NHS
Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

7 April 2022, 9.30am to 11.30am

'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 22	Minutes of the meeting held on 27 January 2022	To Approve	Julie Hastings Committee Chair
4.	Page 10	Matters Arising		All
5. 9.40am	Pages 23 to 31	Primary Care Commissioning Financial Report Month 11	For Decision	Simon Bell Chief Finance Officer
6. 9.55am	Pages 32 to 41	Primary Care Networks Update	To Receive	Fiona Bell-Morritt and Gary Young Lead Officers for Primary Care
7. 10.20am	Verbal	Coronavirus COVID-19 Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 10.35am	Pages 42 to 47	Primary Care Commissioning Committee Risk Register	To Receive	Shaun Macey Acting Assistant Director of Primary Care
9. 10,45am	Presentation	Reflection on Winter Pressures	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health
10. 11.10am	Pages 48 to 52	Primary Care Estates Update	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health

11. 11.25am	Verbal	Key Messages to the Governing Body	To Agree	All
12.	Verbal	Next meeting: June date tbc	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.

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Item 3

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.

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.

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

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

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.

Unconfirmed Minutes

EXCLUSION OF PRESS AND PUBLIC

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

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 27 JANUARY 2022 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	• Report on appointment type in comparison to the type of clinician seen would be presented at a future meeting	SM	TBA

NHS
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

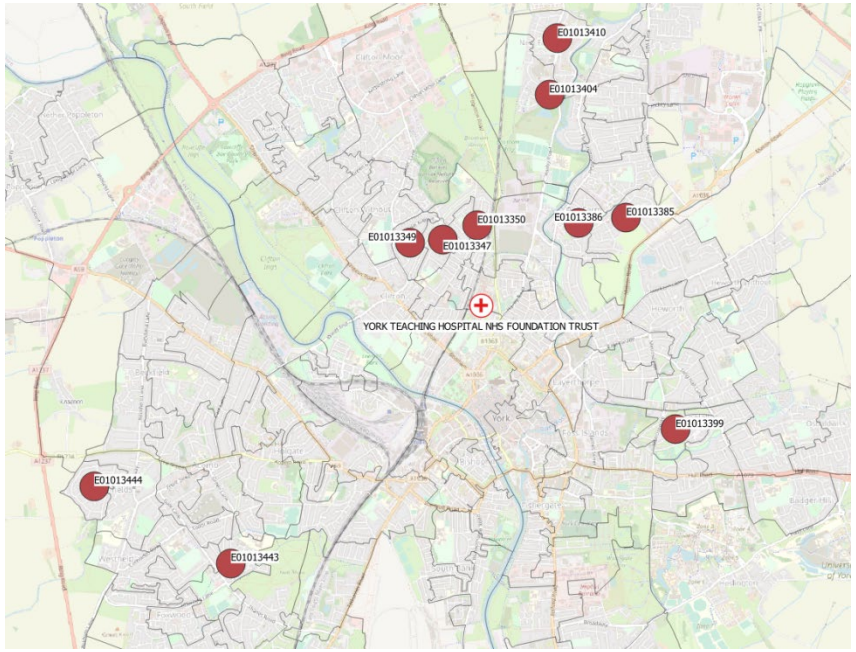
- Working on a locality basis, utilise existing resources and capacity, including tools such as Klinik and eConsult, to improve access to same/next day (urgent) consultations across a multi-disciplinary primary care workforce; improve access to face to face appointments where clinically appropriate, 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.

Item Number: 5

Name of Presenter: Simon Bell

Meeting of the Primary Care Commissioning Committee **Date of meeting: 7 April 2022**	NHS Vale of York Clinical Commissioning Group

Primary Care Commissioning Financial Report Month 11

Purpose of Report
For Decision

Reason for Report

To provide the Committee with details of the Month 11 and forecast position for Primary Care.

To request approval to delegate authority to pay outstanding NHS Property Services disputes to Steph Porter, Interim Executive Director of Primary Care and Population Health.

To request approval for a new Local Enhanced Service for GP safeguarding reports.

Strategic Priority Links

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

Local Authority Area

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

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

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

For the Committee to note the M11 financial position.

For the Committee to delegate authority to pay outstanding NHS Property Services disputes to Steph Porter, Interim Executive Director of Primary Care and Population Health.

