Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

22 July 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 11	Minutes of the meeting held on 27 May 2021	To Approve	Julie Hastings Committee Chair
4. 4.1	Page 12 Verbal	Matters Arising Review of Primary Care Commissioning Committee Effectiveness: Outcome Report	To Note	All Abigail Combes Head of Legal and Governance
5. 1.45pm	Pages 13 to 23	Primary Care Commissioning Financial Report Month 3	To Approve	Simon Bell Chief Finance Officer
6. 2.05pm	Verbal	Primary Care Networks Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
7. 2.20pm	Verbal	Coronavirus COVID-19 Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 2.35pm	Pages 24 to 46	Primary Care Dashboard	To Receive	Shaun Macey Acting Assistant Director of Primary Care
9. 2.55pm	Pages 47 to 56	Primary Care Commissioning Committee Risk Register	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health

10. 3.10pm	Pages 57 to 67	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)
11. 3.25pm	Verbal	Key Messages to the Governing Body	To Agree	All
12.	Verbal	Next meeting: 1.30pm, 23 September 2021	To Note	All

Vale of York
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Item 3

Minutes of the 'Virtual' Primary Care Commissioning Committee on 27 May 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
Louisa Cordon (LC)	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
Gary Young (GY)	Lead Officer Primary Care, City

Apologies

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

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

Eleven 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. However, TM and AM declared an interest during discussion of the *Priory Medical Group – Request to change their Practice Boundary* within the NHS England and NHS Improvement Primary Care Report at item 11. AM was a GP Partner at MyHealth which had the potential to be impacted by approval of the request and TM was Clinical Director of East of Yorkshire Primary Care Network of which MyHealth was a member. TM and AM contributed to the discussion but were not part of the decision making due to their roles on the Committee.

3. Minutes of the meeting held on 25 March 2021

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 25 March 2021.

4. Matters Arising

PCCC54 *Medicines Safety Programme Medicines Safety Programme*: SP reported that this was being progressed through work with NHS North Yorkshire CCG to align activity and noted that the joint Medicines Commissioning Committee continued to operate. She would review the date for this action.

The Committee:

Noted the update.

5. Review of Primary Care Commissioning Committee Effectiveness: Outcome Report

JH referred to the outcome report noting that, following discussion with AC, they proposed to give further consideration to the results and report back to the Committee. She additionally requested any further feedback for inclusion.

The Committee:

Noted that a further report would be provided at the next meeting.

6. Primary Care Commissioning Financial Report

SB reported that the CCG had achieved the forecast breakeven position for 2020/21; the accounts, which would be presented to the Audit Committee the following day, had been prepared on that basis.

In terms of the current year SB advised that the month 2 ledger would close at the end of the month. He noted that the financial plan, which was for the first six months of 2021/22, was on the basis of a breakeven position. Emerging risks related in particular to national funding in respect of the Hospital Discharge Programme and the Elective Recovery Fund. For primary care the Additional Roles programme was the largest single item of reimbursement. SB reiterated the expectation for breakeven in line with the plan submitted.

The Committee:

Noted the update.

7. End of Year Review of Primary Care Networks

SP noted post meeting that, in addition to commending SM as highlighted at the time, FB-M and GY and the Project Support Officers, LC and Heather Wilson, were to be commended as authors of the end of year report. SP also expressed appreciation to primary care colleagues for their timely and detailed responses to inform the report and reflect the work undertaken in such an unprecedented year.

In introducing a presentation which highlighted some of the many achievements of the year, GY reflected on the aims of Primary Care Networks, also noting the COVID-19 funding. At the same time as providing support for primary care resilience and meeting the needs of Practice populations, particularly vulnerable groups, the Primary Care Networks had developed new ways of working together better whilst integrating with a range of providers, including the voluntary sector. GY additionally highlighted: the role of non clinical staff working to improve governance and management in support of clinical staff; the context of £2.34m to employ a wide range of Additional Roles; the success of the vaccination programme; and General Practice Forward View and Organisational Development monies to support improved winter resilience. The second wave of the pandemic meant that not all plans had been fully delivered to the letter of the plan but all were fully delivered with adjustments to make best use of the funding. As a result all Practices had remained resilient throughout the winter continuing to provide effective care and the start of the vaccination programme.

York Central - 11 Practices and five Primary Care Networks

GY highlighted achievements under the following areas:

- Open for business – across the whole of the Vale of York there had been 176,000 GP appointments in March, i.e. c7700 appointments per working day. In comparison with pre-pandemic this was c10% more appointments. In total approximately 90% of face to face consultations compared to pre-pandemic. GY noted this in the context of public perception of primary care being closed.

- Caring – The COVID-19 Single Point of Access had been opened in York during the first wave of the pandemic to support patients at high risk of decline and in the second wave with City of York Council to support patients post COVID-19.

- Effective – The Askham Bar Vaccination Centre was providing an outstanding service, notably delivering one in every 250 vaccinations nationally and currently at a total of c200,000, and increasing.

- Mature – The Central Practices were working together with increasing effectiveness. Through Nimbus the 'voice' of the Central GPs had been established both in the context of development of 'place' and at Humber, Coast and Vale Integrated Care System level.

With regard to the Vale FB-M noted that the three Primary Care Networks covered a wide geographic area and worked with distinct communities. Whilst rurality poses a challenge for cross PCN collaboration, the Primary Care Networks do work together across the Vale footprint where possible. Monthly Vale Partnership Meetings had been established with partner organisations, including the voluntary sector, North Yorkshire County Council and District Councils and other provider partners across the system.

FB-M highlighted achievements of the individual Primary Care Networks:

South Hambleton and (Northern) Ryedale - seven Practices

- Significant work to address inequalities, particularly vulnerable groups including people with learning disability and severe mental illness, using extra support from the care coordinators and social prescribing link workers. Over 82% of the Primary Care Network's population with a learning disability had received the full set of health checks, commended for both addressing the anxiety about attending appointments that some may have and pressures on primary care.

- Patient engagement included developing and sustaining a new service for Parkinson's Disease support with a community nurse, recently approved by the CCG as a long term commitment.

- Vaccination sites established at Pickering and Easingwold, with much appreciated support from the voluntary sector in these rural communities, had achieved over 94% vaccination delivery.

- Additional Roles - physiotherapists, first contact practitioners and pharmacy technicians were examples of enhanced services being delivered to patients across all the Primary Care Networks.

Selby Town - four Practices

- Significant work on developing partnerships including establishing Selby District partnership meetings attended by senior representatives of all key partner organisations. Partners currently developing a ten year vision for a healthier, more equal and more resilient Selby.

- Focus on vulnerable groups with achievement of 100% of the learning disability register having received their COVID-19 vaccination.

- Significant engagement work including *Hearing Selby Voices* workstreams to focus on population health needs. Two areas in Selby were in the top 10% most deprived in the country; work was being tailored to deliver specific elements on a local basis.

Tadcaster and Rural Selby – three Practices

- Key focus on delivering services as locally as possible in view of the geographical area.

- Focus on social prescribing link worker services and care coordination to deliver programmes of support through the health and wellbeing coaches for up to 12 weeks at a time for particular groups who may benefit from this approach.

- Significant work in response to COVID-19 and the vaccination programme with sites at Tadcaster and the airfield at Sherburn.

FB-M emphasised the significant progress of the Primary Care Networks, particularly in the context of the additional pressures in such a challenging year. She referred to the 'light touch' assurance agreed by the Committee in respect of funds released in recognition of the pressures, also noting the huge challenge of only having half or one day a week for GPs in the Clinical Director role to deliver the PCN priorities. FB-M commended the significant progress and collaboration both between the Primary Care Networks and also wider partnerships.

In concluding the presentation GY commended the eight Primary Care Networks and all health and care colleagues for exceptional performance in a challenging year. He also noted that the Primary Care Networks appreciated the Committee's support and emphasised the need for continuing support to enable them to remain resilient, focused on population health needs and to continue to mature as system leaders.

Members commended the report and expressed appreciation to Practice staff members and the wider partnerships.

While appreciating the support of the Committee and the wider CCG, TM and AM detailed the 'front line' perspective, particularly in the context of the recent national letter from NHS England and NHS Improvement regarding Practices being required to return to offering face to face appointments on request and the resulting media coverage. TM also reported that Practice staff had experienced verbal abuse following this letter. However, as demonstrated by the presentation most CCG Practices had continued to offer face to face appointments throughout. TM additionally explained that a local public response from commissioners and NHS England and NHS Improvement emphasising the CCG's position would have been appreciated. He also noted positive messaging going forward would be welcomed and emphasised the importance of the Committee's focus on primary care being maintained in the transition to the Integrated Care System.

SP highlighted that the CCG had not had advance notice of the letter but both the CCG and the Local Medical Committee had written to support Practices following its receipt. She explained that work was already under way on a proactive media campaign to rebut negativity. Additionally, 'real life' experiences, both positive and negative, were being collected to inform discussions with the public about future access to primary care and appropriate alternative services. SP stressed that lessons would be learnt but primary care would never return to the way it was delivered pre-pandemic. She reiterated that more activity had been delivered in 2020/21 than before the pandemic but also noted that, there would be legitimate reasons, but Practices were still experiencing a 2.5% non attendance for an appointment rate. However, SP emphasised that the achievements detailed in the presentation and report should not in any way be minimised.

DI advised that it had not been possible for the NHS England and NHS Improvement regional team to issue local communications but assured the Committee of their support and understanding of the pressures.

In response to PG referring to the transition to Humber, Coast and Vale Integrated Care System and the NHS People Plan, PM referred to the geographic complexity but noted that through the transition North Yorkshire and York, with the Local Medical Committee, would contribute wherever possible. SP would also continue to work with the Local Medical Committee.

PM reflected from a personal perspective on the contributions of GPs and Practices across the CCG acknowledging the pressures they were experiencing at both personal and professional levels.

In conclusion JH reiterated appreciation to all who had contributed to the achievements detailed, acknowledging both the work of the Primary Care Networks and the wider system, including the voluntary sector.

The Committee:

1. Received the report commending the significant progress made by the Primary Care Networks throughout 2020/21.
2. Noted that a proactive media campaign was being pursued to convey positive messaging.

8. Coronavirus COVID-19 Update

SP reported that infection rates across the CCG were low and the vaccination programme was progressing well. She highlighted that of the 303,000 CCG residents currently eligible 69%, c210,000 people, had received their first vaccination and c132,000 their second dose, with variance in numbers in the City and the Vale due to the differing demographics. SP explained that the CCG was working with the Local Authorities to understand take up rates and identify potential barriers. A number of alternatives, such as late night clinics to accommodate the working age population, were being implemented and governance structures were being considered in respect of work place vaccination programmes; additional community pharmacists were also joining the dispersed model for the vaccination programme.

Whilst reiterating as at previous meetings that the vaccination was not mandatory, SP detailed the work City of York Council Contact Tracers were undertaking with Practices to understand reasons why the vaccination offer was not being accepted. She advised that this more detailed discussion with patients did at times result in acceptance of the offer. SP emphasised that the vaccination offer was "evergreen". Anyone eligible could come forward, even if the invitation had been previously declined, and the CCG would facilitate a vaccine for anyone who was eligible.

SP highlighted that the progress with the vaccination programme was contributing to the low infection rates which in turn supported the hospital in starting to address backlogs. She commended the multi faceted workforce, including Practice staff, the voluntary sector and retired clinicians, in the achievement of delivery of the vaccination programme.

In response to DB enquiring about potential impact through the summer and in to winter pressures, SS explained that scenario planning was taking place across the system, including best and worst case perspectives, and noted that the North Yorkshire surge plan had recently been tested. She emphasised that the variants of concern were being monitored and health and care system plans were in place to respond in the event of any outbreak; early warning systems had also been established. SS commented on the

improved joint working across the system in response to the pandemic and offered assurance in terms of preparedness.

With regard to 'flu SP reported that Practices had been planning vaccination both for this and for a COVID-19 booster programme since February. She expressed confidence in the preparation and agility of Practices to deliver both.

The Committee:

Noted the update.

9. Primary Care Wellbeing

JH referred to the report emanating from discussion at the CCG's Governing Body which had included concern about the wellbeing of senior primary care clinicians and the availability of resources to Practice staff. She noted the context of providing support to these staff in such a way that protected the requisite confidentiality and maintained personal integrity and self esteem. JH emphasised that this work was progressing at pace and noted that additional members of the steering group would be welcomed. A risk had been added to the Committee Risk Register which aligned to this piece of work.

JH explained the intention of discussing with the Primary Care Network Clinical Directors a representative attending a decompression session and providing feedback for further consideration. She noted that the cost was £250.

TM and AM welcomed the support. AM additionally noted that the Local Medical Committee was undertaking similar wellbeing work and he would arrange for contact details to be shared.

The Committee:

Received and welcomed the report noting that discussion would take place with the Primary Care Network Clinical Directors regarding a trial of the decompression training.

10. Primary Care Commissioning Committee Risk Register

SP referred to the risk register highlighting decreased risk in respect of PRC14 *Learning Disability Health Checks* and no change in risk relating to *PRC15 Serious Mental Illness Health Checks.* A new risk had been added in May, as noted at item 9 above, PRC 16 *Access to General Practice - Reputational Damage*.

The Committee:

Received the Primary Care Commissioning Committee Risk Register

11. NHS England and NHS Improvement Primary Care Report

Priory Medical Group – Request to change their Practice Boundary

AM declared in interest in regard to this request as a Partner in MyHealth which may have patients in the area in question and TM declared an interest due to his role as Clinical Director of York East Primary Care Network of which MyHealth was a member Practice. AM and TM took part in the discussion; their roles on the Committee were such that they were not part of the decision making.

DI detailed Priory Medical Group's application for approval to change its Practice boundaries with the addition of Stockton on the Forest village to its formal visiting area. He explained that the request related to Priory Medical Group's merger with Abbey Medical Group in 2012 advising that it had come to light in 2020 that the Practice boundaries had not been merged and c200 patients had informally remained registered.

DI noted the consultation process which included an objection from Haxby Group Practice *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*. AM advised that the Local Medical Committee supported this objection, also emphasising potential impact on smaller Practices and requesting that benefits and risks to other Practices be considered in the decision.

Discussion ensued from the patient perspective with particular reference to out of area home visiting. TM additionally noted that some Practice boundaries were not easy to define and highlighted the potential for these patients to also be ineligible such as community services as well as home visits. Account needed to be taken of potential tensions between the perspectives of patient choice and Practice resilience.

SP proposed that the decision on Priory Medical Group's request be deferred to both enable further information to be obtained from them and in terms of consideration of the concerns raised about potential to destabilise branch surgeries of other Practices.

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

DI referred to the request from Terrington Surgery and the rationale for increasing their current 10 parking spaces to 20, noting that each space was reimbursed at £250 totalling £2,500 per annum. Members supported the request.

COVID-19 Vaccination Programme

DI additionally reported that work was taking place with community pharmacists in respect of the vaccination programme noting that there were currently 27 providing support across the Humber, Coast and Vale Integrated Care System. In York Haxby Group Pharmacy had been providing vaccinations and Priory Pharmacy was commencing provision over the Bank Holiday weekend.

The Committee:

1. Deferred a decision on Priory Medical Group's request to change their Practice boundary.
2. Supported request from Terrington Surgery for an additional 10 spaces and approved the additional notional rent of £2,500 per annum.
3. Noted the update on community pharmacists supporting the COVID-19 Vaccination Programme.

12. Key Messages to the Governing Body

- Medicines Management activity is being aligned with North Yorkshire via the joint Medicines Commissioning Committee.

- The Committee was updated from a finance perspective. Last year Vale of York CCG was brought to break even. Accounts were being concluded on this basis and were currently in the last stage of being audited. For this year we noted risks emerging regarding national determined pots of money: Hospital Discharge Programme, Elective Recovery Fund, with primary care it will be the Additional Roles money. However, we still anticipate reaching break even in line with plan.

- The Committee received a report - written by Shaun Macey, Fiona Bell-Morritt, Gary Young and Project Support Officers Louise Cordon and Heather Wilson - delivered by Fiona and Gary who wished to express their thanks to primary care colleagues around the richness of the detail and timeliness of their involvement in the end of year report in this truly exceptional year.

- The eight Primary Care Networks have performed extraordinarily well. Their achievements, resilience and their needs led approach, especially for our vulnerable, their partnership approach integrating across the system including our voluntary sector colleagues. They have also moved forward in their management and governance whilst integrating the new roles and helping deliver the vaccination programme.

- The COVID Infection rates are mercifully low. Out of the 303 thousand residents in Vale of York we have a headline 69% of the population who have already received first vaccination, almost the same number have received their second dose. These statistics primarily reflect the predominance of our older adult population within the Vale. York Central has a higher population of working age and younger people including students. We are currently delivering vaccine to residents over 30 years of age. Working closely with local authority colleagues on breaking down barriers, finding easier access for this cohort, offering late night, evening, and weekend sessions, and working on a governance structure for workplace vaccination programmes. Working with additional pharmacists to deliver a dispersed model, the next one due to come on stream is in Acomb. The contact tracers have been invaluable, especially their work with those who have not yet taken up the vaccine offer. Contacting people to understand why, sharing valuable advice/information, they are able to have a longer, fuller conversion and offer the opportunity to access their right to a COVID vaccination should they then choose to do so.

