanced Care Practitioners (UCPs)
- Primary Care Mental Health Workers
- Physician Associates
- Nurse Associate Health Care Assistants
- Social Prescribing Link Workers
- Health and Wellbeing Coach
- Care Co-ordinators

6. PMS funding

All PCNs/GP Practices report demand for GP face-to-face appointments continues to increase and (as outlined in 2. above), General Practice has a unique set of problems restricting its ability to respond to the increasing demand for open access.

- SHaR have been outstanding in their inequalities work, focussing on clinical leadership for quality & performance, including around community services, LD & SMI, cancer, frailty & dementia.

- Central PCNs have provided increased support for vulnerable and housebound patients, engaged additional GPs and Mental Health

Practitioners (not funded via ARRS), created an access team to review and improve access for patients.

- PMS funding supported all practices across the Vale of York to ensure there has been sufficient backfill to manage patient demand during the pandemic.

7. OD funding

General Practice Forward View (GPFV) monies split into two parts:

- **Winter Resilience**
  All PCNS have used GPFV Winter Resilience monies to support patient access through December and January with additional appointments including urgent GP, practice nurse, pharmacist, and first contact practitioners, with a common aim of limiting ED attendance and ensuring patients have their care needs addressed during a very busy winter period.

- **Organisational Development (OD)**
  All PCNs have used the OD funds according to plans previously submitted and approved by PCCC. Common themes include improving PCN financial and organisational governance, greater involvement of Practice Managers including personal and professional development, greater use of remote consultations, recruitment and development of additional roles, and releasing Clinical Directors to support clinical leadership and networking with system partners to support Covid delivery and place and ICS development.

8. Summary and the Post Covid-19 Picture

The GPFV, Covid Recovery, ARRS, and PMS resources have been welcomed and effectively utilised by all PCNs across the Vale of York, often focused on responding to particular areas of need determined by place. It's difficult to imagine how General Practice could have remained effective throughout Covid without extra investment.

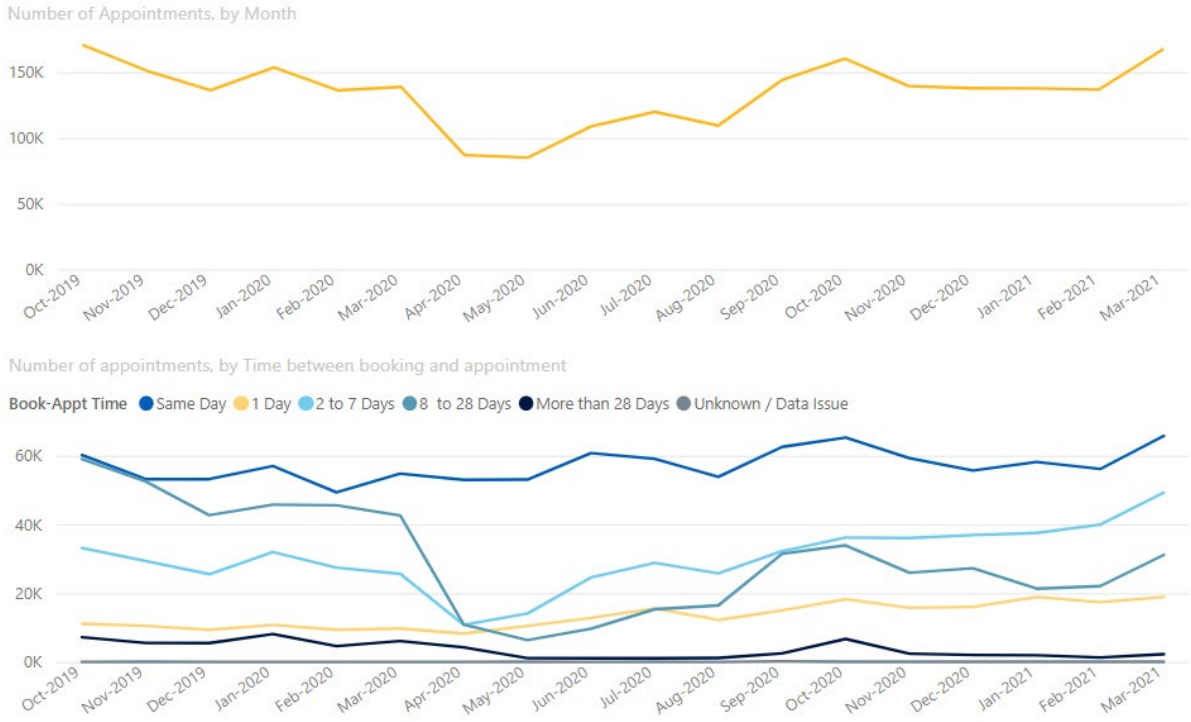
Throughout the pandemic, Clinical Directors and the Practice Managers that support them, along with GPs and Practice Nurses throughout the Vale of York have risen to the challenge of Covid and displayed strong leadership: the success of the Covid Vaccination program is a tribute to General Practice, locally and nationally.

That said, as we come out of lockdown, pressure from patients to access care delayed by Covid is creating significant pressure across the system, and on General Practice in particular as the 'front door' of the NHS.

The concern felt by patients is, in part, fuelled by headlines such as "*The NHS Covid legacy - long waits and lives at risk*" (https://www.bbc.co.uk/news/health-57092797) and reports from organisations such as Healthwatch "*GP access review must be part of NHS COVID-19 recovery*" (https://www.healthwatch.co.uk/news/2021-03-22/gp-access-review-must-be-part-nhs-covid-19-recovery).

The implication is that General Practice is providing less access to care (than before the pandemic) and there's a growing public perception that General Practice is 'closed. A limitation to meet the demand for increased face-to-face appointments has been the NHSE direction for primary care to maintain total triage until October 2021, which was revised on 13th May 2021 to '*respect preferences for face to face care unless there are good clinical reasons to the contrary'*.

