

**Minutes of the 'Virtual' Primary Care Commissioning Committee on  
25 November 2021**

**Present**

|                            |  |
|----------------------------|--|
| Julie Hastings (JH)(Chair) | Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee |
| David Booker (DB)          | Lay Member and Chair of the Finance and Performance Committee  |
| Simon Bell (SB) – part     | Chief Finance Officer  |
| Phil Goatley (PG)          | Lay Member and Chair of the Audit Committee and the Remuneration Committee   |
| David Iley (DI)            | Primary Care Assistant Contracts Manager, NHS England and NHS Improvement (North East and Yorkshire)                         |
| Stephanie Porter (SP)      | Interim Executive Director of Director of Primary Care and Population Health   |

**In attendance (Non Voting)**

|                                   |   |
|-----------------------------------|---|
| Fiona Bell-Morrith (FB-M) – part  | Lead Officer Primary Care, Vale                               |
| Carl Donbavand (CD) – item 9      | Programme Lead (Complex Care and Mental Health)               |
| Shaun Macey (SM)                  | Acting Assistant Director of Primary Care                     |
| Paula Middlebrook (PMi) – item 10 | Deputy Chief Nurse  |
| Dr Andrew Moriarty (AM) – part    | YOR Local Medical Committee Locality Officer for Vale of York |
| Michèle Saidman (MS)              | Executive Assistant   |
| Hannah Taylor (HT)                | Team Administrator  |

**Apologies**

|   |   |
|---|---|
| Kathleen Briers (KB) /<br>Lesley Pratt (LP) | Healthwatch York  |
| Dr Paula Evans (PE)                         | GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network |
| Dr Tim Maycock (TM)                         | GP at Pocklington Group Practice representing the Central York Primary Care Networks                          |
| Phil Mettam (PM)                            | Accountable Officer   |
| Sharon Stoltz (SS)                          | Director of Public Health, City of York Council   |
| Gary Young (GY)                             | Lead Officer Primary Care, City   |

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

Four members of the public joined the live stream.

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The Primary Care Commissioning Committee had met in private prior to the meeting in public in accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 as it was 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 was not heard in public as the content of the discussion contained commercially sensitive information which if disclosed may prejudice the commercial sustainability of a body.

## **Agenda**

The agenda was discussed in the following order.

### **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.

### **4. Matters Arising**

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

FB-M presented the report that described the role and achievements of the seven Social Prescribing Link Workers within the Vale Primary Care Networks, one of whom was based in Tadcaster, four in Selby and four in South Hambleton and Ryedale. She explained that they provided personal, unique, non clinical health and wellbeing support in the community working with partner organisations, including the voluntary sector, across the system. The report included feedback from both service users and providers.

Whilst emphasising the positive impact of the Social Prescribing Link Workers from the perspectives both of support to patients and primary care, FB-M highlighted the need for further consideration in the context of identifying gaps and enabling wider support to establish sustainable options outside of health provision. She also noted areas of challenge relating to estates to support the roles more widely and the need for funding flows to the voluntary sector to enable longer term support.

SP commended the report and expressed appreciation to FB-M and colleagues who had been involved in this work.

Discussion included the context of Social Prescribing Link Workers playing a key role in multi disciplinary teams; plans for further Additional Roles to support health and wellbeing of patients; promotion of the perspective of primary care not being solely GPs; and ongoing work to communicate effectively with patients to enable them to make informed decisions about appropriate services.

FB-M expressed particular appreciation to Heather Wilson, Project Support Officer, for her work on the report and in respect of initiatives such as developing a Social Prescribing Link Workers Network which provided a support mechanism for this group whose flexible working approach meant they were not part of a specific team.

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## **The Committee:**

Received and commended the report *Social Prescribing in the Vale: An overview of the impact and benefits*.

*FB-M left the meeting*

## **6. Primary Care Networks Update and Winter Access Funding**

SP explained that, in addition to the current challenging environment, the Primary Care Networks were working on plans in response to the Government's request, within a tight timescale, to create additional capacity to support impact of winter pressures. This included activity such as Practices working together more and work being undertaken by Primary Care Networks with CCG colleagues for triage of same day urgent activity.