The Committee:

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

13. Next Meeting

22 July 2021 at 1.30pm.

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.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 27 MAY 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
PCCC56	27 May 2021	Review of Primary Care Commissioning Committee Effectiveness: Outcome Report	• Further consideration to be given to the results	AC/JH	22 July 2021
PCCC57	27 May 2021	NHS England and NHS Improvement Primary Care Report	• Priory Medical Group's request to change their Practice boundary deferred for further information to be sought	DI	22 July 2021

Item Number: 5

Name of Presenter: Simon Bell, Chief Finance Officer

Meeting of the Primary Care Commissioning Committee

Date of meeting: 22 July 2021

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Financial Report Month 3

Purpose of Report
For Approval

Reason for Report

To provide the Committee with details of the financial plan for Primary Care Commissioning for 2021-22. The report also provides the Month 3 and forecast position.

The report recommends how the 2021-22 PMS premium monies should be allocated to practices.

The report requests approval for Elvington Medical Practice's late claims for flu vaccines.

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

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:

Recommendations

PMS Premium monies are allocated to PCNs based upon weighted list size as at 1st January 2021 and the agreement of the areas for targeted investment by PCNs.

Elvington Medical Practice to be allowed to claim for backdated flu vaccine costs not previously claimed.

Decision Requested (for Decision Log)

Year to date and forecast financial positions noted.
Allocation of PMS premium monies to PCNs based on weighted list size as at 1 January 2021 approved and areas for targeted investment by PCNs agreed.
Claim from Elvington Medical Practice for the costs of all the prior year flu vaccinations approved.

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance

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

Report produced: July 2021

Financial Period: April 2021 to June 2021

1. Introduction

This report provides details on the financial plan for 2021-22 for the CCG's Primary Care Commissioning areas. It also reports the year-to-date financial position as at Month 3 and the forecast outturn position for 2021-22.

The report includes details on the 2021-22 PMS premium monies and recommends how they should be distributed to practices.

The report includes a request from Elvington Medical Practice to claim the costs of historic flu vaccines not previously claimed.

2. Financial Plan 2021-22

Current reporting covers the first half of the financial year only (H1) from April to September. The financial framework, allocations and financial plan have all been produced on this basis with H2 guidance and planning process expected to take place later in the summer.

2.1 Delegated Commissioning

The delegated commissioning plan has been prepared by NHSE on behalf of the CCG. It is based upon the Month 11 2020-21 forecast outturn, adjusted for known investments and cost pressures. The table below shows the H1 2021-22 plan for delegated primary care.

Area	20-21 M11 forecast outturn £000	Adj. to opening position £000	Adjusted 21-22 starting position £000	Price uplift £000	Activity growth £000	Adj., cost pressures and investments £000	21-22 Full year plan £000	21-22 H1 plan £000
Primary Care - GMS	**22,693**	97	**22,790**	811	118	0	**23,719**	**11,860**
Primary Care - PMS	**8,911**	18	**8,929**	319	46	313	**9,607**	**4,803**
Primary Care – Enhanced Services	**465**	86	**551**	0	3	0	**554**	**277**
Primary Care – Other GP Services	**7,408**	(1,056)	**6,352**	232	3	1,292	**7,879**	**3,940**
Primary Care - Premises	**4,451**	(12)	**4,439**	198	0	0	**4,637**	**2,318**
Primary Care - QOF	**4,508**	0	**4,508**	0	25	541	**5,074**	**2,537**
Total	**48,436**	**(866)**	**47,570**	**1,559**	**195**	**2,146**	**51,470**	**25,735**

The 2021-22 H1 allocation value for Primary Care Delegated Commissioning is £25.864m. The draft plan includes total expenditure for delegated primary care of £25.735m. A

contingency of £129k (0.5%) is recorded within the CCG core budget, taking the total to £25.864m.

The **adjustments to opening position** are as follows:

- GMS - £97k and PMS - £18k for full year effect of list size adjustments in 2020-21.
- Enhanced Services – £86k for non-recurrent reduction in Minor Surgery enhanced service in 2020-21 due to covid.
- Other GP Services – reduction of £95k in relation to the PCN support payment paid in 2020-21, £893k reduction for the 2020-21 COVID expansion fund and £79k reduction for GP returners.
- Premises – reduction of £12k full year effect of known changes to rents.

Price uplifts are as follows:

- GMS – global sum is £96.78 per weighted list size with OOH deduction of 4.75% which equates to a net global sum of £92.18, a 3.6% increase on 2020-21.
- PMS – is aligned with GMS at £92.18 per weighted list size, which equates to a 3.6% increase on 2020-21.
- Other GP Services – £232k uplift on Dispensing Doctors due to expected in year tariff uplifts.
- Premises - uplift of 3% included for the practices due a revaluation in 2021-22 as per contracting information. Business rates uplift is as per confirmation from GL Hearn.

Activity growth of 0.5% is assumed on GP contracts.

Adjustments, costs pressures and investments in 2021-22 are as follows:

- PMS – £313k for PMS premium monies added back into plan.
- Other GP Services – increase to the Additional Roles Reimbursement Scheme (ARRS) of £674k, full year effect of Care Homes funding of £155k (paid from October 2020 onwards), £162k for additional Investment and Impact Fund funding and £294k investment reserve to bring plan up to match allocation. Note that the CCG plan only includes 55.6% of the ARRS maximum funding with the remaining 44.4% held centrally by NHSE. The centrally held funding will be drawn down when the CCG funding is fully utilised.
- QOF - uplift based upon an additional 68 points available in 2021-22.

2.2 Other Primary Care

The table below shows the H1 2021-22 plan for other primary care. National guidance required a plan for the first half of the year only. The CCG plan is based upon 2020-21 H2 draft plan updated for known adjustments, cost pressures and investments.

Area	20-21 H2 draft plan £000	Adj. to opening position £000	Adjusted 21-22 starting position £000	Price uplift £000	Activity growth £000	Adj., cost pressures and investments £000	QIPP £000	21-22 H1 plan £000
Primary Care Prescribing	25,977	195	26,172	0	178	(8)	(178)	26,164
Other Prescribing	857	(17)	840	0	5	4	0	849
Local Enhanced Services	1,041	0	1,041	1	0	18	0	1,060
Oxygen	191	0	191	0	0	0	0	191
Primary Care IT	602	0	602	1	5	83	0	691
Out of Hours	1,685	0	1,685	4	15	0	0	1,704
Other Primary Care	1,415	(1,000)	415	0	2	1,016	0	1,433
Total	**31,769**	**(822)**	**30,947**	**6**	**205**	**1,113**	**(178)**	**32,092**

The **adjustments to opening position** are as follows:

- Primary Care Prescribing - £195k to cover the recurrent impact of 2020-21.
- Other Prescribing – removal of £17k for PIB payments.
- Other Primary Care - £1.0m for Improving Access which is funded via additional allocation.

The anti-coagulation monitoring service within Local Enhanced Services has had a **price uplift** of 0.2%. Primary Care IT, Out of Hours and Other Primary Care have been uplifted by the national rates of 0.2%, 0.5% or 1.4% for price dependent on the types of contract.

Activity growth on prescribing and other prescribing is estimated to be 0.68%. Activity growth on Primary Care IT, Out of Hours and Other Primary Care is 0.89% again as per national guidance.

Adjustments, cost pressures and investments in 2021-22 are as follows:

- Prescribing - £7k for reduction in GP prescribing of immunosuppressants.
- Other Prescribing - £4k for Medicines Management staffing.
- Local Enhanced Services - £13k for increased costs in relation to MECS and £5k for the enhanced services portal.
- Primary Care IT - £47k for increased costs for the maintenance of additional Primary Care devices and £37k for GP infrastructure and resilience.
- Other Primary Care - £4k for staffing costs and £1.01m for Improving Access.

The H1 plan also includes a £178k **QIPP** target for Prescribing which offsets the activity growth.

3. Primary Care Year-to-Date and Forecast Position

In line with the plan, current reporting covers the first half of the financial year only (H1) from April to September.

3.1 Delegated Commissioning Financial Position – Month 3

The table below sets out the year-to-date position for 2021-22.

Delegated Primary Care	Month 3 Year-To-Date Position		
	Budget £000	Actual £000	Variance £000
Primary Care - GMS	5,930	5,930	0
Primary Care - PMS	2,402	2,324	78
Primary Care - Enhanced Services	138	138	0
Primary Care - Other GP services	2,438	2,252	186
Primary Care - Premises Costs	1,159	1,151	8
Primary Care - QOF	1,268	1,268	0
Sub Total	**13,335**	**13,063**	**272**

- The **Month 3 year-to-date position** is £13.063m which is an underspend of £272k against the CCG's financial plan.
- **GMS** is based upon the current contract and list sizes to date.
- **PMS** contracts are underspent by £78k due to PMS premium monies which are accrued in Other Primary Care.
- **Enhanced Services** have been accrued to budget. A more detailed breakdown is shown in the table below.

Enhanced Services	Month 3 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Learning Disability	27	27	0
Minor Surgery	106	106	0
Violent Patients	5	5	0
Sub Total	138	138	0

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

Other GP Services	Month 3 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	492	486	6
PCO Administrator	208	139	69
COVID Expansion Fund	468	468	0
GP Framework:			
Network Participation	157	157	0
Clinical Director	67	67	0

Additional Roles	608	608	0
Investment and Impact Fund	76	76	0
Care Home Premium	78	78	0
Extended Hours Access	131	131	0
Needle, Syringes & Occupational Health	5	5	0
Reserves	146	36	111
Sub Total	2,438	2,252	186

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

PCO Administrator is underspent due to £65k income from NHSE in relation to the 2020-21 GP Returner pilot programme.

The CCG has received quarter 1 **GP COVID Expansion Funding** which is to be paid out to PCNs in July.

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

The year-to-date budget in **reserves** reflects the amount required to balance expenditure and allocation, as required by NHS England offset by £36k of prior year pressure.

- **Premises** costs are based upon actuals, where known, or accrued to budget.
- **QOF** is accrued to budget.

3.3 Other Primary Care – Month 3

The table below sets out the core primary care financial position as at Month 3.

Primary Care	Month 3 Year-to-Date Position				
	Budget £000	Actual £000	Variance £000	Outside envelope £000	Adjusted variance £000
Primary Care Prescribing	13,082	13,432	(350)	0	(350)
Other Prescribing	425	441	(16)	0	(16)
Local Enhanced Services	530	505	25	0	25
Oxygen	96	82	13	0	13
Primary Care IT	336	326	10	0	10
Out of Hours	852	851	1	0	1
Other Primary Care	716	782	(66)	13	(53)
Sub Total	**16,037**	**16,421**	**(384)**	**13**	**(371)**

The **Prescribing** position is overspent by £350k as at Month 3. This position is based upon one month of prescribing data. £168k of this overspend relates to prior year in respect of actual prescribing figures for February and March.

Local Enhanced Services are based upon plan, updated for the latest list sizes. There is an underspend of £25k which is made up of an £18k prior year benefit and a £8k underspend on the MECS contract.

Other Primary Care is overspent by £66k. This includes £78k in relation to PMS premium monies for which the budget is included in the delegated commissioning budget. This is offset by a prior year benefit of £32k in relation to SMI health checks. Other Primary Care also includes £13k of expenditure in relation to the asylum seeker contingency service. This is an 'outside of envelope' category of expenditure and as such is expected to be reimbursed centrally. The asylum seeker contingency service came to an end in June 2021.

3.4 Delegated Commissioning and Other Primary Care Forecasts

The forecast outturn position in the table below covers H1 (April to September). The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend.

	Forecast Position					
	Ledger Position			Adjusted Position		
	Plan £'000	Forecast £'000	Variance £'000	Outside envelope £'000	Adjusted variance £'000	Comments
Delegated Commissioning						
Primary Care - GMS	11,860	11,860	(0)	0	(0)	
Primary Care - PMS	4,804	4,647	156	0	156	£156k PMS premium (forecast included in Other Primary Care).
Primary Care - Enhanced Services	277	277	0	0	0	
Primary Care - Other GP services	4,407	4,124	283	0	283	£65k income from NHSE re 20-21 GP returners, underspend against reserves budget of £250k, offset by £36k pressure from prior year
Primary Care - Premises Costs	2,318	2,318	0	0	0	
Primary Care - QOF	2,537	2,537	0	0	0	
Total Delegated Commissioning	**26,203**	**25,763**	**440**	**0**	**440**	
Other Primary Care						
Primary Care Prescribing	26,164	26,514	(350)	0	(350)	£168k prior year overspend (due to February and March's actual figures). Month 1 actual prescribing data higher than plan.
Other Prescribing	849	893	(44)	0	(44)	
Local Enhanced Services	1,060	1,030	30	0	30	
Oxygen	191	178	13	0	13	
Primary Care IT	673	666	7	0	7	
Out of Hours	1,704	1,703	0	0	0	
Other Primary Care	1,433	1,581	(148)	13	(135)	£156k PMS premium (budget on Primary Care - PMS). Outside of envelope includes £13k for asylum seekers (scheme finished in June 2021).
Total Other Primary Care	**32,074**	**32,565**	**(491)**	**13**	**(478)**	
Total Primary Care						
Total Primary Care	**58,276**	**58,328**	**(52)**	**13**	**(39)**	

4. 2021-22 PMS Premium Monies

The delegated commissioning plan includes £313k in relation to PMS premium monies. This allocation should be used to benefit all Primary Care but can be distributed as determined by the CCG. The table below shows the proposed distribution of the monies by individual practice and PCN (based upon weighted list size as at 1 January 2021 – the measure used to calculate the Network Participation payment).

Practice Name	Weighted List Size 1st January 2021	Practice Level PMS Premium
Dalton Terrace Surgery	8,624.12	7,597.15
Jorvik Gillygate Medical Practice	22,493.90	19,815.30
Unity Health	14,146.31	12,461.76
York City Centre PCN	**45,264.33**	**39,874.21**
York Medical Group	40,153.40	35,371.90
York Medical Group PCN	**40,153.40**	**35,371.90**
Old School Medical Practice	7,381.97	6,502.92
Front Street Surgery	7,813.86	6,883.38
Haxby Group Practice	34,302.16	30,217.43
West, Outer and North East York PCN	**49,497.99**	**43,603.73**
Priory Medical Group	51,708.27	45,550.81
Priory PCN	**51,708.27**	**45,550.81**
Elvington Medical Practice	7,280.00	6,413.09
My Health	19,959.87	17,583.03
Pocklington Group Practice	17,635.13	15,535.12
East of York PCN	**44,874.99**	**39,531.24**
York City PCNs	**231,498.97**	**203,931.88**
Millfield Surgery	8,025.36	7,069.70
Tollerton Surgery	3,439.76	3,030.15
Stillington Surgery	4,143.34	3,649.95
Pickering Medical Practice	12,151.85	10,704.79
Helmsley Medical Practice	4,228.83	3,725.26
Terrington Surgery	1,644.23	1,448.43
The Kirkbymoorside Surgery	6,687.31	5,890.98
South Hambleton and Ryedale PCN	**40,320.67**	**35,519.25**
Beech Tree Surgery	17,430.68	15,355.02
Posterngate Surgery	18,438.40	16,242.74
Scott Road Medical Centre	10,777.78	9,494.35
Escrick Surgery	6,786.26	5,978.15
Selby Town PCN	**53,433.12**	**47,070.26**
Sherburn Group Practice	9,964.89	8,778.27
South Milford Surgery	10,573.45	9,314.36
Tadcaster Medical Centre	9,436.71	8,312.98
Tadcaster and Selby PCN	**29,975.06**	**26,405.60**
Vale of York PCNs	**123,728.85**	**108,995.12**
Total	**355,227.83**	**312,927.00**

It is recommended that the PMS premium monies are distributed to PCNs as per the above table with a request to PCNs to develop plans targeting specific areas for investment. The

Primary Care team is currently in discussion to determine the most appropriate areas of investment and the reporting mechanisms to support the values.

5. Elvington Flu Vaccines

Elvington Medical Practice has contacted the CCG to advise that they have not claimed for their flu vaccines for 2017, 2018 and 2019. The claims process is manual (a FP34 must be submitted to NHSBSA detailing the number and type of vaccines dispensed and by whom) and this knowledge was not transferred when the member of staff previously responsible for preparing the claims left the practice. This means that they are missing payment for both the cost of the vaccines and the associated dispensing fee. Per the regulations, practices are supposed to submit claims within a month but NHSBSA have confirmed that the practice has not claimed for these years and it is at the CCG's discretion. This has been picked up and claimed for from 2020-21 onwards.

The prescribing cost is borne by NHSE as the CCG recharge the cost of flu vaccines to them. The CCG are responsible for the dispensing fees. The exact payment cannot be calculated as it depends upon the cost of the vaccine and how many items each GP dispenses; however, it has been estimated by the CCG at £32k for the prescribing costs and £9k for the dispensing fees. NHSE has been contacted and have confirmed that they will reimburse the CCG for the prescribing costs. The £9k dispensing fees were included in the CCG's 2020-21 year-end position. Late claims for services delivered have been paid previously to other practices where the practice has shown extenuating circumstances. Payment is therefore at the discretion of the CCG, and reimbursement could be made for some, all or none of the years concerned.

It is recommended that the CCG allow Elvington Medical Practice to claim for the costs of all unclaimed prior year flu vaccinations.

6. Recommendation

The Primary Care Commissioning Committee is asked to note the year to date and forecast financial positions set out in the report. The Committee is asked to approve the allocation of PMS premium monies to PCNs based on weighted list size at 1 January 2021 and the agreement of the areas for targeted investment by PCNs. The Committee is asked to approve the claim from Elvington Medical Practice for the costs of all the prior year flu vaccinations.

