NHS Vale of York Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

25 November 2021, 1.30pm to 4.00pm

'Virtual' Meeting

AGENDA

Preceded by a meeting in private 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.

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 23 September 2021	To Approve	Julie Hastings Committee Chair
4.	Page 12	Matters Arising		All
4.1	13 to 28	Social Prescribing in the Vale: An overview of the impact and benefits	To Receive	Fiona Bell-Morritt Lead Officer Primary Care
5. 2.00pm	Verbal	Primary Care Commissioning: Financial Update	To Note	Simon Bell Chief Finance Officer
6. 2.10pm	Verbal	Primary Care Networks Update and Winter Access Funding	To Note	Fiona Bell-Morritt and Gary Young Lead Officers for Primary Care
7. 2.30pm	Verbal	Coronavirus COVID-19 Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 2.40pm	Pages 29 to 33	Primary Care Commissioning Committee Risk Register	To Receive	Shaun Macey Acting Assistant Director of Primary Care

9. 2.50pm	Pages 34 to 39	Personalised Care for Learning Disability Health Checks	To Receive	Carl Donbavand Programme Lead (Complex Care and Mental Health)
10. 3.00pm	Pages 40 to 64	Proposed Closure of Posterngate Surgery – Hemingbrough Branch	To Approve	Shaun Macey Acting Assistant Director of Primary Care
11. 3.30pm	Pages 65 to 72	Primary Care Safeguarding Local Enhanced Service	For Decision	Simon Bell Chief Finance Officer
12. 3.40pm	Pages 73 to 78	Request for Funding re. Support Costs for GP 'Covid Laptops'	For Decision	Shaun Macey Acting Assistant Director of Primary Care
13. 3.45pm	Pages 79 to 91	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)
14. 3.55pm	Verbal	Key Messages to the Governing Body	To Agree	All
15.	Verbal	Next meeting: 1.30pm, 27 January 2022	To Note	All

Item 3

Minutes of the 'Virtual' Primary Care Commissioning Committee on 23 September 2021

Present

Julie Hastings (JH)(Chair) - part	Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee
David Booker (DB)(Chair)	Lay Member and Chair of the Finance and Performance Committee
Simon Bell (SB)	Chief Finance Officer
David Iley (DI)	Primary Care Assistant Contracts 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
Shaun Macey (SM)	Acting Assistant Director of Primary Care
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Matthew Pennick (MP)	GP Trainee
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS) - part	Director of Public Health, City of York Council
Gary Young (GY)	Lead Officer Primary Care, City

Apologies

Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and the Remuneration Committee
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York

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

Five members of the public joined the live stream.

Agenda

1. Apologies

As noted above.

2. Declarations of Interest in Relation to the Business of the Meeting

There were no declarations of interest in the business of the meeting. All declarations were as per the Register of Interests.

3. Minutes of the meeting held on 22 July 2021

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 22 July 2021.

4. Matters Arising

PCCC58 *Primary Care Dashboard:* SM reported that he and DI had been invited to attend a meeting with YOR Local Medical Committee at the end of July 2021 with a view to gaining a better understanding of demand in primary care. He explained that, with Local Medical Committee colleagues, one of the initial actions was to work with CCG Practices using the Klinik access management system to collate and analyse data regarding Practice appointment types and their management across a skill-mix of different staff within General Practice. SM advised that he would link this work into the Primary Care Dashboard development as appropriate and noted a report on appointment type in comparison to the type of clinician seen would be presented at a future meeting.

Other matters on the follow-up schedule were noted for presentation at the next meeting or on the agenda.

JH left the meeting due to technical difficulties during this item; DB took over as Chair

4.1 Medicines Safety Programme Flow Chart

SP referred to discussion at previous meetings of the Committee and the agreement that the Quality and Patient Experience Committee was the appropriate forum for consideration of a medicines safety approach. She advised that the document presented had been agreed with the Local Medical Committee and subsequently the Quality and Patient Experience Committee. This item is now closed.

The Committee:

1. Noted the updates.
2. Received the Medicines Safety Programme Flow Chart

5. Primary Care Commissioning Financial Report Month 5

SB presented the report which described the primary care year to date and forecast financial positions noting that planning was currently being undertaken on a half year basis. He reported a £448k underspend on the CCG's delegated commissioning budgets and a £663k overspend year to date, predominantly relating to prescribing, within the overall primary care budget. The forecast was a £452k overspend on the total primary care budget; the forecast for the overall CCG position was break-even at month 5 and continuing for month 6.

In relation to prescribing SB explained that capacity in the Medicines Management Team was being supported to assist with savings through simple and non-controversial switches with a view to trying to impact the overspend.

SB highlighted that allocations for the second half of the year, October to March, were still awaited noting that changes were expected to two significant elements of funding outwith this: the Hospital Discharge Programme and Elective Recovery Fund.

In response to DB enquiring about delegated commissioning in the context of transition to the Integrated Care System, SB explained that the GP element of delegated budgets was expected to continue to the Integrated Care Board. A review process was taking place in respect of dental, pharmacy and community ophthalmology with the potential for additional delegation of primary care services to Integrated Care Boards; however, further delegation was not expected before October 2022.

The Committee:

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

6. Primary Care Networks Update

Central

With regard to the City GY referred to discussion at the May Committee when reporting had been in the context that the central Primary Care Networks (PCNs) felt they had achieved the NHS England and NHS Improvement model for primary care in York, with Nimbus as their ‘at scale’ provider. PCN clinical leadership was now being translated into transformed service delivery, including responding to COVID-19 and system pressures.

GY explained that all five central PCNs had completed their organisational development funding plans for 2021/22 based on a review of the benefits from the previous year’s funding. Common themes included: recruitment to new posts for project or performance management and/or strategic workforce planning; further improving Business Intelligence, IT, finance, or quality improvement at a strategic level, reflecting the maturity of each PCN; purchasing Klinik and/or Ardens to improve delivery and consistency of coding (all five central PCNs are planning to use Klinik this year); and training and mentorship, especially supporting additional roles to embed quickly and ensure long-term retention of new staff. GY emphasised the context of identification and reduction of health inequalities along with the leadership required with system partners at ‘place’.

GY highlighted the establishment with partners of the mass vaccination community hub at Askham Bar, York, in response to the first wave of the COVID-19 pandemic, also noting the continuing work in respect of long COVID and the regional Waiting Well Programme.

GY explained the establishment of an eight week GP-led pilot, commencing on 4 October 2021 at Askham Bar, to provide a Paediatric Ambulatory Treatment Hub as a review service for very young children with bronchiolitis who may otherwise have been taken to the Emergency Department. He commended the partnership working, facilitated by CCG colleagues, that had emanated in the pilot, also noting the costs were being provided by the system.

In terms of 'mutual aid' GY reported that Nimbus had provided additional sessions via the Improving Access service to support Practices reporting OPEL (Operational Pressures Escalation Levels Framework) Level 3, i.e. approaching being at risk. Building on this Nimbus had submitted a proposal to provide additional primary urgent care through the winter. Discussions were currently taking place, led by NHS North Yorkshire and NHS Vale of York CCGs, with the aim of additional GP sessions being fully integrated with existing urgent care services from 8am to 8pm Monday to Friday to support the Emergency Departments at both York and Scarborough Hospitals.

GY referred to the continuing work in respect of improvements in Learning Disability Health Checks and described development, through Nimbus, of a model for an enhanced multi-agency collaborative approach for Severe Mental Illness follow-ups and personalised care plans for all central Practices. He noted that this project aimed to build on the emerging Health and Care Alliance approach for the city and was aligned to the community mental health transformation programme.

In conclusion GY highlighted that the advent of PCNs had been embraced by central Practices who were working more closely together. The PCN Clinical Directors were displaying individual and collective leadership to support Practices, patients, and wider system working. Although a relatively small part of the overall PCN resource, the organisational development funding played an important part in maintaining and developing leadership within each PCN which, in turn, allowed PCNs to work collaboratively with each other and with system partners.

Vale

FB-M reported that the Vale PCNs had, as in the city, been focusing on reducing inequalities and highlighted the additional roles in this regard. The work of the care coordinators and social prescribing link workers had received national recognition for their support to vulnerable groups around dementia, frailty and mental illness. This work had been shared via podcast on the Ockham Healthcare site and Selby's population health management work had been showcased as an exemplar of partnership working across communities by Optum Health.

FB-M reported that uptake of health checks for people with a Learning Disability and with Severe Mental Illness had improved, particularly commending Pickering Medical Practice who had the highest rate across the CCG on enhancing these health checks. She noted that, although there was variation across the Vale, a number of Practices had achieved c80% for these health checks. Lessons were being shared across the Vale with a view to standardising performance.

FB-M emphasised the key role of partnership working. She reported the establishment of a pilot dietician post with York and Scarborough Teaching Hospitals NHS Foundation Trust to support care homes and an occupational therapy post in South Hambleton and (Northern) Ryedale to focus on end of life and palliative care.

FB-M referred to the organisational development plans noting reduced funding from the previous year for the PCNs to deliver their significant ambitions. Key focus was on system maturity and partnership working; projects included urgent care, mental health and frailty. The organisational development money would be utilised to provide clinical leadership for system and partnership roles.

FB-M explained that delivery of 'mutual aid' in the Vale differed to the city due to the rural geography, citing the example of the seven Practices of South Hambleton and (Northern) Ryedale PCN were utilising Improving Access and providing extra sessions for additional support. She noted that traditionally Vale patients attended A&E less frequently and explained that work was taking place in respect of the urgent care system. In Selby the Urgent Treatment Centre was being redesigned and in South Hambleton and (Northern) Ryedale the new paramedic roles would contribute to management of urgent care and keeping people at home in the rural geography. One practitioner was already in post and a second was expected to start in October with two further starting in April 2022.

FB-M referred to the context of the transition and the current demand on primary care emphasising the perspective of maintaining the work on reducing inequalities and ensuring focus on 'place' and local need. She commended the service developments and collaborative partnership working which enabled innovation.

Detailed discussion ensued in the context of patient acceptance of the additional roles, i.e. seeing a professional other than a GP. TM noted that such change required support and management. He emphasised that, while this approach provided a better service for patients, it did not reduce demand on GP time, also noting variation in models and therefore the need for consistency. GY explained from the central perspective that there was a level of success but that communication with patients to raise awareness of alternatives to GPs continued. However, FB-M reported that the additional roles had been well received by patients in the Vale. She and GY both noted other pressures, including room space, line management and clinical support, that emanated from the success of the additional roles.

The Committee:

Noted the update commending the progress detailed.

7. Coronavirus COVID-19 Update

SP reported the eligible population take-up of first vaccinations continued to be c86% and take-up of second doses was increasing. Local vaccination services were commencing on third doses which would be offered no sooner than six months after the second dose; progress through the cohorts would be by invitation as previously, namely care home residents and staff followed by the clinically vulnerable and front line health and care staff and the over 50s.

SP explained that the national universal offer of vaccination to 12 to 15 year olds was being delivered by school immunisation teams with schools, commencing in North Yorkshire and York in coming weeks. She additionally noted that Practices and pharmacies were issuing invitations for 'flu vaccination. Whilst recognising both this and the COVID-19 vaccination were subject to supply, SP emphasised the importance of take-up.

SP noted the COVID-19 infection rate of 173 per 100,000 as at the previous day. She highlighted a focus on outbreak management via an Outbreak Management Advisory Board led by City of York Council whose meeting on 29 September was accessible to staff and members of the public.

SS reported that the case rate locally had been c200 per 100,000 for some time. She noted the highest number of cases were in the younger age groups, 10 to 14 and 15 to 19 year olds. As had been expected when schools returned, the highest number of outbreaks across the country were in secondary schools. In terms of vaccinating this group the target was for all 12 to 15 year olds to be offered COVID-19 vaccination by the October half term.

In terms of cases in over 60s, SS explained that rates were lower than regionally but higher than nationally. There continued to be a steady increase in COVID-related hospital admissions and a number of COVID-related deaths across North Yorkshire and York. SS additionally noted there were currently four cases of COVID-19 in care homes but emphasised the perspective of routine testing of residents and staff; there were no significant outbreaks.

SS highlighted that, while the success of the vaccination programme was having a positive impact on hospital admissions and deaths, COVID-19 continued to circulate in the community; the pandemic was not at an end. SS emphasised the need to take up offer of vaccination and also to continue to maintain basic infection control measures of hand washing with soap and water, social distancing and mask wearing.

In response to DB enquiring about potential winter impact, SS explained that the system was preparing for forthcoming, though unpredictable, challenges. She noted the context of 'flu, continuing COVID-19 and other winter viruses, such as norovirus and other respiratory viruses, also referring to the perspective of reduced immunity due to lockdown and self isolation. SS highlighted that planning was taking place in terms of communications about the importance of vaccination and basic information on both keeping well and preventing the spread of infection. She also noted that Peter Roderick, Consultant in Public Health, was updating winter modelling with the latest predictions from Public Health England and NHS England and NHS Improvement.

SP additionally referred to earlier discussion and to the Risk Register at item 9 in respect of Practices being at full capacity. She emphasised that General Practice had never been closed and that face to face activity had returned to pre-pandemic levels whilst still maintaining enhanced infection control measures. Additional capacity had been generated through triage and consultation by telephone across the skilled professions in primary care but, as with other parts of the system, demand continued to exceed capacity. SP noted different approaches were being considered, such as the GP-led pilot for parents with very young children with respiratory viruses as referred to by GY above. However, the system was anticipating a challenging winter.
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The Committee:

Noted the update.

8. Afghan Refugees Update

SP explained that health providers across the local system were working on the Afghan Resettlement Scheme for permanent allocation, residency and associated services, including primary care. She noted York being a City of Sanctuary and referred to previous work in support of Syrian refugees.

SP noted that because of COVID-19 York had provided temporary accommodation arrangements for a number of asylum seekers, commending the City GPs for their response. She reported that more recently partners had been working on the permanent residency scheme for Afghan refugees to ensure availability of services as required across the CCG.

In the context of the earlier discussion SP commended partner organisations in the South Locality for their response at very short notice to the requirement to deliver a "wrap around" service to 174 temporary residents following transfer from quarantine. SP also commended Shamim Eimaan, Project Support Worker in the Primary Care Team, who had worked with the local mosque to assist this group's transition into temporary accommodation.

The Committee:

Noted the update.

SS left the meeting.

9. Primary Care Commissioning Committee Risk Register

SM presented the report which provided the Committee with oversight of risks associated with the delegated primary care commissioning functions, currently: PRC.14 *Learning Disability Health Checks*, PRC.15 *Serious Mental Illness Health Checks*, PRC.16 *Access to General Practice - Reputational Damage* and PRC.17 *General Practice Wellbeing*.

SM commended Practices across the CCG for progress with Learning Disability Health Checks. He recommended PRC.14 be removed from the Risk Register in view of performance of 79.4% against a national target of 67% during 2020/21. SM explained this had become "business as usual" for Practices and assurance was provided through monthly Practice updates against this target.

SM reported variation across the CCG in respect of Serious Mental Illness Health Checks noting c30% performance against the 60% national target in quarter one. He noted, as this was early in the year, there was time to improve performance. However, SM commended South Hambleton and (Northern) Ryedale Primary Care Network Practices for their focused work which had resulted in achievement of 80% performance. SM cited a number of initiatives in this area of work, including a dedicated healthcare assistant working alongside care coordinators and social prescribing link workers, tailored outreach aimed at increasing take up of these health checks, a dedicated mental health social prescribing link worker in York and a personalised approach for these health checks.

In referring to the Access to General Practice - Reputational Damage risk, SM noted that, as discussed earlier, appointments had broadly returned to pre-pandemic levels but demand was exceeding capacity. He reported that June data from NHS Digital indicated there had been c88,000 face to face appointments and c55,000 telephone appointments across the CCG, also noting the context of the need for new ways of working and digital access to manage demand. The reputational risk continued, particularly in view of the pressures across the system, including winter. SM also noted that work was taking place to understand additional demand that was not being met within appointments.

With regard to the General Practice Wellbeing risk, SM referred to the earlier discussion about system pressures and noted that some Practices had reported OPEL 3 due to staff having COVID-19 or being required to isolate with children who were affected. SM emphasised the perspective of wellbeing and support in respect of all providers.