SP emphasised that Practices were continuing to experience extremely high levels of demand and staff related pressures. The latter included isolation requirements, sickness and not least the perspective of a fatigued workforce.

SP additionally noted that primary care, with support from community pharmacists, was delivering the majority of the COVID-19 vaccination programme at the same time as continuing routine activity.

## **The Committee:**

Noted the update.

## **3. Minutes of the meeting held on 23 September 2021**

The minutes of the previous meeting were agreed. Matters arising were either included on the agenda or ongoing.

## **The Committee:**

Approved the minutes of the meeting held on 23 September 2021.

## **8. 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.15 *Serious Mental Illness Health Checks*, PRC.16 *Access to General Practice - Reputational Damage* and PRC.17 *General Practice Wellbeing*. He noted removal of the risk relating to Learning Disability Health Checks, as agreed at the last meeting, due to improved performance across all Practices.

SM reported continuing variation across the CCG in respect of Serious Mental Illness Health Checks noting quarter two performance of 34.4% against the 60% national, an increase of 0.9% on the previous quarter of 33.5%. He again commended South Hambleton and (Northern) Ryedale Primary Care Network Practices for their focused work which had resulted in 75% of people on Serious Mental Illness registers receiving all six recommended health checks in the last 12 month; similarly in Selby Primary Care Network 46.9% had been achieved. Work was continuing to progress these checks in other areas.

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### *SB joined the meeting*

With regard to Access to General Practice - Reputational Damage SM referred to SP's update above in respect of improving access to appointments over the winter months and trying to increase capacity to meet demand. He noted the data in the report which, subject to caveats, illustrated that appointment numbers had recovered to broadly pre-pandemic levels but emphasised that work was taking place in the context of the winter access fund to increase appointment numbers further to try and provide as much capacity as possible to the end of March. Work was also taking place regarding the data quality.

In terms of General Practice Wellbeing SM reiterated the above concerns reported by SP; monitoring would continue in this regard. He also reported that the CCG was working both with Practices and the Local Medical Committee to understand any further potential areas where support could be offered, noting that the latter were providing wellbeing and mentorship support. SM also explained that the winter capacity programme included the perspectives of mutual support, resilience and business continuity for both clinical and non clinical staff. JH additionally referred to the proposed decompression session to support GPs in particular in the context of protecting confidentiality.

#### **The Committee:**

Received the Primary Care Commissioning Committee Risk Register.

### **5. Primary Care Commissioning Financial Update**

SB explained that confirmation of the CCG's allocation for the second half of the year, in line with the draft plan approved by the Governing Body, had been received the previous day.

In terms of the month 7 position, SB reported the CCG was forecasting financial breakeven for the end of the year. He advised that prescribing continued to be an area of focus as a likely cost pressure within primary care specifically noting that work was taking place in this regard. SB also reported that the CCG had received confirmation of £1.1m winter access funding for primary care. This would be deployed as soon as possible to maximise effectiveness.

JH noted that the finance position had been discussed in detail at the Finance and Performance Committee earlier in the day.

#### **The Committee:**

Noted the primary care commissioning financial update

### **7. Coronavirus COVID-19 Update**

SP shared two slides produced by City of York Public Health Team for a meeting in public the previous day of the Outbreak Management Advisory Committee. She noted that the case rate in York for the period 12 to 18 November 2021 was 445.9 per 100,000 population which was higher than the national and regional averages, respectively 421 and 388.1 per 100,000 for this period. As cases of infection were being seen particularly

in the younger age groups, 5 to 9 and 10 to 14, SP noted the context of the vaccination programme and the impact on the workforce as a result of the transmission; additional work was taking place in this regard. She also emphasised that the success of the vaccination programme was both mitigating impact on the most vulnerable and also reducing hospital admissions.

In terms of the vaccination campaign SP reported c80% take up of first and second doses by the eligible population, including 12 to 15 year olds, and good take up of boosters which could now be booked a month in advance of 180 days after the second dose. SP emphasised the importance of uptake of both first and second doses for which the vaccination programme continued.

With regard to the care home programme SP commended vaccination rates of residents of 97% for first and second doses with 84% uptake of boosters as at 22 November. In the city she noted almost 100% uptake by care home staff and no significant impact from resignations as a result of mandating of vaccination. Boosters for staff were at c40% but this was in the context of eligibility through the age ranges.