For the Committee to approve a new Local Enhanced Service for GP safeguarding reports.

Decision Requested (for Decision Log)

The Primary Care Commissioning Committee is asked to delegate authority to pay outstanding NHS Property Services disputes to Steph Porter, Interim Executive Director Primary Care and Population Health.

The Primary Care Commissioning Committee is requested to approve payment to GPs for safeguarding reports via a LES.

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

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

Report produced: March 2022

Financial Period: April 2021 to February 2022

1. Introduction

This report provides details on the year-to-date financial position as at Month 11 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. 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 11

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

Delegated Primary Care	Month 11 Year-To-Date Position				
	Budget £000	Actual £000	Variance £000	Outside envelope £000	Adjusted variance £000
Primary Care - GMS	21,775	21,828	(53)	0	(53)
Primary Care - PMS	8,770	8,498	272	0	272
Primary Care - Enhanced Services	675	595	80	0	80
Primary Care - Other GP services	9,163	10,051	(888)	1,428	540
Primary Care - Premises Costs	4,226	4,467	(241)	0	(241)
Primary Care - QOF	4,651	4,895	(244)	0	(244)
Sub Total	**49,261**	**50,334**	**(1,074)**	**1,428**	**354**

- The **Month 11 year-to-date spend** is £50.3m which is an overspend of £1.07m against the CCG's financial plan. This includes £1.4m of WAF and ARRS expenditure to be reimbursed retrospectively. The YTD position is a £354k underspend after outside of envelope expenditure.
- **GMS** is based upon the current contract and list sizes to date.
- **PMS** contracts are underspent by £272k due to PMS premium monies (£286k) which are accrued in Other Primary Care (Core).

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

Enhanced Services	Month 11 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Learning Disabilities	100	104	(4)
Minor Surgery	394	310	84
Violent Patients	20	14	6
Long COVID	161	161	0
Weight Management	0	6	(6)
Sub Total	**675**	**595**	**80**

The Minor Surgery DES is underspent due to a reduction in activity between April and November. In line with NHSEI guidance, the Minor Surgery DES will be income protected between December and March. Allocation for weight management is expected in Month 12.

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

Other GP Services	Month 11 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	2,058	1,761	297
PCO Administrator	774	759	15
COVID Expansion Fund	703	703	0
GP Framework:			
Network Participation	575	574	1
Clinical Director	247	247	0
Additional Roles	2,229	3,477	(1,248)
Investment and Impact Fund (IIF)	755	481	274
Care Home Premium	285	285	0
Support Payment	0	274	(274)
Extended Hours Access	482	482	0
Leadership Payment	199	199	0
Medical Exemption Assessments	2	2	0
Winter Access Fund (WAF)	431	776	(345)
Needle, Syringes & Occupational Health	19	3	16
Reserves	404	28	375
Sub Total	**9,163**	**10,051**	**(888)**

Dispensing Doctors are paid in arrears and based upon dispensing data to December. The rates were updated from October onwards and are less than budgeted for hence the underspend.

PCO Administrator is underspent by £15k. This is due to £65k of income from NHSEI paid in 2021-22 in relation to the 2020-21 GP Returner pilot programme offset by an overspend on maternity claims.

The CCG has received **GP COVID Expansion Funding** for quarter 1 and 2 which has been paid out to PCNs in full. No further funding is expected.

GP Framework payments are showing a £1.2m overspend due to the Additional Roles reimbursement scheme. This overspend will be reimbursed to the CCG in full in Month 12. In line with NHSEI guidance, a number of IIF indicators have now been suspended and the funding has been 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 was allocated 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 NHSEI. The year-to-date expenditure relates to £28k of prior year pressures.

- **Premises** costs are based upon actuals, where known, or accrued to budget. The overspend is due primarily to the inclusion of £260k as an estimate for several historic disputed NHS Property Services charges to practices. A further £255k has also been included as a prior year accrual.

- **QOF** has been accrued based upon previous years achievements and expectations for 2021-22. 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 11

The table below sets out the core primary care financial position as at Month 11.