Despite the public perception, the reality is the overall number of primary care appointments available is now above pre-pandemic levels: the number of GP appointments' for March 2021 across the Vale of York was 167,312:



In recent months, practices report demand is outstripping capacity and, reflecting this pressure, VoYCCG have seen an increased number of practices reporting Opel 3, indicating practices are shifting from a 'busy but stable' position to being close to not being able to provide safe care some days. In the face of rising pressure for patients to be seen face-to-face, NHSE issued new guidance to General Practice on 13th May 2021 (see 2. above) which may prove challenging with infection protection control and social distancing to remain in place.

9. Responding to System Pressure

The backlog of delayed care is a system pressure and VoYCCG is concerned about primary care resilience as we head into the summer. We have heard the voice of anxious patients and will be running a series of listening exercise with patients, and practices, to ensure we understand where the concerns are so we can put patient safety at the heart of our response.

Some of the areas VoYCCG are already working on include:

- Support General Practice to effectively invest the local share of an additional £120m of national funding planned for Primary Care (April-September 2021). The CCG priority is to continue working with General Practice to ensure this funding is used to address the seven priority goals, with specific focus on improving access to General Practice to address the backlog of care that has developed in primary and secondary care through the Covid pandemic, while acknowledging the challenges of GP routine care backlog, long outpatient and acute waiting lists, and workforce constraints, and to work with CCG colleagues on public engagement and involvement in how we manage public expectations.

- Support the Humber Coast and Vale approach to ensuring all patients on hospital waiting lists are safe and prioritised by clinical need (Waiting Well). The £160m (national) fund to support elective recovery will support the region's hospitals to achieve this, including developing an interface between primary and secondary care clinicians to safely manage patients.

- The VoYCCG Primary Care team are proactively working with General Practice, Urgent Care providers, Directory of Services team (DOS) and NHS111 (Yorkshire Ambulance Service) to ensure demand for urgent primary care (same/next day) is balanced in such a way that helps General Practice on the most busy of days by understanding and utilising capacity in the urgent care system to keep patients safe, while avoiding inappropriate overspill into local A&E departments.

- The outcome of VoYCCG urgent care transformation work over the past 12-15m will be realised for South Hambleton and Ryedale PCN in late summer 2021 with investment to add Urgent Care Practitioners to the GP Duty Doctor team (faster response to urgent care calls and more timely home visits to avoid unnecessary hospital attendance or inappropriate overnight stays). In Selby, a series of multi-agency urgent care workshops are in the calendar so local GPs can work with the Urgent Treatment Centre, GP Out of Hours, and Yorkshire Ambulance Service to provide an improved 24/7 urgent care service for Selby District. In central York, the Urgent Treatment Centre is resolving historic direct booking issues and the GP Federation (Nimbus) are pro-actively seeking to work with urgent care providers to provide a more seamless urgent care pathway for York residents.

- VoYCCG recognises the pressure on PCN's and particularly on Clinical Directors and GP leaders to deliver the PCN DES, develop new areas around Aging Well and anticipatory care, national service frameworks, and the need/expectation to influence and shape the future health and care system which adds a new layer of complexity to the role of meeting the needs of our population. VoYCCG is fully committed to supporting PCNs and are working closely with Clinical Directors to determine how VoYCCG and system resources can be deployed to support and develop the PCN plans for the year ahead.

10. Conclusion

Over the past 14-months so of the Covid-19 pandemic, commissioners, health and social care providers, including councils and the voluntary sector, have worked collaboratively at a scale and pace previously unimaginable to support the most vulnerable in our society – the frail, elderly, disadvantaged, those with learning disabilities and severe mental illness, and cancer. This challenge remains and the whole system is committed to learning lessons from Covid and to continue working together to support our community recover from the impact of Covid-19.

Item Number: 9

Name of Presenter: Abigail Combes

Meeting of the Primary Care Commissioning Committee

Date of meeting: 27 May 2021

NHS
Vale of York
Clinical Commissioning Group

Report Title – Primary Care Wellbeing

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

Reason for Report
The CCG's Governing Body has had a discussion which included discussion about the wellbeing of senior primary care clinicians and the availability of resources to practice staff.

The Governing Body asked for the Primary Care Commissioning Committee to develop, if possible, a proposal on how primary care well being could be highlighted and where possible improved. As a result of this the Chair of the Primary Care Commissioning Committee asked for a small working group to be established to understand the issues facing primary care and identify any opportunities for services to be provided to primary care to support wellbeing.

Initially the working group is Chaired by Abigail Combes with oversight from the Chair of Primary Care Commissioning Committee. The group is supported by Helena Nowell and the Governing Body GPs at this time.

The group has not been assigned additional funding at this time and will be required to prepare business cases in the event that additional resource is required. Consideration is being given to the resources already in existence, a focussed PLT session in which senior GPs would present their experiences to their peers and consideration of more complex and detailed resources such as decompression sessions for GPs where necessary.

A risk has been added to the CCG PCCC Risk Register which aligns to this piece of work.

Strategic Priority Links

☒Strengthening Primary Care
☒Reducing Demand on System
☐Fully Integrated OOH Care
☒Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☒System transformations
☒Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks	Risk Rating
☒Financial ☐Legal ☒Primary Care ☐Equalities	N/a

Emerging Risks

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:

N/A

Recommendations

Receive the report and consider whether primary care representatives on this committee would seek to be involved in the working group

Decision Requested (for Decision Log)

Receive the report and consider whether primary care representatives on this committee would seek to be involved in the working group

Responsible Executive Director and Title	Report Author and Title
Stephanie Porter, Interim Executive Director for Primary Care and Population Health	Abigail Combes, Head of Legal and Governance

Item Number: 10

Name of Presenter: Stephanie Porter, Interim Director Primary Care & Population Health

Meeting of the Primary Care Commissioning Committee **Date of meeting: 27 May 2021**	NHS Vale of York Clinical Commissioning Group

Primary Care Commissioning Committee Risk Register

Purpose of Report
For Information

Reason for Report

The Primary Care Commissioning Committee Risk Register is intended to sight the Committee on Primary Care risks where appropriate, particularly where discussions around risk might potentially have contractual implications or require some form of control or mitigation though 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'.

