

PRIMARY CARE COMMISSIONING COMMITTEE

27 January 2022, 1.30pm to 3.30pm

'Virtual' Meeting

AGENDA

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3 to 12	Minutes of the meeting held on 25 November 2021	To Approve	Julie Hastings Committee Chair
4.	Page 13	Matters Arising		All
5. 1.40pm	Pages 14 to 21	Primary Care Commissioning Financial Report Month 9	To Receive	Simon Bell Chief Finance Officer
6. 1.55pm	Verbal	Primary Care Networks Update	To Note	Fiona Bell-Morrith and Gary Young Lead Officers for Primary Care
7. 2.25pm	Verbal	Coronavirus COVID-19 Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 2.40pm	Pages 22 to 27	Primary Care Commissioning Committee Risk Register	To Receive	Shaun Macey Acting Assistant Director of Primary Care
9. 2.50pm	Verbal	Progress/Update against the Winter Access Fund Proposals	To Note	Gary Young Lead Officer for Primary Care
10. 3.00pm	Pages 28 to 33	Investment in Primary Care reports to Local Medical Committee 2019-20 and 2020-21	To Receive	Simon Bell Chief Finance Officer

11. 3.10pm	Pages 34 to 39	NHS England and NHS Improvement Primary Care Report	To Receive	David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement (North East and Yorkshire)
12. 3.25pm	Verbal	Key Messages to the Governing Body	To Agree	All
13.	Verbal	Next meeting: 1.30pm, 24 March 2022	To Note	All

EXCLUSION OF PRESS AND PUBLIC

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it is considered that it would not be in the public interest to permit press and public to attend this part of the meeting due to the nature of the business to be transacted. This item will not be heard in public as the content of the discussion will contain commercially sensitive information which if disclosed may prejudice the commercial sustainability of a body.

**Minutes of the 'Virtual' Primary Care Commissioning Committee on
25 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) / 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.

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

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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.

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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

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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.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

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

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC58	22 July 2021	Primary Care Dashboard	<ul style="list-style-type: none">Report on appointment type in comparison to the type of clinician seen would be presented at a future meeting	SM	TBA

Item Number: 5	
Name of Presenter: Simon Bell	
Meeting of the Primary Care Commissioning Committee Date of meeting: 27 January 2022	 Vale of York Clinical Commissioning Group
Primary Care Commissioning Financial Report Month 9	
Purpose of Report For Information	
Reason for Report	
To provide the Committee with details of the Month 9 and forecast position for Primary Care.	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks	Risk Rating
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

Recommendations

For the Committee to note the report and contents.

Decision Requested (for Decision Log)**Responsible Executive Director and Title**

Simon Bell, Chief Finance Officer

Report Author and Title

Caroline Goldsmith, Deputy Head of Finance

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

Report produced: January 2022

Financial Period: April 2021 to December 2021

1. Introduction

This report provides details on the year-to-date financial position as at Month 9 and the forecast outturn position for 2021-22.

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

Current reporting now covers the full financial year. Details of the H2 financial framework and allocations were released in October with the financial plan for H2 submitted to NHSEI and uploaded to the ledger in November. There are a number of areas of funding within Primary Care which are outside of allocation and funded retrospectively – Winter Access Fund (WAF), Additional Roles Reimbursement Scheme (ARRS), SMS text messages and asylum seekers.

3.1 Delegated Commissioning Financial Position – Month 9

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

Delegated Primary Care	Month 9 Year-To-Date Position				
	Budget £000	Actual £000	Variance £000	Outside envelope £000	Adjusted variance £000
Primary Care - GMS	18,812	17,812	0	0	0
Primary Care - PMS	7,177	6,946	231	0	231
Primary Care - Enhanced Services	558	478	80	0	80
Primary Care - Other GP services	7,087	6,870	216	103	113
Primary Care - Premises Costs	3,457	3,440	17	0	17
Primary Care - QOF	3,806	3,806	0	0	0
Sub Total	39,896	39,352	544	103	441

- The **Month 9 year-to-date position** is £39.4m which is an underspend of £544k against the CCG's financial plan.
- **GMS** is based upon the current contract and list sizes to date.
- **PMS** contracts are underspent by £231k due to PMS premium monies (£235k) which are accrued in Other Primary Care (Core).