Primary Care	Month 11 Year-to-Date Position				
	Budget £000	Actual £000	Variance £000	Outside envelope £000	Adjusted variance £000
Primary Care Prescribing	50,253	49,508	745	0	745
Other Prescribing	1,531	1,560	(29)	0	(29)
Local Enhanced Services	1,949	1,761	188	0	188
Oxygen	351	273	77	0	77
Primary Care IT	1,300	775	526	7	533
Out of Hours	3,162	3,121	41	0	41
Primary Care Transformation	2,079	2,082	(3)	0	(3)
Other Primary Care	2,369	2,653	(284)	0	(284)
Sub Total	**62,995**	**61,733**	**1,262**	**7**	**1,269**

- The **Prescribing** position is underspent by £745k as at Month 11. The prescribing data for October showed a significant underspend in a month that is historically high. Subsequent months have not shown any 'catch up' of this spend and so prescribing has been forecast based upon April to December expenditure. This position includes a

£167k prior year overspend in respect of actual prescribing figures for February and March 2021.

- **Local Enhanced Services** - in line with other CCGs across the region, the CCG agreed to income protect quarter 3 and 4 payments to reflect the continued work on the COVID-19 vaccination programme. The YTD position is based upon quarter 1 and 2 claims, plus income protected payments for quarter 3. There is an underspend of £188k which is made up of an underspend on anticoagulation of £98k, £63k on ophthalmology and £44k on Diabetes.

- **Primary Care IT** is showing an underspend of £533k 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 £284k. This includes £287k 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.

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 £1.5m of outside of envelope spend in relation to ARRS (the CCG was given 56% of the maximum ARRS funding with the remaining 43% held by NHSEI). This is based upon forecasts submitted by PCNs in February. £662k is also included for WAF expenditure yet to be reimbursed.

	Forecast Position					
	Ledger Position			Adjusted Position		
	Plan £'000	Forecast £'000	Variance £'000	Outside envelope £'000	Adjusted variance £'000	Comments
Delegated Commissioning						
Primary Care - GMS	23,757	23,836	(79)	0	(79)	
Primary Care - PMS	9,570	9,274	296	0	296	£313k PMS premium (forecast included in Other Primary Care).
Primary Care - Enhanced Services	734	659	75	0	75	
Primary Care - Other GP services	9,981	11,731	(1,750)	2,148	398	Outside of envelope includes WAF forecast of £662k and ARRS funding above baseline of £1.49m. £65k income from NHSE re 20-21 GP returners.
Primary Care - Premises Costs	4,611	4,866	(254)	0	(254)	£260k included for NHSPS Property Services disputes for Haxby Group Practice.
Primary Care - QOF	5,074	5,340	(266)	0	(266)	Forecast overspend based upon previous years achievements and expectations for 21-22.
Total Delegated Commissioning	**53,727**	**55,705**	**(1,979)**	**2,148**	**169**	
Other Primary Care						
Primary Care Prescribing	54,831	54,177	655	0	655	Underspend based upon April to December activity.
Other Prescribing	1,668	1,705	(38)	0	(38)	
Local Enhanced Services	2,127	1,968	158	0	158	Forecast based upon Q1 and Q2 claims plus income protected payments for Q3 and Q4. Underspends forecast on anti-coag (£101k), ophthalmology (£41k) and Diabetes
Oxygen	382	298	85	0	85	
Primary Care IT	1,417	892	526	12	538	£486k underspend due to release of prior year accrual for GP IT historic VAT liability. Outside of envelope includes £12k for SMS text messages for the vaccination programme.
Out of Hours	3,454	3,405	49	0	49	
Primary Care Transformation	2,277	2,280	(3)	0	(3)	
Other Primary Care	2,748	3,056	(307)	0	(307)	£313k PMS premium (budget on Primary Care - PMS).
Total Other Primary Care	**68,905**	**67,781**	**1,125**	**12**	**1,137**	
Total Primary Care						
Total Primary Care	**122,632**	**123,486**	**(854)**	**2,160**	**1,306**	

4. NHS Property Disputes

The CCG has been made aware of a number of historic service charge disputes between practices and NHS Property Services. The CCG is actively supporting negotiations between the affected practices and NHS Property Services with a view to reaching a negotiated settlement that allows both the close down of the historic issue and ensures the correct baseline is set going forward as we move into the ICB. Although the CCG is not the liable party, it was felt to be prudent to accrue, although the exact value will be determined on completion of the ongoing discussions.

The Primary Care Commissioning Committee is requested delegate the final authority to pay to Steph Porter, Interim Executive Director Primary Care and Population Health.