#### *CD joined the meeting*

SP explained that, although vaccination was voluntary, work was taking place to increase rates of both first and second doses in a number of wards in the city where uptake was low and also in ante natal clinics to improve uptake among pregnant women.

SP referred to the annual 'flu vaccination programme, which had commenced in September, reporting that uptake had been good within the supply limitations. She noted that as at early November 65% of eligible cohorts had been vaccinated but that work was taking place to address reporting issues in this regard. SP emphasised that messaging was required to encourage uptake of both 'flu and COVID vaccinations.

SP highlighted the context of at home lateral flow tests, infection prevention and control measures, hand hygiene, mask wearing and ventilation with emphasis on the perspective of respect for each other.

SP additionally noted that Nimbuscare Limited was supporting the School Immunisation Team with regard to the universal offer of vaccination for school children with anticipated completion by the end of November. SP also referred to changing guidance about vaccination of younger age groups after COVID-19 infection advising that appropriate risk assessment was taking place.

#### **The Committee:**

Noted the update.

### **9. Personalised Care for Learning Disability Health Checks**

CD presented the report which described personalised care projects and contracts across the Vale of York Primary Care Networks to improve and embed the quality of personalised care offer for annual health checks for people with learning disabilities through Humber, Coast and Vale Integrated Care System Transformation Funding. He noted the significant progress achieved across the CCG as a result of which at the end of 2020/21 the NHS Long Term Plan target for the personalised care approach had been achieved two years ahead of the target schedule.

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CD explained the increased personalised care offer for the annual health checks included a more coordinated approach, referral to social prescribing link workers and a post health check personalised action plan to meet health and well being needs. He described feedback from Priory Medical Group in particular noting that Primary Care Networks were starting to share innovative work around a range of personalised approaches, including pooling resources to employ care coordinators and social prescribing link workers and utilising a multi disciplinary team approach for follow up support.

CD advised that further evaluation of the impact of the projects across the Primary Care Networks was expected by March 2022, also noting the potential for further funding. He highlighted that performance across the CCG was currently in line with delivering the 75% target for annual health checks for people with a learning disability in 2021/22, adding that more people were becoming eligible for the checks due to significant increase in the size of registers .

*AM joined the meeting*

SP commended CD's support to the Primary Care Networks in developing project briefs to personalise annual health checks for people with learning disabilities.

SP referred to the context of incorporating this work as priorities emerged through 'place' for such as population health and reducing health inequalities. In response CD explained that a plan on a page had been developed for York and a proposal to reduce health inequalities would be presented for consideration by York Health and Care Collaborative. The York Primary Care Networks had identified reducing health inequalities for people with learning disabilities as an investment priority and a joint approach for health and care to support people with learning disabilities was required across both York and North Yorkshire.

DB commented on the aspect of this approach achieving savings to the NHS in the future from a comparatively small investment. CD added that locally this continued to be a priority for Practices and Primary Care Networks.

### **The Committee:**

Received the update on personalised care for learning disability health checks.

*CD left the meeting*

### **10. Proposed Closure of Posterngate Surgery – Hemingbrough Branch**

JH noted for purposes of assurance that Committee members had discussed this item in detail in the private pre-meet.

SM introduced the report presented in light of formal communications from Posterngate Surgery in Selby outlining the Practice's proposal to close its branch surgery in Hemingbrough. The report, which included pictorial detail, described the Practice's activities in relation to patient and stakeholder engagement/consultation, as required by national policy as per the Primary Medical Care Policy and Guidance Manual, and feedback and comments received from patients and the public regarding the proposal. SM expressed appreciation to the Practice and to the Parish Council for their work in this regard.

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The report also referenced work that had been completed in relation to both Practice and CCG-led Equality Impact Assessments. In this regard DI noted that from the NHS England and NHS Improvement perspective the CCG had met the expectations about taking into consideration the patient impact assessment and suitability of the estate for delivering primary care.