Item Number: 8

Name of Presenter: Shaun Macey, Acting Assistant Director of Primary Care

Meeting of the Primary Care Commissioning Committee **Date of meeting: 22 July 2021**	NHS Vale of York Clinical Commissioning Group

Primary Care Commissioning Committee – Primary Care Dashboard

Purpose of Report
To Receive

Reason for Report

The enclosed Primary Care Dashboard is intended to provide the Primary Care Commissioning Committee (PCCC) with an overview of quality and performance in key areas relating to the delivery of services through the CCG's GP Practices and their General Medical Services contracts.

This type of report has been presented to PCCC on occasions previously, and this revised report has been developed in collaboration with North Yorkshire CCG colleagues with a view to standardising the format and content across Vale of York and North Yorkshire CCGs.

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	n/a

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 asked to receive the Primary Care Dashboard.

Decision Requested (for Decision Log)

Primary Care Dashboard received.

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

1. Background

The enclosed Primary Care Dashboard is intended to provide the Primary Care Commissioning Committee (PCCC) with assurance via an overview of quality and performance in key areas relating to the delivery of services through NHS Vale of York CCG's GP Practices and their General Medical Services contracts.

This type of report has been presented to PCCC on occasions previously, and this revised report has been developed in collaboration with North Yorkshire CCG colleagues with a view to standardising the format and content across Vale of York and North Yorkshire CCG's.

It is intended that this Dashboard report will be submitted to all future PCCC meetings, with an accompanying highlight report and narrative relating to key areas.

It is also intended to offer some flexibility in respect to the content of this Dashboard – and suggestions for including additional information (subject to data availability) are welcomed.

The CCG's Primary Care Team would like to note their thanks to Business Intelligence colleagues for their efforts and technical expertise in producing this report.

2. Primary Care Data and Intelligence

The information in the enclosed Dashboard is collated form a number of sources – some of which are updated more regularly than others. The teams involved in producing this report will endeavour to include the latest information that has been published prior to the submission deadline for PCCC papers.

It should be noted that the enclosed information can only describe part of the story in the context of quality and performance in General Practice, and should always be triangulated where possible with 'soft intelligence' which CCG teams gather as part of their day-to-day work with Practices, and also patient stories and other information that is gathered through the CCG's Quality and Patient Experience Committee (QPEC).

The following data items have either been specifically requested and included in addition to the core content, or are 'work in progress' for this Dashboard.

Data Request	Status
Practice workforce age/demographics - with charts re. staff FTE per 100,000 patients and % staff aged 55 and over	Complete
Performance against QOF	Complete
GP appointments data - CCG totals	Complete

COVID vaccinations - NIMS report by age band, snapshot 1st/2nd doses	Complete
Population health - diabetes care e.g. Practice progress towards QOF points	In progress
National GP Survey	Latest publication 8 July - will go to August's QPEC for discussion
Complaints	Not consistently collected/reported S. Macey to look into options
Freedom to Speak Up Guardian data	S. Macey to set up template to disseminate to GPs for completion/report
General Practice OPEL status reporting	S. Macey to look into collating trend data

3. July 2021 PCCC Dashboard - Highlights

Population

Vale of York CCG has a lower proportion of patients under the age of 20 than the national average, but a higher proportion of over 65s.

No GP practice as a whole has a deprivation score higher than the national average (higher = more deprived), but there are pockets of high deprivation across the CCG's footprint.

Disease Prevalence

QOF 2019/20 figures show that the most prevalent conditions in the CCG are Hypertension (13.5%), Obesity (10.7%), Depression (10.5%), Asthma (6.7%) and Diabetes (5.6%). Of these 4 conditions, for VoY, Obesity at 10.7% is higher than the national average of 10.5%.

QOF Performance

QOF 2019/20: The CCG performance is higher than the England average for all domains, with the CCG's Practices achieving 100% in many domains. Regarding the disease prevalence figures above, the CCG's QOF performance against the Lifestyle/Obesity domain is 100% (as is the national average).

CQC Ratings

100% of GP practices in Vale of York have a CQC rating of Outstanding or Good. The national figure is 95%.

Patient Experience

Latest Friends & Family figures (February 2020) show that 76% of patients would recommend their GP service to a friend or member of their family. This is compared to a national figure of 90%.

The GP Survey (July 2021) results show that 83% of patients reported that their experience at their GP Practice was either Very Good or Fairly Good. This is level with 83% nationally. 64% found it easy to get through to someone at GP practice on the phone (68% nationally) and 77% of patients had enough support to help manage their conditions (74% nationally).

These results indicate that patients are generally well-supported to manage their conditions, but that access to the Practice via telephone could possibly be better. This has no doubt been compounded by the Covid-19 pandemic - where Practices have moved to a total triage access model in accordance with NHSE guidance - which, over the past year, has placed additional demand/pressure on Practice telephone systems, and access in general. Note that the revised GP Survey will also be discussed at the CCG's August Quality and Patient Experience Committee.

Health Checks

The latest figures (Q4 20/21) for the CCG show that 30.5% of people with severe mental illness (SMI) received the complete list of physical health checks in the preceding 12 months. This is below the locally agreed target of 45% but above the England rate of 23.4%. SMI health checks are now part of QOF, so it is hoped that this will help to improve this position during 2021/22.

The proportion of people aged 14 or over on the learning disabilities register who have received a learning disability health check is now reported monthly. Data to May 2021 shows a cumulative position of 7.6%. This is higher than the national figure of 2.6% but lower than the CCG planned target of 11.7%.

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) 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.

The local target for 2021/22 is at least 70%. Data for Q1 2021/22 is due to be published and analysed in July which will be shared with Practices so that they can review their progress against plans.

Immunisation and Screening

The latest quarterly childhood immunisation uptake figures for the CCG are all higher than national levels. The lowest rates are seen for the pre-school booster vaccine by 5 years of age where the uptake is 90.1%, compared with a national uptake of 85.1%.

Seasonal flu vaccination figures show an uptake of 84.8% in people aged 65 and over. For all cohorts uptake is higher in the CCG than nationally.

Latest Cervical Screening coverage figures (Q3 20/21) for people aged 25-49 and 50-64 are 69.9% and 76.9% respectively. The coverage is higher than national figures for both age groups, but particularly higher in the older age group.

Covid: As at 30th June 2021, Covid double vaccinated rates are over 90% for the 50+ age groups. The CCG continues to work with NHSEI and local Covid-19 vaccination Providers to improve uptake across all cohorts, including hesitant/vulnerable groups, and is now working with Providers to offer more walk-in (no need to book in advance clinics) and localised pop-up clinics across the City in areas of low vaccination uptake.

Workforce

WTE staff per 100,000 registered patients is higher than England for all staff groups with 67 GP WTEs for every 100,000 registered patients compared with a figure of 56.4 nationally.

Through the Additional Roles Reimbursement Scheme (ARRS) the PCNs have recruited the following WTEs: 20.76 Clinical Pharmacists, 13.18 Social Prescribing Link Workers, 8.83 First Contact Physiotherapists, 5.97 Pharmacy Technicians, 3 Health and Wellbeing Coaches, 1.03 Physician Associates, 10.07 Care Coordinators, 0.8 Trainee Nurse Associates and 1 Nursing Associates.

The percentage of staff aged 55+ by FTE for all staff groups is similar to England except for GPs where it is considerably less (13.7%) than England (23%).

Primary Care Appointments

Total appointments are now broadly back to pre-pandemic levels. May 2021 compared to May 2020 (when there was a significant dip in appointment numbers at the start of the pandemic) showed a CCG increase of 83.8% compared to 70.4% nationally.

There continues to be national scrutiny around GP appointment numbers, and the CCG's Primary Care Team is working closely with Practices to understand where there are any issues with appointments or patient access. NHSEI is also keen to promote a shift to more digital access to General Practice through online consultations systems (which can free up telephone lines for patients who need to call their Practice), and the CCG is supporting Practices to promote these systems to give patients choice around digital access.

Digital Access

Following the introduction of the Covid Vaccine status to the NHS App there has been a significant increase in the number of patients registered. In May 2021 13.7% of CCG patients were registered. The national uptake is 8.6%.

The CCG has worked with Practices for a number of years to promote digital access to services for patients. Latest figures show that 38.9% of CCG patients are registered for at least one online service. These services include access to coded information and test results in patient records, electronic appointment booking, and ordering of repeat prescriptions. The CCG figure is significantly higher than the national figure of 32.7%.

Secondary Care Activity

The coronavirus pandemic has had a significant impact on secondary care activity. The first few months of 2020/21 saw a sharp drop in activity in most services but this has gradually been increasing as the year has progressed.

VoYCCG Primary Care

Jul-21

Contents

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Secondary Care Activity
The coronavirus pandemic has had a significant impact on secondary care activity. The first few months of 2020/21 saw a sharp drop in activity in most services but this has been increasing as the year has progressed. The year on year changes between 2019/20 and 2020/21 (Apr-May) are:

GP referrals	↑	173%
Outpatient Appointments		
First	↑	122%
Follow Ups	↑	77%
Procedures	↑	119%
Non Face-to-Face	↓	-19%

Inpatient Spells		
Emergency admissions	↑	52%
Elective admissions	↑	164%

A&E	↑	79%

CCG Population

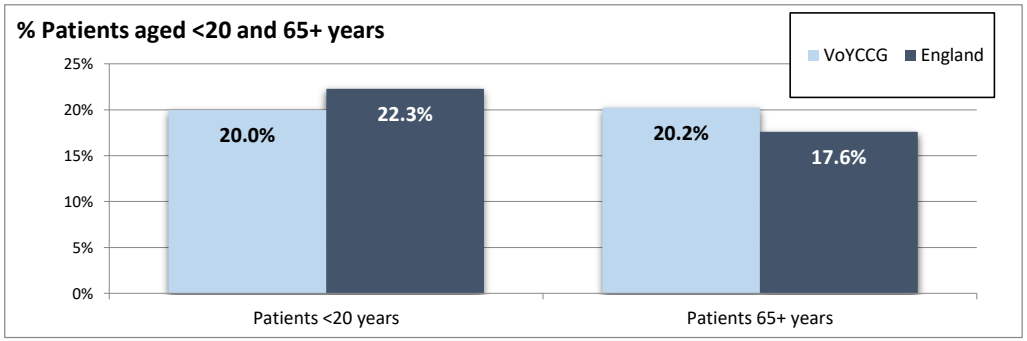
Current Population (Jun-21)

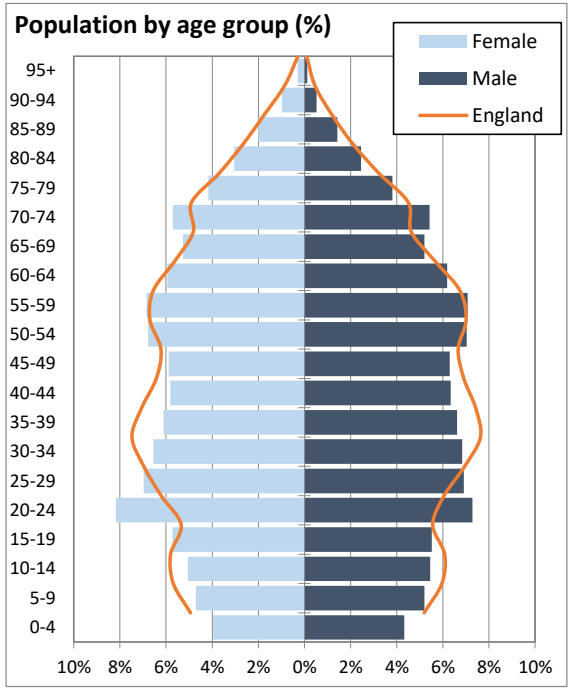
Number of Practices:	25
Registered List Size:	366,268
Weighted Population:	355,873

Deprivation (IMD 2019)

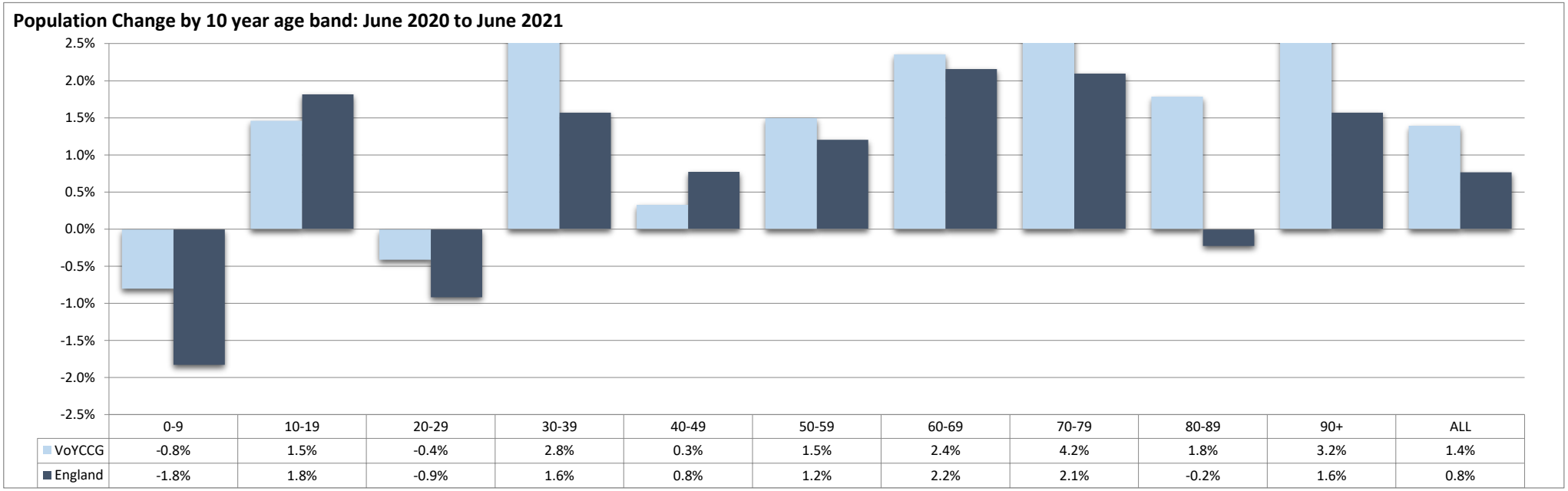
Practices within each national quintile

Quintile	No	%
1 (most deprived)	0	0%
2	0	0%
3	1	4%
4	9	36%
5 (least deprived)	15	60%





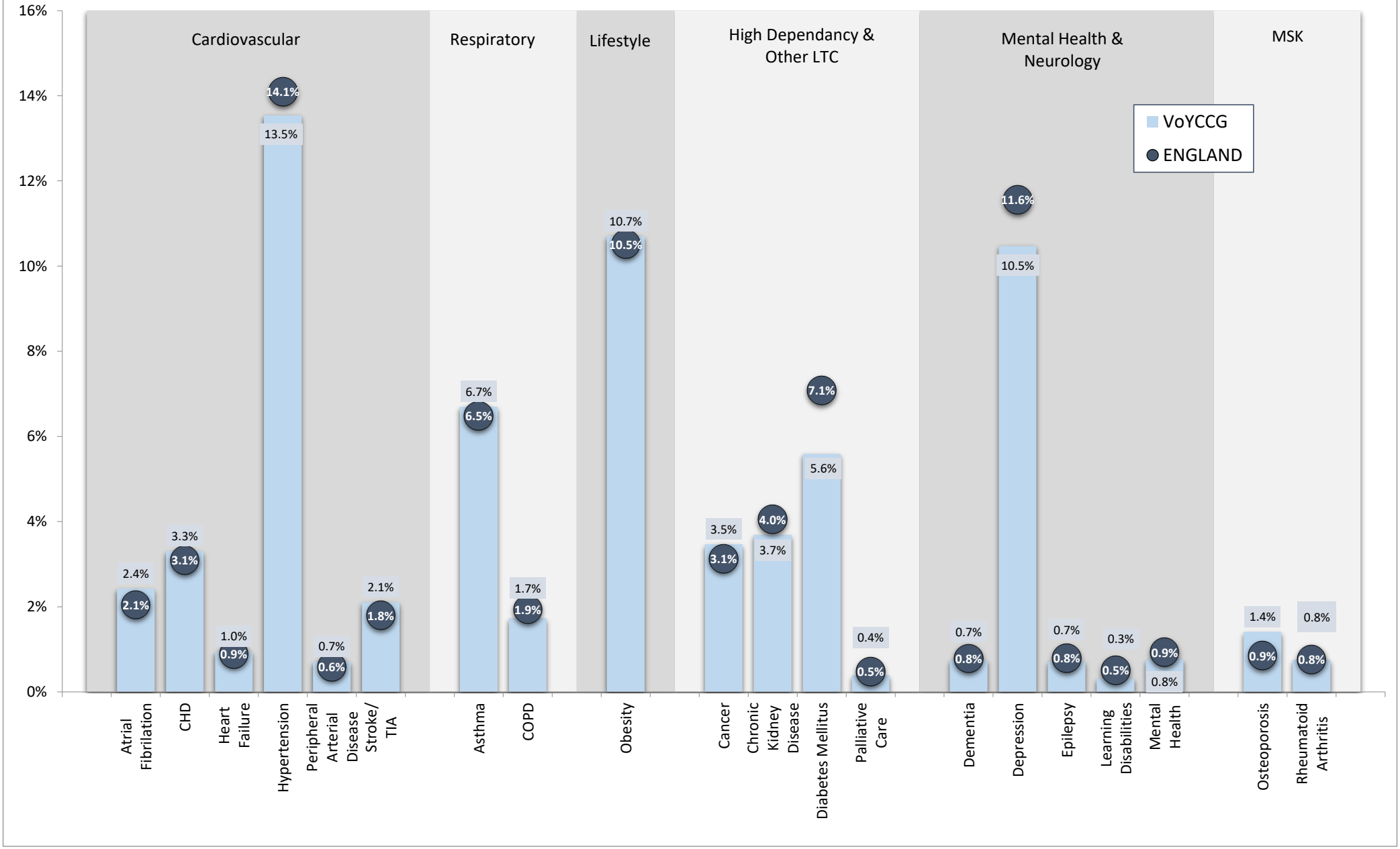
Age	Female	Male	Total
0-4	7,387	7,777	**15,164**
5-9	8,774	9,364	**18,138**
10-14	9,431	9,809	**19,240**
15-19	10,648	9,922	**20,570**
20-24	15,248	13,098	**28,346**
25-29	12,992	12,417	**25,409**
30-34	12,216	12,314	**24,530**
35-39	11,395	11,899	**23,294**
40-44	10,832	11,394	**22,226**
45-49	10,977	11,328	**22,305**
50-54	12,630	12,644	**25,274**
55-59	12,743	12,738	**25,481**
60-64	11,067	11,134	**22,201**
65-69	9,814	9,357	**19,171**
70-74	10,632	9,758	**20,390**
75-79	7,765	6,870	**14,635**
80-84	5,665	4,409	**10,074**
85-89	3,734	2,559	**6,293**
90-94	1,809	938	**2,747**
95+	558	222	**780**
All Ages	**186,317**	**179,951**	**366,268**