5. Safeguarding Reports Local Enhanced Service

In York, GPs currently contribute to safeguarding assessments of adults and children through the writing of reports for Child Protection Conferences, Multi-Agency Safeguarding Hub (MASH – children's safeguarding) and Multi Agency Risk Assessment Conferences (MARAC – adults safeguarding). Since the beginning of the pandemic, the number of requests for safeguarding reports from GPs has increased substantially and whilst the CCG has an established process for reimbursing GPs for preparing Child Protection reports, the same process cannot be applied to MASH and MARAC reports (the receiving body is unable to confirm receipt).

Having been given formal approval by the Executive Committee to develop a Local Enhanced Service (LES), in line with the Scheme of Delegation this Committee is asked to approve a new LES for safeguarding reports. This is in line with David Geddes letter to CCGs in 2019 which asked them to review local arrangements regarding general practice reporting for safeguarding to ensure that safeguarding activity in general practice is supported. Examples of how this had been done elsewhere were included as follows:

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

Practices would be paid £61.89 for each report (the agreed rate across York and North Yorkshire for a detailed written report from the medical record) and be required to code these reports within their clinical systems. On a quarterly basis they would then run reports and submit data to the CCG for payment. Payment via a LES will have significant time-savings for practices, local authorities and the CCG as the current process for reimbursement for Child Protection reports is time-consuming (practices are required to complete individual claims which are submitted to the local authority for approval before being submitted to the CCG who make manual payments). This process will also remove the potential for data-protection breaches as information is passed around the system.

6. Recommendation

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

The Primary Care Commissioning Committee is asked to delegate authority to pay outstanding NHS Property Services disputes to Steph Porter, Interim Executive Director Primary Care and Population Health.

The Primary Care Commissioning Committee is requested to approve payment to GPs for safeguarding reports via a LES.

Vale of York Clinical Commissioning Group

Item 6

NHS Vale of York CCG Primary Care Network Update

Primary Care Commissioning Committee: 7 April 2022

Introduction

In January, VOYCCG offered Primary Care Commissioning Committee a view of how the CCG had worked with localities to co-produce a plan for the NHSE ***Improving Access for Patients and Supporting General Practice*** or Winter Access Fund (WAF) to be mobilised from 1st December 2021 to 31st March 2022.

Towards the end of March, we asked Clinical Directors, GPs, Practice Managers, and Managing Partners for their reflective view of the Winter Access Fund. This is their feedback in their own words:

- What went well
- What could have been better
- Challenges ahead

What went well

- **Funding**: “winter is always difficult, so any extra support is helpful” and “ultimately funds have, in some cases, averted crises in practices which were faced with unprecedented workforce challenges”.

  “Allowing Practices and PCNs to decide how to spend the WAF money engaged CD's and Managing Partners to think through individual and system challenges, looking at solutions and working out what can be done at scale to deal with current and emerging pressure generated from the backlog”.

- **Process**: “Commissioned in a supportive, co-produced way”, “the CCG took a brave position which was supportive and equitable, and which recognised pressures across the whole of general practice”.

  “CCG clearly worked hard to get funds out as flexibly as possible”, and “we would encourage CCG and ICS to continue to engage with primary care in this way rather than a top-down approach. It has encouraged collaboration unlike any time before, winter will return, and I hope that we can build on this experience and better plan for next and subsequent winters”.

- **Think Differently**: WAF “promoted thoughts about different pathways for several conditions that had been severely impacted by covid”, “allowed support to UTC to assist with increase in same day demand”, and “allowed certain ARRS to be brought forward e.g. Mental Health Practitioners”.

  “WAF helped delivery of primary care in rural areas, where there is more reliance on local practices and less attendance at A&E”.

What went well

- **PushDr**: “given the lack of resource in the system, adding PushDr to the programme provided a lifeline as it has been impossible to get Locum cover for short term sickness”. “PushDr allowed practices to rapidly onboard and trial the service with patients, all now have on boarded status and experience and can continue to fund on an as needed basis”.

- **Opel 3/4 Support**: When Covid rates increased in late Dec2021/Jan 2022, the number of practices needing support increased. Despite rates falling in Feb 2022, rates rose dramatically again through March 2022 and the number of practices experiencing significant impact on staffing levels increased accordingly.