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

- A more detailed breakdown of **Enhanced Services** is shown in the table below.

Enhanced Services	Month 9 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Learning Disabilities	81	95	(14)
Minor Surgery	340	241	98
Violent Patients	16	16	0
Long COVID	121	121	0
Weight Management	0	5	(5)
Sub Total	558	478	80

The Minor Surgery DES is underspent due to a reduction in activity between April and November. In line with NHSE guidance, the Minor Surgery DES will be income protected between December and March.

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

Other GP Services	Month 9 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	1,693	1,692	1
PCO Administrator	639	578	62
COVID Expansion Fund	703	703	0
GP Framework:			
<i>Network Participation</i>	471	470	1
<i>Clinical Director</i>	202	202	0
<i>Additional Roles</i>	1,824	1,824	0
<i>Investment and Impact Fund (IIF)</i>	513	513	0
<i>Care Home Premium</i>	233	233	0
<i>Extended Hours Access</i>	395	395	0
<i>Leadership Payment</i>	119	119	0
Winter Access Fund (WAF)	0	103	(103)
Needle, Syringes & Occupational Health	16	3	13
Reserves	279	36	243
Sub Total	7,087	6,870	216

Dispensing Doctors are paid two months in arrears and based upon dispensing data to October.

PCO Administrator is underspent due to £62k, £65k of which is income from NHSE paid in 2021-22 in relation to the 2020-21 GP Returner pilot programme.

The CCG has received **GP COVID Expansion Funding** which has been paid out to PCNs in full.

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

GP Framework payments are accrued to budget. In line with NHSE guidance, a number of IIF indicators have now been suspended and the funding will be allocated to PCNs via a PCN support payment subject to confirmation that it will be reinvested into services or workforce. The leadership payment is included as part of the amendment to the DES contract as notified in August 2021.

The CCG's bid for £1.09m of **Winter Access Fund** was approved by NHSEI. This funding is to be used to improve access to urgent, same-day primary care and resilience of the urgent care system during winter. Expenditure on schemes began in December and funding is received retrospectively as an outside of envelope item hence the year to date overspend.

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

- **Premises** costs are based upon actuals, where known, or accrued to budget.
- **QOF** is accrued to budget. As per the NHSEI letter dated 8th December 2021, QOF payments are being amended for 2021-22 to support the ongoing response to COVID-19 with a number of indicators being income protected.

3.2 Core Primary Care – Month 9

The table below sets out the core primary care financial position as at Month 9.

Primary Care	Month 9 Year-to-Date Position				
	Budget £000	Actual £000	Variance £000	Outside envelope £000	Adjusted variance £000
Primary Care Prescribing	41,098	41,610	(513)	0	(513)
Other Prescribing	1,259	1,367	(108)	0	(108)
Local Enhanced Services	1,593	1,409	185	0	185
Oxygen	287	212	74	0	74
Primary Care IT	1,000	528	472	50	522
Out of Hours	2,579	2,577	2	0	2
Primary Care Transformation	1,724	1,726	(3)	0	(3)
Other Primary Care	971	1,164	(193)	12	(181)
Sub Total	50,510	50,594	(84)	62	(22)

- The **Prescribing** position is overspent by £513k as at Month 9. This position is based upon prescribing data up to October 2021. October's prescribing figures were significantly lower than anticipated based upon historical prescribing patterns and so an additional accrual was included in the expectation that this expenditure will be 'caught up' in the next few months. £167k of this overspend relates to prior year in respect of actual prescribing figures for February and March.
- **Other Prescribing** is overspent by £108k. This is due to an overspend on dressings of £149k.