The Committee:

1. Received the Primary Care Commissioning Committee Risk Register.
2. Approved the removal of PRC.14 *Learning Disability Health Checks* from the Committee Risk Register.

10. NHS England and NHS Improvement Primary Care Report

DI presented the report which sought a number of estates related decisions as detailed below. He explained the requests and provided clarification as required.

Updates in the report related to Primary Care Network Additional Roles and to GP contract management arrangements for 2021/22. The latter were in respect of the Weight Management Enhanced Service and the Long COVID Enhanced Service. DI noted that all but one of the Practices in the CCG had signed up to the Enhanced Services.

The Committee:

1. Approved the lease extension for Front Street Surgery, Unit 5, The Doctor's Surgery, Copmanthorpe Shopping Centre, York, to run until 24 December 2021.
2. Approved the terms of the new lease for Front Street Surgery, 14 Front Street, York, YO24 3BZ.
3. Approved the increase in rent to £107,500 for York Medical Group, 199 Acomb Road, York, YO24 4HD in line with the District Valuer's valuation.
4. Approved the draft Tenancy at Will for York Medical Group, York St Johns Uni, Lord Mayors Walk, York, YO31 7EX.
5. Noted the updates.

11. Key Messages to the Governing Body

The Committee:

- Agreed to remove Learning Disability Health Checks from the Risk Register.

- Approved a number of estates related decisions.

- Acknowledged the pressures and challenges across the system noting the efforts to avoid potential impact on patient services.

- The Committee heard an update of the innovative work being planned and delivered across York and Vale PCNs. For both areas, the additional roles (just under 100 whole time equivalent!) have added a richness to the skillfully delivered interventions with proven results. We await more positive outcomes as new and emerging roles are engaged. All eight PCNs have completed their organisational development plans with improving population health being key to all.

  York's strategy focuses on supporting recruitment, performance, and a strategic view of workforce planning. They continue to harness the power of partnership working and develop innovative and proactive ways of delivering services. For the Vale, the focus has been on reducing inequalities, where additional roles have been invaluable, culminating in the Care-Coordinator and Social Prescribing roles receiving national recognition for work around dementia, frailty, and mental health with podcast on Ockham Healthcare site and their population health management work being showcased by Optum Health. The three Vale organisational development plans will focus on clinical leadership, improving access, urgent care, and in Selby, a service redesign for their urgent treatment centre.

The Committee:

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

12. Next Meeting

25 November 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 23 SEPTEMBER 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 23 September 2021	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 25 November 2021
PCCC57	27 May 2021 23 September 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 25 November 2021
PCCC58	22 July 2021	Primary Care Dashboard	• Report on appointment type in comparison to the type of clinician seen would be presented at a future meeting	SM	TBA

Item Number: 4.1 **Name of Presenter: Fiona Bell-Morritt**	
Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 2021**	NHS Vale of York Clinical Commissioning Group
Report Title: Social Prescribing in the Vale: An overview of the impact and benefits	
Purpose of Report **To Receive**	
Reason for Report This report describes the role and achievements of Social Prescribing Link Workers within the Vale Primary Care Networks.	
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 The Committee is asked to receive the report.
Decision Requested (for Decision Log) Report received

Responsible Executive Director and Title	**Report Author and Title**
Stephanie Porter Interim Executive Director of Primary Care and Population Health	Fiona Bell-Morritt Lead Officer Primary Care and Heather Wilson Project Support Officer

Social Prescribing in the Vale: An overview of the impact and benefits

November 2021

Report compiled by Fiona Bell-Morritt, Lead Officer Primary Care and Heather Wilson, Project Support Officer on behalf of NHS Vale of York CCG.

In 2019, a new five-year contract framework for primary care came into effect which allowed Primary Care Networks (PCN's) to employ a new role of Social Precribing Link Worker. Embedded into the primary care health team, these posts focus on supporting the wider health and well-being needs of patients by spending time getting to know the individuals referred and exploring with them 'what matters to me?'.

The Primary Care Networks in Selby Town, Tadcaster and Rural Selby (TARS) and South Hambleton and Ryedale (SHAR) have embraced this opportunity with some PCN's employing Link workers directly into the GP practices, and some employing Link Workers through North Yorkshire County Council's Living Well Service. Whatever the model, all have embedded Social Prescribing Link Worker roles into their practices, providing personalised support to thousands of people in our localities.

The following document outlines the journey so far and gives an overview of the impact that this highly regarded service is having for patients, partner organisations and GP practices across the Primary Care Networks in The Vale of York.

CONTENTS.

"As someone who suffers with severe anxiety and depression since working with the Link Worker my confidence has improved. She has helped by liaising with charities, she has helped with paperwork, sick notes and access to volunteering groups to boost my confidence. The service she provides is excellent and she is linking with other services" (TARS)

1.What is meant by Social Prescribing?

Social prescribing, sometimes known as community referral, is a means of linking people to a range of local, non-clinical services in their area and providing support at an individual level.

The service helps to connect people to local agencies, community groups and other services for both emotional and practical support which can help improve an individual's health and wellbeing.

Referrals to a Social Prescribing Link Worker might be made from one of a number of health professionals, but individuals can also refer themselves to the service and this is encouraged.

Link workers spend time getting to know the individual and exploring with them 'what matters to me?'. Developing relationships and collaborating together in a supportive way is key to making a difference and link workers work closely with their partners in the community and voluntary sector as well as with other statutory agencies to help to join up the support offers available.

Link workers also support existing community groups to be accessible and sustainable, and help people to start new groups, working collaboratively with all local partners.

By helping to address people's health and wellbeing in a very holistic way, social prescribing has been shown to be highly effective for a wide range of people, including those:

- with one or more long-term conditions
- who need support with their mental health
- who are lonely or isolated
- who have complex social needs which affect their well-being

By establishing dedicated social prescribing link workers, the team can focus on the wider health and well-being needs of individuals, offering a specialist service which also releases the time of GP and other health professionals to focus on clinical discussions if and when needed.

2.How does social prescribing work?

Social Prescribers take referrals internally from GPs, Nurses, other primary care staff and partners and are building their relationships with practice staff to raise awareness of their roles within practices.

The roles are being widely advertised across the Vale to encourage patients to refer themselves or their family, friends or neighbours into the service. Social prescribing link workers also receive referrals from outside organisations, for example from the voluntary sector, district council colleagues or mental health providers.

On average, link workers have between 6-12 contacts over a 3 month period with a person, depending on their needs. The initial session is used to gather basic information about the person – focusing on what matters to them.

From there, a social prescription will be co-created between the person and the link worker which forms the basis for future conversations and signposting to a wide range of support offers in the community from housing and benefits advice, to walking groups, social groups, IT support and much more.

The key to success is helping to build an offer of support that meets the specific needs of each individual, based on their own health and well-being goals

3.The Impact

There is a growing body of evidence that social prescribing can lead to a range of positive health and wellbeing outcomes. Studies have pointed to improvements in quality of life and emotional wellbeing, mental and general wellbeing, and levels of depression and anxiety. Measuring the impact of social prescribing is challenging with a range of tools being used national to identify impact at both the individual and system level.

"For the first time in over a year I had someone to talk to, someone to listen and I felt supported the Link Worker was noncritical, non-judgemental, listened to my situation and always provided a positive outlook". (TARS)

2.

4.Feedback from partner agencies

"SHAR PCN has for Carers Plus Yorkshire proved itself a flagship PCN in terms of its approach, thinking, partnership working and delivery development…this relationship has helped to cement our on-going trust and respect for each other as professionals and has created a unique cross-sector partnership that works…The PCN has developed new and clear ways of working with us that have reduce bureaucracy and developed smart and practical communications". ***Claire Robinson, Business Development Manager/Deputy CEO, Carers Plus (SHAR)***

"Keep going with the wonderful work you are doing; it's made such a difference to patients' lives; I have been really impressed with the professionalism and standard of care you have all brought to our practices". ***Thomas Kilner, NYCC (Selby Town)***

"I think the model used by your PCN is really effective from the outside and works collaboratively with VCS and Living Well.

"I'm always keen to see social prescribing involvement in some of the wider partnership meetings and initiatives".
Paddy Chandler, Stronger Communities Delivery Manager (Ryedale & North York Moors). (SHAR)

"Provided support to both the customer and officers of the council resulting in positive impact on the client's journey through a very difficult time the Link Worker has assessed the wider issues that impact on a customer's health and wellbeing above what the Housing Options Service is governed to do.. her role as Social Prescribing Link Worker is highly regarded within Selby District Council's housing team for her assistance and her strong partnership approach".
Victoria Stoker, Housing Options Supervisor (TARS)

"Been a great support to me in my role of Community Parkinson's Nurse, the Link Worker helps when one of my patients needs some extra support, helping to guide them through what resources are available to them, whether it's for help in the home or to get out and meet others….helped me with my Parkinson's patients who suffer with anxiety and depression, offering them support and showing them how to access self-help and other resources."
Gillian Clark, Community Parkinson's Nurse Specialist (SHAR)

5.Feedback from colleagues

"We are really seeing the value of them (Social Prescribing Link Workers) as part of our practice teams, particularly when dealing with the non-medical barriers our patients have that could impact on their health. They are saving our GPs time and are now regularly becoming a "go to" for GPs and nurses when some of the social aspects of a patient's life is impacting on our ability to care for them clinically". ***Heather White, Practice Manager & Lead Manager for South Hambleton and Ryedale PCN (SHAR)***

"The patient feedback is really telling, and I honestly don't know another team member who has such an impact on patients' lives." Dr Patel, GP Sherburn (TARS)

"Social prescribing has massively improved the quality of care for our relevant patient groups and I wouldn't be without the team we have been fortunate enough to recruit. Proactively helping with social aspects for the most vulnerable patients, identifying those at risk and coordinating multidisciplinary shared solutions results in a primary care to be proud of". ***Dr Sarah Utting, Tollerton Surgery (SHAR)***

"This has given me something I can offer that was never previously available: a long term non-medicalised conversation that focusses on strengths and the social determinants of health. The demand for this is evidenced by the sheer volume of referrals to care coordinators and SPLWs... patients sing their praises and tell me how kind they are, how well supported they are". ***Dr Helena Ebbs, Clinical Lead for Quality, (SHaR)***

"I could not see life without these valuable assets within General Practice going forward". ***D F Dalzell, Practice Manager***

"This has been an excellent service that offers a valuable resource for our patients" ***Staff Member – (Beech Tree Selby Town)***

6.PCN data

6a.Tadcaster and Rural Selby PCN (TARS)

TARS PCN employ 1 link worker across their 3 practices. Referrals to this link workers have increased by 30% across the last 2 years.

Referrals Sep 20-21	
Year	Collective referrals (4 practices)
20-21	226
19-20	174

Gender Split TARS SPLW referrals Sep 20-21	
Male	Female
96	130
58%	42%

There are several referral routes into the social prescribing service. GP's have been the biggest referrers in TARS, accounting for 67% of the referrals made between Sept 20-21. Nurses referred 13% of the patients and self-referrals or referrals made by family made up 8%. Referrals also came from paramedics, reception staff and admin as well as external referrers. 21% of the referrals made in TARS covered a mental health issue and 43% of people referred were living alone.

Support provided by the social prescriber covered access to learning, finance, health, housing, mental wellbeing, social and support services/VCSE. Partners worked with included:

- Colleagues within the practices
- Engage Leeds
- Forward Leeds
- Leeds City Council/Selby District Council/York City Council
- NYCC library, ALSS, Sensory Team and Social Workers
- Restorative Justice
- Stepping Stones
- Selby Hands of Hope and Community Furniture Store
- Selby Food bank
- The Barn
- Yorkshire Energy Doctor

TARS also operate an 'open door' policy; this empowers independence and self-resilience in knowing there is someone within the GP practice that the person can text, ring or email both during their support and after their initial referral. This demonstrates accessibility for the person and can also help to give the link worker some indication of how that person is managing.

There are a few notable gaps around the provision link workers are able to prescribe to within the Tadcaster and Rural Selby area. Firstly, the offer for hospital transport and a lack of transport which is wheelchair friendly, which can limit service options for people. Secondly, the closure of the Selby & District Age UK coverage has left a gap in befriending services.

6b.PCN data - Selby Town

The PCN employs four link workers across four practices covering a more than 50,000 population. Selby Town employ their link workers through the North Yorkshire Living Well service, who's aim is to work with people in need to reduce loneliness and isolation, increase participation and support you to be independent. The Selby Town Social Prescribing Link Workers will deliver just under 200 appointments in a typical month.

Demographics of patients having appointments with the social prescribers can be split into two categories: The "frequent flyer" with complicated medical, mental health and social issues, and the "transactional patient" who requires assistance with one specific issue before they are able to live independently and engage with the community.

It is difficult to differentiate between these two patient subsets, as there is a degree of overlap. In an analysis of patient notes 2/8/21 – 6/9/21 it is a clinician's opinion that there is an approximate 50/50 split in social prescriber workload between "frequent flyers" and "transactional patients". "Frequent flyers" tended to be younger patients aged 30-50 years with significant ongoing mental health, family dynamic and housing issues – with a small peak of patients >80 years suffering from severe frailty and dementia in the community. The "transactional patient" tended to be older (>70 years) with mild to moderate frailty – discussions were proactive, centred around organising carers assessments and signposting to local community organisations for social engagement.

The majority of referrals have originated from clinicians – patients with unresolved social issues will often present to a clinician with vague medically unexplained symptoms, and feelings of "things just not being right." Selby Town have worked to train frontline reception staff to screen for social issues at first contact, and signpost directly to social prescribers. This helps to provide clinicians with the time to focus on medical and nursing issues affecting the community.

The main reasons for referrals to the social prescribers in Selby Town in recent months have been around weight loss and healthy lifestyles, followed by struggles with mental health. Other prevalent areas where support was required included anxiety, isolation, poor housing and frailty/not coping. The link workers also offer follow up appointments
and open returns.

The link workers have worked closely with the PCN's Care Coordinators over the past year on the Selby Town Population Health Management Programme, as well as partners across the Selby district such as, Selby District Council, North Yorkshire County Council's Public Health and Stronger Communities teams and Community Services and York and Scarborough Teaching Hospitals NHS Foundation Trust – and the third sector through the Two Ridings Community Foundation – to develop support for patients aged 50-64 with moderate hypertension and frailty, based on their needs.

Possible future developments for the service in terms of options would be strengthening links to assistance with housing and financial support. Navigating the various processes surrounding housing and financial support are complex–further collaboration with The Citizens' Advise Bureau may help improve patient access into these services.

Partner agencies worked with and services referred to include:

- Selby Big Communi-tea
- Citizens Advice
- Carers Count
- IAPT
- NYCC Social Services
- Living Well
- Physiotherapy and
- Occupational Therapy
- Weight loss services
- Wellbeing café
- Smoking cessation services
- Dementia Forward

6c.PCN data - South Hambleton and Ryedale (SHAR)

SHAR is a rural PCN with seven practices and two Social Prescribing Link Workers. There were 466 referrals to the two link workers in SHAR PCN in the six months between Apr-Sept 21.

Referrals April - Sept '21	
Total referalls	466
Per 1000 patients registered	26/1000 patients have been referred to SPLW
% of patients registered	2.7% of the population have been referred to SPLW

Gender Split SHAR referrals Sep 20-21	
Male	Female
335	192
64%	36%

Contacts with SHAR's 2 link workers averaged up to 400 contacts per month between Apr-Sep 21. The 70-79 age bracket is the most commonly referred group to the link workers in SHAR in 20-21, followed by 90-89yrs and then 60-69yrs; these groups account for 60% of the referrals made and is reflective of the elderly population in SHAR. Referrals to the link workers in SHAR are mainly received from the GPs, the First Contact Mental Health Practitioner and from Nurses.

There are a few gaps which link workers are aware of in provision in the South Hambleton and Ryedale area. For older people there are gaps in loneliness support and gaps in community transport to assist people getting to VCSE groups. There is a relative sparsity of home-based support in some rural areas. There is a gap in preparation for last years of life "thinking forward", Voluntary Community and Social Enterprise (VCSE) groups/education/peer support which SHAR PCN intend to address with some collaborative work. There is a gap in bereavement support that is available to all.