Strategic Priority Links

☒Strengthening Primary Care	☐Transformed MH/LD/ Complex Care
☐Reducing Demand on System	☐System transformations
☐Fully Integrated OOH Care	☐Financial Sustainability
☐Sustainable acute hospital/ single acute contract	

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☐Financial ☐Legal ☐Primary Care ☐Equalities	

Emerging Risks

n/a.

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 review the Primary Care Risk Register in order to oversee any risks associated with the CCG's delegated Primary Care commissioning functions.

Decision Requested (for Decision Log)

n/a – update, for information.

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

Annex 1 – Risk Log Extracts

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 though 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'.

2. PCCC Risk Headlines May 2021

The full risk log entries are included in Annexe 1 for reference.

2.1. PRC.14 - Learning Disability (LD) Health Checks

The risk rating has decreased from 15 to 5 between April and May 2021.

There was an increase in the number of health checks for people with learning disabilities completed in Quarter 4 to 32.4% (provisional data). **Therefore, the CCG total cumulative position for 2020/21 is 79.4% (provisional data) with the majority of practices exceeding the national 67% target.** This is in addition to an increase of 26% (265 people) who have been identified and added to LD registers across the CCG. Provisional data indicates during 2020/21 there were 324 more health checks completed than the previous financial year despite the Covid-19 pandemic.

2.2. PRC.15 - Serious Mental Illness (SMI) Health Checks

The risk rating is unchanged at 12 between April and May 2021.

Quarter 4 data shows that there are 2442 people on primary care severe mental illness registers across Vale of York Practices. Of these, 744 people, (30.5%) received the recommended physical health checks in the last 12 months. The national target is 60%. Practices undertaking tailored outreach to encourage take-up

of the health checks and additional Health Care Assistant clinics made demonstrable improvements. Other mitigating action include:

Selby Town and SHaR PCN's are developing a personalised care approach delivered through an enhanced primary care mental health team with links to a care coordinator, Social Prescribing Link Workers and the Third Sector.

Practices in York are developing a model integrated with the social prescribing service and public health physical health trainers with links to community mental health support.

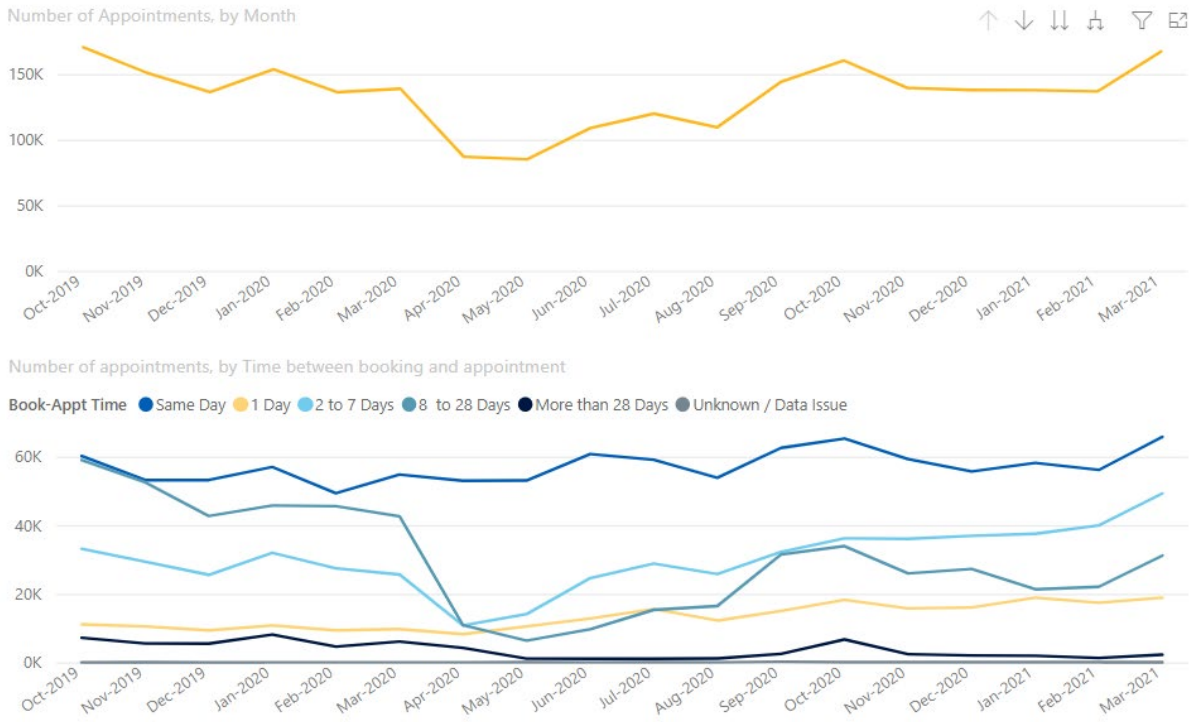
The CCG is participating in the HCV SMI Steering Group to share best practice from other networks.

The CCG are exploring training options to support practices

2.3. PRC.16 - Access to General Practice - Reputational Damage

New risk logged May 2021

Although the number of appointments that were offered by Practices has reduced at points during the Covid-19 pandemic - due to a combination of national lockdown restrictions, a directive from NHSEI that Practices should operate a 'total triage' model, and practical constraints re. capacity due to the extensive implementation of infection prevention and control measures in order to protect both patients and staff from exposure to the virus - national data at March 2021 shows that General Practice appointment numbers have now been restored to pre-pandemic levels (Vale of York General Practice appointment data as reported by NHS Digital is as follows).



Also, referencing the appointments by 'time between booking and appointment' (second chart above) it is notable that same day response to appointment requests by Practices has actually been very consistent right through the pandemic.

The number of 8-28 day waits for appointments has reduced, and the number waiting only 1 day, or 2-7 days has increased – therefore there is a net increase in responsiveness, as more patients are being seen within a shorter time of them contacting their Practice.

