

**Minutes of the 'Virtual' Primary Care Commissioning Committee on
27 January 2022**

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
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and the Remuneration Committee
Caroline Goldsmith (CG)	Deputy Head of Finance
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Mettam (PM)	Accountable Officer
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Shaun Macey (SM)	Acting Assistant Director of Primary Care
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Fiona Phillips (FP)	Assistant Director of Public Health, City of York Council
Michèle Saidman (MS)	Executive Assistant
Gary Young (GY)	Lead Officer Primary Care, City

Apologies

Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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

Agenda

1. Apologies

As noted above.

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

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

3. Minutes of the meeting held on 25 November 2021

The minutes of the previous meeting were agreed.

The Committee:

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

4. Matters Arising

The matter arising was noted as ongoing.

5. Primary Care Commissioning Financial Report Month 9

CG presented the report which detailed the year to date financial position of £39.4m, an underspend of £544k against the CCG's delegated primary care commissioning plan, and the forecast overall 2021/22 position of primary care commissioning. She noted the Winter Access Fund, Additional Roles Reimbursement Scheme, SMS text messages relating to the COVID-19 vaccination programme and asylum seekers were funded outside of envelope and reimbursed retrospectively.

CG referred to the £441k year to date underspend in delegated primary care commissioning and explained that the £103k out of envelope amount related to Winter Access Funds as received at the time. She noted there was now income protection on minor surgery, some elements of the Investment and Impact Fund and the Quality and Outcomes Framework which were forecast to return to budget.

CG explained that the £22k overspend in the core primary care financial position was after the COVID-19 vaccination programme SMS text messages and asylum seeker out of envelope reimbursement. She also highlighted the prescribing position noting that this was lower than historical patterns for October both for the CCG and across the patch; accrual had been made for an expected increase. CG advised that the prescribing position was being monitored and also referred to the medicines optimisation work by Optum to generate savings on a risk share basis, noting the November prescribing data was expected to demonstrate savings.

In respect of the full year forecast CG reported that the Winter Access Fund and Additional Roles Reimbursement Scheme were expected to be fully utilised. The forecast overall primary care commissioning underspend was £594k.

Discussion included a request that progress with Optum's work be regularly included in the report; the wider impact on primary care, such as from the GP appointment perspective, from initiatives like Optum recommending a change in a patient's medication; and the complexity of primary care funding mechanisms, many of which were non recurrent.

The Committee:

Received the primary care commissioning financial report for month 9.

6. Primary Care Networks Update and Progress/Update against the Winter Access Funding Proposals

GY gave a detailed presentation, attached at Appendix A.

SP expressed appreciation to the CCG's Primary Care Team for their commitment and support to Practices and Primary Care Networks, particularly noting the short timescales pertaining to such as the Winter Access Fund. AM added his appreciation to GY and the team for their work, also noting support from local NHS England and NHS Improvement colleagues.

SP commended Practices and Primary Care Networks for meeting the national and regional requirements highlighting the perspective of non recurrent funding streams being an issue for continuity and longer term planning, also noting the perspective of staff capacity. She additionally highlighted that Practices had been delivering more activity than pre-pandemic and commended progress with out of hospital work.

Discussion included: TM's emphasis that money is not always the solution; recruitment and retention of GPs; the perspective of the wider healthcare team; availability of appointments in different forms, including face to face where appropriate; and reiterating the need for sustained financial commitment to support infrastructure. SP additionally highlighted the context of maintaining the achievements of service transformation across the CCG.

The Committee:

Noted the update and commended the ongoing work.

7. Coronavirus COVID-19 Update

SP highlighted the continuing success of the COVID-19 vaccination programme noting that to date in excess of 80% of the CCG's population were fully vaccinated, i.e. first and second dose and booster or 3rd primary dose and booster if immunosuppressed or clinically vulnerable; some cohorts eligible for the booster were above 90%. SP emphasised that the vaccination campaign was continuing and noted that on one day a total of 8,000 doses had been delivered.

SP explained that, in addition to the Askham Bar vaccination site, a number of providers were supporting primary care in delivering the evergreen vaccination offer, including a number of pharmacies. The CCG was working with partners to flex the vaccination offer in geographical areas where uptake was currently low and in terms of vaccinating eligible 5 to 16 year olds, including supporting the schools programme.