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

- **Local Enhanced Services** is based upon quarter 1 and 2 claims, plus an estimate of the income protected payments for quarter 3. In line with other CCGs across the region, the CCG has agreed to income protect quarter 3 and 4 payments to reflect the continued work on the COVID-19 vaccination programme. There is an underspend of £185k which is made up of an underspend on anticoagulation of £99k, £40k on ophthalmology and £35k on Diabetes.
- **Primary Care IT** is showing an underspend of £522k after outside of envelope expenditure due to the release of a prior year accrual for a historic VAT liability (£468k) which HMRC has confirmed is not payable. SMS text messages sent as part of the vaccination programme are reimbursed as an outside of envelope item.
- **Other Primary Care** is overspent by £131k after outside of envelope expenditure. This includes £235k in relation to PMS premium monies for which the budget is included in the delegated commissioning budget. This is offset by a prior year benefit of £32k in relation to SMI health checks. Outside of envelope expenditure is made up of £12k for Afghan Refugees.


3.3 Delegated Commissioning and Other Primary Care Forecasts

The forecast outturn position in the table below covers April to March. The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend. The forecast includes £1.9m in relation to ARRS which takes the CCG to the maximum allocation. The CCG was given 56% of the maximum ARRS funding with the remaining 43% held with NHEI. The CCG must draw down funding required above baseline. Further work is required to understand how much of the additional allocation will be required but based upon plans submitted by PCNs in November it is expected that we will need to draw down funding from the central NHSEI pot.

	Forecast Position					Comments
	Ledger Position			Adjusted Position		
	Plan £'000	Forecast £'000	Variance £'000	Outside envelope £'000	Adjusted variance £'000	
Delegated Commissioning						
Primary Care - GMS	23,757	23,757	0	0	0	
Primary Care - PMS	9,570	9,257	313	0	313	£313k PMS premium (forecast included in Other Primary Care).
Primary Care - Enhanced Services	734	674	60	0	60	
Primary Care - Other GP services	9,548	12,464	(2,917)	3,001	84	Outside of envelope includes WAF forecast of £1.09m and ARRS funding above baseline of £1.91m. £65k income from NHSE re 20-21 GP returners.
Primary Care - Premises Costs	4,611	4,598	14	0	14	
Primary Care - QOF	5,074	5,074	(0)	0	(0)	
Total Delegated Commissioning	53,294	55,824	(2,530)	3,001	471	
Other Primary Care						
Primary Care Prescribing	54,831	55,091	(260)	0	(260)	£167k prior year overspend (due to February and March's actual figures)
Other Prescribing	1,668	1,810	(142)	0	(142)	Forecast overspend of £197k on dressings
Local Enhanced Services	2,127	1,945	181	0	181	Forecast based upon Q1 and Q2 claims plus income protected payments for Q3 and Q4. Underspends forecast on anti-coag (£101k), ophthalmology (£55k) and Diabetes
Oxygen	382	283	100	0	100	
Primary Care IT	1,345	879	466	66	532	£486k underspend due to release of prior year accrual for GP IT historic VAT liability. Outside of envelope includes £66k for SMS text messages for the vaccination programme
Out of Hours	3,454	3,452	2	0	2	
Other Primary Care	1,563	1,865	(302)	12	(290)	£313k PMS premium (budget on Primary Care - PMS). Outside of envelope includes £12k for Afghan Refugees.
Total Other Primary Care	67,648	67,606	42	78	123	
Total Primary Care						
Total Primary Care	120,942	123,429	(2,488)	3,079	594	

4. Recommendation

The Primary Care Commissioning Committee is asked to note the year to date and forecast financial positions set out in the report.

Item Number: 8	
Name of Presenter: Shaun Macey	
Meeting of the Primary Care Commissioning Committee Date of meeting: 27 January 2022	 Vale of York Clinical Commissioning Group
Primary Care Commissioning Committee Risk Register	
Purpose of Report To Receive	
Reason for Report <p>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 through a formal Primary Care Commissioning route.</p> <p>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'.</p>	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks n/a.	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

None to note.

Recommendations

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

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

Additionally, the 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 January 2022

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

Last update January 2022 - the risk rating is unchanged at 12 at January 2022.