However, it appears that patient demand has increased significantly over recent weeks – it's likely that this is due to a backlog of demand from patients who may not have accessed services during periods of lockdown, plus there are significant numbers of patients who require on-going management in General Practice because of delays in accessing hospital appointments and procedures.

Because of this 'above normal' demand there will inevitably be some patients who find it difficult to access appointments in General Practice, even though appointment numbers have now returned to pre-pandemic levels.

Another effect of the pandemic was to shift the types of appointment that were offered more towards non-face-to-face in accordance with national guidance - as per the 'Standard operating procedure (SOP) for general practice in the context of coronavirus'. Although face-to-face appointments where clinically necessary/appropriate have continued to be made available to patients throughout the pandemic (with appropriate infection prevention and control measures) the 'total triage' model is still required through the national SOP from NHSEI.

The CCG is increasingly aware of public complaints/concerns re. both availability of appointments, and the shift from 'traditional' face-to-face appointments to more telephone triage and telephone consultations. In that context, the CCG is planning public engagement and communications to address these issues and to highlight the recent increases in public demand and expectations across General Practice and the wider system.

2.4 PRC.17 - General Practice Wellbeing

New risk logged May 2021

Following a discussion at Governing Body in April 2021 it became clear that primary care workforce are feeling the full effects of the pandemic impact on services. Primary care have been required to absorb additional work, continue existing work and face the emotional toll that the pandemic has had on them, their families, and their patients.

Whilst practices have mechanisms in place to support the wellbeing of their staff the senior staff may feel less able to access existing resources for a multitude of reasons and may also feel that to take time off work would result in increased pressure on colleagues and also that it may not assist their wellbeing. The result may be that they are not well placed to continue to deliver high quality care.

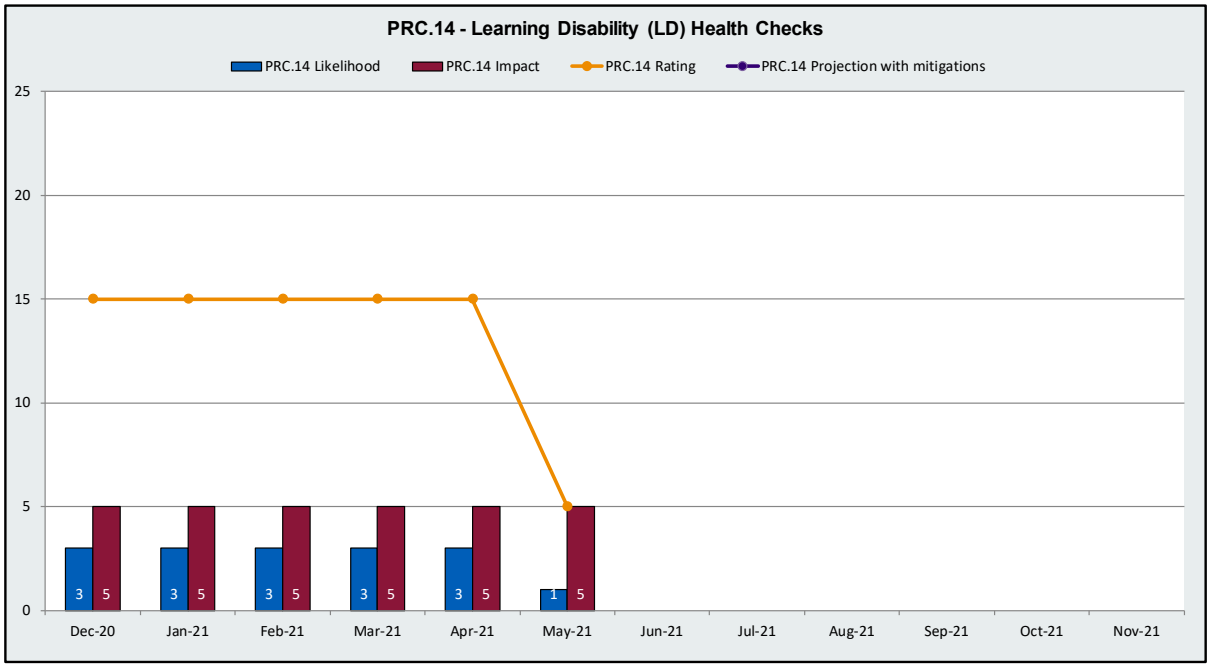
Governing Body held a view that it may be difficult for GP Partners particularly to access services where they knew exactly how they worked or they knew the individuals delivering the services and this placed an additional burden on those GP Partners.

The CCG committed to forming a working group to sit under PCCC to establish what could be delivered to primary care either through mutual aid, existing resources or if a bespoke solution was needed what the likely cost of this was. One consideration was for a Protected Learning Time session to be used as a decompression session for primary care although this would require a degree of vulnerability and leadership from senior primary care clinicians and if possible non-clinical staff to demonstrate that it is ok not to be ok.