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Whilst acknowledging the perspective of vaccination being a matter of choice, SP encouraged take up as the most effective protection against COVID-19.

FP reported that the case rate in York was currently 880 per 100,000 population, the lowest in the region and lower than the England average. She noted the spike in cases in December and early January due to Omicron with the peak on 4 January at 1,858, the highest number locally throughout the pandemic. Numbers were being driven by cases in younger children, particularly 5 to 9 year olds in primary school settings and an increase among 30 to 45 year olds, thought to be mainly household transmission.

FP advised that case rates among the over 60s continued to decline but were being monitored and also noted that children were unlikely to be significantly unwell or admitted to hospital unless they had complex medical needs. She added that, although hospital admissions had increased as case rates had risen, there had not been an associated peak in deaths.

In terms of hospital case rates FP explained that, in addition to patients admitted due to COVID-19, some patients may have been admitted for other reasons and subsequently become infected. She noted that fewer patients were being admitted to intensive care and that there was an approximately even split between the vaccinated and unvaccinated, but those requiring intensive care tended to be unvaccinated.

In conclusion FP reiterated the importance of full vaccination.

Discussion ensued in the context of potential further variants; impact and responsibility relating to isolation requirements; and assurance about availability of lateral flow tests.

SP expressed the CCG's appreciation to colleagues at City of York Council, and to FP in particular, in respect of lateral flow test provision.

SP referred to the current guidance relating to mandatory vaccination, i.e. first and second dose unless exempt, by 1 April 2022 for health staff engaged in Care Quality Commission regulated activity and therefore the first dose by 3 February, following the earlier implementation of mandatory vaccination for care staff. SP explained that it was the CCG's responsibility, as employer, to assess the action required and noted that staff were being supported in this regard.

The Committee:

Noted the update.

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 there were no new or additional risks to report.

SM reported quarter three performance of 41.5%, a 7.1% increase, against the 60% national target in respect of Serious Mental Illness Health Checks. Of the total Serious

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Mental Illness register of 2,547, 1,056 patients had received all six elements of a health check in-date. SM commended this achievement in the context of the COVID-19 pressures on General Practice. He also highlighted achievements in this regard by Priory Medical Group Primary Care Network's 'digital first' approach; coordinated administrative work across the City of York Primary Care Networks to identify patients and invite them to take up the health checks; and the ongoing joint work 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.

In respect of Access to General Practice - Reputational Damage SM referred to the discussion at item 6 above, additionally highlighting the significant increase in appointments offered since pre-pandemic: in November 2020 there had been c139,000 appointments in General Practice and in November 2021 c170,000. He noted that a number of Practices also offered appointments through systems such as Klinik which were not included in the nationally reported figures and that December figures were expected to reflect additional appointments delivered through the Winter Access Fund. Whilst recognising this achievement SM reflected on the context of non recurrent funding and the workforce issues. He also advised that work was continuing in the context of public messaging with regard to access to General Practice.

In terms of General Practice wellbeing SM advised that concerns about pressure on all Practice staff continued, noting that the OPEL (Operational Pressures Escalation Levels Framework) reporting informed implementation of at scale mutual support. He also noted the Humber Coast and Vale Primary Care Ops Group was working with Local Medical Committee colleagues to fund and support wellbeing and mentorship initiatives for staff across all Practices in the region.

The Committee:

Received the Primary Care Commissioning Committee Risk Register.

10. Investment in Primary Care Reports to the Local Medical Committee 2019/20 and 2020/21

CG referred to the report, presented in accordance with the requirement for CCGs to report primary care expenditure on a standard template direct to the Local Medical Committee. Two annexes comprised respectively reports shared with the Local Medical Committee for 2019/20 and 2020/21.

The Committee:

Received the Investment in Primary Care Reports to the Local Medical Committee 2019-20 and 2020-21.

11. NHS England and NHS Improvement Primary Care Report

DI presented the report which provided updates on: the new standard General Medical Services, Personal Medical Services and Alternative Provider Medical Services contracts; new digital GP contract requirements and guidance to support GP Practices; the revised Network Contract Directed Enhanced Service Specification; 2022/23 priorities and operational planning guidance; General Practice access routes campaign

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resources; extension of the suspension of Friends and Family Test returns; and the New to Partnership Payment Scheme.