SM explained that the Practice's foremost reason for the proposed closure of the Hemingbrough site was that it was no longer fit for purpose. Prior to the pandemic the branch surgery had been open for c14.5 hours per week with access to only three types of clinician routinely working out of the site. The limited space and single consulting room do not meet current standards for premises delivering healthcare and cannot accommodate any required supervisory or support staff. There were now additional risks relating to compliance with infection prevention and control requirements as a result of the pandemic. In contrast the multi-disciplinary team working at Posterngate Surgery enables the patients to book appointments with an extensive range of clinicians who can work as a team to meet a patient's individual needs. Additionally, the main site on Portholme Road in Selby offers more holistic services and some types of appointment can only be offered via facilities/equipment there.

SM noted that Posterngate Surgery's report identified the impact of the proposed closure as neutral for many patients in the Hemingbrough area. However, protected character groups identified through the Practice's Impact Assessment as potentially experiencing an adverse impact from the proposed branch closure included older age people, people with a disability, unpaid carers of patients, people or families on a low income, and people facing social isolation.

With regard to the Hemingbrough Parish Council report, which included a number of recommendations to the CCG, SM highlighted concerns in respect of access to primary health care services from the rural community perspective, impact on vulnerable groups, issues with the bus service timetable to Selby and capacity constraints of voluntary sector transport.

SM additionally explained that the CCG's Quality and Patient Experience Committee had considered the full Quality, Equality, Sustainability and Finance Impact Assessment which included independent assessment by the Quality and Nursing Team. He advised that, whilst recognising the branch surgery's value from the community perspective, the CCG accepted that the site was no longer fit for purpose and therefore sought the Committee's support for the recommendations detailed in the report.

DB and PG commended the work that had taken place to inform the comprehensive report. Whilst recognising the many aspects that required consideration and the fact that the decision was not taken lightly, they supported the recommendations emphasising the perspective of ensuring appropriate support for vulnerable patients. JH concurred and reiterated many of the areas of concern, also noting the context of future planning of services.

*PMi joined the meeting*

PMi explained the concerns from the quality and equality impact perspectives referring to the photographs which clearly illustrated the physical environment. She described the practical health and safety concerns including: the heightened infection prevention and control requirements; inability to manage an emergency situation due to the physical

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environment; lack of facilities to accommodate the needs of disabled patients; and no room to exercise 'professional curiosity' separately with an accompanying relative or carer in the event of concern. From the Practice perspective the branch surgery was not fit for purpose for modern day working for concerns such as lone working, providing a chaperone and challenge from the perspective of deploying appropriate clinicians from the professional groups. Whilst acknowledging the value to the community of the dispensing service at the branch service, PMi emphasised the need to ensure patients have full access to primary care services. As a nurse PMi considered that the physical environment was not fit for purpose to comply with current requirements in respect of health care, health and safety, and buildings regulations.

SB added his support to the recommendations in the report, including the need for the further work to be undertaken.

### **The Committee:**

Approved Posterngate Surgery's application to close the Hemingbrough branch site, with the following caveats:

- Assurance to be sought that the offer from the landlord to invest in the property is completely understood and that even with such investment the principle issues with the physical environment could not be addressed. The CCG will ask, and will support, the Practice to undertake a more detailed estates option appraisal.
- The Practice to explore with Hemingbrough Parish Council, and give assurance to the CCG, that services can be delivered to the small, but significant, number of patients who would be very materially impacted on the site being permanently closed.
- Options to be explored in respect of patient/volunteer transport, potential funding of taxi service and supporting pharmacy delivery costs.

*PMi left the meeting*

## **11. Primary Care Safeguarding Local Enhanced Service**

SB presented the report which sought approval in principle for establishment from 1 January 2022 of a Local Enhanced Service for safeguarding reports prepared by primary care for which the specification was currently being developed. He explained that GP Practices were experiencing an increasing administrative burden emanating from requests for safeguarding reports from various bodies, currently paid for on an individual basis. The proposed Local Enhanced Service, which had been discussed across the CCG and by the Executive Team and which had an estimated cost of c£70k, would provide fair access and also provide information for audit purposes.

Once approved in principle the CCG would work with primary care to develop the specification.

### **The Committee:**

Approved in principle the Local Enhanced Service for safeguarding reports prepared by primary care from 1 January 2022.