Annex 1

PRC.14 - Learning Disability (LD) Health Checks

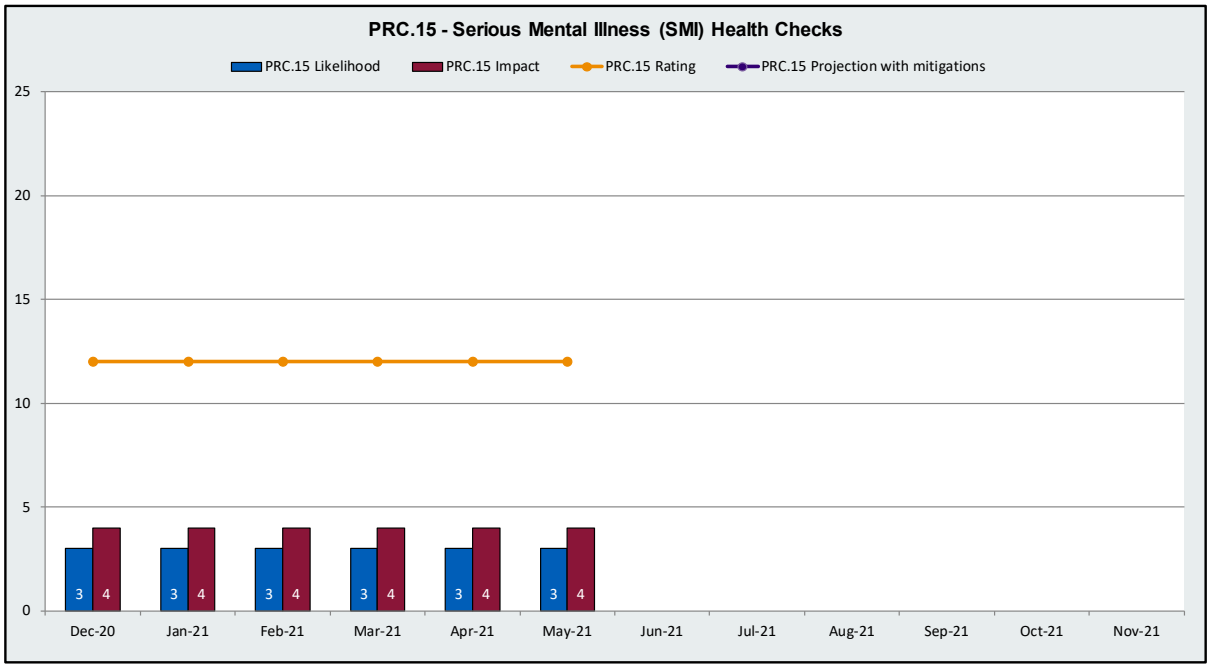
Risk Ref	**PRC.14**
Title	**Learning Disability (LD) Health Checks**
Operational Lead	Carl Donbavand
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	There is a risk that the target of 67% of people on general practice learning disability registers have an annual health check will not be met due the impact of covid-19 and ability of general practice to restore proactive annual health checks sufficiently. This could impact negatively 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.



Mitigating Actions and Comments
Date: 12 May 2021
There was an increase in the number of health checks for people with learning disabilities completed in Q4 to 32.4% (provisional data). The Therefore, the CCG total cumulative position for 2020/21 is 79.4% (provisional data) with the majority of practices exceeding the 67% target. This is in addition to an increase of 26% (265 people) identified on LD registers across the CCG. Provisional data indicates during 2020/21 there were 324 more health checks completed than the previous financial year despite the covid-19 pandemic. Mitigating actions: The CCG is working with practices to establish robust Q4 data position and understand any local practice variation. Continue to promote LD health check Enhanced Service and QI frameworks with general practice Continue to address local variation using targeted approach with PCNs Clinical Directors and Practices and promote the CCG's QI facilitation offer All PCNs have developed and agreed PIDs for personalised transformation for LD health checks which includes social prescribing and contracts for these are progressing

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

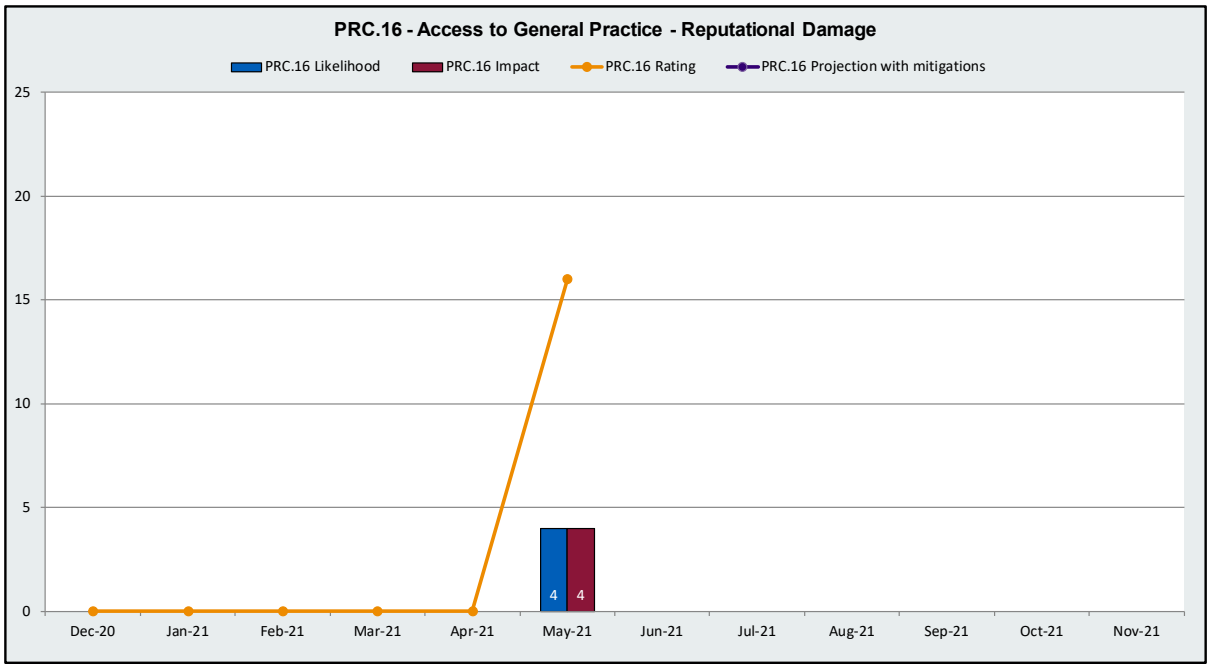
Risk Ref	PRC.15
Title	Serious Mental Illness (SMI) Health Checks
Operational Lead	Sheila Fletcher
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	The risks are: No improvements will be made to the physical health of 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 Reduced numbers of face-face consultations in primary care due to covid restrictions



Mitigating Actions and Comments
Date: 12 May 2021
Quarter 4 data shows that there are 2442 people on primary care severe mental illness registers in the VOY. Of these, 744 people, (30.5%) received the recommended physical health checks in the last 12 months. Practices undertaking tailored outreach to encourage take-up of the health checks and additional Health Care Assistant clinics made demonstrable improvements. Other mitigating action include: Selby Town and SHAR PCNs are developing a personalised care approach delivered through an enhanced primary care mental health team with links to a care coordinator, Social Prescribing Link Workers and the Third Sector Practices in York are developing a model integrated with the social prescribing service and public health physical health trainers with links to community mental health support. The CCG is participating in the HCV SMI Steering Group to share best practice from other networks. The CCG are exploring training options to support practices The recommended health checks form part of the Quality Outcome Framework from April 2021 in order to strengthen the SMI physical health check indicator set and support uptake.