Q3 performance is 41.5%, an increase of 7.1% on Q2's 34.4%. There are 1,056 patients with all 6 elements of a health check in-date out of a total SMI register of 2,547.

Significant improvements have been made in Priory Medical Group PCN through a 'digital first' approach with 50% of people receiving all 6 recommended health checks in the last 12 months compared to 30.3% in Q2. Similarly, Tadcaster and Rural Selby PCN saw an increase of 18.4% with 55.6% of people receiving all 6 health checks.

All the City of York PCNs' made improvements as a result of coordinated administrative work to identify patients and invite them to take up the health checks. This work will be enhanced during Q4 with additional capacity from Social Prescribers to encourage take up and support people to attend; also, from Health Care Assistants to carry out the checks.

This approach will be sustained in 2022/23 and a system will be established for effective recall of patients. A steering group has been established to drive this work under the auspices of the York Mental Health Partnership; 'Connecting our City.'

Joint work is on-going with City of York Council Sport and Active Leisure Team to expand delivery of sport and activity experiences to people with a severe mental illness and provide opportunities for them to participate in these activities. To support this, staff at sports clubs have been offered and taken up Mental Health Awareness for Sport and Physical Activity+ training. So far, 16 have completed the mental health training with a further 22 on-going. This offer is available for people with a

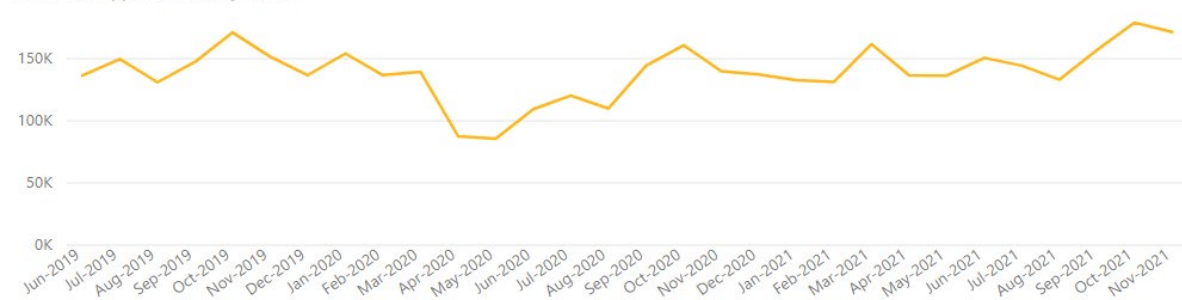
severe mental illness and referrals can be made by GP's and Primary Care Social Prescriber Link Workers.

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

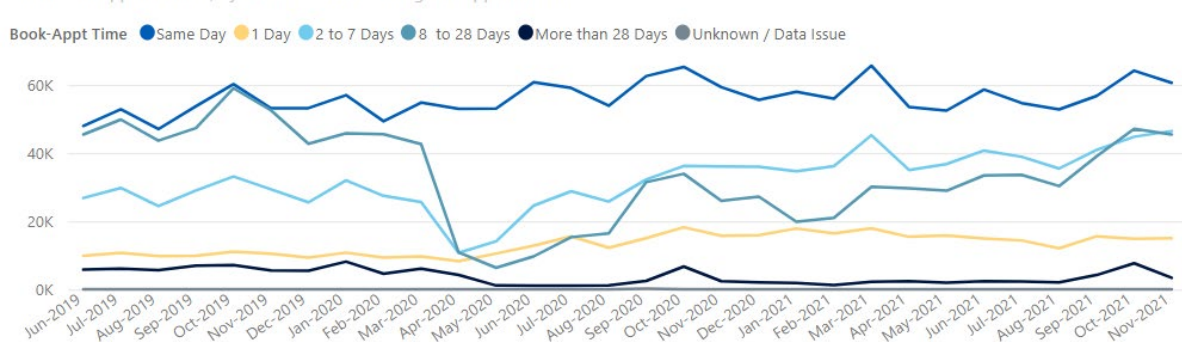
Last update January 2022 - the risk rating is unchanged at 12 at January 2022.