  WAF has enabled rapid response support to practices across VOYCCG “enabling our practice to reach out for support when we see a problem emerging, rather than waiting until it is too late for anyone to act”.

  “Opel reporting has a lot of value in identifying potential issues and adding support where possible” and has “mitigated the risk of practices consistently being at Opel 3 or even Opel 4”

  “There is no doubt in my mind we would have fallen over as a practice this winter if it was not for WAF”. “Not only was the funding important to ensure the correct support could be sourced, the flexibility of the funding meant we could target areas that were specific to our needs”.

What could have been better

- **Funding**: “level of funding [is good]”, but “funds were released at short notice with completely insufficient time to plan to use them optimally” and “do not allow for any long-term planning or investment in staff”.

  “WAF funding arrived “too late to make more than a temporary impact on winter pressures”.

- **Process**: “Still quite a lot of bureaucracy and costs to deliver, lots of invoices and putting onto the portal etc.”, “Practices could come up with more imaginative ways to spend the money if there were fewer restrictions on its use”.

  “The focus on a whole locality solution made it doubly difficult to plan coherent interventions. With such short notice, practice level solutions would have been easier to mobilise (which is *de facto* what happened in most instances)”.

- **Workforce**: “There seemed to be no recognition at system level that there is **no new workforce** on which we could have spent WAF”.
- “Due to the workforce shortages, there are limits to what the funding can achieve”. “Workforce has been very difficult to secure - therefore end up spending significant resource on locums/ push doctor etc who don't do the full job that an employed GP does and adds extra workload to practice GPs”. “It would be used more effectively in future years if there was more time to consider how best to spend it”.

What could have been better

- **CPCS**: “GP CPCS usage not possible ... as timeline too tight to make it practical ... give us 6 months to prepare for winter and we could do an even better job”.

- **Winter 2022/23**: “Winter Access Funding came with too many strings attached and stipulations and seemed to be made deliberately difficult to access (from NHSE rather than CCG). We would much prefer the funding coming directly into practices to provide additional sessions over the winter months”.

Challenges ahead

- **Covid**: “We are still seeing high numbers of staff absences through COVID related sickness / isolation”.

  Community infection rates rose rapidly in March; the Vale of York increased from 320/100,000 on 1st March to 1,024/100,000 at 30th March. Patient demand has increased and GP practices have suffered, and continue to suffer, significant staff shortages across all staff groups. Opel 3/4 reporting has increased in line with infection rates and all providers are struggling to balance urgent patient demand against the routine care backlog.

- In March 2022, Opel 3/4 was reported by VOYCCG GP practices on 56 occasions
- In context, Opel 3/4 was reported 51 times in the 3 months of December, January, and February

  Winter Access Fund has supported all Practices across Vale of York, even averting crisis in some, but Practices are concerned about the year ahead. Infection rates are increasing, and there’s a risk that withdrawing free testing may mask true rates in the future. The workforce is exhausted and patients are increasingly frustrated with access to care - public satisfaction with the NHS is the lowest for 25 years*.

* https://www.nuffieldtrust.org.uk/research/public-satisfaction-with-the-nhs-and-social-care-in-2021-results-from-the-british-social-attitudes-survey