PRC.16 - Access to General Practice - Reputational Damage

Risk Ref	PRC.16
Title	Access to General Practice - Reputational Damage
Operational Lead	Shaun Macey
Lead Director	Stephanie Porter (Interim Director of Primary Care & Population Health)
Description and Impact on Care	The CCG and its member Practices are aware of increasing complaints from patients relating to difficulty in accessing appointments in General Practice. The CCG has also received a number of queries from local Councillors and the press relating to this issue. Although national data suggests that GP appointment numbers are back to pre-pandemic levels, there is a risk of reputational damage to the CCG and its member Practices if this issue is not managed through effective and sensitive public engagement.



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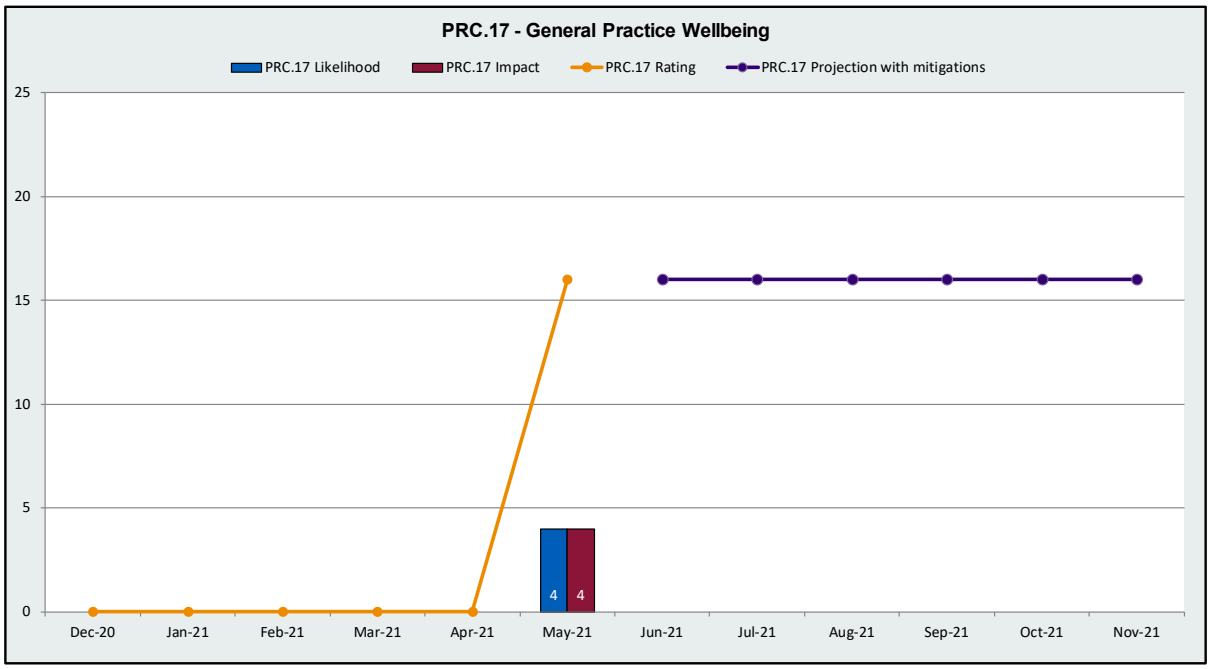
PRC.17 - General Practice Wellbeing

Risk Ref	PRC.17
Title	General Practice Wellbeing
Operational Lead	Abigail Combes
Lead Director	Stephanie Porter (Interim Director of Primary Care & Population Health)
Description and Impact on Care	There is a risk that primary care staff will experience burnout and health issues as a result of the pandemic and recovery pressures. This risk will manifest itself in at least two ways, one will be increased sickness rate in primary care and the second will be reduced quality of care as a result of increased pressure and/or reduced staff wellbeing.



Mitigating Actions and Comments

Date: 12 May 2021

Following a discussion at Governing Body in April 2021 it became clear that primary care workforce are feeling the full effects of the pandemic impact on services. Primary care have been required to absorb additional work, continue existing work and face the emotional toll that the pandemic has had on them, their families, and their patients.

Whilst practices have mechanisms in place to support the wellbeing of their staff the senior staff may feel less able to access existing resources for a multitude of reasons and may also feel that to take time off work would result in increased pressure on colleagues and also that it may not assist their wellbeing. The result may be that they are not well placed to continue to deliver high quality care.

Governing Body held a view that it may be difficult for GP Partners particularly to access services where they knew exactly how they worked or they knew the individuals delivering the services and this placed an additional burden on those GP Partners.

The CCG committed to forming a working group to sit under PCCC to establish what could be delivered to primary care either through mutual aid, existing resources or if a bespoke solution was needed what the likely cost of this was. One consideration was for a Protected Learning Time session to be used as a decompression session for primary care although this would require a degree of vulnerability and leadership from senior primary care clinicians and if possible non-clinical staff to demonstrate that it is ok not to be ok.

Item Number: 11

Name of Presenter: David Iley

Meeting of the Primary Care Commissioning Committee **Date of meeting: 27 May 2021**	NHS Vale of York Clinical Commissioning Group

Report Title – Primary Care Report

Purpose of Report *(Select from list)*
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

☒Strengthening Primary Care	☐Transformed MH/LD/ Complex Care
☐Reducing Demand on System	☒System transformations
☐Fully Integrated OOH Care	☐Financial Sustainability
☐Sustainable acute hospital/ single acute contract	

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks

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:

N/A

Recommendations

For the Committee to consider the request for change in Practice boundary from Priory Medical Group

For the Committee to approve the request for additional parking space from Terrington Surgery

Decision Requested (for Decision Log)

Consideration of Change in Practice boundary request from Priory Medical Group

Approval of request for additional parking space from Terrington Surgery

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable officer	David Iley Primary Care Assistant Contracts Manager

Annexes (please list)

Annex 1 – Practice boundary report

Vale of York CCG
Delegated Commissioning
Primary Care Update
May 2021

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

14th May 2021

1.0 Items for a Decision

1.1 Priory Medical Group – Request to change their Practice Boundary

Please see appendix 1.