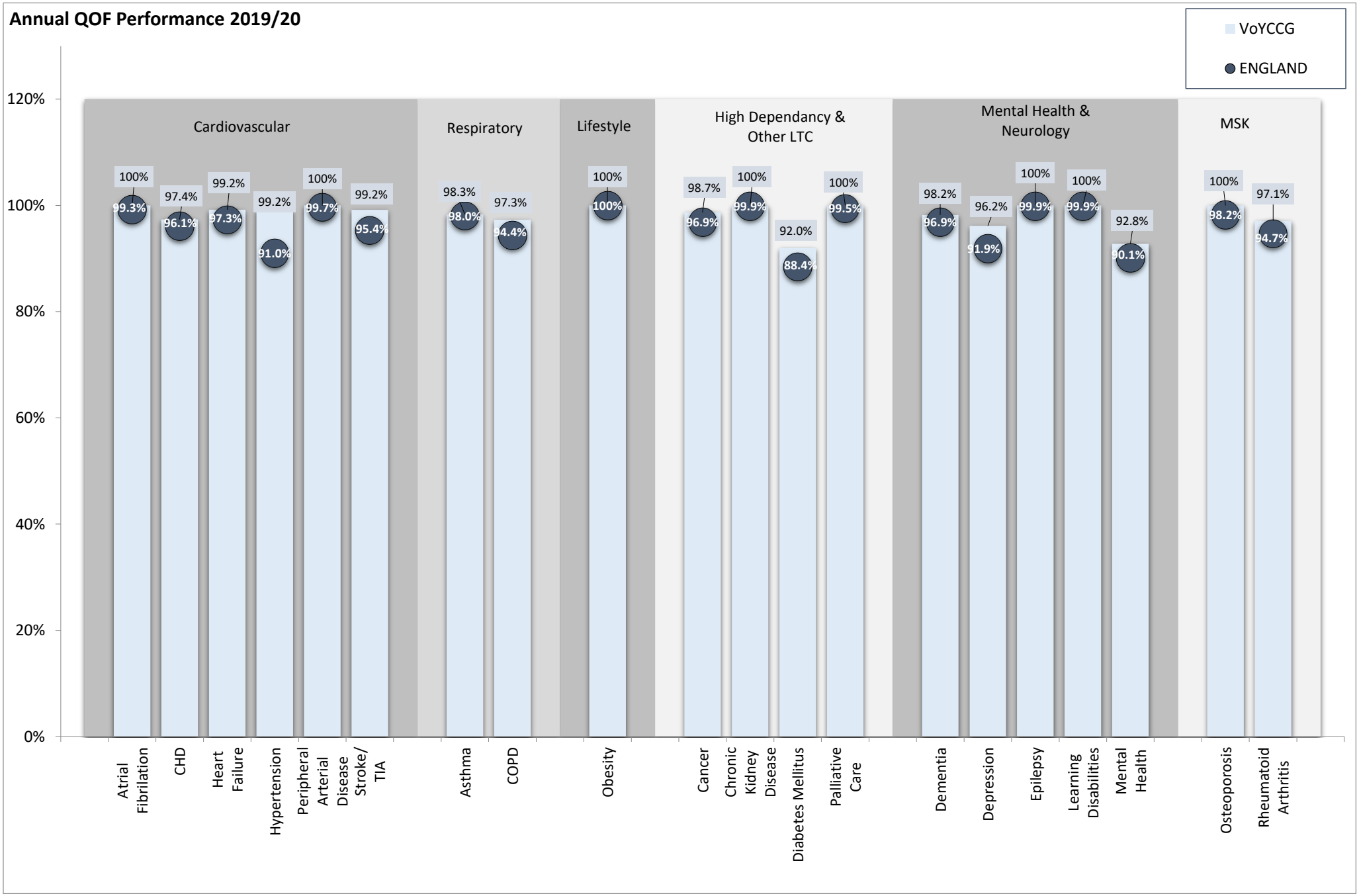
	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90+	ALL
VoYCCG	-0.8%	1.5%	-0.4%	2.8%	0.3%	1.5%	2.4%	4.2%	1.8%	3.2%	1.4%
England	-1.8%	1.8%	-0.9%	1.6%	0.8%	1.2%	2.2%	2.1%	-0.2%	1.6%	0.8%

Disease Prevalence

Annual QOF recorded prevalence rates by condition, 2019/20



QOF Performance

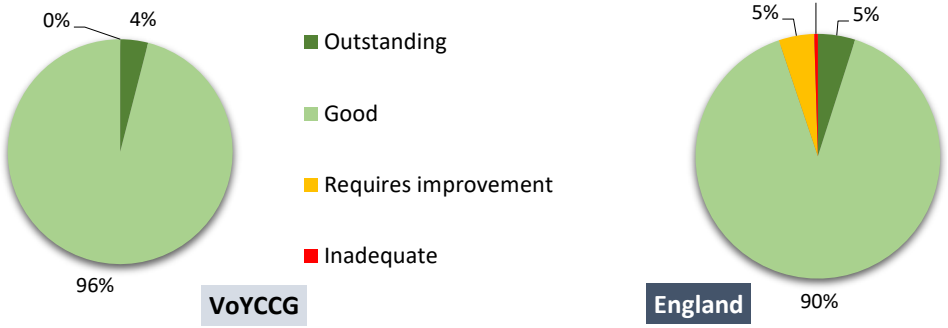


CQC Ratings

CQC Practice Ratings (May-21)

(overall rating)	No.
Outstanding	1
Good	24
Requires improvement	0
Inadequate	0
Not rated	0

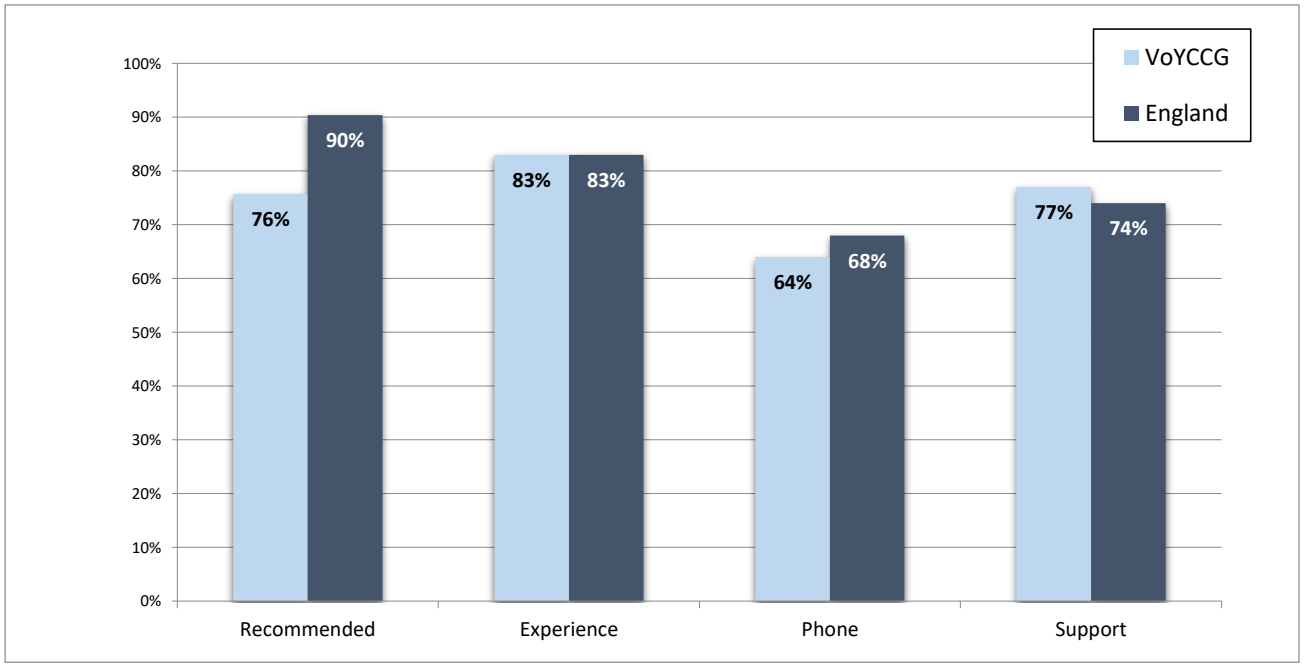
Proportion of practices with each rating



Patient Experience

	VoYCCG	England
Friends and Family Test (Feb-20)*		
Would recommend the Practice	76%	90%
GP Survey (Jul-21)		
Overall good experience at GP Practice	83%	83%
Overall easy to get through to someone at GP practice on the phone	64%	68%
Enough support to help manage patient conditions	77%	74%

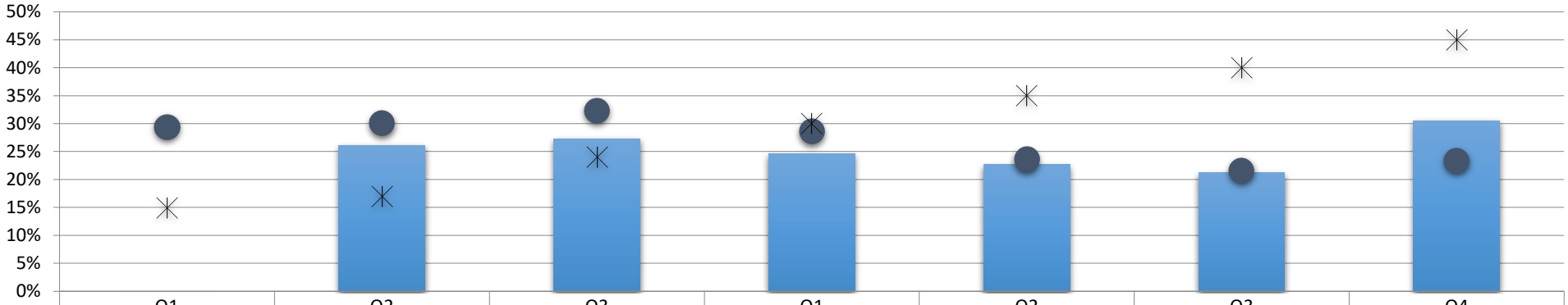
**based on 11 practice returns*



Health Checks

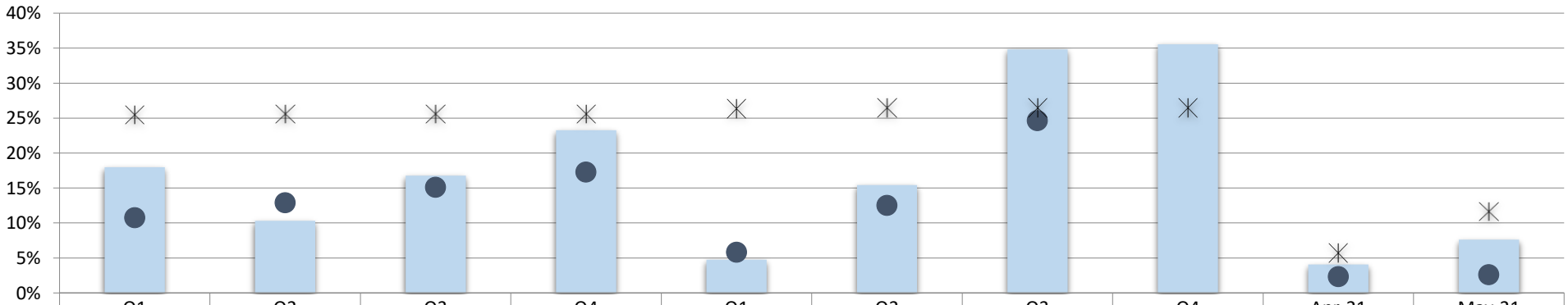
Physical health checks for people with severe mental illness (SMI)

No VoYCCG data available for 2019/20 Q1/Q4



	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21
VoYCCG	0.0%	26.1%	27.3%	24.7%	22.6%	21.2%	30.5%
England	29.5%	30.0%	32.3%	28.6%	23.7%	21.6%	23.4%
Local Target	15.0%	17.0%	24.0%	30.0%	35.0%	40.0%	45.0%

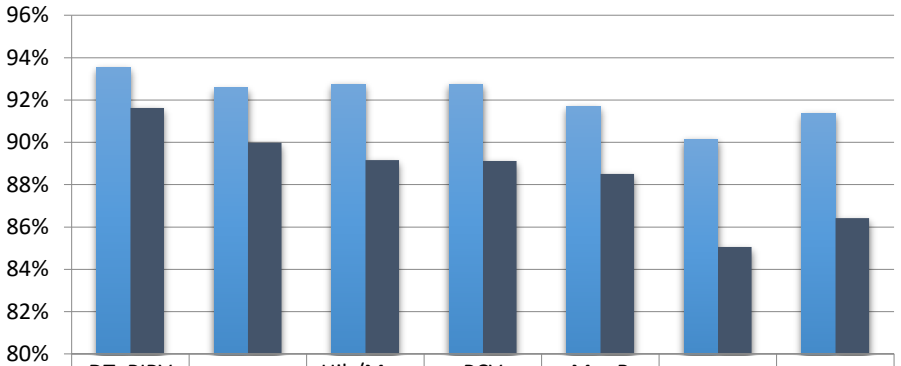
Learning Disability Health Check Scheme



	Q1 2019/20	Q2 2019/20	Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21	Q4 2020/21	Apr-21	May-21
VoYCCG	18.0%	10.3%	16.8%	23.3%	4.8%	15.4%	34.8%	35.6%	4.1%	7.6%
England	10.8%	12.9%	15.1%	17.3%	5.8%	12.5%	24.7%		2.3%	2.6%
Local Target	25.5%	25.6%	25.6%	25.6%	26.4%	26.5%	26.5%	26.5%	5.8%	11.7%

Immunisation & Screening

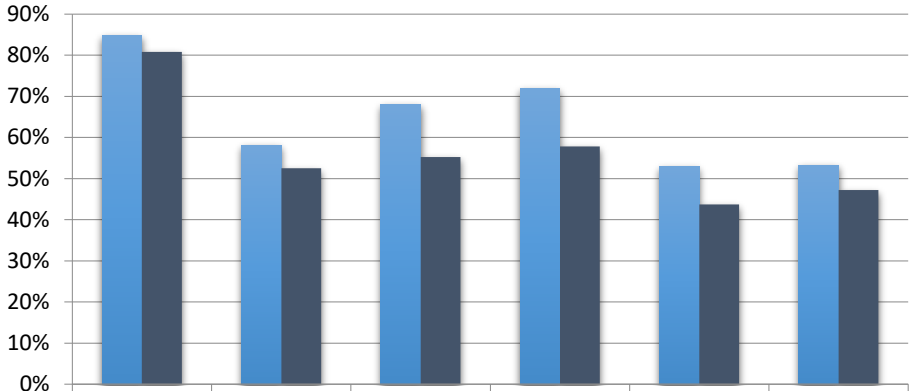
Uptake of Childhood Immunisations by age 1, 2 & 5 years 2020/21 Q4



	DTaPIPV HibHepB	Rota	Hib/Men C	PCV Booster	MenB Booster	DTaPIPV	MMR2
	12 Months		24 Months			5 Years	
VoYCCG	93.5%	92.6%	92.7%	92.7%	91.7%	90.1%	91.3%
ENGLAND	91.6%	90.0%	89.2%	89.1%	88.5%	85.1%	86.4%