DI highlighted the General Practice access routes campaign explaining that Practice staff and patients of ten Primary Care Networks across Humber, Coast and Vale had worked with a communications company to inform development of a toolkit. Priory Medical as a Primary Care Network had represented the CCG in this work which had led to a nationally recognised communication toolkit enabling Practices to adapt ways of communicating with patients.

The Committee:

Noted the updates.

12. Key Messages to the Governing Body

The Committee heard that early figures would indicate that Optum, the pharmacist-led medicines optimisation service, has begun to see some savings. However, concerns were raised regarding the impact of possible increased number of appointments being taken up for GPs to reassure patients of the efficacy of the switch in medication, potentially leading to less appointments for other patients.

Vale of York CCG colleagues reported that the GPs and Primary Care Networks have been fully appreciative of the resource and support they have had through the Winter Access Fund. A series of consultation and engagement events throughout October and November yielded positive results working in collaboration, an ethos driven by successful development across the Vale of York, local Practice collaboration, mutual aid, and a shared ambition for GP appointments to recover to pre-pandemic levels, increase total face to face consultations, develop improved resilience within primary care, thus supporting the wider urgent and emergency care system across the Vale of York. We would also like to express our sincere gratitude to our CCG and Primary Care Network colleagues recognising the huge amount of planning and additional hours that enabled the effective use of the fund.

The ongoing issue about one off monies that we don't plan for continues to be an issue; we need to understand how we can address that in a new environment. We are acutely aware that our Practices with the support of their Primary Care Networks have really pulled out all the stops. Concerns were shared about the use of 'military language' (go again!) when we ask additional requirements of our staff. However, we need to be mindful as it is the same staff that we are asking to deliver even more. The significant amount of activity they have undertaken is highly commendable; they have been delivering high levels of activity for over a year and consequently are exhausted and sadly bearing the brunt.

The Committee:

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

13. Next Meeting

24 March 2022 at 1.30pm.

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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.



Vale of York
Clinical Commissioning Group

VOYCCG PCN Update

PCCC 27th January 2022

Introduction

CD in Community Nursing

- From January 2022, two PCN CDs (Dr Daniel Kimberling and Dr Emma Olandj) have taken up a joint clinical leadership post with York Hospital Community Nursing team. Three weeks in, they are establishing relationships with senior level hospital management - the vision is to improve communication between primary and community teams, identify and resolve pathway inefficiencies, and put local patient care on the agenda of a new regular VOY PCN forum.

Winter Access Fund 2021/22

- In October 2021, a £250m national plan for ***Improving Access for Patients and Supporting General Practice*** was announced by NHSE. The data provided by NHSE highlighted the gaps in patient access as a result of Covid. Funds were delegated to regions (ICS) and CCGs were invited to develop plans to achieve the primary aims of increasing and optimising capacity and address areas of variation by encouraging good practice. The Vale of York CCG plan (£1.1m) was approved in November 2021.

Winter Access Fund

Consultation and Engagement

- VOYCCG conducted a series of engagement events with General Practice throughout October and November. From this we arrived at two main conclusions:
 - The best way to support any practice was to support all practices
 - The best way to support all practices was to build on successful PCN development across the Vale of York, with 'hubs at place' that have demographic and system alignment. The aim being to facilitate local practice collaboration to provide mutual aid to all practices with common ambition of recovering total GP appointments to pre-pandemic levels, increase total face to face consultations, and develop improved resilience within primary care to support the wider urgent and emergency care system across Vale of York.
- GPs told us that finding additional workforce would be an issue – the advent of Omicron and the consequent Booster campaign created additional challenges on the primary care workforce.