The Committee is asked to consider the request from Priory Medical Group to change their Practice boundary

1.2 Terrington Surgery, North Back Lane, Terrington, York, YO60 6PS

- Terrington Surgery are currently reimbursed through notional rent for 10 car parking spaces. Each space is reimbursed at £250 totaling £2,500 per annum.
- The Practice is requesting support for an additional 10 spaces as they intend to create additional parking at the Practice on a disused tennis court at the bottom of the site. This would cost an additional £2,500 oer annum in notional rent
- The Practice intend to self-fund the extension of the car park which would involve an access driveway through to the proposed area and also improvements to the existing car park to create better access for patients with a disability.
- The rationale provided by the Practice for needing additional spaces is as follows;

  - The Practice patient list has grown since the Partners took over the Practice and continues to grow due to local housing developments. The list size is now 1,384
  - The Surgery is located on a narrow rural road which makes parking close by problematic. The Practice has a high proportion of elderly patients who rely on available parking on site due to the poor walk-way access from the village road to the surgery. The Practice stated most patients drive for their appointments even those that live locally.
  - The Practice are in the process of creating additional clinical space at the Surgery moving into void space on the first floor which used to be a residential flat. This additional space will support a wider range of primary medical care services being delivered from Terrington including the PCN Additional Roles. The additional parking will support the increase in staff and patient footfall.

- If supported the CCG would seek assurance over planning permission before the parking improvements were made.

The Committee is asked to support the Practices request for an additional 10 spaces and approve the additional notional rent.

Proposed Changes to Practice Boundary

The purpose of this paper is to provide information to the CCG's Primary Care Commissioning Committee on an application received from:

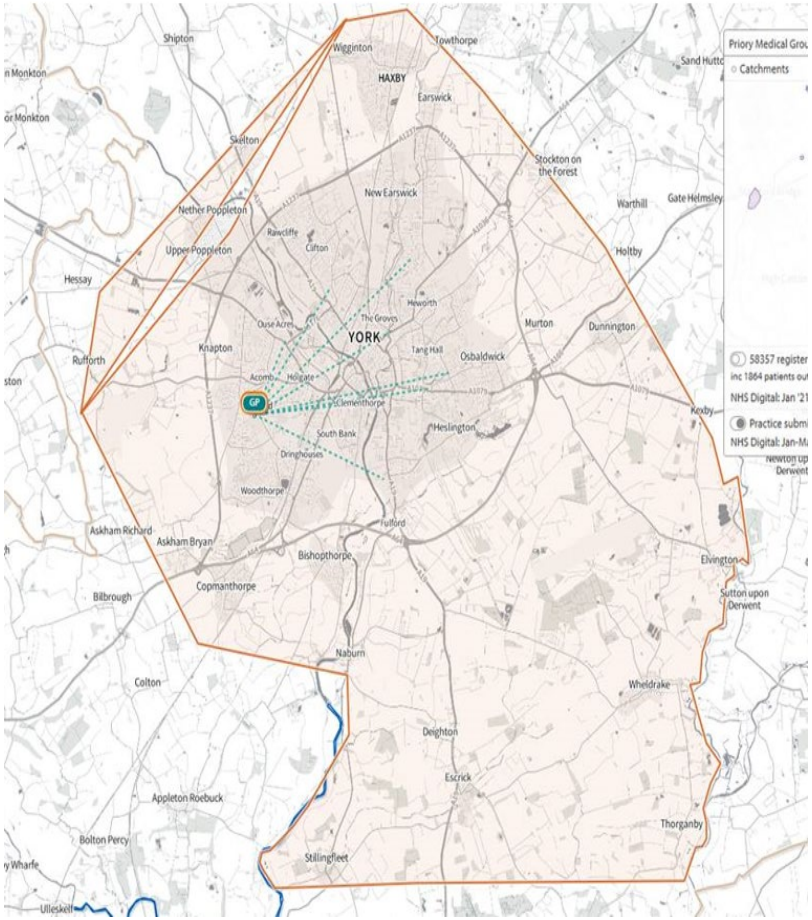
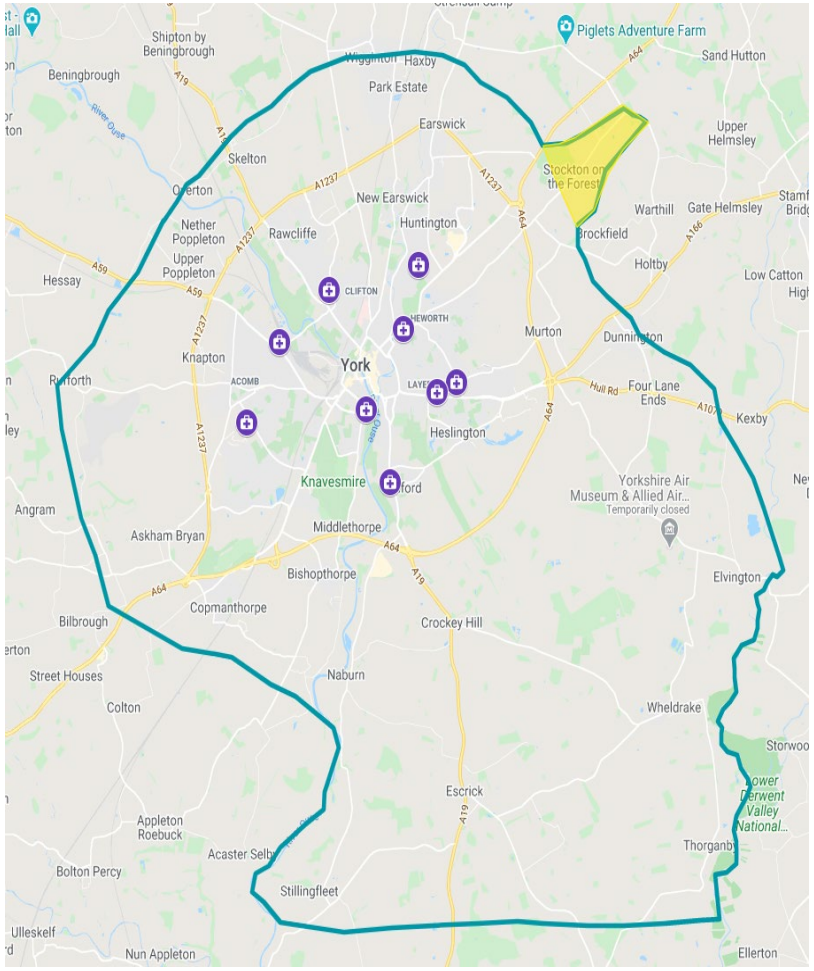
- B82005 – Priory Medical Group