There is a lack of respite care and services that offer supervision across the patch so carers can safely leave their loved ones for a few hours. The accessibility of transport is a gap in South Hambleton and Ryedale, often services exist but patients can't afford to pay for them, generally the transport services in place only have the capacity to help with medical appointments and there is therefore a gap in funding for transport to social activities.

For all PCN's, gaps in possible support are starting to be discussed as part of future service planning with partners in the localities and for consideration of any funding required in the voluntary sector to expand on the offers available.

Partner agencies worked with and services referred to include:

- NYCC Social Care
- NYCC Living Well
- HNS
- Carers Plus
- EDCCA
- Ryedale Carers Support
- CTT
- HFH
- Wheelchair Service
- Hospital CNS
- Health navigator service
- IAPT
- Often signpost people who are able to self-refer e.g. family members, to these services and others e.g. IAPT, The Silver Line, Cruse.

7.Case Studies

The Vale PCNs Social Prescribing Link Workers have a wealth of case studies collated from the time they have been in post, capturing issues such as: managing long term conditions, physical activity, financial support and housing support, reducing social isolation and loneliness, low mood and issues with mental health. A few examples shared below:

1. **(SHAR) Reason for referral: mental health issues, poor management of long-term conditions.**

Actions taken:

·Referrals for service: Agreed a referral to the Health Navigation Service for help improving management of conditions and motivational support. Referral for needs assessment through NYCC for assistance with daily living, personal care and mobility needs.

·Follow up arranged to check in regarding new support and outcomes of referrals, plus to consider if they felt ready to engage with any further support e.g. psychological, social

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2.(TARS) Reason for referral: GP identified low mood and the patient was a young adult carer for his mother with mental health issues. Actions taken:

·Linking to services: discussed Young Adult Carer Service, Move it and Lose It, walking exercise groups, Strive Counselling service and a follow up on IAPT

·Signposting: identified financial issues – signposted to PIP/UC and for immediate provided food bank bags.

·Discussed online courses with Adults Learning and Skills Service – WEA.

·Links to Voluntary, Community and Social Enterprise: VCSE discussion and links made around possible volunteering opportunity at Selby Town Hall to follow up interest in sound engineering.

·Supported through crisis point around impending homelessness – support around immediate concerns and then activation of contact with Selby District Council housing options team. Supported through temporary accommodation into permanent housing

·Advice given: around housing benefit and supported to access the Selby Community Furniture Store.

3.(SHAR) Reason for referral: depression, pain, housing, financial issues, weight management and breakdown of a relationship. Actions taken:

·Assistance with referrals: to Living Well to support with finances/benefits entitlement and possibly housing. IAPT referral accepted.

·Signposted to services: the Job Centre to assist with getting back into work, Citizens Advice and counselling options e.g. Qwell online.

·Supported with pain clinic appointments.

7.Case studies

4.(SHAR) Reason for referral: mental health issues, social isolation. Actions taken:

- Signposted to: EDCCA for transport, EDCCA women's group to form friendships, cookery and walking groups, Living Well to accompany to groups, Mindful Photography Group for mindful walks in nature.

5.(TARS) Reason for referral: GP advised patient to contact NYCC HAS – issues around generic support, carers etc. Actions taken:

- Assistance with referrals: referral made to NYCC Health & Adult Social Care for Care Needs Assessment. Offer of foodbank bags and discussed referral to Income Maximisation Team (declined)
- Supported family by: discussing with the patient's husband the Community Therapy Team and Community Response Team and how this could work on discharge. Discussed Young Carers with the patient's son.
- Help with resources: supported the patient to register with TCVSA and get their 'entertainment/isolation packs'. Supplied the Manage at Home catalogue.
- Identified an issue with their care provider and prompted support with a Care Agency query and liaised with the hospital ward.
- Assisted with short term supply of incontinence pants.

6.(SHAR) Reason for referral: support for Parkinson's and dementia. Actions taken:

- Social prescribing for family member
- Signposting to: Citizens Advice for benefits advice, help with anxiety/increasing activity e.g. plan to look at mindfulness and information on yoga classes
- Suggested ask friends to drive to shops together, or if unavailable and do not want to ask family, contact EDCCA
- Support in accessing social care support to help manage at home
- Support alongside family around taking control over finances and addressing stress.
- Links in with the Parkinson's nurse.

"Personally, I think she is really great at what she is doing. She asks lots of questions and has helped me seek a GP appointment when I needed it. She has also supported me to get a mobility aid. She is ace". (SHAR)

8.What have we learned

- The main reasons patients are referred to the social prescribing service in the Vale include healthy lifestyles, housing, mental wellbeing, social and support services/VCSE, finance and benefits, isolation and frailty, not coping.

- Social Prescribing Link Workers are working proactively with care co-ordinators to make contact with those identified with frailty needs.

- There are challenges that exist around gaps in provision for social prescribing link workers to link patients into, as the sector is stretched in the current climate. For example transport to prescribed activities, bereavement services and befriending services.

- The social prescribing service has been overwhelmingly well received across all 3 PCNs by patients and their families. In certain cases the link workers support has been transformational as they support not only the patient but also their family. The Social Prescribing Link Workers are well connected into the local VCSE and health services across the localities.

- Partners have been very positive about the impact Social Prescribing Link Workers are able to make. Link workers very often see complex patients who have more than one issue and require support from multiple organisations, a big time commitment can therefore be connecting with multiple organisations whilst supporting the patient.

- Social prescribing adds huge value to primary care teams, providing time with patients to offer more holistic solutions to the needs of the whole person rather than taking a disease specific approach.Their input and expertise releases time in the wider team to allow GP's and nursing staff to focus on clinical support when needed. They develop close links into the community and to other support organisations and voluntary sector groups by building expertise on what is available locally.

- At Vale level and HCV ICS level, there is a need to develop the tools to support more formal evaluation to measure the impact of the social prescribing service, in order to support future development of the service.

"As someone who suffers with severe anxiety and depression since working with the Link Worker my confidence has improved. She has helped by liaising with charities, she has helped with paperwork, sick notes and access to volunteering groups to boost my confidence. The service she provides is excellent and she is linking with other services" (TARS)

9.What's Working Well

- A newly established local Vale Personalised Care Roles Network. This peer network is facilitated by the CCG and supported by NHSE/I and more recently the HCV regional support team and has been running quarterly since July 2021. The group has made solid links to the HCV networks, their resources and training. This network was recognised at a recent HCV workshop as a valuable way for workers to discuss approaches and share challenges and also connect into VCSE infrastructures. Link workers have accessed training and information around weight management referrals, green social prescribing, Adult Learning Skills Service, coding etc.

- Links with the voluntary sector and with community partners. For example link workers attend the Ryedale Community Connect partnership, which brings together public and voluntary sectors to tackle community issues.

- A local system approach; including link worker representatives in partner meetings and workstreams such as the South Hambleton and Ryedale Engagement meeting and the Selby Health Matters partnership.

- Building relationships with practice teams and colleagues, increasing understanding and awareness of the roles and providing training, for example training with frontline reception staff to screen for social issues at first contact, and signpost directly to social prescribers.

- Link workers attending Multi-Disciplinary Team meetings (MDTs) has been mutually beneficial – for example attending practice nurse MDTs or MDTs with council and housing colleagues enables cross agency work, collaboration, and opportunities to check status of patient's issues

- Link workers operating an 'open door' policy; empowering patients and promoting independence and self-resilience.

- Selby Town PCN link workers are heavily involved in their Population Health Management project; a health needs assessment approach working with patients and partners to co-produce support for patients with hypertension and mild to moderate frailty. Further information, articles, podcasts and case studies on the Selby population health management programme can be found here at www.valeofyorkccg.nhs.uk/population-health-management

10.Benefits of the Social Prescribing Link Worker role

- Link workers are providing a wide range of support; patients, family, neighbours and friends are able to contact the link workers, as well as external professionals. Links are being made to both the statutory and voluntary sector through these primary care roles.

- Social prescribing link workers are providing a long form non-medicalised conversation.

- Social prescribing link workers have helped to divert patients presenting with social needs away from clinicians, allowing them to focus on medical and nursing issues – this also helps to reduce overmedicalisation.

- Social prescribers provide a breadth of knowledge surrounding navigating the housing, personal care, occupational therapy, and financial systems. This knowledge would otherwise be unavailable in primary care.

- By virtue of their training, clinicians will often tend to focus on a patient's disease. Social prescribing adopts a more holistic, person-centred approach to help the patient manage their own illness.

11.Future Developments and Recommendations

- To work with the HCV ICS to support standardising core evaluation methods and undertake patient surveys or interviews to understand what needs to be captured with these measures i.e. does it capture evaluation of both mental and physical health outcomes and also note that it may not always be appropriate for someone to complete an outcome measure.

- A move to one clinical system i.e. SystemOne is progressing and by the end of March 2022, all Selby District practices will be on System One. In SHAR, Millfield surgery is about to begin the process of migrating to S1, with the remaining 3 practices hoping for support to follow in the next financial year.

- Share the success of social prescribing by raising awareness with patients, partners and the wider primary care team with anonymised patient stories and case studies on GP practice and PCN websites.

- Promotion and gathering of information around what is reopening in the VCSE sector, what may have changed through Covid-19 and any new offers due to new grants and funding.

- Highlighting the social prescribing link workers roles in the HCV ICS's new 'meet your primary care team' campaign, in the local VOY CCG communications. Campaign material, videos and animations on 'how can your social prescriber help you?

- Working with individual PCNs to evaluate the link workers impact on primary care appointments and workload.

- Involvement in a HCV 'test and learn' green social prescribing project in the Selby District to offer green social activities, gather data and outcome measures and inform the HCV grants programme. This will support local voluntary sector organisations to 'plug the gaps' and improve people's mental and physical wellbeing through activities that occur outdoors and in nature.

- Continuing to involve Social Prescribing Link Workers in partner conversations in order to highlight any gaps in service and be part of the population health conversations and consequent priorities.

12.Summary

The new roles of social prescribing link workers have been embraced by the Primary Care Networks across the Vale.

In a relatively short period of time, these roles have established themselves as a key part of local systems to support people in communities and strengthen links with partner organisations – improving the health and well being of those they support.

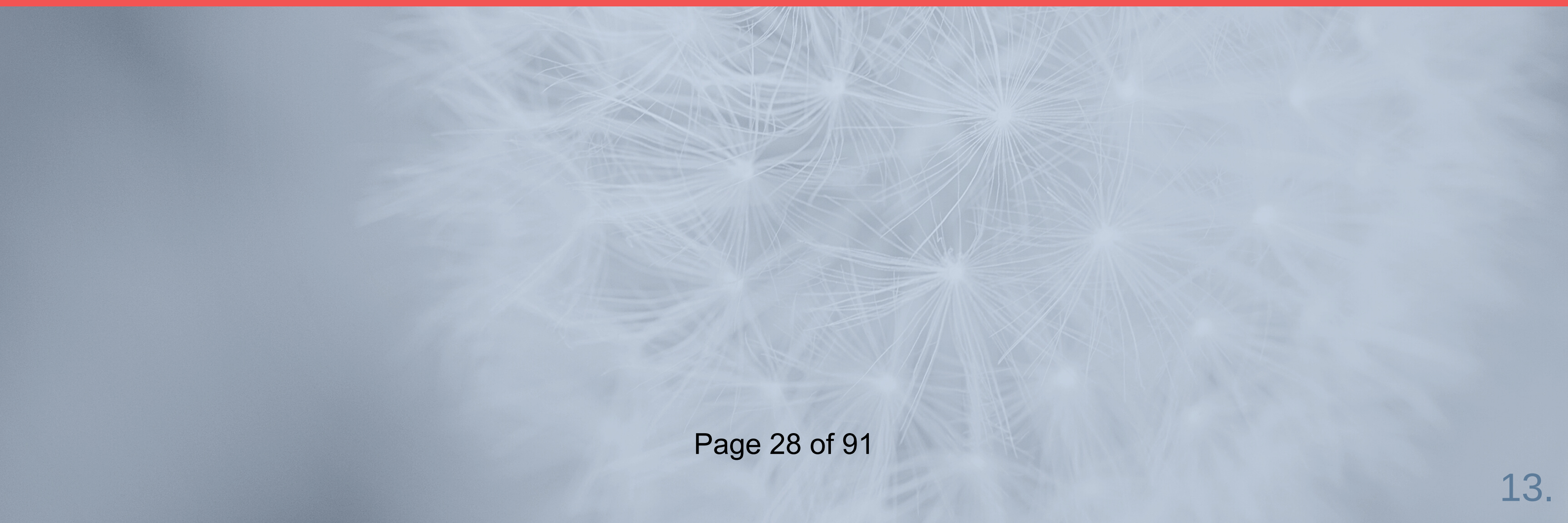
Feedback from those who have used the service is extremely positive and the roles have added huge value to the wider primary care teams.

All the PCN's are committed to developing and extending these roles further over the coming year.

13.A thank you to all colleagues who have contributed to this report:

- Karen Griffiths, Social Prescribing Link Worker for Sherburn, South Milford and Tadcaster Medical Practices
- Rachel Watkinson, Digital Care Coordinator; Gill Barrett and Lisa Robertson Social Prescribing Link workers, South Hambleton and Ryedale Primary Care Network,
- Beth Hinchcliffe, Sarah McDonagh, Wendy Gill Social Prescribing Link Workers, Shochin Das, GP Registrar, Selby Town Primary Care Network
- Sarah Howey, Communications Lead, VOY CCG

> "I honestly don't know how I would of coped without her support, kindness and guidance. She has been a voice for me when I didn't feel strong enough to use my own, she makes me feel validated and always listens to my views and opinions, she goes above and beyond her job description" (TARS).



Item Number: 8 **Name of Presenter: Shaun Macey**	
Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 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
☐Reducing Demand on System
☐Fully Integrated OOH Care
☐Sustainable acute hospital/ single acute contract
☐Transformed MH/LD/ Complex Care
☐System transformations
☐Financial Sustainability

Local Authority Area

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

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

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) n/a – update, for information.

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

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 November 2021

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

Last update November 2021 - the risk rating is unchanged at 12 at November 2021.

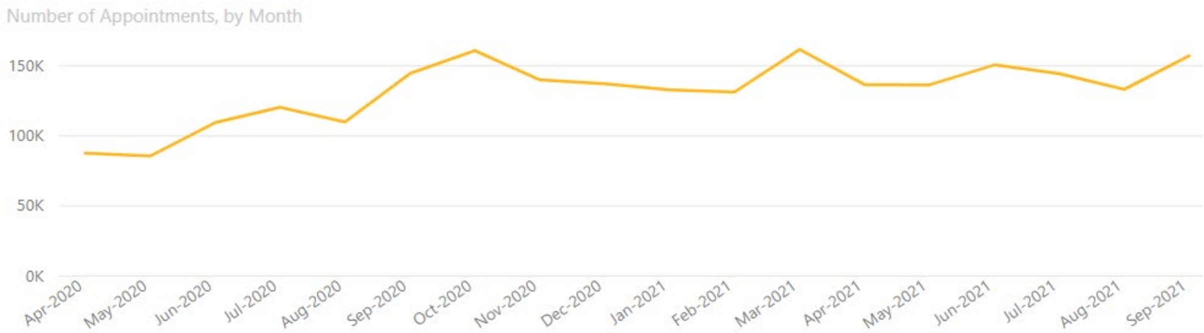
Q2 performance is 34.4% an increase of 0.9% on the previous quarter of 33.5% (873 patients with all 6 elements of a health check in-date out of a total SMI list size of 2,535)

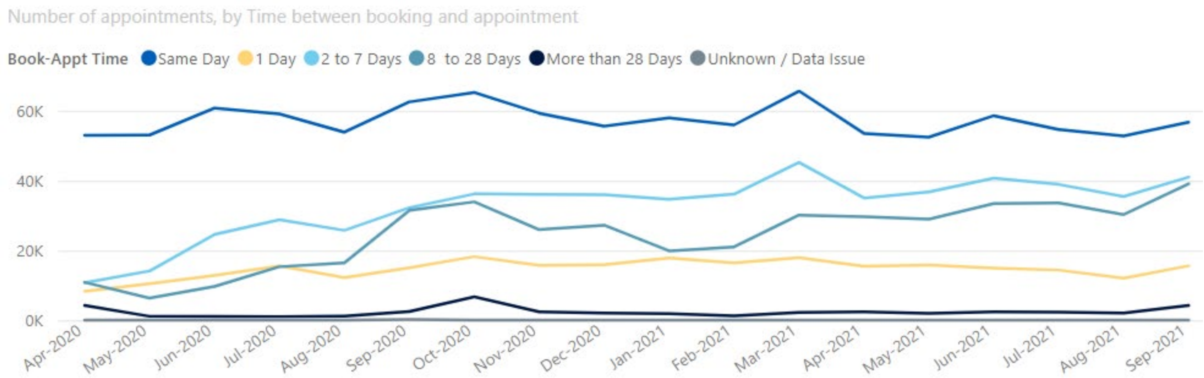
Significant improvements have been made in SHAR PCN through a personalised care approach with over 75% of people on SMI registers receiving all 6 recommended health checks in the last 12 months. Similarly in Selby Town at 46.9%. Four PCNs are achieving on average 34%. Two PCNs are just over 13%. Every effort is being made to ensure that best practice is shared between PCNs including practical steps to ensure all elements of the SMI health checks are completed and reviewed in time, as well as ensuring that the correct clinical system templates are used to prompt staff to input the necessary observations and data. Proposals have now been developed and agreed by the City of York PCNs to address the backlog of health checks and sustain improvements throughout 21/22. This includes a dedicated admin resource, proactive engagement by Social Prescriber Link Workers in primary care with links to third sector MH support and dedicated nurse/HCA by refocusing existing resources.