Winter Access Fund

Localities

- **NORTH** (South Hambleton & Ryedale PCN): the defining characteristic of SHaR PCN is a large number of relatively small practices covering a 35,600 patient population across a wide rural geographic area with comparatively limited access to urgent and emergency care centres. SHaR recently developed an Urgent Care Practitioner urgent care model across the PCN and will build on this with additional GP support to release capacity in practices in order to improve appointment availability.
- **CITY**: two large single practice PCNs (58,500 and 43,800) and two multi-practice PCNs (54,700 and 48,100) serving a 206,000 patient population share overlapping urban geography and easy access to urgent and emergency care (York ED and UTC). All practices are members of the GP Federation, NimbusCare, which has proved its ability to secure additional workforce, successfully delivering a mass vaccination centre and RSV hub at Askham Bar (collaborating with York Hospital), and will begin delivering additional urgent care capacity at York UTC (collaborating with Vocare) 1st Nov'21.
- **EAST** (East York PCN): three practice PCN serving a 43,000 patient population in a mixed market town and semi-rural geography. One practice (weighted list 17,500) is within East Riding and which, unlike all other VOYCCG practices, receives community services from Humber FT. All practices use the same clinical system (EMIS) and are members of NimbusCare GP Federation. Geographic and demographic differences to City give East the option of delivering a self-administered East hub or, with support from NimbusCare, may chose to join with City to create a larger 'central York' hub.
- **SOUTH** (Selby Town and Tadcaster&Rural PCNs): a mix of large town and semi-rural practices with some practices closer to Leeds than York, serving a combined patient population of 80,100 patients. Selby Town and semi-rural practices have easy access to Selby UTC and have been engaging with HDFT (operate Selby UTC), YAS, Selby District council, and other partners to consider pooling GP Same Day Urgent Care and GP Improving Access at Selby UTC to create a unified urgent care offer. Additional GP and project support will allow this to develop at pace as a pilot for winter 2022.

Winter Access Fund

Common Aims

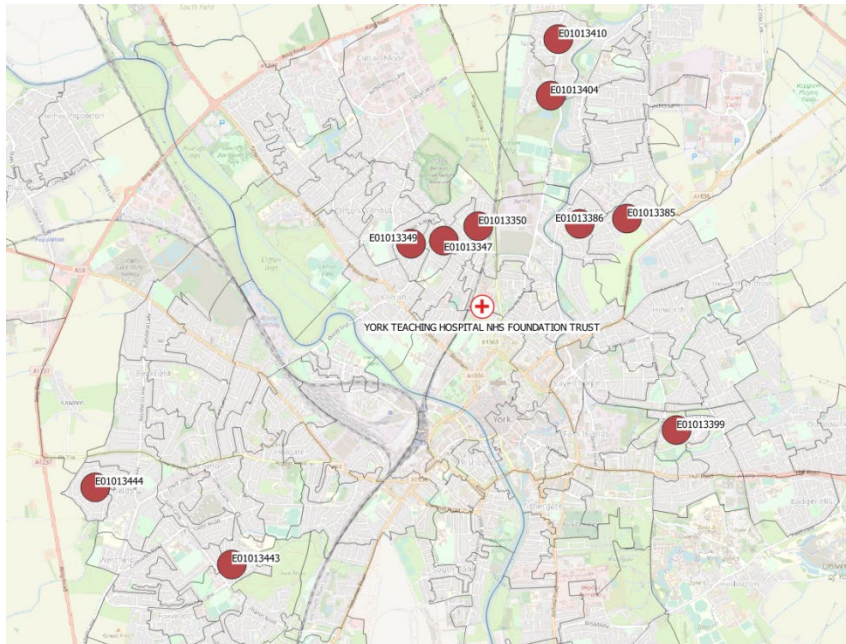
- Working on a locality basis, utilise existing resources and capacity, including tools such as Klinik and eConsult, to improve access to same/next day (urgent) consultations across a multi-disciplinary primary care workforce; improve access to face to face appointments where clinically appropriate, and free up capacity to maintain routine care.
- Localities told us they would achieve this by prioritising additional GP sessions, employing locum GPs and other health professionals to work in practice(s) to deliver additional urgent and routine care. If the locality was unable to recruit sufficient GP sessions, they would consider purchasing additional GP capacity through remote consultation platforms such as Push Doctor.
- All practices provide YAS ambulance crews and paramedics direct access (bypass number) to GPs for in-hours triage. With access to the patient clinical record, practices will provide a consistent level of access and quality of shared clinical decision-making to determine where the patient should be conveyed (*already existed but access was variable; aim to be consistent across VOYCCG*)
- **Community Pharmacy Consultation Scheme.**

Working with GPs and CPs, VOY achieved 100% sign up. The Booster campaign has diverted CP capacity and we aim to support use of the CPCS through February and March

Winter Access Fund

Common Aims (2)