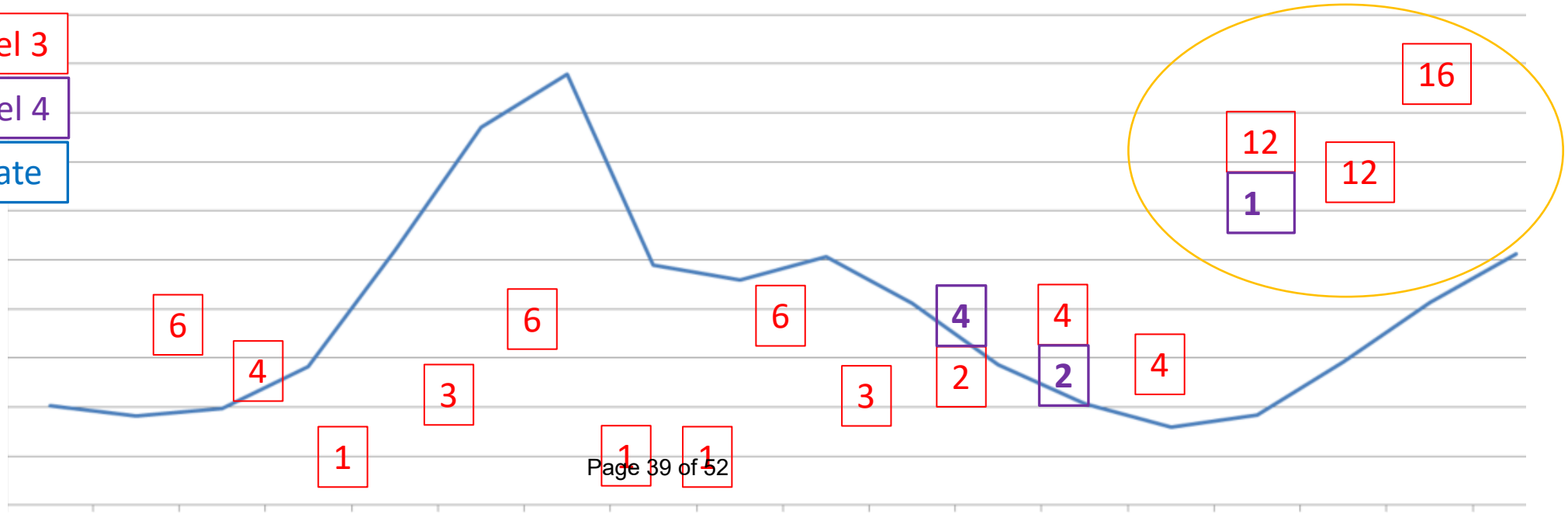
Challenges ahead

VoY Covid Rate Tracker																		
VOYCCG	01/12/21	08/12/21	15/12/21	22/12/21	30/12/21	05/01/22	12/01/22	19/01/22	26/01/22	02/02/22	09/02/22	16/02/22	23/02/22	02/03/22	09/03/22	16/03/22	23/03/22	30/03/22
York City Centre	201	172	265	480	1170	1406	1428	674	502	818	890	473	394	272	330	524	588	660
York Local Authority	344	376	438	607	1250	1652	1673	913	868	1139	1006	648	441	364	363	586	842	970
Selby District	436	441	438	643	1208	1915	1856	1006	1021	1117	841	528	371	271	323	516	747	957
Hambleton	463	387	335	483	955	1362	1609	993	1105	1162	934	568	431	327	282	450	689	882
Ryedale	497	374	327	522	909	1684	1267	651	618	749	627	541	399	235	318	541	722	981
Stamford Bridge MSOA	213	341	437	833	897	1495	2670	1078	1014	929	737	502	277	373	405	491	1089	1365
Pocklington MSOA	358	374	501	581	780	1450	1928	1234	1434	1195	804	645	390	270	509	725	780	1195
Elvington MSOA	728	449	418	387	1162	1364	1643	1271	775	1007	744	666	620	449	418	837	1162	1178
	405	364	395	567	1041	1541	1759	978	917	1015	823	571	415	320	369	584	827	1024

Practice days at Opel 3

Practice days at Opel 4

— Average Covid rate



Challenges ahead

- **Funding**: “NHSE/ICS could support winter planning by guaranteeing a minimum level of [winter] funding year on year - anything in excess of this would be a bonus”

- **Process**: “Winter pressures are not covered when the funding is made available on 1st December”.

  “Planning for winter surge pressures should start 6-9 months in advance of winter, and ideally should be incorporated into long term plans for all organisations”. “PCN funding as opposed to practice or locality funding [would] allow for greater control, monitoring & planning”

- **Think Differently**: “Fewer restrictions on ARRS roles would allow PCN's to plan a more flexible workforce which could help to deliver winter surge capacity in primary care”.

- **Social Care**: ““Addressing the failure of the social care market could help to facilitate hospital discharge, which in turn could help with throughput from ED to hospital wards, which would relieve pressure on UEC services”.

Summary

VOYCCG co-produced plans with PCNs to support all practices on a locality basis. Putting decision-making in the hands of PCNs with a light touch but robust assurance process has been widely appreciated. The net result is 100% forecast use of the £1.1m available to localities, with more than 94% spent on local workforce and GP locums, and only 6% spent on online solutions such as PushDr.