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

Last update November 2021 - the risk rating is unchanged at 12 at November 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 for September 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'.

On 14 October 2021 NHSEI published 'Our plan for improving access for patients and supporting general practice' with a pledge that "For the five months November to March, a new £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital."

VoY CCG is currently working with NHSEI colleagues to access this funding to support plans to deliver patient access improvement initiatives across the CCG this winter.

However, 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.

2.3 PRC.17 - General Practice Wellbeing

Last update July 2021 - 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.

Item Number: 9 **Name of Presenter: Carl Donbavand**	
Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 2021**	NHS Vale of York Clinical Commissioning Group
Report Title – Personalised Care and Learning Disability Annual Health Checks – Primary Care Network Contracts (PCN)	
Purpose of Report *(Select from list)* **For Information**	
Reason for Report To share information about the Vale of York PCN Personalised Care projects and contracts to improve the quality of annual health checks for people with learning disabilities funded by the Humber, Coast and Vale Integrated Care System	
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 Not applicable	

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:** Not applicable
Recommendations For information only
Decision Requested (for Decision Log) For information only

Responsible Executive Director and Title	Report Author and Title
Denise Nightingale Director of Complex Care and Mental Health	Carl Donbavand Programme Lead (Complex Care and Mental health)

Personalised Care and Learning Disability Annual Health Checks – PCN Contracts

Background

On average men with learning disabilities die 23 years earlier than men without a learning disability and for women it's 27 years earlier.

People with learning disabilities often have difficulty in recognising illness, communicating their needs and using health services. Therefore, having an annual health check is important to help prevent and screen for health problems. Anyone aged 14 or over who is on their General Practice learning disability register can have a free annual health check. Health checks can detect unmet, unrecognised and potentially treatable health needs (including serious and life-threatening conditions such as cancer, heart disease and dementia) and so that targeted actions, support and treatment can be offered to address health needs.

The Covid-19 pandemic has highlighted even greater health inequalities for people with learning disabilities because of their co-morbidities (associated with poorer outcomes with Covid19 infections) and the consequences of social isolation and social distancing. People with learning disabilities also often experience significant barriers in accessing healthcare and failure of services to make reasonable adjustments to prevent them from being disadvantaged.

HCV Personalised Care Transformation Funding

During the Covid-19 response NHS England and Improvement allocated non-recurrent funding to the Humber, Coast and Vale (HCV) Integrated Care System (ICS) to incentivise systems to embed the comprehensive model of personalised care in the NHS Long Term Plan.

All PCNs in the Vale of York CCG, with support from the Vale of York CCGs personalised care lead, were invited to develop a project brief to personalise annual healh checks for people with learning disabilities. As a result, the PCNs were able to bid from a total of £60,000 funding from the HCV ICS which could be used non-recurrently for 12 months in 2021/22, until March 2022.

PCN Projects - Personalising Annual Health Checks

All PCNs developed a project brief which aimed to reduce health inequalities for people with a learning disability by providing more personalised care for annual health checks. Project briefs included improving the provision of care coordination, improving links with social prescribing link workers and developing personalised care and support plans for people who are eligible for an annual health check.

Project objectives:

- Providing everyone with a personalised approach to their annual health check and supporting them to meet their agreed health outcomes

- support people to overcome the barriers to accessing the health checks, and recording reasonable adjustments using the 'reasonable adjustment flag'
- improve links with the social prescribing link workers and voluntary sector
- increase knowledge and awareness across primary care staff to effectively support people with learning disabilities and their families

Future service profile

Previous methodology for health check provision has focussed on a clinically oriented view, using traditional methods to book appointments such as letter writing to invite patients for referral. This method has several flaws, including patients with learning disabilities could have literacy difficulties, disproportionate ineffectiveness for those without adequate personal support and inadequate recognition of the need for reasonable adjustments at the point of appointment booking.

This project intends to change those inequalities, recognising the need to flag personalised care adjustments, to understand individual needs around methods of contact and delivery of health care.

Using existing care coordinator and Social Prescribing Link Worker (SPLW) methods, PCNs will aim to bring existing knowledge of systems and support to the learning disability population. This will entail dedicated SPLW/Care coordinator time to support, identify and record personalised care adjustments needed so that all providers can readily see that information, and ensuring that non-medical needs are addressed alongside clinical priorities. This may include voluntary sector support, advocacy, social prescribing to community and local authority services, financial support signposting, carer support and reporting for MDT input.

Patients with learning disabilities will be supported more intensively to support the uptake of health checks and to maximise benefit of the checks by ensuring non-medical needs are met.

Intended Benefits

- Improved uptake of health checks through better care coordination.
- Improved personalised care and embedded a system which records necessary reasonable care adjustments.
- Clinical teams will have wider support from SPLWs, the care coordinator approach, MDT working, voluntary organisations and local authority partners. This will reduce professional isolation and improve clinical knowledge of LD care.
- Improved knowledge and awareness of Primary Care teams so they understand the impact of learning disabilities on access to healthcare.

PCN contracts

The Vale of York PCNs project briefs were approved by HCV ICS Personlised Care SRO in 2021.

PCN contracts were developed by The NHS Vale of York CCG, using the approved project briefs and Personalised Care transformation funding from HCV ICS, non-recurrently for 12 months in 2021/22, until March 2022. These contracts are different to other contracts which already incentivise Practices and PCNs to increase the uptake of health checks for people with learning disabilities since they are to incentivise PCNs to embed personalised care approaches to help improve health and wellbeing outcomes for people with learning disabilities.

Contract Values

York East PCN	£6,000
West, Outer & NE York (WONE) PCN	£6,000
York City Centre PCN	£6,000
York Medical Group (YMG) PCN	£6,000
Priory Medical Group (PMG) PCN	£6,000
Selby Town PCN	£11,016
South Hambleton & Ryedale (SHaR) PCN	£10,472
Tadcaster and Rural PCN	£7,112
Total	**£58,600**

NB: The difference in contract values between 'Vale' PCNs and 'Cental' PCNs was due to the timing the funding became available. Initally, none of the 'Central' PCNs bid for the funding but decided to at a later point in time when another tranche of funding became available (due to a surplus) from the HCV ICS.

Evaluation and Metrics

A simple evaluation process was established in PCN project briefs and contracts which will measure the impact of the project by March 2022, including:

1. At least 80% of people on the LD register have an annual health check
2. Number of personalised care 'health action' plans
3. 90% of people who have a completed annual health check have a 'health action plan' that is personalised to meet their identified health needs
4. Number of referrals to a SPLW
5. 80% of LD patients have SPLW/Care coordinator support
6. Number of people on the LD register with a reasonable adjustment recorded
7. Qualitative case study data x 4 case studies per PCN to highlight impact of change.

As part of the contracts, PCNs project leads are also required to share their learning of implementing more personalised health checks to support the spread of successful change across the ICS.

Progress to date

There has been significant progress made by all the PCNs across the Vale of York at improving the uptake of health checks for people with learning disabilities. During 2020/21 the overall CCG position was 79.4% of people on learning disability registers had a completed health check. During the Covid-19 panemdic there were 324 more health checks completed than the previous financial year and an additional 265 people were identified to be added to health check registers. PCNs have also started to share a range of personalised approaches they have developed to improve the uptake and qulaity of checks to tackle health inequalities. For example, some PCNs have pooled reosurce to employ learning disability care coordinators and others are developing social prescribing offers by having MDTs with social prescribing link worker input to help build stronger links with a wider range of communmity support services. Further evaluation of the impact of the PCN projects is expected by March 2022.

Item Number: 10 **Name of Presenter: Shaun Macey**	
Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 2021**	NHS Vale of York Clinical Commissioning Group

Proposed Closure of Posterngate Surgery – Hemingbrough Branch

Purpose of Report
For Approval

Reason for Report

The CCG's Primary Care Team has received formal communications from Posterngate Surgery in Selby outlining the Practice's proposal to close its branch surgery in Hemingbrough.

This report describes the Practice's activities in relation to patient and stakeholder engagement/consultation as required by national policy that is described in the Primary Medical Care Policy and Guidance Manual.

The report also describes feedback and comments that have been received from patients and the public regarding the proposal, and references work that has been completed re. both Practice and CCG-led Equality Impact Assessments.

The Primary Care Commissioning Committee is asked to review the information provided by both the Practice and Hemingbrough Parish Council with respect to this proposal, and to approve the recommendations presented in this report.

Strategic Priority Links

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

Local Authority Area

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

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

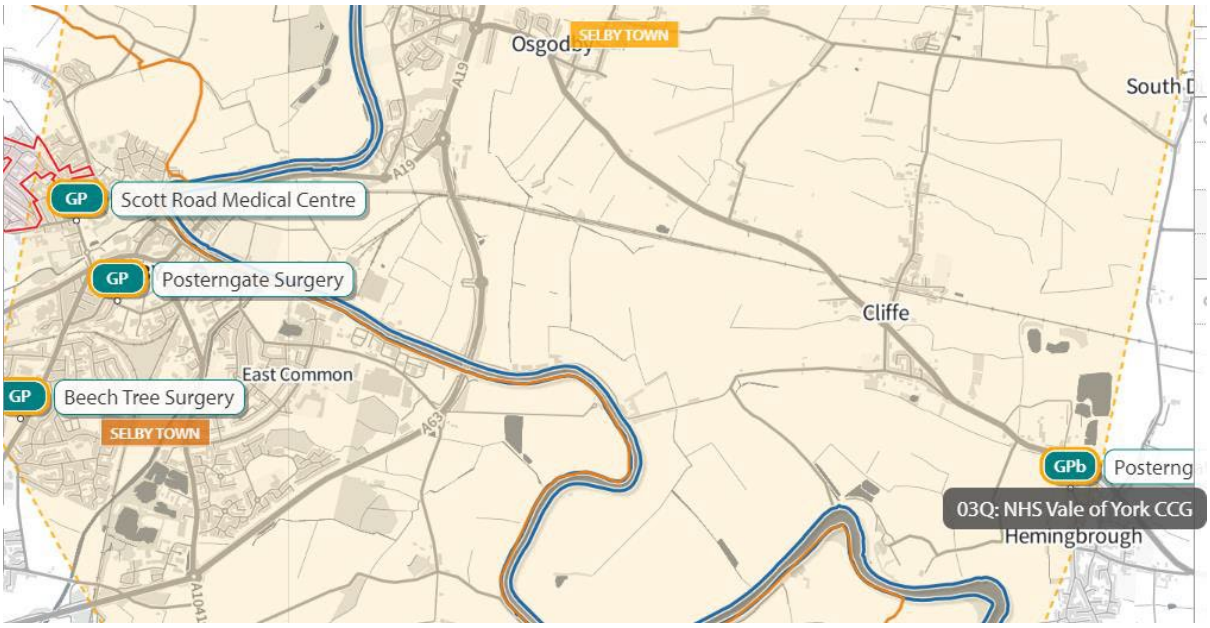
Emerging Risks
The Primary Care Commissioning Committee has been provided with both Practice and CCG-led Equality Impact Assessments in full to review potential risks.
Impact Assessments Please confirm below that the impact assessments have been approved and outline any risks/issues identified. ☐ Quality Impact Assessment ☒ Equality Impact Assessment ☐ Data Protection Impact Assessment ☐ Sustainability Impact Assessment **Risks/Issues identified from impact assessments:** The Primary Care Commissioning Committee has been provided with both Practice and CCG-led Equality Impact Assessments in full to review potential risks.
Recommendations The Primary Care Commissioning Committee is recommended to support Posterngate Surgery's proposal to close its Hemingbrough branch for the reasons that are explained in this report – with associated recommendations around an options appraisal to explore the possibility of new/alternative General Practice estate in the locality, and a requirement for Posterngate Surgery to provide clarity re. the eligibility criteria for home visits for vulnerable patient groups.
Decision Requested (for Decision Log) The Primary Care Commissioning Committee is recommended to support Posterngate Surgery's proposal to close its Hemingbrough branch, with the associated recommendations.

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

On 21 May 2021, the CCG's Primary Care Team received a written communication from Posterngate Surgery in Selby outlining the Practice's proposal to close its branch surgery in Hemingbrough.

The branch surgery is located just over 5 miles by road from Selby, and serves the villages of Hemingbrough, Cliffe and South Duffield – all of which are positioned within 6 miles of Posterngate's main site in Selby. The Hemingbrough site offers a single consulting room (which pre-pandemic was offering a total of 17.25 hours of clinic time per week) plus a dispensary.



The Practice's total registered population is currently just over 18,000 with 2,079 of these patients residing within the Hemingbrough branch 'catchment area'. All patients residing in the Hemingbrough 'catchment area' are able to access appointments at both the Hemingbrough branch and at Posterngate's main surgery in Selby.

Posterngate Surgery's principal reason for proposing the closure of its branch site at Hemingbrough is that the site is no longer fit for purpose – specific details will be provided later in this report.

It is clear that the Hemingbrough branch provides a highly valued service to the communities of Hemingbrough, Cliffe and South Duffield – and that residents and the Parish Council are extremely keen to retain a local, accessible Primary Care service in a rural area with some deprivation, and poor public transport links into Selby town itself.

The CCG would like to thank Posterngate Surgery for its open and transparent engagement with local communities and stakeholders throughout this process, and for the provision of a comprehensive report to the CCG that explains the reasons behind its proposal to close the Hemingbrough branch, together with findings from its patient consultation exercise. This report also provides detailed information regarding the patient demographic that would potentially be affected, with assurances that overall appointment numbers will not decrease, and that current users of the Hemingbrough site will be able to access a wider range of holistic services via Posterngate's main site in Selby. This report does, however, acknowledge that there are a number of vulnerable patients with complex needs in the Hemingbrough area who are likely to find it difficult to travel into Selby via public transport to access Primary Care services.

The CCG would also like to thank Hemingbrough Parish Council for its detailed report in response to the Posterngate Surgery proposal, which provides the CCG with valuable additional insight into the views of patients and the public re. this proposal. In particular, the comments and feedback from patients in this report have been extremely helpful in developing the CCG's understanding of some of the finer details regarding vulnerable patient groups who may be affected by the proposal.

It should be noted that both reports are extremely detailed, and it is not possible to include all the information or answer every query or point of contention in this paper for the Primary Care Commissioning Committee. The Practice and Parish Council are assured, however, that Committee members have been provided with both reports in full to assist with their understanding of the impacts of the proposed site closure, and their consideration of the recommendations made in this paper.