## **12. Request for Funding to Support Costs for GP 'Covid Laptops'**

SM presented the report which described support to GP Practices across the CCG in response to the pandemic through the purchase of 373 additional 'Covid laptops' and associated support from North of England Commissioning Support. The laptops had been funded by NHS England and NHS Improvement in 2020/21 and by non recurrent CCG funding for the first half of 2021/22. For the second half of the year it had recently been agreed with Practices to use additional GP IT Infrastructure and Resilience funding to cover the costs. However, as the ongoing support costs would no longer be met from existing budgets after March 2022, consideration was required in respect of a potential cost pressure through the transition to the Humber, Coast and Vale Integrated Care System; three options were presented in this regard.

Members noted the benefits the laptops had provided in the context of business continuity, flexible working and resilience, and increasing capacity, also noting the potential of progressively replacing desktops with laptops. Whilst agreeing with the significance from the primary care perspective, SB highlighted that the CCG could not make a recurrent commitment after March 2022 on behalf of the Humber, Coast and Vale Integrated Care Board.

AM expressed appreciation to SM for his work in this regard reiterating and emphasising the importance to primary care of the support and flexibility provided by the laptops.

### **The Committee:**

Approved the preferred solution, Option 3, that the support costs of £86k for the 'Covid laptops' continue to be funded after 31 March 2022 to March 2023 given the impracticality of the other options in the circumstances but noted that a recurrent commitment thereafter could not be made on behalf of the Humber, Coast and Vale Integrated Care Board and would have to be decided at a future point.

## **13. NHS England and NHS Improvement Primary Care Report**

DI presented the report which sought a number of estates related decisions as detailed below, providing clarification as required. SP additionally expressed appreciation to the Committee for supporting the Sherburn Group Practice Estates Capital Bid without seeing the project initiation document which was being finalised after a number of years work.

Updates in the report related to improving access for patients and support for General Practice, delegation of primary care, General Practice electronic declaration (e-Dec), and primary care flexible staff pools.

### **The Committee:**

1. Supported in principle Sherburn Group Practice Estates Capital Bid relating to Beech Grove, Sherburn In Elmet, Leeds, LS25 6ED and the revenue impact identified to enable the project initiation document to be finalised and signed off. It would be brought to the next meeting for ratification.
2. Requested further work be undertaken, in the context of consistency with the discussion at item 10 above, in relation to the proposed lease extension for the Front Street Surgery branch site at 5, The Shopping Precinct, Main Street, Copmanthorpe, York YO23 3GG

3. Approved, following the further information presented to supplement that provided at the May 2021 meeting, the request from Priory Medical Group to change their Practice boundary for the village of Stockton on the Forest noting that this would provide clarity for patients in the area.

#### **14. Key Messages to the Governing Body**

We welcomed the report around the Social Prescribing roles, hearing about the richness that this invaluable initiative has added to the services delivered to patients. The positive empowering impact that has enabled patients to be at the heart of their own decision-making process, assisting them to explore healthier lifestyle options, connect with supportive and informative voluntary and community sector organisations. We recognised that these innovative interventions are not only delivering services with a measured outcome, but are also relieving some of the pressure from our overstretched GPs and NHS services. Following on, we heard that these successes have prompted discussions around the exploration of additional roles.

The Committee had previously discussed the proposed closure request of the Hemingbrough branch surgery in respect of the Posterngate Practice, where we sought assurance that there were no other viable options available to restore this service. Our overarching concerns were around the elderly/vulnerable population, safety and efficacy of this site, population health need, safeguarding issues, transport, the assurance that house calls would be made where patients were clinically vulnerable and unable to attend the main site at Posterngate. We felt that ensuring support to vulnerable isolated people is delivered as promised, and the issue of scoping sustainable transport options were explored. Many positives were highlighted for those attending the Posterngate site in respect of added richness of services which would add beneficial health and well-being aspects to their GP appointment. We heard that in respect of future planning, sustainability and the CCG's legacy the CCG was working with Selby District Council on the local development plan which had a 20 year trajectory. Considering all the information that we received, we made a unanimous decision to recommend the closure of this branch surgery.

#### **The Committee:**

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

#### **15. Next Meeting**

27 January 2022 at 1.30pm.