- **Review ED Attendance**
 - VOYCCG BI team have been mapping ED attendance by proximity to ED and by neighbourhood deprivation, concluding that deprivation is at least as important as proximity. In the city, this correlates with practices identified as having higher ED attendance/1,000 patients



- Haxby Group: Gale Farm surgery (Chapelfields LSOA)
- Priory Medical Group: Acomb (Westfield LSOA)
- Priory Medical Group: Tang Hall Lane (Tang Hall LSOA)
- Priory Medical Group : Rawcliffe Surgery (Clifton LSOA)
- York Priory Medical Group : Water Lane (Clifton LSOA)
- Priory Medical Group : Victoria Way Surgery (Heworth LSOA)
- Haxby Group: New Earswick Surgery (New Earswick LSOA)

Similar work has been done across Vale of York PCNs and findings are due to be presented and discussed with PCNs in February 2022.

Winter Access Fund

Common Aims (3)

- **Communications**

- Practices agreed to inform patients and explain the winter arrangements including how to access same day urgent primary care through the hub with the clear intention of supporting patients to choose the right care in the right place at the right time.
- With increased pressures across all health and care providers, we agreed with localities to focus on providing support materials including appropriate access to General Practice, resources to support self-care, and protecting frontline staff (especially receptionists) from abuse

- **Oxygen in GP Practices**

- Not in our original plan, pressure on ambulance services created long delays for patients attending practices, and running out of oxygen. We have now used Winter Access Funding to offer every practice a Lifeline Kit and upgraded Oxygen bottles to keep patients and staff safe.

Winter Access Fund

VOYCCG Approach

- Delegated 90% of the reimbursable budget to localities and held 10% as contingency to support 'at scale' solutions (i.e., oxygen supply in GP surgery sites)
- The Lead Offers for Primary Care in Central York and the Vale work together across the four localities to develop and support continued delivery of locality plans, supported by VOYCCG primary care commissioning and finance teams
- As anticipated, each locality took their own approach, which 'paid off' when faced with Omicron and the booster campaign – a local approach allowed GPs to rapidly put capacity in place and all localities had additional resource in place by 1st December, often at an individual practice level
- Using the standard remote consultation cost of £23/appointment, we gave flexibility to develop clinical and non-clinical resilience. If appointments can be delivered for less than £23 per appointment, this would provide flex to add resilience; which, for example, has supported reducing the backlog of administration directly supporting delivery of additional appointments
- As a proxy measure, we recorded GP Opel status (mid-December/Omicron)

Winter Access Fund

The Plan

- 46,000 appointments across VOYCCG throughout Nov/Dec 2021 to 31st March 2022
- Estimate 75% delivery of plan based on locality returns so far

	Forecast	Estimated
• Dec '21	8,000	7,000
• Jan '22	12,000	10,000
• Feb '22	13,000	12,000
• Mar '22	13,000	12,000

Winter Access Fund

Measures

GP Appointment Data

Waiting for GP Appointment data for December 2021; will compare 'Total' and 'Face to Face' appointments for December 2021 to March 2022

	Oct	Nov	Dec	Jan	Feb	Mar
2019/20	170,529	151,078	136,237	153,555	136,209	138,830
2020/21	160,256	139,440	136,677	132,209	130,749	161,137
2021/22	178,465	170,883	-	-	-	-

Context will need to reflect how national/regional appointment data has been impacted by Omicron

Winter Access Fund

GP Opel

GP Opel 3 reporting was raised throughout August/September 2021: an *ambition* of Winter Access Fund has been to support practice resilience throughout winter 2021/22:



Practices reporting Opel 2/3 have indicated staff absence due to Covid, self-isolation, and general sickness as the main contributing factor.

As Omicron rates have eased, we've seen less Opel 2 and Opel 3 being reported.

Winter Access Fund

Summary

Working with GPs across 'place based localities' VOYCCG PCNs have worked collaboratively to maximise resource available to the through Winter Access Fund.

Omicron and the booster campaign blew us all off course but, despite that, PCNs look likely to deliver at least 75% of the Winter Access Fund plan – creating significant additional capacity to see patients, and stay safe and resilient throughout winter.

Measures are in place to report additionality, practice resilience, and VOYCCG GP Appointment Data (GPAD) throughout Dec 2021 to March 2022.

GP practices have appreciated the resource and support.