In considering this proposal, the CCG's primary concern is what is best for patients – but it has to balance this with the practicalities around supporting the development of sustainable, resilient and safe Primary Care services for its population.

The CCG must also carefully consider feedback from patients to understand what is presented as a preference for 'convenience' in terms of access to services, versus *genuine need* for those patients who will struggle to travel into the main site in Selby for any reason.

In addition to Posterngate Surgery's report which has been used to inform the content of this paper, the Committee should note that the Practice has submitted a formal 'Application Notice to Close Branch Premises' in accordance with NHS England/Improvement policy on 10 November 2021.

2. Process

The formal process that governs the application for closure of any Primary Care service/site is detailed in NHS England/Improvement's Primary Medical Care Policy and Guidance Manual (current version number 3.0).

URL: https://www.england.nhs.uk/wp-content/uploads/2017/11/B0134-primary-medical-care-policy-and-guidance-manual-v3.docx

Specifically, Section 7.15 Premises, and 'Annex 14A – Template Application Notice to Close Branch Premises' both relate to the process that CCG's are expected to follow regarding the proposal that is presented in this paper.

Of particular note are the following sections from this guidance:

> *[7.15.12] Where a contractor wishes to close a branch surgery, the contractor should have preliminary discussions with the Commissioner to determine appropriate and proportionate patient involvement requirements prior to the consideration of such a service provision change. Even though the closure is being instigated by the contractor, the Commissioner will still need to comply with the section 13Q duty to involve patients in decision-making before any final decision is made.*

The CCG's Head of Engagement met with Posterngate Surgery representatives in March 2021 to discuss appropriate and proportionate patient involvement and advised that the Practice should undertake a 3-month consultation in order to invite, collate and respond to any comments or concerns from the group of patients who would potentially be affected by the proposal.

> *[7.15.13] The closure of a branch surgery would be a significant change to services for the registered population and as such the Commissioner and the contractor should engage in open dialogue in the first instance to consider the consequences and implications of the proposed change and discuss any possible alternatives that may be agreed between them. At this stage, the duty to involve the public in proposals for change is triggered and the Commissioner and contractor should work together on fair and proportionate ways to achieve this. The Commissioner should ensure clarity on what involvement activities are required by the contractor.*

The view of the CCG in this instance was that discussion re. 'any possible alternatives' would not be appropriate until sufficient evidence and feedback had been collated through the consultation process which fully described both the Practice and patient perspectives in relation to this proposal. The CCG has therefore provided support and advice to Posterngate Surgery regarding the necessary process, and the associated requirements around patient engagement and consultation in order to arrive at a position where it is more adequately informed regarding the implications of the proposal and its potential effect on access to Primary Care services for the affected population.

In accordance with the required process, the CCG can confirm that Posterngate Surgery has submitted a detailed report that fully describes its consultation process and its activities in relation to:

- Letters sent to local stakeholders asking for feedback
- Letters and patient survey sent to patients who would potentially be affected by the proposal
- Patient survey supplementary questions which were added to assist with the health inequalities impact assessment work
- Patient survey responses collected between 2 June 2021 and 30 July 2021
- Posterngate Surgery's responses to patient feedback and questions raised through the patient survey
- Posters informing patients of the consultation process displayed at both the Hemingbrough and Posterngate sites
- Section added to Practice website including link to patient survey
- Telephone appointments made available should patients request to speak with the Practice Manager as part of the consultation process (no requests were received)
- Priority telephone line created for stakeholders to contact the practice to ensure could speak to the Practice Manager
- Parish Council meeting in July 2021 attended by Posterngate Surgery and the CCG to discuss the proposed closure
- Meeting with North Yorkshire County Council to discuss the proposed closure

Appendix 1 of this report provides additional detail re. the key activities and dates around Posterngate Surgery's patient and stakeholder engagement/consultation.

It is also noted that Posterngate Surgery's report includes an Equality and Health Impact Assessment which reviews the impact of the proposed site closure on Protected Characteristic groups in order to inform the Practice's understanding of any potential risks and benefits to these patients.

The Primary Care Commissioning Committee is also asked to note that in accordance with due process, the CCG has completed its own Quality, Equality, Sustainability and Finance Impact Assessment re. the proposed closure of the Hemingbrough branch. This assessment was reported at the CCG's October Quality and Patient Experience Committee, and a summary of the meeting notes is provided later in this paper.

3. Posterngate Surgery – Proposal to Close Hemingbrough Branch

The Hemingbrough site became a GP surgery in the 1980's converting an existing barn/lodge in to ground floor GP premises with a flat and bedsit to the first floor. Access to the property is shared with residential tenants with the GP surgery split in two by the staircase access to the first-floor accommodation.

As access to the building is shared with the tenants on the first floor, it was deemed impossible to operate the branch surgery with heightened infection prevention and control requirements during the pandemic. The site has therefore been operating as a dispensary only during the pandemic.

The lease for Hemingbrough Surgery expired 31 May 2018. The landlord was approached at the time for a new lease but this was not forthcoming.

Principal Reasons for Proposed Closure of Hemingbrough Branch

Posterngate Surgery's proposal to close its Heminbrough branch site and relocate all services/appointments to its main site at Portholme Road, Selby is based on the following criteria:

- The Hemingbrough branch is no longer fit for purpose (it is a converted residential property) and the purpose-built surgery at Portholme Road provides a safer and compliant clinical environment for both patients and staff

- It would eliminate the risks involved around lone working staff - the Hemingbrough branch has only 1 consulting room plus a dispensary, so staff often work alone

- Patient accessibility standards are not being met by the Hemingbrough site due to the nature/layout of the building

- There are infection prevention and control issues due to the limited size of the surgery and nature of the building – i.e. fixtures and fittings not in accordance with modern regulations

- Any medical emergencies can be handled in a safer environment for patients and staff at the main site where the facilities are better, and a larger multi-skilled workforce is available to assist when an emergency situation arises

- The Practice believes that the segregation of the clinical room from the waiting room and dispensary area with a shared access area leading to stairs for the resident living above the surgery is unacceptable

- Pressures on service delivery continue with Posterngate's list size growing by over 2,000 patients in the last few years - the Partners wish to ensure their Practice is resilient and sustainable and have concluded that the most effective way to utilise staff resource is to operate solely from the main surgery at Portholme Road

The viability of the Hemingbrough branch has been discussed by the GP Partners for several years. There is an understanding that the local community value the service remaining in the village, however, changes to regulations in Primary Care and pressure from NHS England/Improvement to work at scale and modernise service delivery have led to a view that the Hemingbrough site can no longer be sustained and that patients will receive safer care from the main site in Selby.

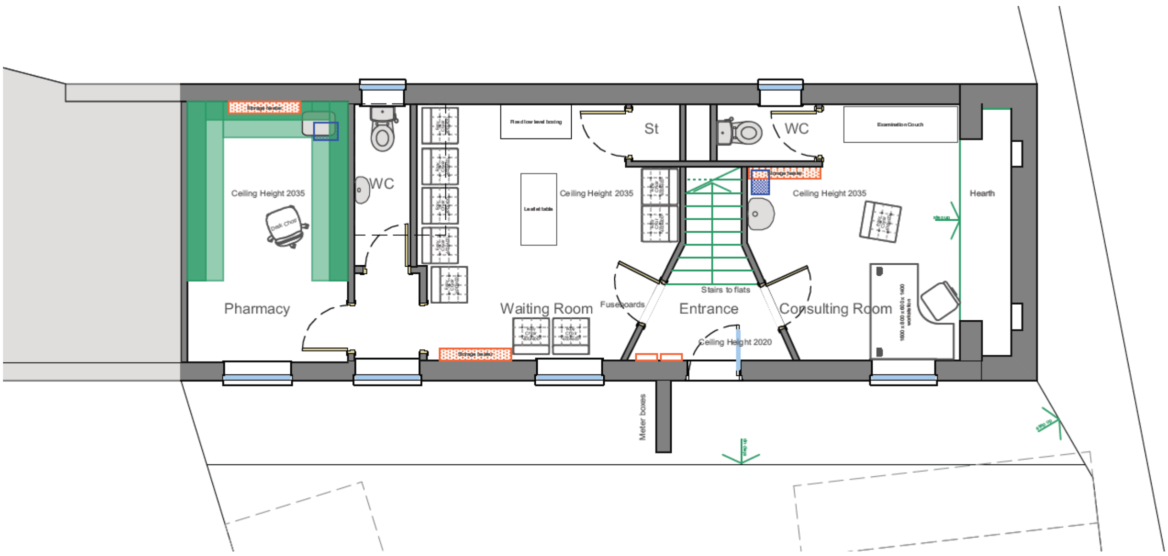
Posterngate Surgery's report to the CCG provides extensive detail regarding the issues identified with the existing premises at Hemingbrough – which the CCG notes in its assessment of information to inform the recommendations in this report.

Examples of site access and layout:

Entrance to Hemingbrough branch showing restricted access and stairs between consulting room and dispensary.

Hemingbrough branch site consulting room.

Hemingbrough branch floor plan



Comparison of Facilities at Posterngate Surgery's main site at Portholme Road

Posterngate Surgery's main site at Portholme Road is a purpose-built Primary Care facility developed in 1997 with further extensions in 2005, 2016 and redevelopment in 2020 to convert rooms into additional clinical space.

The Surgery has 22 consulting rooms, with 19 on the ground floor, 3 on the 1st floor with lift access, a large waiting room with space for 24 patients socially distanced, and smaller waiting room upstairs servicing the new clinical corridor created in 2020.

The Surgery has been developed in line with accessibility standards. There is a large Practice car park with 3 disabled access bays. Within a short distance of the surgery there is on-street car parking and two Selby District Council car parks.

Posterngate Surgery has been offering face-to-face appointments at the Portholme Road site to all registered patients throughout the pandemic, and can therefore confidently absorb capacity needed if the Hemingbrough branch were to close.

Comparative opening hours are provided below (note that face-to-face consultations were stopped at the Hemingbrough site at the start of the Covid pandemic, March 2020, when Practices were mandated to manage any clinically essential face-to-face consultations via 'hot clinics' with stringent infection prevention and control measures. Face-to-face clinics have not since resumed at the Hemingbrough site):

Posterngate Surgery

Monday	08:00-20:00
Tuesday	08:00-18:00
Wednesday	08:00-18:00
Thursday	08:00-20:00
Friday	08:00-18:00
Weekend	Closed

Hemingbrough Surgery

Please note that the usual surgery opening times at Hemingbrough have been temporarily suspended due to the Covid-19 outbreak. The dispensing service is still available. The opening hours are as follows:

Monday	14:00 – 16:00
Tuesday	14:00 – 16:00
Wednesday	08:15 – 12:00
Thursday	08:15 – 12:00
Friday	08:15 – 11:00
Weekend	Closed

Hemingbrough Surgery has limited access to only three types of clinician who have routinely worked out of the site as the limited space and single consulting room can't accommodate any required supervisory or support staff.

The multi-disciplinary team working at Posterngate Surgery enables the surgery to book appointments with an extensive range of clinicians who can work as a team to meet a patient's individual needs. Additionally, some types of appointment can only be offered via facilities/equipment at the main site on Portholme Road.

Clinician Type	Hemingbrough	Posterngate
Advanced Nurse Practitioner / ANP	×	✓
Care Co-ordinators / CC	×	✓
Dementia Counsellor	×	✓
Drug Counsellor	×	✓
First Contact Physiotherapist / FCP	×	✓
General Practitioner / GP	✓	✓
Health Care Assistant / HCA	✓	✓
IAPT worker / IAPT	×	✓
Mental Health Practitioner / MHP	×	✓
Midwife / MW	×	✓
Parkinson's Nurse	×	✓
Pharmacist	×	✓
Pharmacy Technician	×	✓
Practice Nurse / PN	✓	✓
Social Prescriber /SP	×	✓
Urgent Care Practitioner / UCP	×	✓

Posterngate Engagement with wider Stakeholders re. Premises

In considering its options during the consultation period in the context of planned housing growth in the wider Selby area (Staynor Hall and Olympia Park), in order to explore whether a larger surgery in the Hemingbrough area would be potentially viable, Posterngate Surgery has asked all other Practices in the vicinity whether they would be interested in the development of a new branch surgery at Hemingbrough for co-location of services. No other Practice has currently expressed an interest in exploring this further.

Also, during the consultation period, Posterngate Surgery was approached by a nearby East Riding Practice who wished to explore the opportunity to take over the ownership/running of the Hemingbrough branch site. Following a visit to the site, the East Riding Practice withdrew its interest on the grounds that the site was not suitable.

New Build Space Standards for Health Care premises

Primary care new build property generally works on the basis of $120m^2$ Net Internal Area per 1750 registered patients. The Hemingbrough gross internal area is $56m^2$, which together with the access/privacy and infection prevention and control issues make the site highly compromised in ever increasing higher standards of primary care premises requirements.

The CCG note, that whilst engaging with clinical colleagues about an alternative provider of services at the site, there has been no formal options appraisal about alternative premises.

However, it is typical that from options appraisal to delivery, an estates scheme, even minor, can take a minimum of 24 months and frequently longer. As the property is leased, the most straightforward approach would be to explore the possibility of the landlord investing in improvements, which in turn would attract a higher rent. Given the age of the building (1820) and layout, scope for investment and improvement in the design is extremely limited and is highly likely to not offer value for money - with any scope for extension of the site to generate additional space to support expansion not achievable.

But for thoroughness, a technical desk top analysis about the options for refurb and a new build, if land could be obtained, could be produced for completeness.

The current physical environment cannot be bought back into operation at this time, which together with the time constrains with sourcing capital and obtaining approval might make delivery of an alternative premise some years away, particularly in the context of the current contractor (Posterngate Surgery) being clear about withdrawing services from the site, and no alternative provider coming forward at this time.

Key Areas of Potential Adverse Impact as Identified by the Practice

Posterngate Surgery's report to the CCG broadly identifies the impact of the proposed closure as neutral for many patients in the Hemingbrough area, but there are undoubtedly protected character groups where the impact may be wholly adverse, or adverse or positive depending on a patient's individual circumstances and ability to travel into Selby.

Protected character groups who have been identified through the Practice's Impact Assessment as those who may experience an adverse impact through the proposed branch closure include older age people, people with a disability, unpaid carers of patients, people or families on a low income, and people facing social isolation.

Whilst the extended range of services that are provided at the main site in Selby with access to a much broader multi-disciplinary care team offers obvious benefits to patients in terms of receiving holistic, joined-up care – these are only materially beneficial if patients are able to easily access the services at Posterngate's main surgery by travelling into Selby.

Although many services can be accessed via telephone, or online if patients are digitally able/literate, there will be occasions where Hemingbrough patients genuinely need a face-to-face consultation with a care professional, and because of poor public transport services, limited voluntary sector services, and the cost of private travel via taxi – there are likely to be occasions where vulnerable patients are disadvantaged or struggle to access care if the Hemingbrough branch is closed.

The Committee should note, however, that Posterngate Surgery has always offered home visits where clinically needed/appropriate to all its registered patients and will continue to offer this service to Hemingbrough residents regardless of the outcome of this proposal.

4. Hemingbrough Parish Council Response

The Hemingbrough Parish Council working group was formed to respond to the Partners at Posterngate Surgery proposal to close the branch surgery in Hemingbrough.

Although the Parish Council's report is critical of some aspects of the consultation process (please see Appendix 2 for a list of the Practice's engagement activities) and wider engagement on premises development, it should be noted that Posterngate Surgery as an independent contractor/business is not contractually obliged through this process to enter into dialog with potential partners, or make significant financial investment regarding refurbished or new premises.

However, legitimate concerns are raised by the Parish Council around two key areas regarding access to care for vulnerable groups in the Hemingbrough area.

The Parish Council report suggests:

> *The [Practice's] draft Report has not considered, or fully addressed our local issues and concerns as a rural community our ability to access primary health care services. Specifically, they have not considered the real impact on vulnerable patients (elderly & frail, disabled) and the high levels of depression within our small population.*

A failure to fully appreciate the issues with the existing Bus Service timetable and the capacity constraints of the AVS Community Transport Service.