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 November 2021 shows that General Practice appointment numbers continue to increase, and now exceed pre-pandemic levels. The appointments data for NHS Vale of York Practices closely follows the national trend in this respect with Nov 21 appointment numbers at 170,883 compared to Nov 20 appointment numbers of 139,440.

Number of Appointments, by Month



Number of appointments, by Time between booking and appointment



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 has agreed plans with NHSEI colleagues to access this funding to support schemes to deliver patient access improvement initiatives across the CCG this winter. Some schemes to increase staff capacity and/or deliver additional appointments are now up and running - however, others have been impacted by workforce challenges due to on-going Covid infection, and the national prioritisation of the Covid Booster programme.

The CCG continues to be aware of public complaints/concerns re. both availability of appointments, and the shift from 'traditional' face-to-face appointments to more telephone triage and telephone consultations. In that context, the CCG continues with public engagement and communications via multiple media channels 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 January 2022 - the risk rating is unchanged at 16 at January 2022.

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.

Alongside this, the Humber Coast and Vale Primary Care Ops Group is working with Local Medical Committee colleagues to fund and support wellbeing and mentorship initiatives for staff across all Practices in the region.

Item Number: 10	
Name of Presenter: Simon Bell	
Meeting of the Primary Care Commissioning Committee Date of meeting: 27 January 2022	 Vale of York Clinical Commissioning Group
Investment in Primary Care Reports to Local Medical Committee 2019-20 and 2020-21	
Purpose of Report For Information	
Reason for Report <p>The update to the GP contract agreement 2020-21 – 2023-24 requires CCGs to report to the Local Medical Committee (LMC) on how they have used their primary medical care allocations. The objective is that the sharing of investment information will lead to positive discussions between LMCs and CCGs locally about investment in GP services, and to support CCGs in demonstrating to practices that funding previously invested locally which has been superseded by new national contract provisions (including through the Network Contract DES) has been reinvested into primary medical care.</p> <p>CCGs were provided with a standard template for this report and asked to report to the LMC direct on primary care expenditure in 2019-20 and 2020-21. Annexes 1 and 2 show the respective reports which have been shared with the LMC.</p>	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> System transformations <input type="checkbox"/> Fully Integrated OOH Care <input checked="" type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating

Emerging Risks
<p>Impact Assessments</p> <p>Please confirm below that the impact assessments have been approved and outline any risks/issues identified.</p> <p> <input type="checkbox"/> Quality Impact Assessment <input type="checkbox"/> Equality Impact Assessment <input type="checkbox"/> Data Protection Impact Assessment <input type="checkbox"/> Sustainability Impact Assessment </p> <p>Risks/Issues identified from impact assessments:</p>
<p>Recommendations</p> <p>For the Committee to note the reports.</p>
Decision Requested (for Decision Log)

<p>Responsible Executive Director and Title Simon Bell, Chief Finance Officer</p>	<p>Report Author and Title Caroline Goldsmith, Deputy Head of Finance</p>
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Annex 1 – Investment in Primary Care 2019-20
Annex 2 – Investment in Primary Care 2020-21