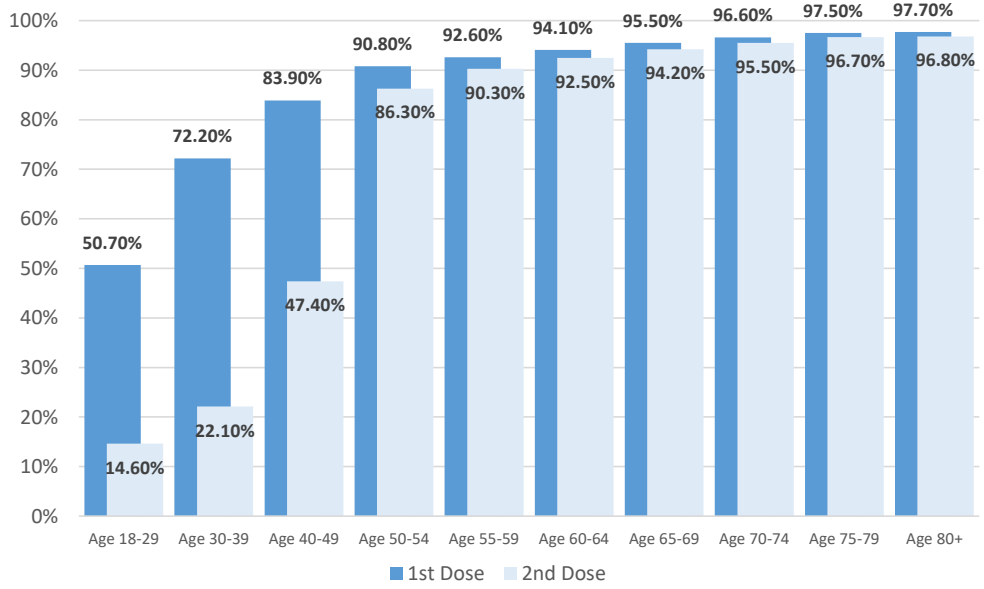
Uptake of Flu Vaccination (week 4)

This data return has now ceased and this is the final position for 2020/21

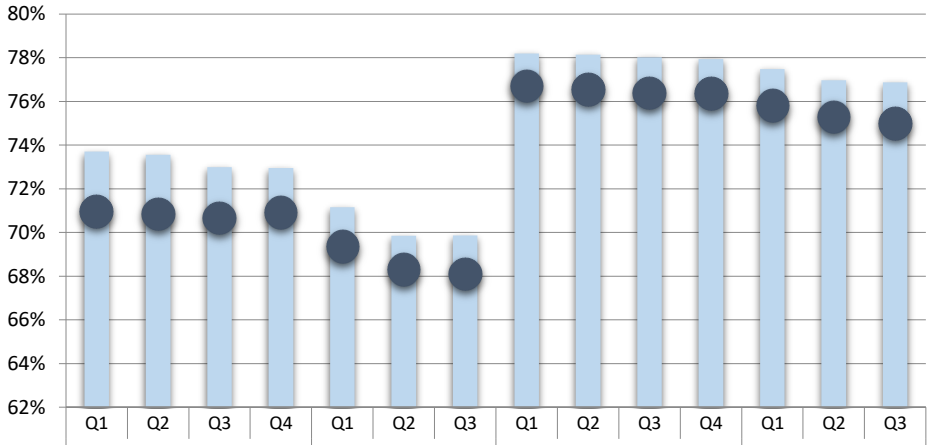


	65 and over	At risk (6mnths-65yrs)	Children Aged 2	Children aged 3	Pregnant Women	Carers
VoYCCG	84.8%	58.0%	68.0%	71.8%	52.9%	53.2%
ENGLAND	80.8%	52.5%	55.2%	57.8%	43.7%	47.2%

COVID Vaccine Uptake by Age - VoY CCG 30/06/21



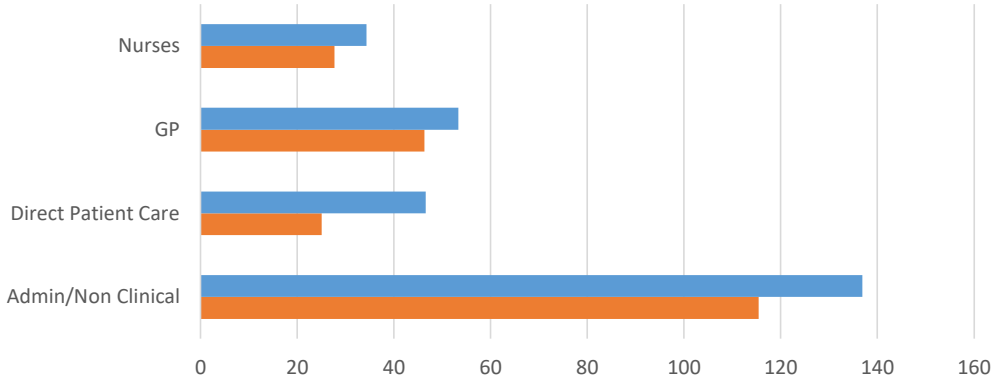
Cervical Screening Coverage (%) by age group



	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q1	Q2	Q3	Q4	Q1	Q2	Q3
	2019/20				2020/21			2019/20				2020/21		
	25-49 years							50-64 years						
VoYCCG	74%	74%	73%	73%	71%	70%	70%	78%	78%	78%	78%	77%	77%	77%
England	71%	71%	71%	71%	69%	68%	68%	77%	77%	76%	76%	76%	75%	75%

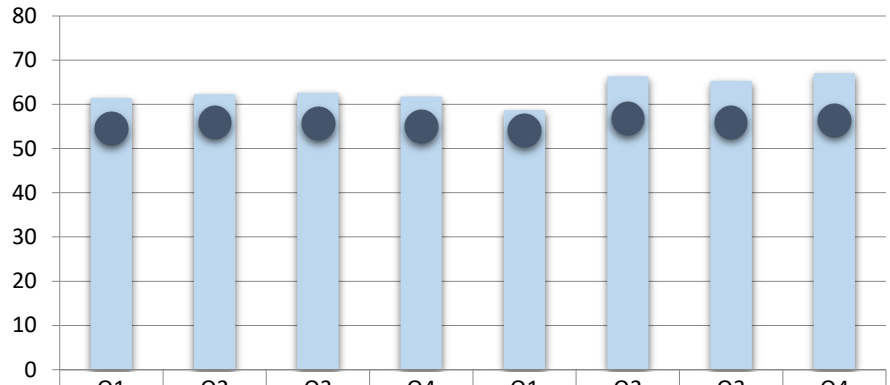
Workforce

Staff per 100,000 patients (WTE Mar-21)



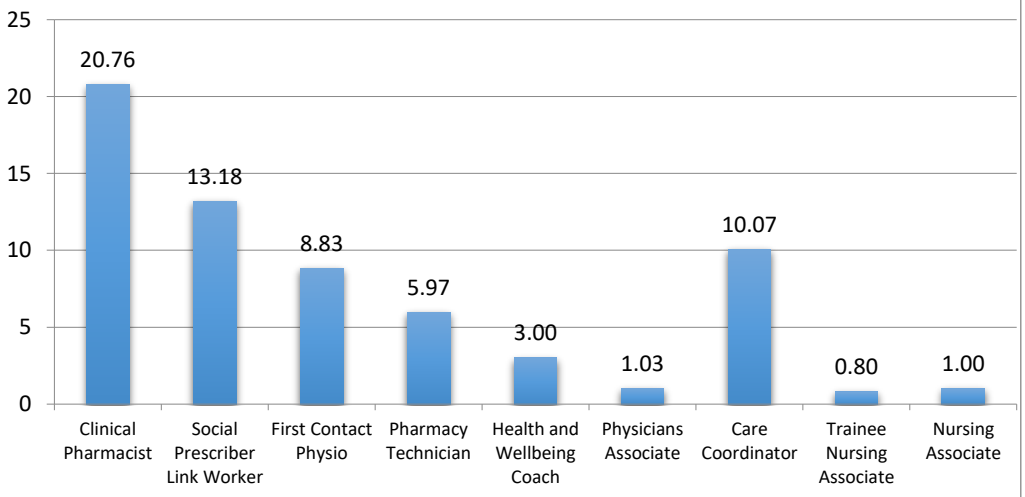
	Admin/Non Clinical	Direct Patient Care	GP	Nurses
VoYCCG	136.87	46.59	53.30	34.29
England	115.42	25.08	46.32	27.70

GP WTE per 100,000 registered population

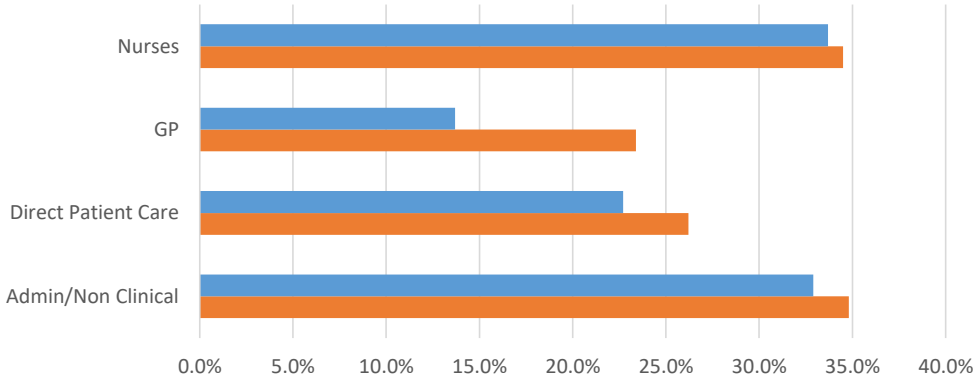


	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
VoYCCG	61.4	62.3	62.6	61.8	58.7	66.3	65.3	67.0
England	54.5	56.0	55.6	54.9	54.1	56.8	56.0	56.35

Current PCN Workforce - VoYCCG (WTE Jun-21)

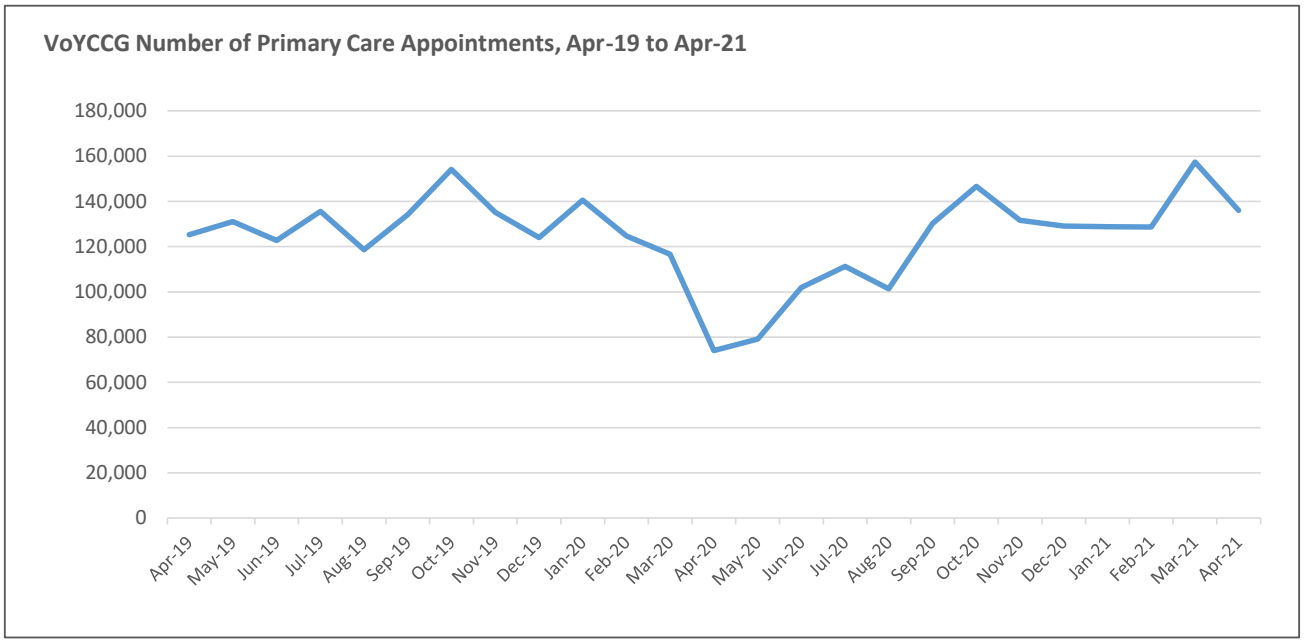


Percentage of Staff aged 55+ (WTE Mar-21)

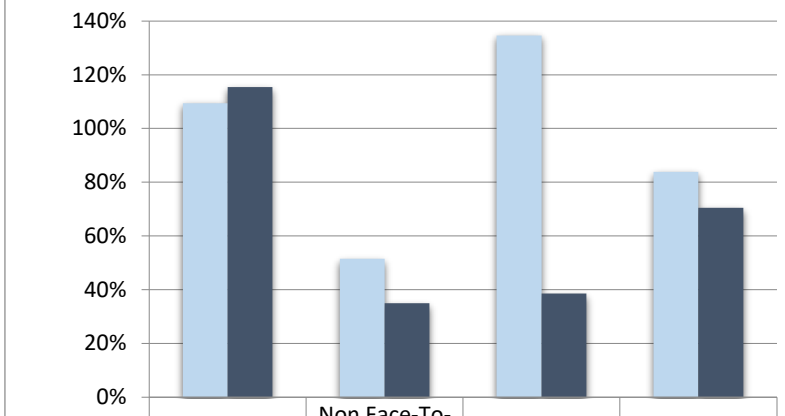


	Admin/Non Clinical	Direct Patient Care	GP	Nurses
VoYCCG	32.9%	22.7%	13.7%	33.7%
England	34.8%	26.2%	23.4%	34.5%

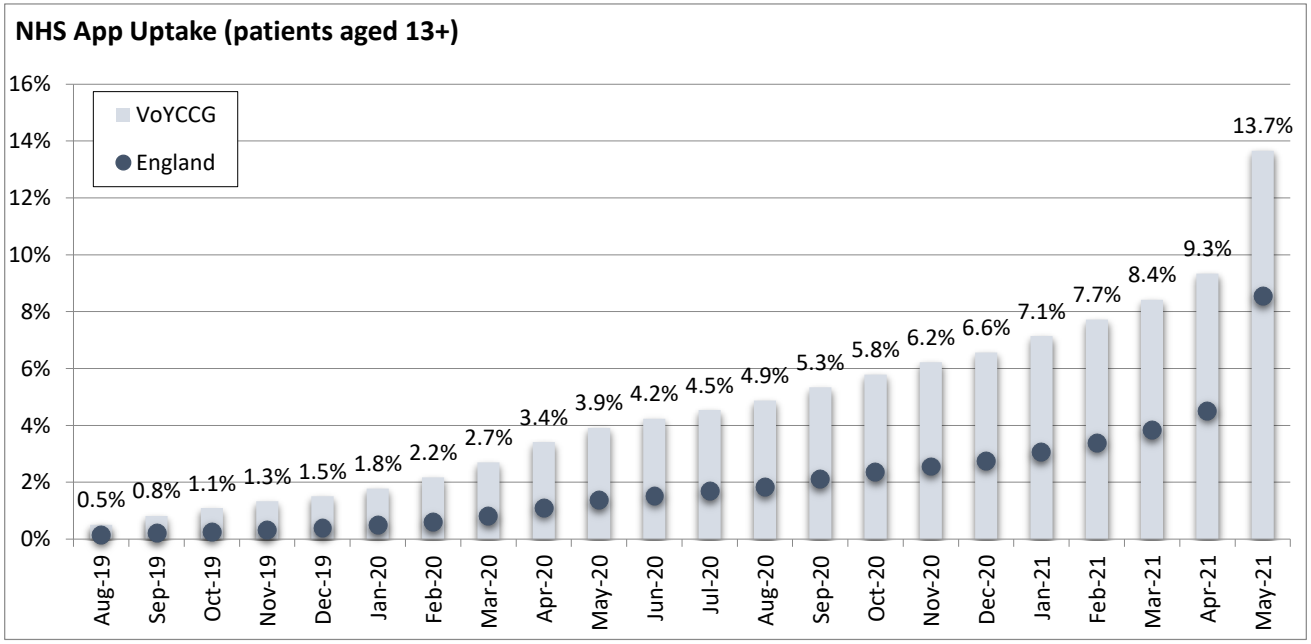
Primary Care Appointments & Digital Interactions



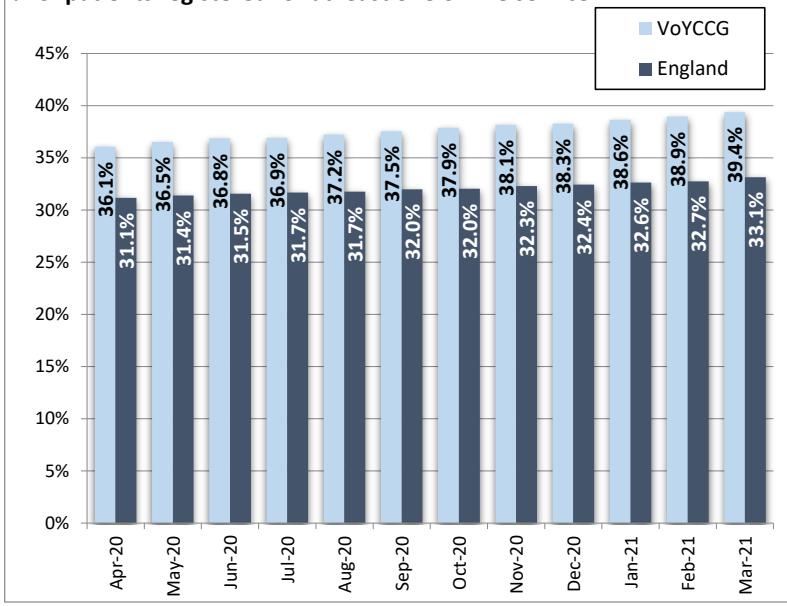
Appointment Type Year on Year Change, Apr 19/20 v 20/21