The CCG maintains that these concerns *have* been considered by the Practice, but do warrant further consideration in the interests of vulnerable groups who may be affected by the proposed changes to services.

To note, the key recommendations to the Vale of York Clinical Commissioning Group from the Parish Council's report are as follows:

- The Vale of York CCG acknowledges the extent to which the SOP has not been followed and remains incomplete
- The Vale of York CCG reboots the consultation process by requiring Posterngate to send out redrafted Stakeholder and Patient Letters, which apologise for the confusion and state the key reasons for requesting closure more clearly
- The consultation proceeds on the actual reasons and develops a range of positive options which include keeping both the surgery and pharmacy open in a redeveloped building
- That the legitimate concerns of Hemingbrough patients are acknowledged in detail and options developed to mitigate them
- That, to minimise distress, Posterngate Surgery is supported in developing a more professional communications strategy around change management
- That funding is made available by the CCG to support the redevelopment of the building and/or to mitigate the impact of Posterngate's proposals

The CCG maintains that an open, fair, appropriate and proportionate consultation exercise has been conducted by Posterngate Surgery – and that the Parish Council's Report and feedback from its own patient questionnaire have also been carefully considered by the CCG in the development of this report and the recommendation to the Primary Care Commissioning Committee.

The CCG is grateful for additional patient feedback, and though it is not possible to include all, some of the comments on key themes are included below:

Transport Issues

We are a one car family. My wife needs the car to get to work so getting to Posterngate for appointments would be an issue.

The impact of closure mostly cause a problem for my wife. She is unable to walk longer distances, we can't always park in car park at Posterngate. She has COPD and gets breathless easily. Hemingbrough Surgery is just across the road from our home. There are also times when our own transport is off-road. We have a limited bus service at presents – two a week! As pensioners a taxi to Posterngate and back is not an option costwise.

Driving very limited owing to deterioration of health. I have increased depression brought on by a death. I can't cope as many, many times I do sink into a depressed state. I go out only once to collect papers from Londis. All food delivered by Ocado. I find it difficult to mix with others. Confused at times & driving skills are not good.

It will mean we have to make a special journey into Selby unnecessarily when we could just walk in the village. Not just for appts but to order & collect prescriptions. Several journeys will have to be made. This will impact all 4 members of our household as we all use the surgery regularly.

I feel very sad to lose our surgery. We have no transport. I have lived in Hemingbrough all my life. It's going to be so hard to do things. I moved my husband from Beech Tree to Posterngate so I would be able to take him in a wheel chair to the surgery in Hemingbrough. It would be easy here. It's always the older people in the village it's going to hit.

I am 82 with heart & other problems. Not always feel well enough to go to Selby. If I lose my licence due to glaucoma I would need taxis (expensive). Buses are very infrequent and I would have problems walking from the bus stop to the surgery (and the return to the bus stop). It is so convenient to collect medication or visit GP at Hemingbrough (1 mile away) – saving the cost of medication delivery which I have now (£2) if you are not shielding.

Mental Health Issues

For my wife, the stress of going to a big surgery amongst lots of people may cause her panic attacks. Due to my wife's dystonia and little walking ability I have become very tied. It is also easy to pick up our medication at Hemingbrough. To obtain an appointment at the main surgery would be stressful. Bad mistake for all concerned. The impact on long term sick is catastrophic.

It would cause stress and anxiety and undue worries regarding collecting prescriptions which include painkillers. Access to a village surgery was paramount in relocating to Hemingbrough.

Causes me anxiety to go to Selby. Sometimes my husband at work and Hemingbrough is more accessible for me to go to village with my health issues.

Age Related Issues

Due to our age who knows how long we will be able to drive, which yes medication could be delivered, but we would still need to get to Posterngate for appointments, and hardly no bus service. And it would cost an arm and a leg to pay for a taxi. And how are Posterngate surgery going to cope with all the added no of patients from Hemingbrough, Cliffe and all the new builds in Selby. Car park is a struggle now as well, why should people have to park in Tesco e.g. disabled.

I was very shocked. Being 81 years there's things now (shortage of breath) I can't do now. The staff were always helpful & we got to know them very well. I don't use computer, texting, hole in the wall. Excellent covid arrangements. At one time all our family used the surgery.

I have signed the petition because I have seen elderly, disabled village people using the surgery and feel they will find it a problem to travel further to see a doctor.

The closure of the surgery will have a big impact on us in future years. My wife (78) is already worried about the impact upon her as she doesn't want to drive, and leaves all driving. She only walks or cycles everywhere. At 75 years, old I envisage that as I get older I may not be driving and not having a surgery in the village would have a major impact because of the lack of public transport to go 5+ mils. My wife cannot use the internet and relies on others to access it for her.

As I am in my eighties I will find it increasingly difficult to access the visits to the doctors' surgery if I have to go to Selby.

As an older couple it is convenient to get our prescription and more so in winter and if we need to see a doctor.

5. CCG Quality, Equality, Sustainability and Finance Impact Assessment

The Primary Care Commissioning Committee is asked to note that the CCG has also undertaken a Quality, Equality, Sustainability and Finance Impact Assessment re. the proposed closure of the Hemingbrough branch. This assessment was reported at the CCG's October Quality and Patient Experience Committee, and the summary notes from this meeting are as follows:

Michelle Carrington explained that this item was presented for the Committee to provide assurance in respect of the Equality and Quality Impact Assessment process relating to the proposed closure of the Hemingbrough Branch of Posterngate Surgery, Selby. The final decision would be made by the Primary Care Commissioning Committee.

Shaun Macey described the background to the proposed branch closure and the associated guidance requirements relating to consultation with the population affected, stakeholders and the CCG. He expressed appreciation to Paula Middlebrook for the comprehensive work on the Equality and Quality Impact Assessment noting the context of two aspects that required consideration: the impact on patients affected by closure and the identified risks such as lone working, infection prevention and control, and clinical quality and safety. Shaun Macey additionally reported on his attendance at a Hemingbrough Parish Council meeting where opposition to the closure had been expressed by patients.

Members sought clarification on a number of aspects. In respect of travel Shaun Macey explained that Hemingbrough was five miles from the main surgery, which was not an exceptional distance, noting that discussions were taking place with Posterngate Surgery regarding reassurance about home visits when medically appropriate, the context of not all appointments requiring face to face consultation, the change in skill mix in General Practice and potential voluntary sector support for transport. Dr Nigel Wells additionally noted he had received many letters about the proposed closure in his role as CCG Chair, as had Dr Nick Jackson in his Clinical Director of Selby Town Primary Care Network role. The majority of these related to concerns about travelling to the main surgery in Selby.

Discussion also included loss of the dispensing facility which could be mitigated via electronic prescribing and pharmacy home delivery; the context of potential future planning developments and associated requirements; and the fact that a Practice who had expressed a potential interest in the Hemingbrough Branch Surgery had withdrawn following a visit to the site. Stephanie Porter additionally noted the perspective of review of branch surgery sites, including in the context of such as access and multi-disciplinary services that did not all require a face to face offer.

In conclusion Julie Hastings emphasised the need for the CCG to maintain open and honest discussion.

The Committee:

1. *Confirmed that the Equality and Quality Impact Assessment identified the key impacts that closure of the Posterngate Surgery Hemingbrough Branch may bring.*

2. *Approved that due diligence in understanding the impact had been undertaken.*

6. Key Findings to Note

In summary, there has been significant engagement with patients and local stakeholders by both Posterngate Surgery and Hemingbrough Parish Council – with both parties collating extensive feedback and local information to support their proposal/case.

The proposal has also been independently assessed through the CCG's Quality, Equality, Sustainability and Finance Impact Assessment which was undertaken by its Quality and Nursing team.

The CCG acknowledges and accepts Posterngate's position that its Hemingbrough branch site is no longer fit for purpose in the context of being able to deliver safe (for staff and patients) services from a setting that is compliant with modern healthcare regulations. In particular, the CCG's Quality, Equality, Sustainability and Finance Impact Assessment highlights risks regarding the suitability of the layout and fixtures/fittings for delivering safe clinical services.

The CCG also recognises, though feedback from extensive patient engagement and consultation, that the Hemingbrough branch is a greatly valued community resource that provides accessible care to its local population.

It is evident that public transport links into Selby are poor, with infrequent services that would make it difficult and/or expensive for patients without their own transport to access services at the main Posterngate site in Selby.

On balance, however, it must be noted that Hemingbrough is not unique in its position amongst similar rural North Yorkshire Villages with poor transport links into nearby towns where General Practice services are often delivered from a single site which patients will access from surrounding villages.

7. Recommendation

In view of the risks that have been identified by both the Practice and CCG regarding the Hemingbrough branch site's suitability as a modern, safe and compliant clinical setting, the Primary Care Commissioning Committee is recommended to support Posterngate Surgery's proposal to close this site and relocate services to its main site at Portland Road in Selby.

However, acknowledging the value of the existing service to patients in this setting, patient concerns re. transport difficulties for vulnerable groups, and the Parish Council's challenge around further exploration of options around the development of new, fit for purpose premises - the Primary Care Commissioning Committee is also recommended to authorise and support the delivery of an estates options appraisal and feasibility study by the CCG, with the intention of gaining further insight into possibilities regarding a potential new build/development in the area at a point in the future.

In view of the socioeconomic dimension and the health inequalities aspects relating to access to the main Posterngate site, it is also recommended that Posterngate Surgery is asked by the Committee to clarify and commit to the conditions upon which a home visit will be offered to patients in the Hemingbrough area.

Appendix 1 - Key Dates in Consultation Timetable

Timeline	Stakeholder	Communication Activity	Outcome
March 2021	NHS England	Meeting between NHS England, Vale of York CCG and Posterngate Surgery to discuss Partner decision to propose closure.	Guidance documentation provided to the Surgery.
27 May 2021	Staff	Staff informed of plan to enter into consultation with patients. Hemingbrough Staff affected spoken to face to face, remaining staff informed by internal communication	Pending PCCC decision
June 2021	Pharmacies • Arc Pharmacy • Barlby Pharmacy • Boots – Selby • Boots – Howden • Pinfold Pharmacy • Rowlands • Scott Road Pharmacy • Stones Pharmacy	Letters sent informing of consultation process commencing, priority telephone contact details supplied and email address for any communication – see **Appendix 15. Stakeholder Letter**	No comments received via email or telephone
June 2021	Landlord	Letter sent informing of consultation process commencing, priority	Receipt of letter acknowledged via

		telephone contact details supplied and email address for any communication, followed up with a telephone call to confirm receipt of consultation letter	telephone conversation.
June 2021	Parish Council	Letter sent informing of consultation process commencing, priority telephone contact details supplied and email address for any communication, followed up with a telephone call to confirm receipt of consultation letter	Received an invite to attend the July Parish Council meeting, agreed at meeting for both parties to share relevant information throughout the consultation process.
June 2021	Local Surgeries • Beech Tree Surgery • Escrick Surgery • Howden Medical Centre • Scott Road Medical Centre	Letters sent informing of consultation process commencing, priority telephone contact details supplied and email address for any communication	Beech Tree Surgery, Escrick Surgery and Scott Road Medical Centre are part of Selby Town Primary Care Network (PCN), meetings are held weekly between the PCN and Practice Managers, all parties have been kept informed of the ongoing consultation process.
June 2021	Patient Participation Group (PPG)	Informed by email entering in to consultation	Practice Manager attended 14 July 2021 PPG meeting to debrief of the proposed closure. No PPG member affected directly by the closure, PPG members empathised with distress the closure may cause some patients.
June 2021	North Yorkshire County Council (NYCC) – Scrutiny of Health Committee	Letters sent informing of consultation process commencing, priority telephone contact details supplied and	24th June 2021, meeting held between Daniel Harry, NYCC and Counsellor John Ennis, NYCC, Cheryl

		email address for any communication	Midgley, Posterngate Surgery and Dr Karen Bradley-Wood, Posterngate Surgery. Forwarded survey results and patient feedback in August following closure of the patient survey.
June 2021	Care Quality Commission (CQC)	Letters sent informing of consultation process commencing, priority telephone contact details supplied and email address for any communication	CQC received 4 patient contacts with concerns raised due to their being no bus service serving the area, response sent to CQC stating limited bus service available, we are aware that lack of transport could be of concern to some patients. Forwarded survey results and patient feedback in August following closure of the patient survey.
June 2021	Nigel Adams, MP	Telephoned Mr Adams and liaised with a senior caseworker. Copy of stakeholder letter emailed and send via post.	The MPs Office received 6 patient contacts raising their concerns, surgery comments sent to MP's Office so they could respond to patients. Concerns/comments received: • Lack of public transport • Concerns about collecting prescriptions for medications that are temperature controlled and that this is best done in person • Infection control is an

			issue that exists in every surgery • The lone worker risk won't exist once the doctors are back in the surgery
June 2021	Other stakeholders • Selby War Memorial Hospital • Selby District Council • Midwives • Health Visitors • YorLMC • East Riding CCG • Vale of York CCG	Letters sent informing of consultation process commencing, priority telephone contact details supplied and email address for any communication	Selby District Council and YorLMC acknowledged receipt of letter.
June 2021	Patients	Patient letter and survey issued	Received: - 357 survey responses - 1 email - 2 letters - 2 messages via practice website
July 2021	Local Surgeries	At request of Parish Council asked to confirm if they would consider co-habiting surgery premises in Hemingbrough	Confirmation received this was not an option, communicated to Parish Council in letter dated 23rd July 2021
August 2021	Parish Council	Survey results and draft patient feedback response supplied to Parish Council	Acknowledged receipt
September 2021	Patients	Covering letter and feedback to comments received supplied – see **Appendix 19. Posterngate Surgery**	2 emails received from patients 1 letter addressed to Dr Nigel Wellls, VOYCCG forwarded

		Responses to Patient Feedback	to the practice with patient's permission
September 2021	Howden Medical Centre	At request of Parish Council asked to confirm if they would consider co-habiting surgery premises in Hemingbrough	Response received from the Practice stating they would not be able to look at cohabiting premises
September 2021	Primary Care Network	Further to response sent to Parish Council in July, requested to ask again if any surgeries would consider co-habiting a surgery in Hemingbrough.	Practices confirmed this was not an option, communicated to Parish Council in letter dated 17th September 2021
September 2021	Parish Council	Request received to consider: • Updating building • Updating the building and cohabit with another GP • New building • New building – co-habit with another GP • Stay at Hemingbrough with the building update, but while there are GP shortages a reduced service of GP appointments	Response sent to Parish Council 17th September re-affirming points made in letter dated 23rd July.
September 2021	Parish Council	Request received for: • copy of stakeholder and patient letters • Lone working information • Reasons for approaching CCG for closure	Supplied copy of stakeholder and patient letter, previously received stakeholder letter as copy sent to Parish Council, supplied copy of patient letter.

			Responded to lone working information request. Confirmed reasons for approaching CCG closure are as disclosed in the stakeholder letter
September 2021	Anonymous Surgery	Met with representatives from a surgery not currently offering primary care in the area at the branch site to assess if they would be interested in taking the branch site on.	Following site visit received confirmation in October that the surgery did not want to explore possibility of taking over the branch site, stated the surgery was not fit for purpose.
October 2021	Parish Council	Formally received copy of Parish Council Survey results. Prior to receipt had accessed information via Social Media as published in August 2021	Forwarded by Parish Council to CCG via email 1 October 2021. See **Appendix 21. Parish Council Survey**
October 2021	Parish Council	Requested to meet with landlord and anonymous benefactor to discuss modifying existing premises or building new premises	Replied with copies of letters sent 17 July and 17 September, patient feedback issued in September to patients (August to Parish Council) confirming points raised have already been responded to. Also included isolated staff survey results which commenced in response to Parish Council requesting a greater understanding of the issues faced by staff when working at the Branch Surgery.

Item Number: 11 **Name of Presenter: Simon Bell**

Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 2021**	NHS Vale of York Clinical Commissioning Group

Report Title: Primary Care Safeguarding Reports

Purpose of Report
For Decision

Reason for Report

To request Primary Care Commissioning Committee approval for a Local Enhanced Service (LES) for safeguarding reports prepared by Primary Care.