to change its practice boundary and to seek approval to authorise this.

In considering the application NHS England has followed the guidance from the Policy Booklet for Primary Medical Services (chapter 7, section 7.14 – boundary changes)

	Background to the Application	
Main details from the application	Priory Medical Group wishes to add Stockton on the Forest village to our formal visiting area. PMG merged with Abbey Medical Group in 2012. It came to light in 2020 that the Practice Boundaries were not merged- it affected one village in particular, where over 200 patients were registered with Abbey Medical Group and would be outside the old PMG boundary- they have been kept on informally, but we would like to formally adjust the practice boundary to include this village	
Practice addresses	Main Priory Medical Centre Cornlands Road Acomb York YO24 3WX	Branches Parkview Surgery 28 Millfield Avenue Poppleton York YO10 3AB Tang Hall Surgery Tang Hall Lane York YO10 3RL Lavender Grove Surgery Boroughbridge Road York YO26 5RX

		Rawcliffe Surgery Belcombe Way Water Lane York YO30 6ND Heworth Green Surgery 45 Heworth Green York YO31 7SX Victoria Way Surgery 2 Victoria Way Huntington York YO32 9GE Fulford Surgery Fulford Park York YO10 4QE Clementhorpe Health Centre Cherry Street York YO23 1AP

Current boundary (taken from the "SHAPE" tool):		Proposed additional boundary shaded in yellow (taken from Google maps):	
Commissioners must consider the application having regard to other practices' boundaries, patient access to other local services and in general other health service coverage within a location and may seek to involve the public to seek their views.			

Consultation

4 GP practices in Vale of York locality plus the LMC have been consulted. The following responses were received:

ODS Code	Practice	Comment from Practice
B82098	Jorvik Gillygate MP	*No Comment*
B82026	Haxby Group – From John McEvoy	*I write in response to your request for comments on PMGs boundary change request. Haxby Group Partnership would like to raise a strong objection to this boundary change on the basis that there is no definable patient need or benefit and indeed there may inadvertently be damage to a much needed patient service.* *For the few patients that may exist outside Priory's existing boundary, presumably as they have relocated from within the boundary, the GMS/PMS regulations already provide a robust and comprehensive system to allow them to remain as out of area patients if suitable.* *If not suitable, relocated patients have a choice of at least 2 other practices in the Stockton on Forest area, ourselves and MyHealth, both of whom offer dispensing services for patients in rural locations. Our service based within the village is essential to the less mobile and more vulnerable within the village. To potentially actively denude the service of new patients less reliant on local services is to start down the same path that led to the loss of local post offices and other services. Haxby may operate at scale but we passionately defend local provision and throughout our history, and especially during the pandemic, we have never closed a branch surgery or even locked our doors to patients.*

The practice was given an opportunity to add to its application, to take account of the above, but has not done so.

Additional Factors to be considered:
Practice List Movement
Please see table below detailing recent list-size movement for the practice:

	Quarter Period			
	List Size At Quarter End	**Movement in Quarter**	**Percentage change in Quarter**	**Percentage movement over the Last 12 Months**
31.12.19	58562			
31.02.20	58719	157	0.27%	-0.01%
30.06.20	58404	-315	-0.54%	-0.51%
30.09.20	58267	-137	-0.23%	-0.76%
31.12.20	58421	154	0.26%	-0.24%

Nursing and Residential Homes
The practice has confirmed that no nursing/residential homes will be affected adversely by this proposal.

Other Practices Which Responded to the Consultation
The following table details the practices which have suggested that they may be affected by this proposed boundary-change. This table below shows the movement in these practices' list-sizes over the previous year.

Practice	List Size 31/12/19	List Size 31/12/20	Movement
B82098 (small merger)	21469	24360	↑ 2891
B82026	32554	32664	↑ 110
B82080	19402	19472	↑ 70
B82081	7141	7096	↓ 45

It should be noted that, at the date of this report, none of the following practices have a closed list:

B82098 Jorvik Gillygate
B82026 Haxby Group
B82080 My Health Group
B82081 Elvington

Have any discussions taken place with the practice prior to them applying to change the practice boundary?

The Practice contacted both NHS England and Vale of York CCG to highlight that during a recent data cleanse of its practice list the Practice boundary didn't appear to have been updated when Priory Medical Group merged with Abbey Medical Group in 2012. To avoid any lack of clarity in the future and to ensure due process was followed the Practice was advised to submit a formal Practice boundary change to ensure no changes to the boundary were approved without going through the correct process.

Is there any other information that has been highlighted by the practice as relevant to the application?

None

Recommendation from NHS England
NHS England has no objections to the above change to the practice's boundary

Action for the Commissioning Committee:

The Commissioning Committee is asked to note this report and to make a decision, based on the information in the report, either to agree to or to decline the practice's application to extend its boundary.