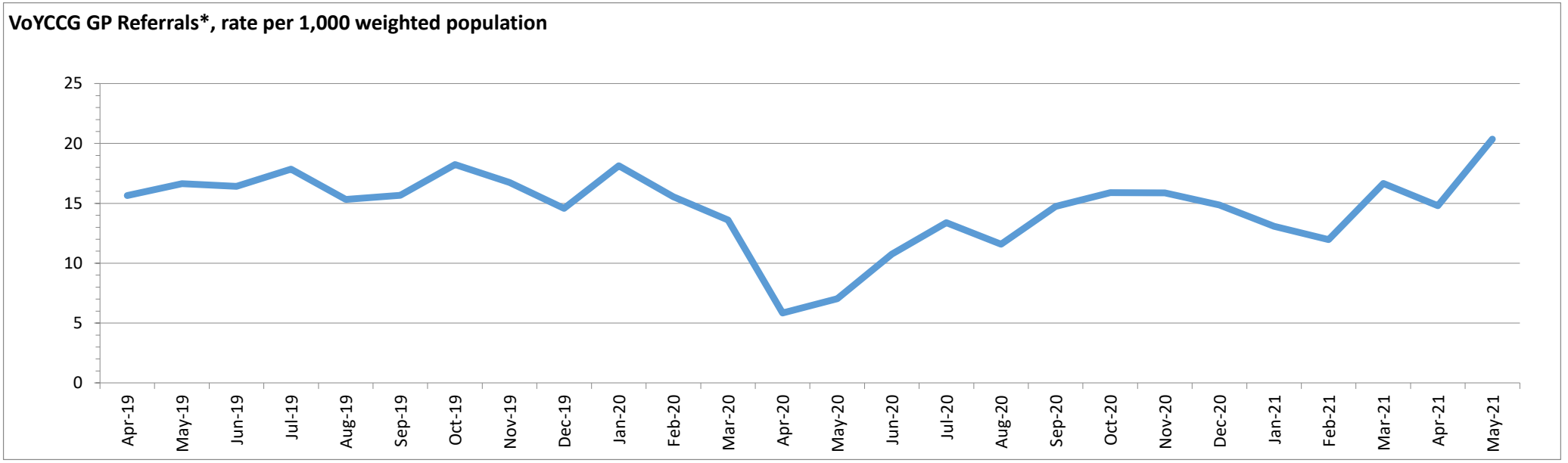
	Face-To-Face	Non Face-To-Face	Unknown	Total
VoYCCG	109.4%	51.5%	134.6%	83.8%
England	115.5%	34.9%	38.5%	70.4%



% of patients registered for at least one online service



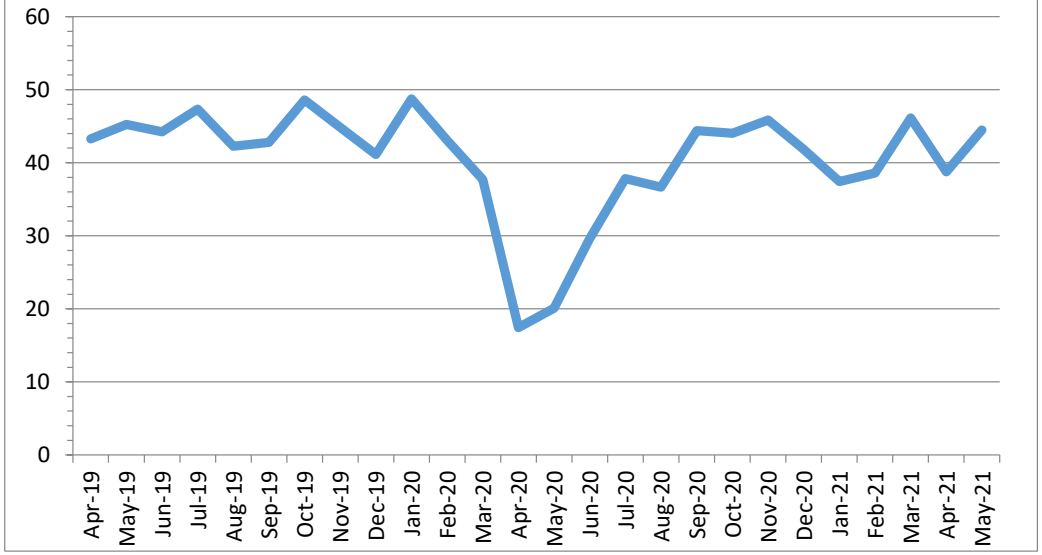
GP Referrals*



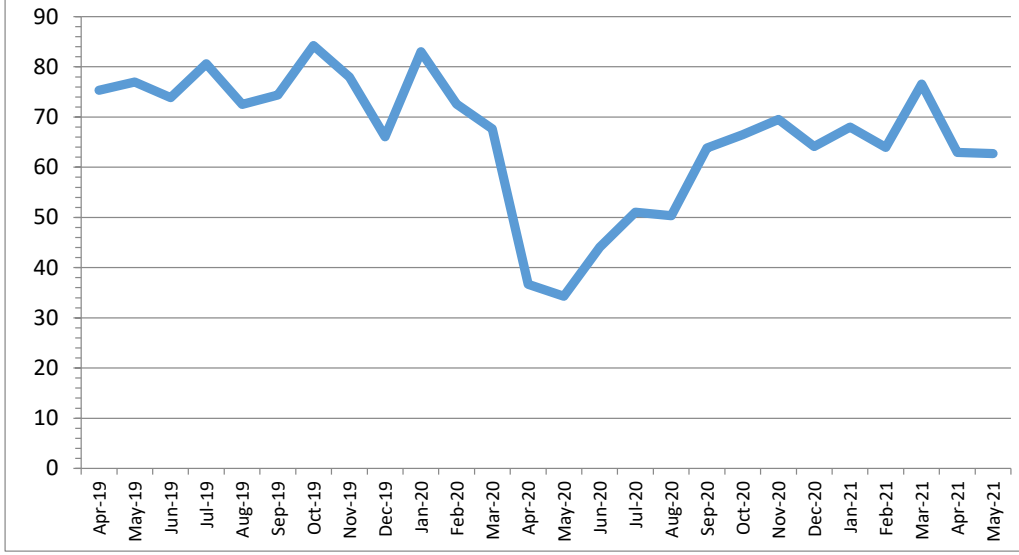
* GP Referrals - First outpatient appointment referred by a GP used as proxy

Outpatient Appointments

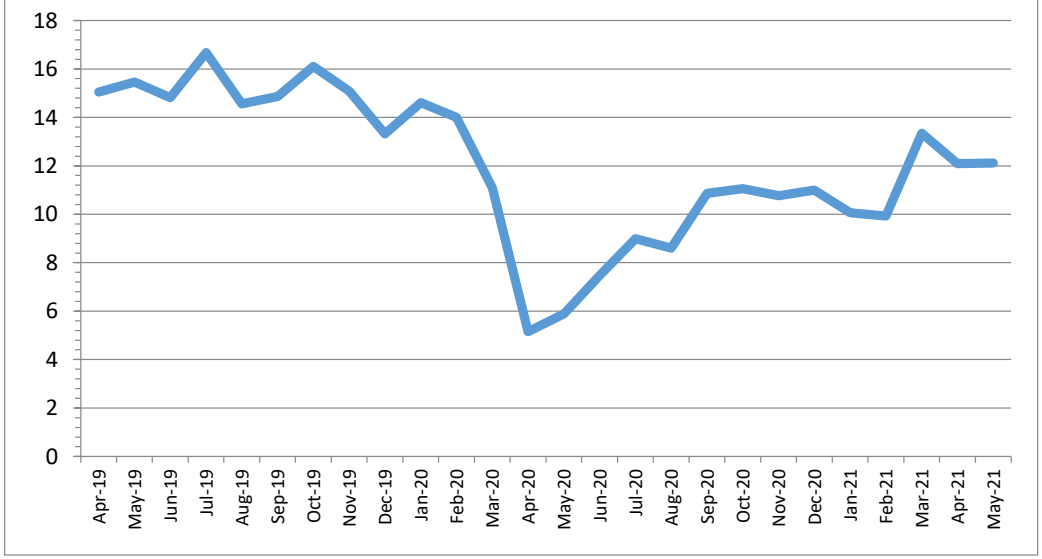
VoYCCG OP First Appointments, rate per 1,000 weighted population



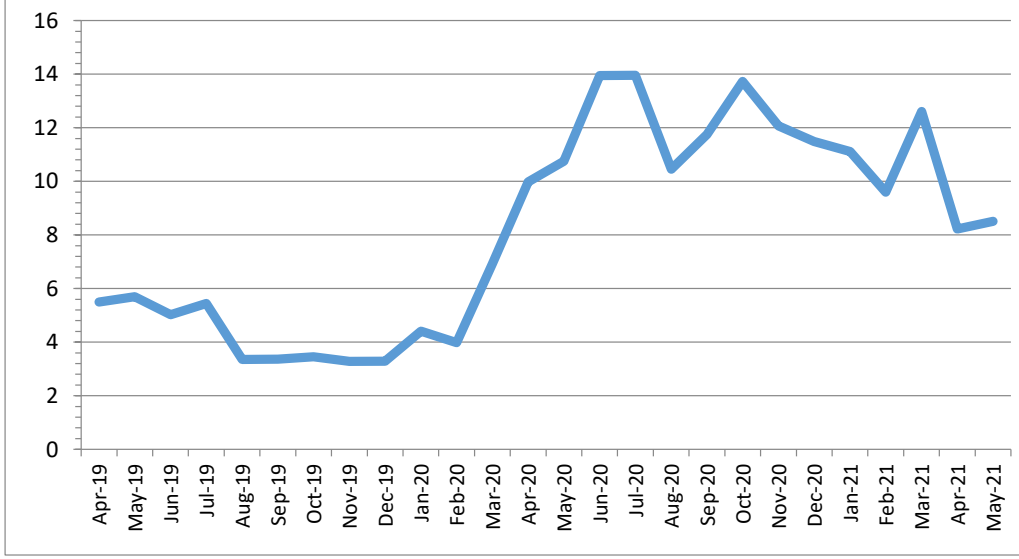
VoYCCG OP Follow Up Appointments, rate per 1,000 weighted population



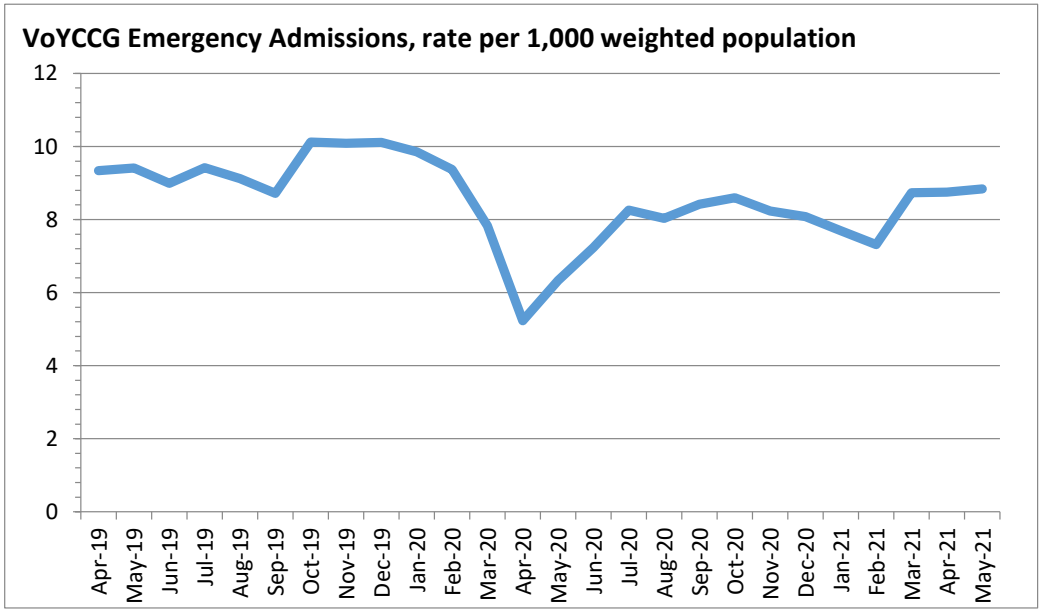
VoYCCG OP Procedure Appointments, rate per 1,000 weighted population

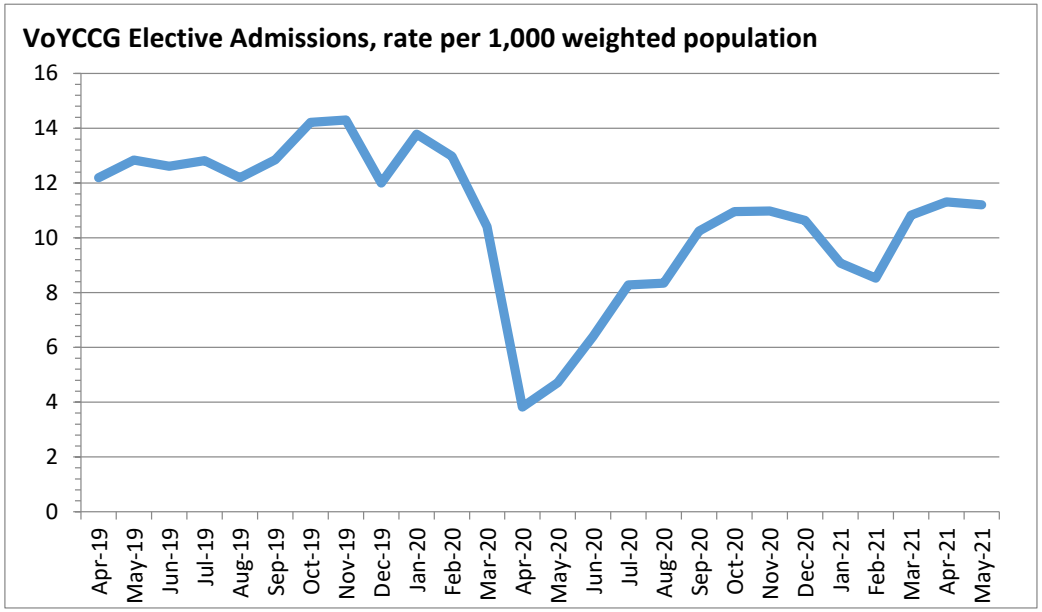


VoYCCG OP Non Face-to-Face Appointments, rate per 1,000 weighted population

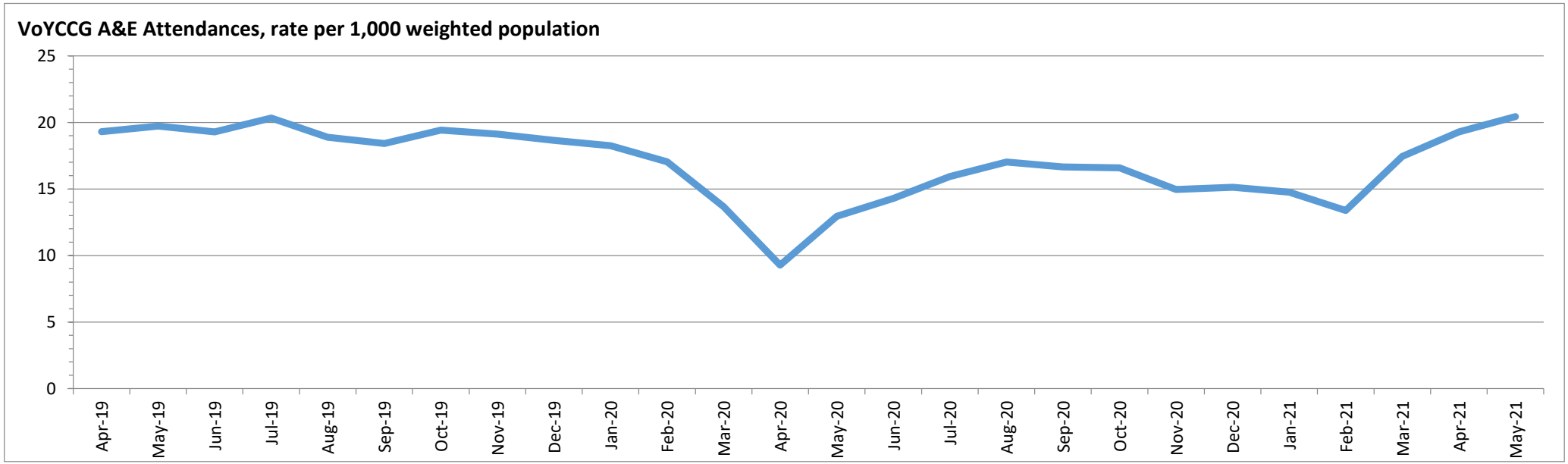


Inpatient Admissions





Accident & Emergency Attendances



Item Number: 9

Name of Presenter: Stephanie Porter, Interim Executive Director of Primary Care

Meeting of the Primary Care Commissioning Committee **Date of meeting: 22 July 2021**	NHS Vale of York Clinical Commissioning Group

Primary Care Commissioning Committee Risk Register

Purpose of Report
To Receive

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 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 asked to receive 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)

Risk Register received.