Despite the challenges ahead, there are significant legacy benefits from NHSE's investment in the Winter Access Fund; YAS paramedics can access **GP Triage** in all practices, all practices have been invited to review and increase **oxygen supplies and lifeline kits** to mitigate ambulance delays, **Opel 2.5** (early warning and peer support system for practices in crisis i.e. Opel 3 or 4) is operating across all Central practices with opportunity to support all practices across the Vale of York, and a **Spirometry/FeNO** clinic has been established at Askham Bar.

As the NHS reorganises, PCNs encourage commissioners to plan earlier for Winter 2022/23 and continue engaging with primary care to build on the collaboration and lessons learnt this winter.

Item Number: 8

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee **Date of meeting: 7 April 2022**	NHS Vale of York Clinical Commissioning Group

Primary Care Commissioning Committee Risk Register

Purpose of Report
To Receive

Reason for Report

The Primary Care Commissioning Committee Risk Register is intended to sight the Committee on Primary Care risks where appropriate, particularly where discussions around risk might potentially have contractual implications or require some form of control or mitigation though a formal Primary Care Commissioning route.

Additionally, the Internal Audit review of the CCG's 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions' recommended that 'The CCG should introduce oversight of Primary Care risk at the PCCC'.

Strategic Priority Links

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

Local Authority Area

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

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

Emerging Risks

n/a.

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

None to note.

Recommendations

The Committee is asked to receive the Primary Care Risk Register in order to oversee any risks associated with the CCG's delegated Primary Care commissioning functions.

Decision Requested (for Decision Log)

n/a – update, for information.

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

1. Background

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

Additionally, the Internal Audit review of the CCG's 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions' recommended that 'The CCG should introduce oversight of Primary Care risk at the PCCC'.

2. PCCC Risk Headlines April 2022

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

Last update March 2022 - the risk rating is unchanged at a score of 12 at March 2022.

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

The CCG does not yet have a year-end position on SMI health checks. Q4 2021/22 data is released around 11 April 2022. The CCG has commissioned NECS to provide monthly updates from April onwards.

Work is ongoing with TEWV to recruit to an administrator post to be located within Primary Care Networks. This role, funded through the HCV ICS is to provide project support, working within Primary Care Networks and with strong links with Specialist Mental Health Services.

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.

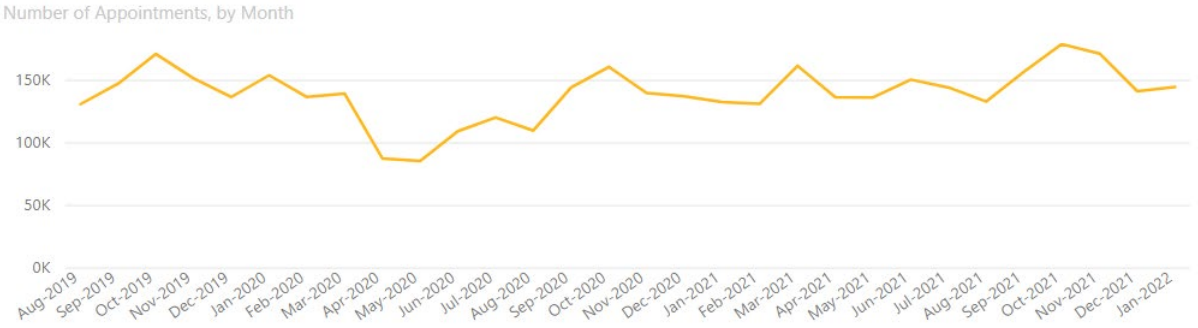
All the City of York PCNs' made improvements as a result of coordinated administrative work to identify patients and invite them to take up the health checks. This work will be enhanced during Q4 with additional capacity from Social Prescribers to encourage take up and support people to attend; also,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