NHS Vale of York CCG Report of Investment in Primary Medical Care - 2019-20

Area of spend	2019-20 £000	Commentary
Global Sum	21,615	
MPIG correction factor	239	
Balance of PMS Expenditure	8,896	
APMS essential & additional services and other payments	-	
Primary Care Network Participation	616	
Total Essential and Additional Services	31,365	
Quality and Outcomes Framework	4,432	
Direct Enhanced and Other Services	564	Includes LD healthchecks, minor surgery and violent patients
Local Incentive Schemes	2,124	Please see breakdown below
Total Enhanced Services	2,687	
Premises	4,393	
PCO Administered Funds	1,230	Includes retainers, sickness, maternity/paternity and seniority
IT	786	
Total Other Payments	6,409	
Subtotal	44,893	
Improving Access to General Practice	1,755	
Estates and Technology Transformation Programme	-	
General Practice Workforce Programmes	39	Includes GP retention, leadership training for GP nurses and reception and clerical training
Other General Practice Transformation Programmes	312	Includes organisational development monies, pharmacy technician and online consultations
Total Access and Transformation	2,106	
Primary Care Network Leadership	184	PCN Clinical Director
Primary Care Network Workforce	192	Clinical Pharmacist and Social Prescribing Link Workers
Primary Care Network Extended Hours Access	553	
Primary Care Network Care Home Premium	-	
Primary Care Network Investment and Impact Fund	-	
Primary Care Network Support	541	£1.50/head
Primary Care Network DES	1,471	
Other	572	Includes PMS premium, COVID funding and MOCH
Total Net of Dispensing	49,042	
Cost of Dispensing Fees (incl. DSQS)	2,341	
Total including Dispensing Fees	51,383	

Local Incentive Schemes	2019-20 £000
Care of Homeless	40
Complex Wound Care	187
Minor Injury	189
Diabetes	60
LARC	38
Bone Protection	30
Prostate Monitoring	37
Anti-coagulation Monitoring	413
Vexatious Patient	2
Neonatal	2
Phlebotomy	141
Student	48
Near Patient Testing	431
Wound Care	118
Prescribing Indicative Budgets	364
SMI Healthchecks	23
Total Local Incentive Schemes	2,124

Validation: should = 0

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NHS Vale of York CCG Report of Investment in General Practice - 2020-21

Area of spend	2020-21 £000	Commentary
Global Sum	23,593	
MPIG correction factor	-	
Balance of PMS Expenditure	9,318	
APMS essential & additional services and other payments	-	
Primary Care Network Participation	623	
Total Essential and Additional Services	33,534	
Quality and Outcomes Framework	4,744	
Direct Enhanced and Other Services	465	Includes LD healthchecks, minor surgery and violent patients
Local Incentive Schemes	1,915	Please see breakdown below
Total Enhanced Services	2,380	
Premises	4,464	
PCO Administered Funds	934	Includes retainers, sickness, maternity/paternity and seniority
IT	1,811	
Total Other Payments	7,209	
Subtotal	47,867	
Improving Access to General Practice	2,025	
Estates and Technology Transformation Programme	-	
General Practice Workforce Programmes	(11)	Reversal of prior accrual for leadership training
Other General Practice Transformation Programmes	678	Includes organisational development monies, new to practice bursaries, practice resilience and online consultations
Total Access and Transformation	2,692	
Primary Care Network Leadership	263	PCN Clinical Director
Primary Care Network Workforce	1,758	Additional Roles Reimbursement Scheme
Primary Care Network Extended Hours Access	528	
Primary Care Network Care Home Premium	155	
Primary Care Network Investment and Impact Fund	142	
Primary Care Network Support	642	£1.50/head and PCN support payment
Primary Care Network DES	3,487	
Other	1,047	Includes PMS premium, COVID funding and various smaller schemes
Total Net of Dispensing	55,092	
Cost of Dispensing Fees (incl. DSQS)	2,574	
Total including Dispensing Fees	57,666	

Local Incentive Schemes	2020-21 £000
Care of Homeless	40
Complex Wound Care	192
Minor Injury	198
Diabetes	163
LARC	15
Bone Protection	28
Prostate Monitoring	69
Anti-coagulation Monitoring	349
Vexatious Patient	6
Phlebotomy	143
Student	46
Near Patient Testing	430
Wound Care	119
Prescribing Indicative Budgets	(11)
SMI Healthchecks	48
Care Homes	75
Hep B vaccinations	5
Total Local Incentive Schemes	1,915

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Item Number: 11	
Name of Presenter: David Iley	
Meeting of the Primary Care Commissioning Committee Date of meeting: 27 January 2022	 Vale of York Clinical Commissioning Group
Report Title – Primary Care Report	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report Summary from NHS England North of standard items (including contracts, planning, finance and transformation) that fall under the delegated commissioning agenda.	
Strategic Priority Links <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