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

Enc: Annexe 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 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 is unchanged at 5 between June and July 2021.

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) 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.

The local target for 2021/22 is at least 70%. Data for Q1 2021/22 is due to be published and analysed in July which will be shared with Practices so that they can review their progress against plans.

The CCG is working with Practices that did not meet the 67% national target in 2020/21 to understand any local Practice variation – and continues to promote the LD health check Enhanced Service and QI frameworks with General Practice.

The CCG continues to address local variation using a targeted approach with PCN Clinical Directors and Practices and to promote the CCG's QI facilitation offer.

All PCNs have developed and agreed project plans for personalised transformation for LD health checks which includes improving the uptake of health checks and better links with social prescribing. Contracts are progressing (7 out of 8 PCNs are complete).

Also, a 'red flag roadshow' is planned for September 2021 which is aimed at people with learning disabilities to help increase their awareness of the signs and symptoms of cancers and how to access services.

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

The risk rating is unchanged at 12 between June and July 2021.

Q1 data is not yet available.

Proposals have been received from across the PCNs to develop new, and expand on holistic and sustainable approaches using available non-recurrent funding including:

A dedicated Health Care Assistant (HCA) post to work alongside care coordinators, social prescriber link workers, TEWW and voluntary sector partners

Tailored outreach work aimed at increasing participation and take-up of health care

A new dedicated mental health social prescriber link worker post for York

Personalised health checks delivered by HCAs/nurse in ways which suit individuals, for example in their own home or community setting

Personalised care plans including referral to health trainers and sport and leisure partners to develop programmes that support people with weight management, nutrition and physical activities - linked to wider population health management approaches, Mental Health First Aid Training (MHFA) to increase knowledge and awareness across primary care staff to effectively support people with SMI;

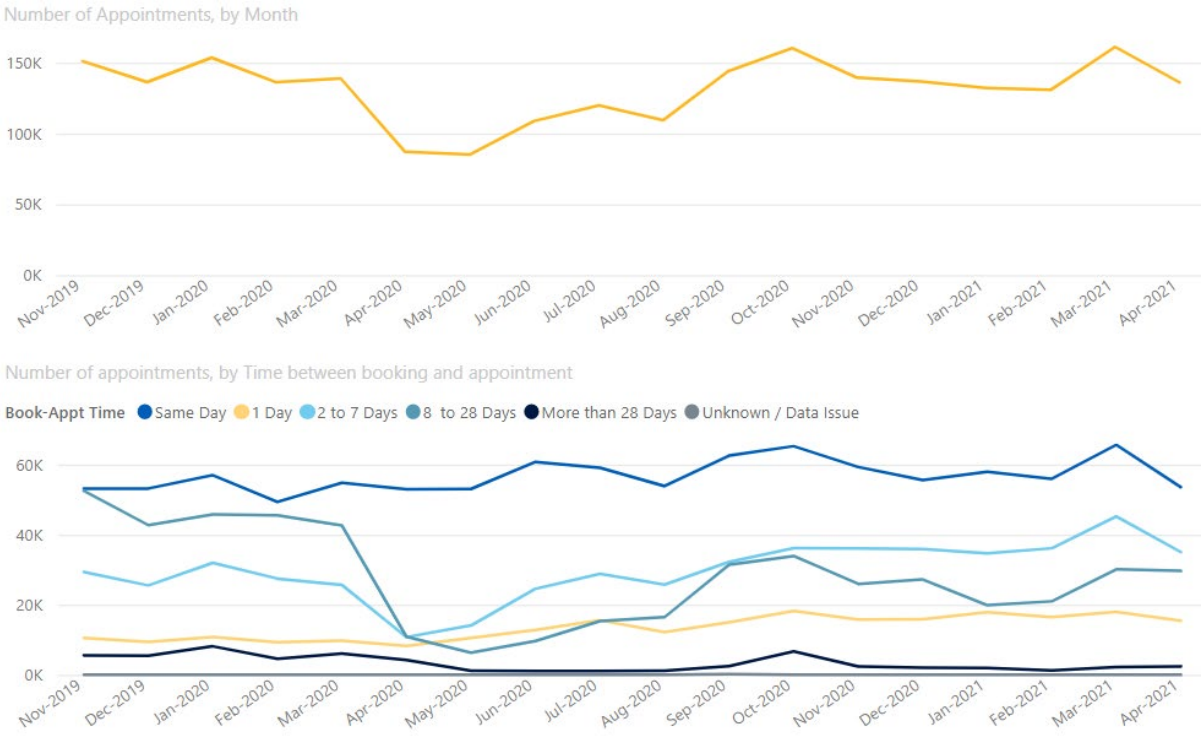
Liaison with drug and alcohol recovery projects, data/coding reconciliation and training on use of a standardised template.

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

The risk rating is unchanged at 12 between June and July 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 from NHS Digital at April 2021 (published 17 June 2021) shows that General Practice appointment numbers have now been

restored to pre-pandemic levels. The appointments data for NHS Vale of York Practices closely follows the national trend in this respect.



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 advised through the national SOP (Version 4.3 updated 20 May 2021 states that Practices should continue to prioritise patient care based on need, and to enable care to be delivered by the most appropriate team member or service. To avoid queues and crowded waiting rooms, remote triage and patient navigation should be used wherever possible, with patient preference of triage and consultation mode taken into account. Patients must be able to either go online or walk into practice reception areas for triage, as well as care).

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 continues with public engagement and communications to address these issues and highlight the recent increases in public demand and expectations across General Practice and the wider system.

2.4 PRC.17 - General Practice Wellbeing

The risk rating is unchanged at 16 at July 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.

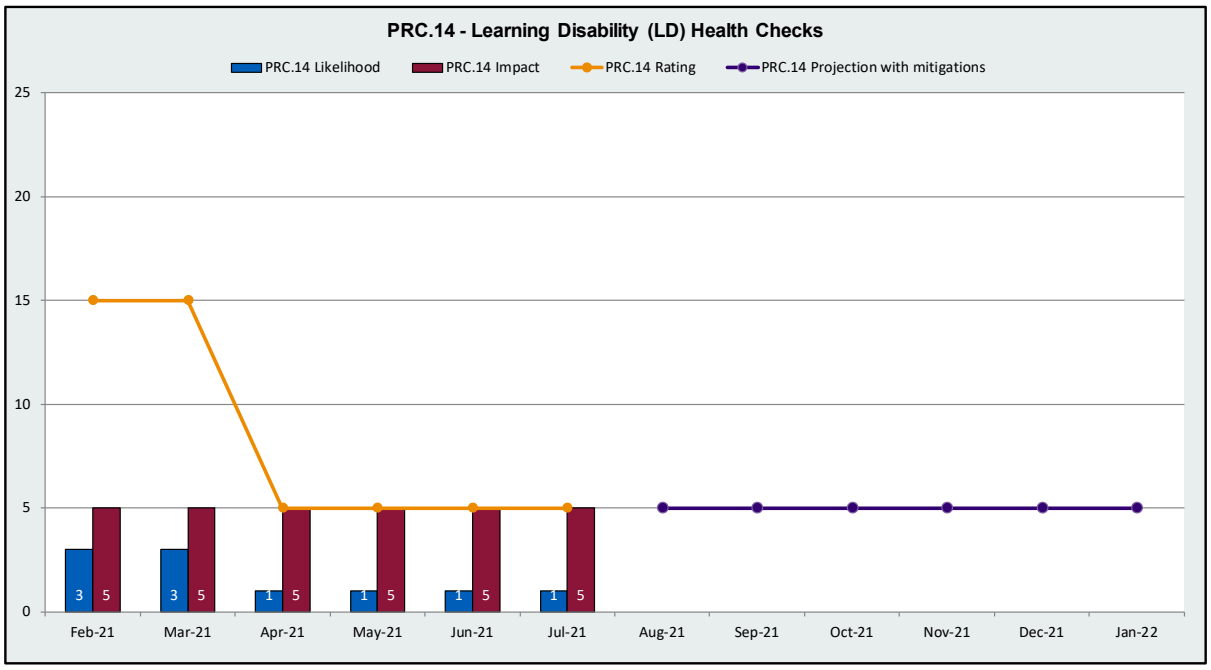
Governing Body held a view that it may be difficult for GP Partners particularly to access services where they knew exactly how they worked or they knew the individuals delivering the services and this placed an additional burden on those GP Partners.

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.

Annexe 1

PRC.14 - Learning Disability (LD) Health Checks

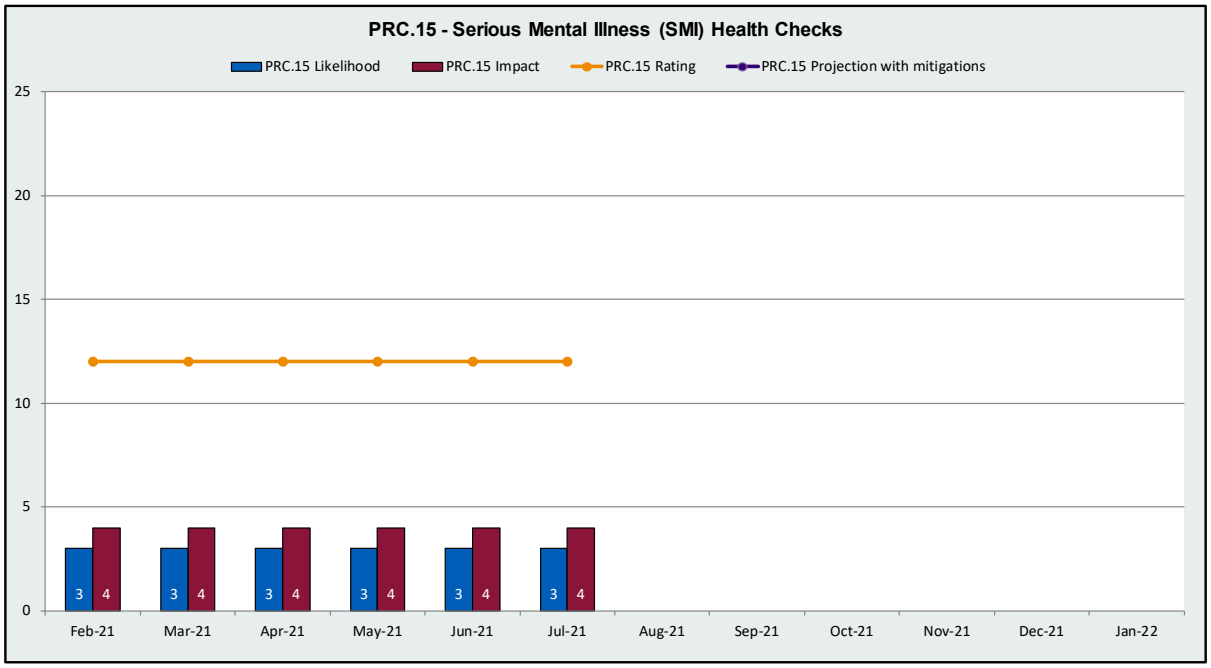
Risk Ref	PRC.14
Title	Learning Disability (LD) Health Checks
Operational Lead	Carl Donbavand
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	There is a risk that the target of 70% of people on general practice learning 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 July 2021
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. The local target for 2021/22 is at least 70%. Data for Q1 2021/22 is due to be published and analysed in July which will be shared with general practice. **Actions to sustain performance:** The CCG is working with practices which did not meet the 67% target in 2020/21 to 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 improving the uptake of health checks and better links with social prescribing. Contracts are progressing (7 out of 8 PCNs are complete). A red flag roadshow is planned for September which is aimed at people with learning disabilities to increase their awareness of the signs and symptoms of cancers to know when to get checked out.

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

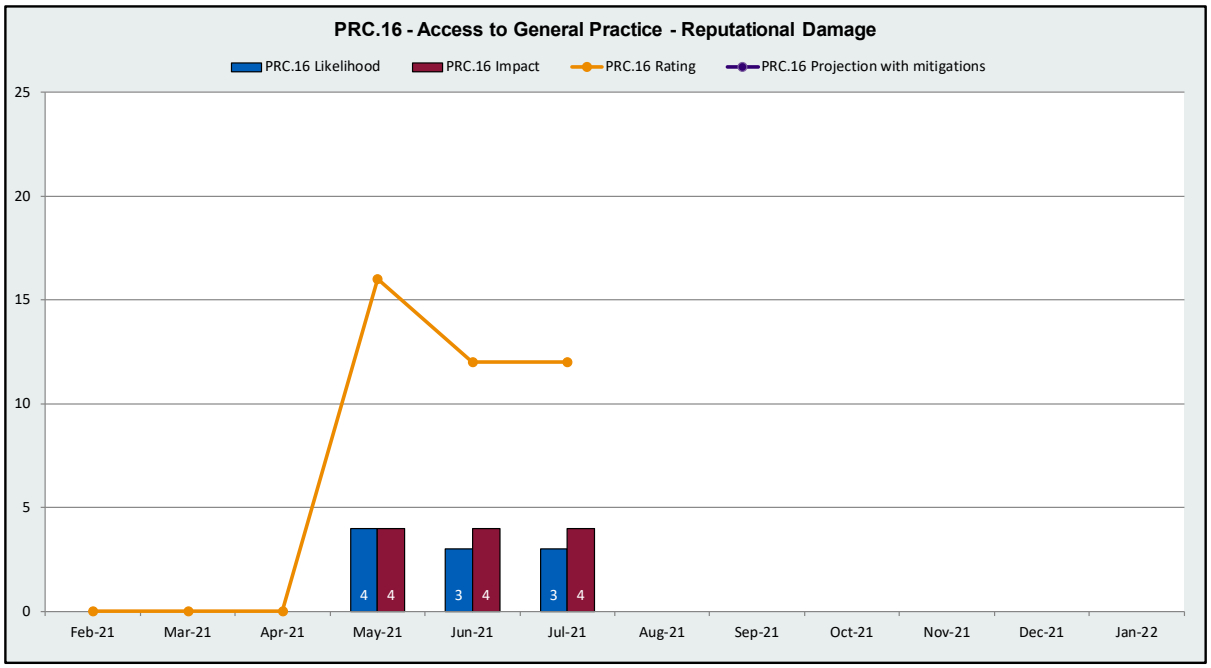
Risk Ref	PRC.15
Title	Serious Mental Illness (SMI) Health Checks
Operational Lead	Sheila Fletcher
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	The risks are: No improvements will be made to the physical health of 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 July 2021
Q1 data is not yet available. Proposals have been received from across the PCNs to develop new, and expand on holistic and sustainable approaches using available non-recurrent funding including; a dedicated Health Care Assistant (HCA) post to work alongside care coordinators, social prescriber link workers, TEWW and voluntary sector partners; tailored outreach work aimed at increasing participation and take-up of health care; a new dedicated mental health social prescriber link worker post for York; personalised health checks delivered by HCAs/nurse in ways which suit individuals, for example in their own home or community setting; personalised care plans including referral to health trainers and sport and leisure partners to develop programmes that support people with weight management, nutrition and physical activities - linked to wider population health management approaches, Mental Health First Aid Training (MHFA) to increase knowledge and awareness across primary care staff to effectively support people with SMI; liaison with drug and alcohol recovery projects, data/coding reconciliation and training on use of a standardised template.

PRC.16 - Access to General Practice - Reputational Damage

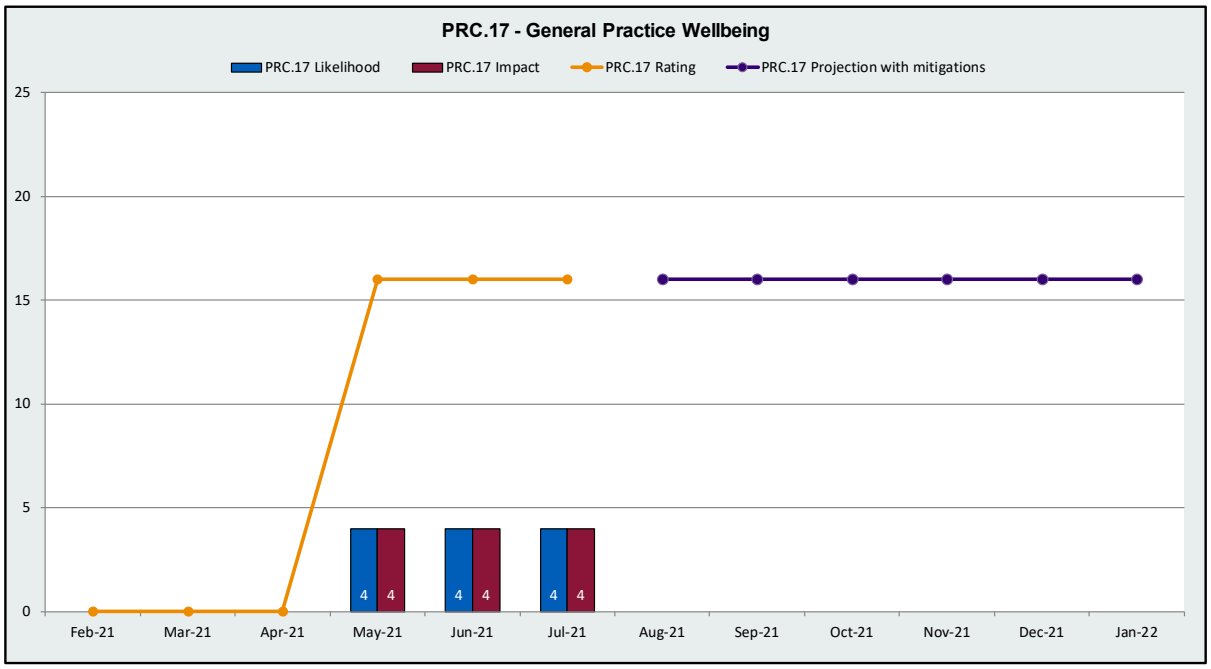
Risk Ref	PRC.16
Title	Access to General Practice - Reputational Damage
Operational Lead	Shaun Macey
Lead Director	Stephanie Porter (Interim Director of Primary Care & Population Health)
Description and Impact on Care	The CCG and its member Practices are aware of increasing complaints from patients relating 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.