GP Practices are being requested to prepare an increasing number of safeguarding reports for various bodies. The CCG has a process in place to pay for Fostering and Child Protection reports however GP Practices are also preparing reports for MASH (Multi Agency Safeguarding Hub) and MARAC (Multi Agency Risk Assessment Conference) boards which cannot be approved and processed in the same way. Payment for safeguarding reports is currently an administrative burden for all involved and so this paper sets out a request to create a LES for payment of all safeguarding reports prepared by GP Practices.

Practices would submit details of the number of each type of report based upon the information held on their clinical systems which would then generate a quarterly payment as part of the usual LES process.

The specification for this LES is currently being developed. Nevertheless the request is for the LES to begin from 1st January 2022 so approval in principle to make payments via a LES is requested.

Please see Annex 1 for the full report which has been reviewed by the CCG Executive team.

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:**	
Recommendations The Committee approve a LES for payment of fees for safeguarding reports prepared by Primary Care.	
Decision Requested (for Decision Log) Approval of a LES for safeguarding reports.	

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

General Practice Safeguarding Reports

Background

In 2019, Dr David Geddes, who was Head of Primary Care at NHS England, sent a letter to CCGs asking them to review local arrangements regarding general practice reporting for safeguarding to ensure that safeguarding activity in general practice is supported. Examples of how this had been done elsewhere were included as follows:

- Direct payments to a practice by the CCG under long standing "Collaborative arrangements"
- Introducing a Safeguarding Local Enhanced Service.

The CCG has been paying GP practices for Fostering and Child Protection safeguarding reports. The process has been as follows:

The Council send a request for a Fostering or Child Protection report from the relevant GP practice. The GP practice complete the report and submit to the Council. The GP practice also complete a claim form with details of the GP who completed the report and the patient. This is submitted to the Council who sign to confirm that the report has been received. The claim form is then sent to the CCG who prepare a manual payment to the GP practice. Medical fees are liable to VAT and so in the case of VAT registered practices, they also attach an invoice to the claim form and the CCG pay the invoice rather than make a manual payment. Claims are often incorrectly sent to the CCG without approval which means they must then be forwarded on to the Council – delaying payment and posing a data protection risk.

The CCG was approached last year with regards to payment for safeguarding reports prepared by GP practices. The above process was re-iterated to practices however it has since become clear that the GP practices are preparing more safeguarding reports than originally understood. Practices can be requested to prepare the following safeguarding reports:

- Fostering – requested by Local Authorities (LAs) (City of York Council, North Yorkshire County Council, East Riding of Yorkshire Council)
- Child Protection – requested LAs (City of York Council, North Yorkshire County Council, East Riding of Yorkshire Council)
- MASH – children's safeguarding requested by City of York Council children's safeguarding hub (City of York Council area only; the equivalent in North Yorkshire County Council, Mult Agency Screening Team, does not go out to primary care)
- MARAC – adult safeguarding requested by North Yorkshire Police (City of York Council and North Yorkshire County Council areas)

Fostering and Child Protection reports are requested by LAs and are currently approved by the LAs who confirm that they have received the reports. MASH and MARAC reports cannot be approved by the requesting organisations in the same way (the MASH team do not have any admin support to confirm if reports have been received) and so this paper looks to set out how payment can be approved.

Dr Nigel Wells has given practices assurance that the CCG would reimburse them accordingly for all safeguarding reports.

Detail

Meetings have been held between the CCG and Dr Emma Broughton regarding payment for these reports. Dr Broughton has confirmed that the reports can be very variable in terms of the time required to prepare them (depending up the family circumstances) however the volume of requests has increased significantly and writing these reports takes valuable clinical time.

The CCG utilises a standard claim form for safeguarding reports which aligns with NHS North Yorkshire CCG. Acknowledging that reports can take varying lengths of time to complete (some can be very brief and others much more detailed), Dr Broughton agreed that the fee of £61.89 for a 'detailed written report from the medical record with or without request for opinion' was appropriate (see highlighted section on the claim form attached) and this is in line with the fee paid for a Child Protection report.

Per the CCG Deputy Designated Nurse Safeguarding Children and Children in Care, requests for safeguarding reports from MARAC began in September 2020 and MASH in March 2021. Dr Broughton confirmed that there is one report per child (so there may be several reports if there are several children in a family) for MASH and one report per family or two if separated for MARAC.

Conversations have taken place with the Finance team at NHS North Yorkshire CCG who have confirmed that they do not request approval for any safeguarding reports. However, as per the CCG Deputy Designated Nurse Safeguarding Children and Children in Care they do not have any child safeguarding reports (these are not requested from Primary Care in North Yorkshire) and very few adult safeguarding reports.

Dr Broughton has been leading the conversations with the CCG on MASH and MARAC reports on behalf of the other GP practices in the area and as such the CCG does not know the total number of reports that have been written in this period as there may be more than one report per request. However, we have been able to establish the number of reports prepared by Priory Medical Group. The number of requests and reports are set out in the table below.

	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Total	£
No. of requests from MARAC to Priory	18	16	19	5	19	13	28	23	16	157	
No. of reports per Priory	3	12	18	11	34	41	39	70	24	252	15,596.28
No. of requests from MASH to Priory							6	8	11	25	
No. of reports per Priory							5	6	20	31	1,918.59

The differences in requests and reports are due to timing between when the request was received, and the report was written. The CCG safeguarding team has provided the total number of requests for MASH and MARAC reports from practices as follows:

	Total no. of MARAC requests (Sep-20 - May-21)	Total no. of MASH requests (Mar-21 - May-21)
Haxby	40	7
YMG	99	12
Front Street	17	2
Jorvik Gillygate	37	5
My Health	14	2
Unity	6	1
Dalton Terrace	9	2
Old School Medical Practice	0	1
Total	222	31

If the proportion of requests to reports is the same for other practices as it is for Priory, this would equate to an estimated total cost as follows:

Type of report	Estimated cost for Sep-20 – May-21 £	Estimated annual cost £
MARAC	37,649.62	50,199.49
MASH	4,374.39	20,389.80
Total	42,024.00	70,589.29

Proposal

As described previously, MASH and MARAC reports cannot be approved by the receiving body in the same way as Fostering and Child Protection reports. However, Dr Emma Broughton has confirmed that all safeguarding reports are recorded within a practice's clinical system and so a report can be run directly from the system which details the number of reports. This would provide evidence that a report has been written without requiring third party approval.

Given that MASH and MARAC reports cannot be verified before payment by the requesting organisation, it is proposed that payment for safeguarding reports is made to practices via a LES. This is in line with the suggestion payment methods in David Geddes' letter.

In line with the other LESs, practices would submit details of the number and type of safeguarding reports written as per their clinical system to the CCG on a quarterly basis and this would be used to generate the payment. If a practice is VAT registered, they would submit the LES information as required and then submit one invoice to the CCG for their payment.

If the proposal is approved, it is suggested that the LES should begin from January 2022.

Benefits

The proposal would provide a number of benefits as follows:

- **Significant time savings** – for GP practices, the Councils and the CCG Finance Team who would no longer have to claim, approve and pay for each report individually. Practices submit a significant number of claims for Fostering and Child Protection reports already. These are all submitted individually to the Council who then send them to the CCG for payment. Payments are made as and when claims are received. If the proposal is approved, Practices would run reports from their clinical systems on a quarterly basis and submit the data to the CCG for quarterly payment which would generate significant time savings for all parties.

- **Data protection** - removing the third-party approval from the Council would also mean that patient information does not need to be transferred around the system thus removing the risk of a data breach.   Claims are often sent to the CCG without approval which increases the risk of the paperwork going astray.
- **Clear records** – payment based upon clinical system records will provide the CCG with valuable information on how many reports of each type are being written that is currently not available.
- **VAT invoices** – these can become detached from the claim form on route to the CCG which causes difficulties in matching the claim and the invoice and creates the possibility of duplication.

Risk

The CCG is aware that some practices do not currently claim for any safeguarding reports as they deem it to be part of the requirements of the main GP contract. There is a risk that more practices will claim for safeguarding reports (including Child Protection and Fostering) if payment is made via a LES. This may increase the costs to the CCG of safeguarding reports going forwards.   The cost impact is currently unknown as it is not clear how many reports are written but not claimed for however the CCG has given the practices assurance that these reports will be paid for.

Caroline Goldsmith
Acting Head of Finance
01/11/21

Type of examination report:

Examination of blind or partially sighted persons for the completion of Form BD8		**Fee**
□	Examination in consulting room	71.41
□	Re-examination in consulting room	47.94
□	Examination in patients home	95.25
□	Re-examination in patients home	71.41

Psychiatric examination under section 105 of the NHS Act 1977 or for the purpose of the Mental Health Act 1983:

□	Consultant or specialist work, including work carried out by a practitioner approved under section 12 (2) of the Mental Health Act 1983	178.88
□	Other medical work (Doctor not on Approved list)	55.47

Children in care, Adoption or Fostering:

(a) Examination and reports on children committed or about to be committed to the care of the local authority or received into care by a local authority, or about to be fostered (Unless 4B, below applies)

□	(i)	Initial examination	40.46
□	(ii)	Subsequent examination by the same doctor/ his partner/ assistant or locum tenens	25.94
□	(iii)	Freedom of Infection Certificate only	25.94

(b) Examination and reports in a form recommended by the British Agencies for Adoption And Fostering (BAAF)

□	(i)	Forms C, D, YP, or AME (detailed medical examinations to report on child)	104.28
□	(ii)	Form AH (Health Assessment on a prospective carer)	78.69
□	(iii)	Form AH2 (adult 2) Subsequent reviews from GP Records)	25.95
□	(iv)	form IHA (initial Health Assessment for looked after children)	61.89
□	(v)	Forms M/B (obstetric report on a birth mother and Neo-natal report on baby)	47.87

Other examinations and reports locally agreed/negotiated services:
Examples include: Child Protection reports, Continuing Care Assessment reports,
Common assessment of children & young people reports, Protection of vulnerable adults reports (including domestic violence), Community Care Planning reports:

Payable		**Fee**
□	Simple summary of past medical history (print out of relevant computer records only)	No Fee
□	Tick Box Profroma	25.95
□	Detailed written report from the medical record with or without request for opinion	61.89
□	Clinical examination and report	104.28

(The above will only be paid if requested by the relevant LA)

Attendance at a Case Conference and other LA requested meetings:		**Fee**
□	Attendance at a case conference (not expected to be greater than 1 hour)*	78.67
□	Travel (Please specify including mileage) ________________________________	.40p per mile
□	Other (Please specify) ____	

* If a GP is required at a case conference, the organising authority should give a time for attendance to reduce time out of surgery. This is the maximum fee the CCG will pay.
Please note that forms will be returned to the named Doctor above if not completed fully and this will result in delays in payments.

Item Number: 12 **Name of Presenter: Shaun Macey**

Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 2021**	NHS Vale of York Clinical Commissioning Group

Request for Funding re. Support Costs for GP 'Covid Laptops'

Purpose of Report
For Decision

Reason for Report

To support the Covid response, 373 additional 'Covid laptops' were purchased with funding provided by NHS England/Improvement in 2020/21 and deployed to GP Practices across Vale of York CCG. This included the associated support up until 31st March 2021. The CCG set aside non-recurrent funding for this support in H1 as part of the 2021/22 budget setting process and recently agreed with practices to use additional GP IT Infrastructure and Resilience funding to cover the costs in H2.

From April 2022 the on-going support costs for these devices will no longer be met from existing budgets and the CCG must therefore consider options regarding a potential cost-pressure as it transitions across to the ICS.

Strategic Priority Links

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

Local Authority Area

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

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

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:** n/a
Recommendations The Primary Care Commissioning Committee is asked to consider the options presented in this report and approve the preferred option to support the on-going funding of these 'Covid laptops' by the CCG.
Decision Requested (for Decision Log) The Primary Care Commissioning Committee is asked to consider the options presented in this report and approve the preferred option to support on-going funding of these 'Covid laptops' by the CCG.

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

Shortly after the beginning of the Covid pandemic, to help support infection prevention and control in Practices and reduce the risk of infection to staff and patients, NHS England/Improvement (NHSE/I) published a Standard Operating Procedure for General Practice that encouraged staff to work remotely where possible, and to operate a 'total triage' model to reduce patient contact where clinically appropriate to help prevent further spread of the virus.

This 'total triage' access model was supported nationally with funding from NHSE/I online consultations systems, video consultations software / hardware, and for the provision of additional 'Covid laptops' to Practices.

The laptops were deployed to Practices via their Primary Care Networks at the start of the 2020/21 financial year, and were purchased by the CCG with a 12 month support contract with its IT Support Partner, NECS.

In total, 373 additional laptops were purchased and deployed to Practices across Vale of York CCG.

Through subsequent discussion with Practices and the Local Medical Committee it has become evident that these additional laptop devices have proved to be invaluable to Practices throughout the pandemic. Although Practices have now returned to a more 'business as usual' way of working (even though Covid continues to impact on services) the laptops continue to be heavily used by Practices to support:

- Business continuity – with many staff having needed to self-isolate or stay at home to care for children / relatives, these devices have enabled staff to carry on with the majority of their office-based work remotely, including both clinical work / consultations, and administrative / management tasks that are essential to keep services running.

- Flexible working and resilience – Practices are still working hard to improve patient access, whilst minimising the risk of Covid infection to both staff and patients. The additional laptops continue to enable Practices to work in a socially-distanced environment by splitting teams with some working remotely from home, and some in the Practice. Protecting the Practice workforce and keeping services running is particularly important as we move into the winter months with unprecedented patient demand.

- Increasing capacity – asking a tired workforce to work additional hours / sessions is not easy, but there are GPs and Practice staff who are working extra hours / sessions across the system because they are able to work flexibly from home using these laptops. The laptops are also making it easier to recruit staff into the Extended Access service (evening / weekend appointments) because of the flexibility to consult remotely.

However, at the end of March 2021, the support cover for these devices expired.

The CCG set aside funding in H1 to cover the support costs whilst it determined the best approach recurrently. The CCG subsequently identified funding through additional GP IT Infrastructure and Resilience funding allocations that has enabled these laptops to have their NECS support costs covered to the end of the 2021/22 financial year.

https://www.england.nhs.uk/publication/primary-care-sdf-and-gpit-funding-guidance-analysis-of-programmes-and-funding-in-2021-22/

This GPIT Infrastructure and Resilience Programme funding is intended to support CCGs in managing specific technology upgrade initiatives, which are key to providing safe, robust and secure IT services.

From the funding guidance:

This year, we are asking CCGs to prioritise replacing temporary remote working solutions, such as Remote Desktop Protocol systems, deployed during the pandemic but not appropriate as long term solutions. Instead, systems should consider alternatives such as Virtual Desktop Infrastructure, while also allowing systems to apply flexibility.

The CCG has therefore chosen to decommission the outdated LogMeIn and AwayFromMyDesk remote access solutions and support the wider use of secure laptops to facilitate remote working.

This GPIT Infrastructure and Resilience Programme funding only covers the laptop support costs until end March 2022, so the CCG needs to consider its options as we move into the 2022/23 financial year and transition into the ICS.

2. Covid Laptops – Summary of Options

The 373 additional 'Covid laptops' are now part of the CCG's IT estate and will therefore incur an annual support cost (from NECS) and at their 'end-of-life' will need to be securely disposed of and replaced with new equipment purchased through GPIT capital funding (or the equivalent as we transition into ICS).

The annual support cost is £86,319.66 (VAT does not apply to this service) and is broken down as follows:

	Devices	Price	Charge
Support	373	148.00	55,204.00
Remote Access	373	75.00	27,975.00
Managed Engine Licence	373	8.42	3,140.66
Total			**86,319.66**

Option 1 – Practices to pay on-going support costs

As these laptops are additional to the CCG's baseline GPIT device number, we could ask Practices to pay the annual support costs themselves – or return the laptops to 'stock' if they did not wish to pay.

This approach could have a potential disadvantage in that many laptops returned to stock may reach 'end-of-life' before they are deployed.

It is also clear from conversations with LMC colleagues that they would strongly oppose Practices being asked to pay for IT equipment support costs themselves.