Impact Assessments

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

- | | |
|--|---|
| <input type="checkbox"/> Quality Impact Assessment | <input type="checkbox"/> Equality Impact Assessment |
| <input type="checkbox"/> Data Protection Impact Assessment | <input type="checkbox"/> Sustainability Impact Assessment |

Risks/Issues identified from impact assessments:

N/A

Recommendations

The Primary Care Commissioning Committee is being asking to:

- Note the contents of the paper

Decision Requested (for Decision Log)**Responsible Executive Director and Title**

Phil Mettam
Accountable officer

Report Author and Title

David Iley
Primary Care Assistant Contracts Manager



Vale of York CCG Delegated Commissioning Primary Care Update January 2022

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

19th January 2022

1.0 Items for Noting

1.1 New Standard GMS, PMS and APMS Contracts Published

The [new standard General Medical Services \(GMS\), Personal Medical Services \(PMS\) and Alternative Provider Medical Services \(APMS\) contracts, along with their contract variation notices](#) has been published. The documentation incorporates changes made to the contract Regulations and Directions in December 2020, April 2021, and October 2021.

1.2 New digital GP Contract requirements and guidance to support GP practices

In October 2021 new requirements for general practice came into effect in the GP Contract relating to digital services. To help explain what these requirements are and to support the implementation of them we have [published new guidance for GP practices](#).

1.3 Network Contract Directed Enhanced Service (DES) Specification

On 20 December 2021 we published a revised [Network Contract Directed Enhanced Service \(DES\) Specification](#) with updated [Investment and Impact Fund \(IIF\) implementation guidance](#). This DES variation implements the measures taken to support the COVID-19 vaccination programme as announced in our [letter of 7 December](#).

DES Practices already signed up in 2021/22 will automatically participate in the updated 2021/22 DES. PCNs with changes must notify the commissioner by 19 January 2022 to seek approval of those changes, and if a practice wishes to sign up to, or opt out of, the DES, it must inform its commissioner by 19 January 2022.

1.4 2022/23 priorities and operational planning guidance

[The 2022/23 priorities and operational planning guidance](#) sets out our priorities for the year ahead. This guidance reconfirms the ongoing needed to restore services, meet new care demands and reduce the care backlogs that are a direct consequence of the pandemic.

The objectives set out in this document are based on a scenario where COVID-19 returns to a low level and we are able to make significant progress in the first part of next year as we continue to rise to the challenge of restoring services and reducing the COVID backlogs.

1.5 General practice access routes campaign resources

[Resources and guidance to help practices communicate with patients](#) about the best ways of getting in touch with them when they need help are now live.

The general practice access routes campaign resources, developed with practices and patient groups, aims to help patients understand the different ways they can request help from their GP practice – either by phone or visiting in person, or by completing a convenient and secure form on the practice’s website, and explains how the practice will manage the request and contact the patient in response.

A campaign toolkit guides practices through all the materials, including posters, leaflets, and social media graphics. A range of accessible resources will be available in coming weeks. Translations in multiple languages will follow next month.

1.6 Extension of the suspension of Friends and Family Test returns

The temporary suspension of the requirement that practices report to commissioners about the Friends and Family Test (FFT) returns has been extended until 31 March 2022 under The National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020.

1.7 New to Partnership Payment Scheme application update

We are pleased to announce that the [New to Partnership Payment Scheme](#) (N2PP) will be extended into the 2022/23 financial year and we have now removed the requirement to apply within six months of commencing a partnership role. Following a review of the timeframe to apply for the scheme, and in acknowledgement of the challenges the deadline presented to busy new partners as well as the additional pressures created by the COVID-19 pandemic, we have removed the six-month deadline, including for submitted applications that meet all other eligibility criteria. When the scheme comes to an end, there will be a cut-off deadline after the scheme closure date by which applications from eligible individuals must be submitted, and we will give advance notice of this.

The Committee is asked to note the updates in the paper