Mitigating Actions and Comments
Date: 10 July 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 from NHS Digital at April 2021 (published 17 June 2021) shows that General Practice appointment numbers have now been restored to pre-pandemic levels. The appointments data for NHS Vale of York Practices closely follows the national trend in this respect. 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 advised through the national SOP (Version 4.3 updated 20 May 2021 states that Practices should continue to prioritise patient care based on need, and to enable care to be delivered by the most appropriate team member or service. To avoid queues and crowded waiting rooms, remote triage and patient navigation should be used wherever possible, with patient preference of triage and consultation mode taken into account. Patients must be able to either go online or walk in to practice reception areas for triage, as well as care). 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 continues with public engagement and communications to address these issues and highlight the recent increases in public demand and expectations across General Practice and the wider system.

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 July 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: 10

Name of Presenter: David Iley, Primary Care Assistant Contracts Manager

Meeting of the Primary Care Commissioning Committee **Date of meeting: 22 July 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.

Update to the Committee regarding the primary medical care clinical waste service including future procurement strategy and short-term contracting intentions.

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

The Primary Care Commissioning Committee is being asking to:

- Confirm that they are happy for NHS England to
  - Proceed with the Direct Award with the incumbent Clinical Waste Provider
  - Proceed with the addition of a Managing Agent to oversee the management of the clinical waste contract

- Note the contents of section 2

Decision Requested (for Decision Log)

NHS England to:

- Proceed with the Direct Award with the incumbent Clinical Waste Provider
- Proceed with the addition of a Managing Agent to oversee the management of the clinical waste contract

Update in Section 2 noted.

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

Annexes (please list)

Appendix 1 – Clinical Waste report

Vale of York CCG
Delegated Commissioning
Primary Care Update
July 2021

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

13th July 2021

1.0 Items for a Decision

1.1 Clinical Waste Services

The Primary Care Commissioning Committee is asked to review the report in appendix 1 and confirm that they are happy for NHS England to

- **Proceed with the Direct Award with the incumbent Clinical Waste Provider**
- **Proceed with the addition of a Managing Agent to oversee the management of the clinical waste contract**

2.0 Items for Noting

2.1 PCN Organisational Development (OD) monies

PCN OD Funding is now in its third year. During 20/21 Integrated Care Systems (ICSs), their constituent places, and PCNs were asked to use the development funding:

- To support recruitment, embedding and retention of new staff
- To enhance integration
- To continue to improve access
- To reduce inequalities by enhancing population health management

Due to the pandemic, progress against the priorities for 2020/21 was limited as primary care quickly adapted in ways to enable access to services in line with national infection prevention and control guidance and introduced total triage models.

Clinical Commissioning Groups (CCGs) have been working with partner organisations across the Humber, Coast and Vale (HCV) Integrated Care System (ICS) to agree an operational plan for 2021/22. This includes a focus on workforce, access and integration.

The Primary Care Operational Group, which has a representative from CCGs, NHS England/Improvement (NHS E/I), Local Medical Committee (LMC) and Local Pharmaceutical Committee (LPC), discussed an approach to investing the PCN OD funding for 2021/22.

It was agreed that outline plans (template to be developed to ensure a uniformed approach) would be submitted to CCG Heads of Primary Care (HoPC) outlining how the funding would be invested focusing on the following areas:

- Support Recruitment to Additional Roles Reimbursement Scheme (ARRS) roles
- To support access to Primary Care
- To reduce Health Inequalities through population health management

CCG HoPC will provide a summary of plans to NHS E/I leads to enable a review of any common areas of development that may support delivery at scale.

2.2 Continuing Professional Development (CPD) Funding for Nurse Training

An email was circulated on 11th June informing PCNs that they were now able to claim their funding entitlement for nurse training, totalling £666 per member of staff covering 2 years of CPD training. This is available for every nursing associate, nurse, midwife and allied health professional (AHPs) and is solely for CPD.

It cannot be used for funding backfill or mandatory training but can be used for external courses i.e. asthma/diabetes etc, or in-house CPD activities, webinars, coaching etc.

The funding will be paid in two halves, 50% in Q1 and 50% in Q4. A brief assurance template will be required to be completed prior to Q4.

In addition to this CPD Funding, Humber Coast and Vale has an additional allocation that can be used for none CPD support covering a range of roles within the PCN so if there is a specific need linked to Population Health Needs and upskilling of workforce, there is a form to complete and submit to the training hub at Haxby by 17th July 2021.

2.3 Update to GP contract arrangements for 2021/22

Letter: update to GP contract arrangements for 2021/22 (england.nhs.uk)

A letter was circulated to GP Practices and PCNs on 17th June 2021 regarding updates to the GP contracting arrangements for 21/22. It included

- Confirmation that further funding will be made available for PCN Clinical Director support for the period July to Sep 2021. It will be an equivalent as previously of an increase from 0.25 WTE to 1WTE. PCNs are eligible for this further support where at least one Core Network Practice is signed up to the Covid-19 Vaccination Programme Enhanced Service.
- Details of two new enhanced services available to GP Practices to support recovery from the pandemic.
    - The Weight Management Enhanced Service encourages practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight and provides up to £20m funding for referrals to weight management services.
    - The Long COVID Enhanced Service will support professional education, training and pathway development that will enable management in primary care where appropriate and more consistent referrals to clinics for specialist assessment. It will also support accurate coding and planning to ensure equity of access. NHS England will provide up to £30m for the service.

2.4 Clinical Pharmacist on General Practice Programme

Clinical Pharmacists that have remained on the Clinical Pharmacists in General Practice Scheme and are in post on 31 March 2021 can transfer to PCNs and be reimbursed under the Additional Roles Reimbursement Scheme (ARRS), in line with previous transfer arrangements. The opportunity will be available from 1 April 2021 to 30 September 2021.

2.5 GP Retention Scheme

The National GP Retention Scheme is a package of financial and educational support to help eligible doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time salaried GP post, offering greater flexibility and educational support.

Status	Year on scheme	No of Sessions	Practice Name
Current	5	4	Sherburn Group Practice
Current	2	3	Stillington Surgery
Current	1	2	Priory Medical Group
Current	1	3	Priory Medical Group
Current	4	4	Priory Medical Group
waiting approval	1	4	Tollerton Surgery

There are currently 5 GP Retainers on the programme across the Vale of York with a further application awaiting approval from Health Education England.

2.6 General Practice Appointment Data (GPAD)

Guidance for practices on standard national general practice appointment categories was published earlier in the year to support the mapping of local appointment slots to these new categories. This follows on from guidance published in August 2020 jointly with NHS England and NHS Improvement and the British Medical Association General Practitioners Committee, which introduced an agreed definition of a general practice appointment.

Practices are required to record all appointments in their clinical systems in line with this definition. Primary care networks will be incentivised through the Investment and Impact Fund for their practices completing both the mapping and improvements in overall appointment data quality by 31st July 2021.

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

Appendix 1

Clinical Waste contracting

1. Purpose

1.1 The purpose of this briefing is to provide information for the proposed NHS England & NHS Improvement (NHS E/I) centrally led Direct Award for Clinical Waste 2021/22 across the Humber, Coast and Vale and to request support from CCGs to progress to Contract Award.

2. Background

2.1 NHS England is responsible for the collection and disposal of unwanted medicines from pharmacies; GP practices are responsible for the collection and disposal of clinical waste from GP practices, which is reimbursed under the Premises Cost Directions 2013. In most cases, historic PCT legacy contracts are in place across the region for both Pharmacy and GP practices, of which management is overseen by NHS England.

2.2 Clinical waste for GP practices was delegated to Clinical Commissioning Groups under the NHS England delegation agreement.

2.3 In April 2016, NHS England produced a handbook for local areas to facilitate the procurement of a clinical waste service for GP practices and Community Pharmacies in line with the National Framework. In May 2017, the National Framework was suspended due to a legal challenge, this included all current and planned procurement of clinical waste provision.

2.4 As a result of the suspension of the framework, no new clinical waste services were procured across Humber, Coats and Vale, therefore all existing services have been rolled over on existing terms and conditions. Whilst the legal challenge was eventually resolved in late 2019, the National Framework was only in place until April 2020, therefore it was no longer possible to use the Framework to procure future Clinical Waste provision.

2.5 The following key challenges with clinical waste that have been noted nationally:

- Poor performing clinical waste services
- Market conditions – e.g. lack of historic investment in infrastructure/processing sites; unsustainable contracts; market dominance of a few larger providers that hold contracts with processing sites
- Cabinet Office commissioned a Market Health Assessment in 2021 – findings included historic contracts favour the buyer/commissioner; significant capital set up costs are high barriers to new market entrants; critical market infrastructure is aging and failing;
- Commissioning/contracting – e.g. limited contractual leverage (limited commissioner capacity - time consuming, historic contracts unavailable/expired); inefficient use of resources (limited invoice validation; limited data; non-compliance of waste segregation by producers of waste)

3. Proposed Re-procurement programme

3.1 A national working group was established in March 2020, which has focused on the following two related workstreams on behalf of Regions and Systems:

- to update all legacy (former PCT) contracts with clinical waste providers that NHS E/I inherited. This is planned to be undertaken through direct contract award for 12 months duration (with optional 6 months extension) with updated T&Cs and pricing in 21/22 (current estimated commencement from 1st August 2021); and
- plan and undertake national procurements to secure longer term clinical waste services from 22/23

3.2 **Direct Award**

In trying to address both the delay in the re-procurement programme and improve the ability to better manage clinical waste services that would tackle some of the key challenges detailed above, the national clinical waste project board is recommending a national direct award to all current incumbent providers. The key objectives of the direct award include:

- Extend the current contracts for 12 months with the option to extend for a further 6 months, with a view to re-procure new services for August 2022 onwards.
- All services will be contracted on the latest NHS contract terms and conditions, ensuring standardisation across the country
- The national team will review and agree new prices**,** which may be more sustainable for the market to meet the needs of PC services, whilst seeking to maintain good value for money. By facilitating centrally, the national team can benchmark across different areas and clinical contractors to help understand the market rates.
- Operationalise a shift in waste container types to enable better waste segregation e.g. more normal use of tiger bags instead of orange bags
- The national team will explore the key issues and pressure points each clinical waste contractor may experience to identity opportunities to improve resilience of the service for Primary Care sites.
- Introduce contingency options for when services fail e.g., terms to allow the commissioner to 'step-in' to appoint temporary alternate provisions to cover missed collections, or introduce additional storage capabilities (to ensure waste is removed from PC sites, even if processing sites are unavailable).
- Improve data transparency and tracing so all parties can monitor performance and be more responsive to emerging issues, and better plan service delivery. Including seeking confirmation (through levers) when waste is destroyed to prevent build up from over storage by market.
- Consolidate contracts to more meaningful geographies (e.g., ICSs), improving how we manage CW contractors now and in the future.

If the CCG decides not to proceed with the national NHS England direct award, individual contact procurements will need to take place at local level and will therefore not include the same benefits and aims as listed above.

3.3 **Managing Agent**

In addition to the direct award, the national clinical waste procurement project board is also recommending the inclusion of a managing agent.

The aim of the managing agent is to

- Reduce burden on commissioners
- Increase responsiveness to issues
- Reducing costs incurred by challenging invoices

The role of the managing agent will include:

- Act as main point of access for all aspects of the clinical waste 'pathway' including different commissioners, primary care services in scope, and all aspects of clinical waste supply chain, including managing communications
- Supporting operational and contractual management of these contracts and all parties included in the waste process on behalf of commissioner(s) (e.g. escalations)
- Support data collection, provide reports on waste volumes, performance, compliance, audit and other key issues experienced with contract
- Review and match invoices for any discrepancies before commissioner processes for payment.
- Supporting re-procurement of new contracts following termination or notice to/by a CW contractor

NHS England and NHS Improvement have already committed to funding the managing agent for the community Pharmacy patient returned medicines service.

3.4 **Full Re-procurement 2022/23 Onwards**

Once the direct award has commenced, focus will move to the redesign and full re-procurement of clinical waste services from August 2022 onwards. There are several aspects being considered on how we may redesign how clinical waste is commissioned, to meet some of the objectives captured in other related strategies and address some of the issues we experience currently. For example:

- How to configure services, e.g., option to procure different parts of supply chain separately, rather than the traditional end to end contracts, to ensure waste is processed in the most regulatory compliant and environmentally compliant way.
- How to organise services for commissioners who have different contracting authority responsibilities, whilst reducing the complexity this has on the market
- How we more proactively respond to the changing needs of PC sites?
- Are there opportunities to align waste management across other NHS and Social care organisations, including those hosted in property services organisations?
- Are there opportunities to support local authorities with home patient responsibilities?
- How do we contribute to the reduction of carbon emissions and meet the net zero carbon objective?
- How do we enable more sustainable waste management practices

No action is currently required on the full re-procurement at this stage, however, further updates will follow over the course of the next 6 months.

3.5 **Waste Segregation**

One of the objectives of the Direct Awards is to operationalise a change to typical use of tiger-striped bags (Offensive waste) rather than orange bags (Infectious

waste) in general practices. Existing clinical waste contracts stipulates orange bags as the main waste stream despite most waste generated in these settings not being typically infectious. There will also be a strong perception that all waste is infectious, which is also untrue, and general knowledge about waste management will vary greatly across all practices.

As part of the COVID-19 vaccine programme, NHS England introduced tiger-striped bags as the main waste type on sites and provided all sites with guidance on different waste types to start improving knowledge of waste producers. We now need to repeat this across all Primary Care Sites. To do this we are developing, with the national team:

- Guidance and resources for general practice sites to anticipate the transition to tiger-striped bags
- Guidance and resources for community pharmacy sites – in development
- Mandatory training on waste management for all staff – in development
- Webinars – we hope to present some webinars from clinical leaders to help promote best practice of waste management – Dates and times to be confirmed
- Health Technical Memorandum (HTM) 07-01 is being updated – led by NHS Estates team.
- Operational/practical supplementary guidance summarising HTM 07-01 to specific PC sites (i.e. summary of HTM bespoke for audience).
- Socialising updates through local commissioners and IPC leads

Currently, there is no specific action other than to note the above. Commissioners will be notified when we need to circulate the guidance and resources with GP practices sites. Should anyone wish to, we welcome any feedback on the current Waste Management guidance.

4. Funding Implications

4.1 **Direct Award**

Based on recent procurements and other ad hoc arrangements put in place to support the vaccine programme, the national team were initially seeing significant variation in prices in excess of 30 to 60% on current costs. This was largely due to a view by current clinical waste contractors that contracts are unsustainable and hence a perception that this is a correction rather than an increase. However, this has not materialised, and we will be able to progress with the direct award contracts under the existing price structure which will already be accounted for in CCGs delegated budgets.

By facilitating a direct award process nationally, it is believed this can improve management of the incumbent providers from ‘playing’ different commissioners/areas against each other, and provide benchmarking across areas and providers, as well as applying some due diligence centrally, to strengthen the ability to negotiate more affordable rates. As a result, current estimate of increased cost is in line with inflation.

4.2 **Managing Agent**

There will also be an additional cost associated to the managing agent, however, the aim of the agent is to reduce the overall cost of the clinical waste service by

challenging invoices and reducing unnecessary waste. In addition to any potential costs or savings generated from a managing agent, there is also the potential benefit in reducing the burden for commissioners and freeing staff resources to focus on other issues. The estimated costs associated for the respective CCG are shown in the table below.

ICS / STP / CCG area	Core MA services costs @ £87.08 per site (CCG)	Practice audits @ additional £42.85 per site (CCG)	Total Cost
Vale of York CCG	3,919	1,928	5,847

Whilst there is no guarantee, CCGs who currently use a managing agent have estimated average savings of 10% on the cost of clinical waste provision. Therefore, any savings will remain with the CCG to offset the additional cost as a result of the direct award.

5. Recommendation and Next Steps

5.1 As the delegated responsibility for Clinical Waste remains with the CCG, the Primary Care Commissioning Committee is asked to review the information in the report and confirm if they are happy for NHS England to

- Proceed with the 12-month Direct Award with the incumbent Clinical Waste Provider
- Proceed with the addition of a Managing Agent to oversee the management of the clinical waste contract

5.2 In addition, the CCG Primary Care Commissioning Committee is also asked to note the following:

- The redesign and progression of the full clinical waste re-procurement programme for August 2022 onwards, with further information to be updated as the workstream progresses.
- The communication in relation to guidance on waste segregation and provide any feedback as appropriate