Option 2 – Work with Practices to understand where laptops could replace desktop PCs

This approach is predicated on re-aligning the GPIT device count to the pre-pandemic number – i.e., bringing the device count and associated support costs back in line with the CCG's GPIT funding allocation.

After initial discussion with regards to this option with Practices and NECS it is evident that this will be a resource-intensive exercise, requiring meetings with individual Practices to understand which specific desktop PCs could be replaced by laptops. With many Practices employing part-time staff who share consulting rooms it is evident that this approach could become complex to manage for Practices and result in flexibility / resilience being lost with laptops needing to stay permanently attached to the shared clinical space where they are positioned so that the next member of staff to use the room has a device to work on.

It is also highly unlikely that Practices would have time / resource to engage in this exercise as we move into the winter months with unprecedented demand from patients, and an ask from NHSE/I that Practices focus on access improvement for patients and increasing their appointment numbers.

Option 3 – CCG to Fund Support Costs for Additional Covid Laptops

With a cost-pressure of £86k, the CCG could elect to absorb this in the interests of maintaining the flexibility and resilience that these additional laptops provide to General Practice – particularly in their capacity to keep services running for patients by supporting the Practice workforce to keep working under challenging circumstances.

The CCG has previously passed on GPIT funding in full to NECS, but it has recently been highlighted that the annual increase in the CCG's GPIT allocation has exceeded the growth in value of the NECS support contract, such that there is now an effective underspend against GPIT within our broader baseline funding allocation of circa £59k. This benefit has effectively been absorbed within the overall CCG financial position and so any commitment to the £86k would be an overall cost pressure that would need to be built into the 2022/23 planning process. However, it could be argued that £59k should go towards GPIT costs based on the following position against actual baseline allocation.

Funding Description	Allocation £000	Budget £000	Variance £000
GP IT	1,337	1,278	59
I&R	75	75	0
Total	**1,412**	**1,353**	**59**

3. Request

In the interests of continuing to support our Practices to deliver accessible services to our patients, and to equip the General Practice workforce with a degree of flexibility and resilience, the Primary Care Commissioning Committee is asked to support the preferred solution of Option 3 to CCG-fund the support costs for the 'Covid laptops' at a cost of £86k for the 2022/23 financial year.

Item Number: 13 **Name of Presenter: David Iley**

Meeting of the Primary Care Commissioning Committee **Date of meeting: 25 November 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. To ask the Committee for approval in relation to the primary care estate and Practice boundaries.
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:** N/A
Recommendations **The Primary Care Commissioning Committee is being asking to:** - **Confirm support for the estates development at Sherburn Group Practice and agree to the additional revenue costs** - **Confirm support for the proposed lease extension of 5 years at Front Street Surgery** - **For the Committee to consider the change in Practice boundary from Priory Medical Group**
Decision Requested (for Decision Log) *(For example, Decision to implement new system/ Decision to choose one of options a/b/c for new system)*

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

Annexes (please list)

Appendix 1 – Priory Medical Group Boundary Change Report

Vale of York CCG Delegated Commissioning Primary Care Update November 2021

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

15th November 2021

1.0 Items for a Decision

1.1 Sherburn Group Practice Estates Capital Bid
Beech Grove, Sherburn In Elmet, Leeds, LS25 6ED

The Practice is in the final stages of developing an estates project initiation document (PID) to bid for capital from NHS England. The scheme would see the existing site developed to include an extension to the rear and second floor whilst reconfiguring the lower ground floor. The footprint of the site would increase from 447m2 to 817m2 providing additional access to primary care services for the local population which has seen and continues to see significant population growth in the local area. It would also support the development of the Primary Care Network supporting the recruitment of staff under the Additional Roles Reimbursement Scheme (ARRS).

The scheme is estimated to cost approximately £2.1million which will be funded through a combination of NHS England capital, council funding, Section 106 funding a Practice contribution arranged through an improvement grant. The CCG and Practice are currently in discussions with the council over securing funding they have identified. Final plans have been drawn up and planning permission secured.

The Current Market Rent (CMR) for the Practice is £57,500 per annum and upon completion of the works the District Valuer has assessed that the CMR would be £121,800 per annum. However, the abated CMR assuming a 66% improvement grant would be £85,800 with a 15-year abatement. It is anticipated that the abatement will be calculated at more than 66% due the council funding contribution which would bring the abated CMR value down further reducing the revenue impact of the scheme for the 15-year abatement period.

An estates development at Sherburn has been supported in principle previously by the CCG who were committed to supporting a new build development which would have seen the co-location of Sherburn Group Practice with South Milford however that scheme was unable to progress.

The Committee is asked to support the scheme in principle and the revenue impact identified to enable the PID to be finalised and signed off

1.2 Proposed Lease Extension
Front Street Surgery, Unit 5, Copmanthorpe Shopping Centre

The lease for the Front Street Surgery branch site at Copmanthorpe Shopping Centre expires on 24th December 2021. The Practice and landlord have proposed a five year extension to the lease to run until December 2026 under the same terms and conditions with the exception of the annual rent which will increase from (exclusive of VAT) £10,028 to £11,611 per annum.

The Committee is asked to approve the proposed lease extension of 5 years

1.3 Priory Medical Group – Request to change their Practice Boundary

Earlier in the year Priory Medical Group applied to change their Practice boundary as per the report in **appendix 1**. Following discussion, the Committee didn't feel they were able to decide and asked for further details to be brought to a future meeting specifically around the patient benefits of the boundary change and potential risks to other Practices.

A discussion took place with Priory Medical Group to provide some additional context and to further understand the benefit to patients.

As previously described the existing Priory Medical Group boundary only covers approximately half of the village of Stockton on the Forest which came to light following a patient list cleansing exercise undertaken by the Practice. Prior to the practice merger Abbey Medial Practice's boundary included all of Stockton on the Forest but this appears to have changed during the merger process more than likely due to an administrative error or oversight.

Approximately 200 patients residing in Stockton on the Forest remain registered at Priory Medical Group but outside the Practice boundary. During an exercise to cleanse the Practice list, in which Priory Medical Group were aiming to reduce their patient list to create better access rather than expand and take on new patients they discovered the historic anomaly regarding the Practice boundary. Rather than remove these patients from the Practice list or continue to treat them as out of area patients they felt it was best to apply to 'correct' the Practice boundary. If approved Priory Medical Group have no intention of publicising the decision or developing any comms to attract additional patients and therefore do not anticipate there being any movement of patients as a result.

The benefit to the 200 patients in question is that they'll be able to remain on the Priory Medical Group Practice list with no potential of being removed in the future although Priory Medical Group have acknowledged it's unlikely the service the offer to these patients will change.

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

2.0 Items for Noting

2.1 Improving Access for Patients and Support for General Practice

BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf (england.nhs.uk)

This document was published on 14th October with access to general practice being an essential part of winter plans. The document describes several further actions that now need to be taken by the NHS, Government and partner organisations, to support general practice and ensure it has the support, technology and time to deliver the right care for patients in the right way and at the right time to improve access including face-to-face appointments with GPs. They include steps to:

(a) increase and optimise capacity
(b) address variation and encourage good practice and
(c) improve communication with the public, including tackling abuse and violence against NHS staff

For the five months November to March, a new £250m Winter Access Fund will help patients with urgent care needs to get seen when they need to, on the same day, taking account of their preferences, instead of going to hospital.
The two main uses of the fund will be:

(i) to drive improved access to urgent, same day primary care, ideally from patients' own general practice service, by increasing capacity and GP appointment numbers achieved at practice or PCN level, or in combination
(ii) to increase the resilience of the NHS urgent care system during winter, by expanding same day urgent care capacity, through other services in any primary and community settings

All systems were asked to develop and submit a plan, by Thursday 28 October, assured by the ICS board. The Humber, Coast and Vale proposal included plans for system wide support to primary care as well as tailored support for individual Practices.

2.2 Delegation of Primary Care

With the dissolution of CCGs, Integrated Care Systems (ICSs) will be required to assume delegated responsibility for the commissioning and contract management of primary care medical services from 1st April 2022. ICSs are also required to develop plans to assume delegated responsibility for the commissioning and contract management of community pharmacy (including Dispensing Doctors), dental services and community optometry services.

To support this the ICS had to submit, by 24th September 2021, expressions of interest via the completion of a pre-delegation assessment framework for each of the contractor groups reflecting the intentions of the ICS. NHSE/I worked with CCGs to develop a plan; the dates submitted for assuming delegated responsibility for commissioning and contract management were:

- Primary Medical Services from 1st April 2022
- Dental Services from 1st April 2023 and in shadow form from 1st October 2022
- Community Optometry from 1st April 2023 and in shadow form from 1st October 2022
- Community Pharmacy from 1st April 2023 and in shadow form from 1st October 2022

2.3 General Practice Electronic Declaration (e-Dec)

The e-Dec is an annual contractual requirement in which practices provide responses to a series of questions with the purpose of providing assurances of contract compliance. The collection window for the 2021 General Practice Annual Electronic Self-Declaration (eDec) will open to receive submissions from Monday 18th October 2021. The deadline for submitting the eDec will be Friday 26th November 2021.

2.4 Primary Care Flexible Staff Pools

The primary care flexible staff pool arrangements reflect the People Plan commitment to establish GP banks, and replaces the Locum Support Scheme commitment made in 'Update to the GP Contract Agreement 2020/21-2023/24'.

The ambition is for these flexible staff pools to support groups of primary care networks (PCNs), increase capacity in general practice and create a new offer for local GPs wanting to work flexibly. https://www.england.nhs.uk/gp/the-best-place-to-work/primary-care-flexible-staff-pools/

The ICS undertook a procurement exercise using the NHS England framework following which a contract was awarded to a supplier called Lantum. A 2 year agreement has been put in place using System Development Funding and is currently being mobilized, which will provide all interested Practices in Humber, Coast and Vale with access to the system.

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

NHS England

Proposed Changes to Practice Boundary

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

- B82005 – Priory Medical Group

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

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

<table>
<tr><th></th><th colspan="2">Background to the Application</th></tr>
<tr><td>Main details from the application</td><td colspan="2">Priory Medical Group wishes to add Stockton on the Forest village to our formal visiting area.

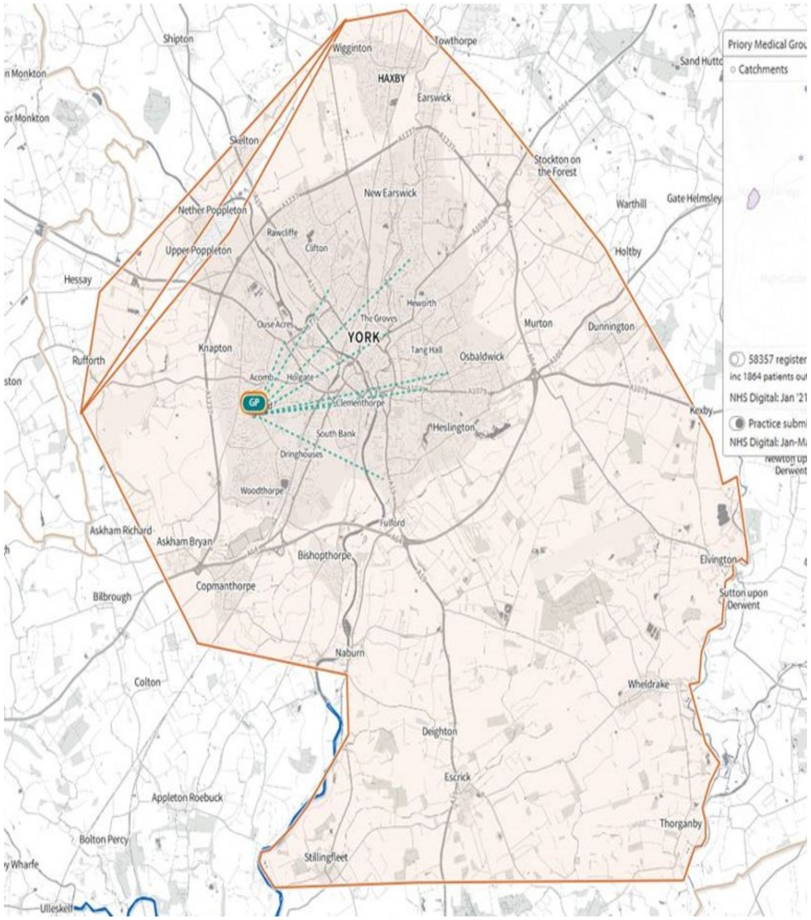
PMG merged with Abbey Medical Group in 2012. It came to light in 2020 that the Practice Boundaries were not merged- it affected one village in particular, where over 200 patients were registered with Abbey Medical Group and would be outside the old PMG boundary- they have been kept on informally, but we would like to formally adjust the practice boundary to include this village</td></tr>
<tr><td>Practice addresses</td><td>Main
Priory Medical Centre
Cornlands Road
Acomb
York
YO24 3WX</td><td>Branches
Parkview Surgery
28 Millfield Avenue
Poppleton
York
YO10 3AB

Tang Hall Surgery
Tang Hall Lane
York
YO10 3RL

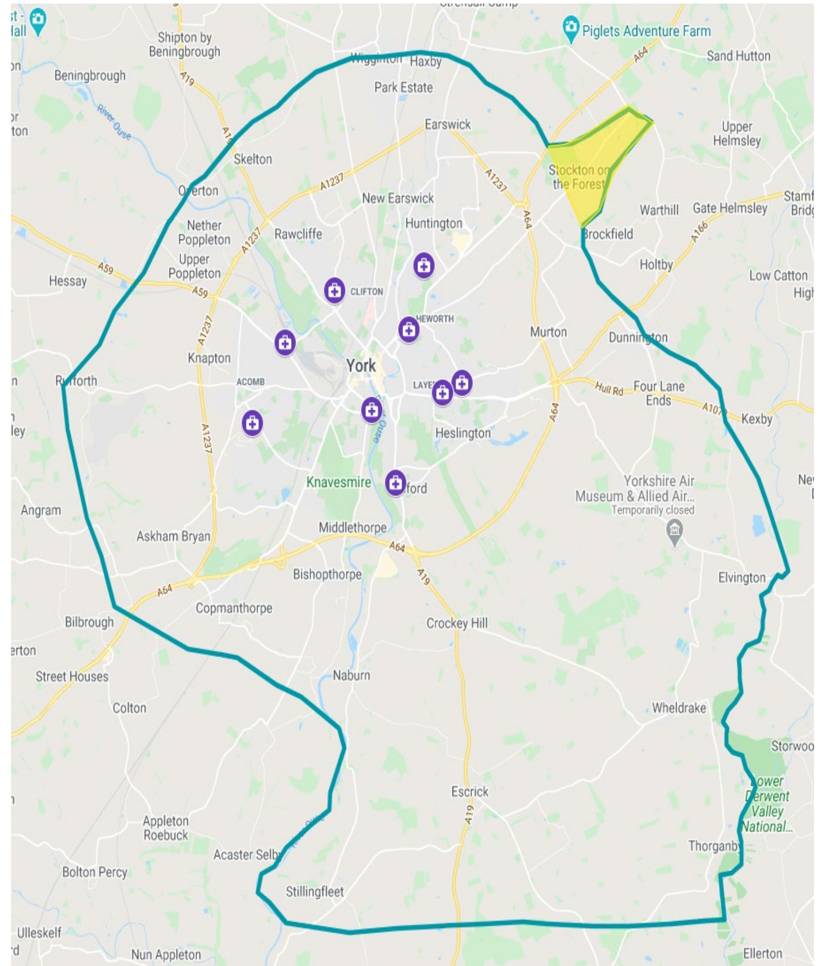
Lavender Grove Surgery
Boroughbridge Road
York
YO26 5RX</td></tr>
</table>

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

Current boundary (taken from the “SHAPE” tool):



Proposed additional boundary shaded in yellow (taken from Google maps):



Commissioners must consider the application having regard to other practices’ boundaries, patient access to other local services and in general other health service coverage within a location and may seek to involve the public to seek their views.

Consultation

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

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

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

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

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

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

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

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

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

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

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

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

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

None

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

Action for the Commissioning Committee:

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