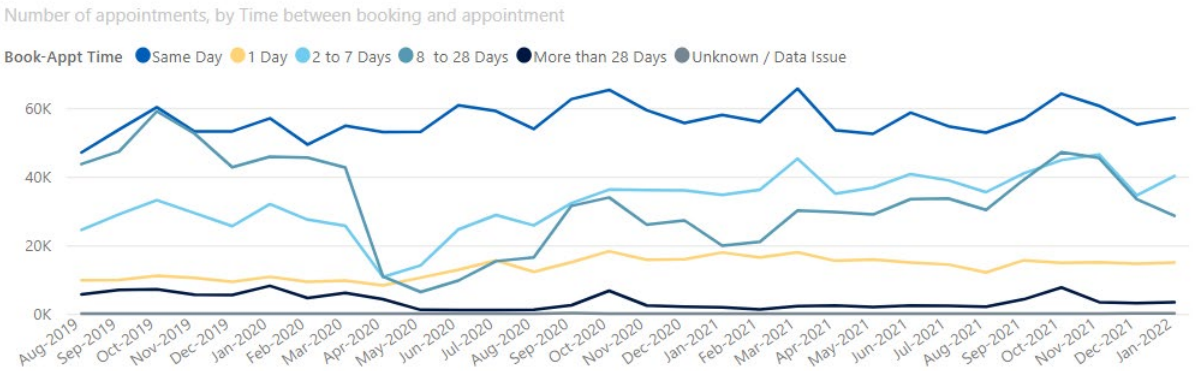
This approach will be sustained in 2022/23 and a system will be established for effective recall of patients. A steering group has been established to drive this work under the auspices of the York Mental Health Partnership; 'Connecting our City.'

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

Last update March 2022 - the risk rating is unchanged at a score of 12 at March 2022.

Although the number of appointments that were offered by Practices has reduced at points during the Covid-19 pandemic, the latest national data from NHS Digital for January 2022 shows that the trajectory of General Practice appointment numbers continues to increase, and exceeds pre-pandemic levels (with some monthly variation). The appointments data for NHS Vale of York Practices closely follows the national trend in this respect with January 2022 appointment numbers at 144,133 compared to January 2021 appointment numbers of 132,209.





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 national £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. Schemes include the use of Push Doctor to provide additional video

appointments, plus additional hours from GP's, Advanced Nurse Practitioners, Paramedics, and admin staff and Locums (where available) to deliver more appointments for patients.

Over the winter period, it is estimated that Winter Access Funding will have delivered in the region of 40,000 additional appointments across General Practice in Vale of York.

It should be noted, however, that with more online access and triage systems now being adopted in General Practice to improve patient access (alongside core clinical and appointment booking systems) – not all of these additional appointments are likely to be counted through the standard NHS Digital data extracts. CCG's are working with regional NHSEI colleagues to understand how General Practice appointment data completeness and accuracy can be improved.

This additional winter appointment capacity in Vale of York has not only improved access for patients, but has also made a significant contribution to supporting Practice resilience during a period when staff absences due to Covid have been at their highest.

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 continues to work with Practices to improve service resilience and access to appointments.

2.3 PRC.17 - General Practice Wellbeing

Last update March 2022 - the risk rating is unchanged at a score of 16 at March 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.

As we approach April 2022, the preceding few months have seen the highest rates of General Practice staff sickness throughout the pandemic due to the highly transmissible Omicron variant and BA.2 subvariant – and these workforce pressures continue to add more pressure to an already stretched workforce.

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 – including:

Peer mentoring – available to GP's, PM's, Nurses and other staff with leadership responsibilities

Peer mentoring – pilot (as part of last year's HWB pilot program) for Dentists, Optometrists, Pharmacists

Wellbeing education – a variety of courses and resources for all General Practice staff around wellbeing and resilience

Having Deeper Conversations programme – basic mentoring/coaching skills taught to General Practice leaders to improve team culture – training day followed by ongoing peer support

The Healthy Practice Model – development of self-assessment framework/tools for Practices to assess themselves against and identify areas for improvement

Item Number: 10

Name of Presenter: Stephanie Porter

Meeting of the Primary Care Commissioning Committee

Date of meeting: 7 April 2022

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Committee Estates Update

Purpose of Report
To Receive

Reason for Report

To update the Primary Care Commissioning Committee on recent developments relating to General Practice Estates work.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

- ☒Financial
- ☐Legal
- ☐Primary Care
- ☐Equalities

Risk Rating

Emerging Risks

n/a.

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

None to note.

Recommendations

n/a – update, for information.

Decision Requested (for Decision Log)

n/a – update, for information.

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

1. Sherburn Group Practice Estates Development

At the November 2021 Primary Care Commissioning Committee meeting the Committee agreed to support the submission of a Project Initiation Document (PID) by the CCG on behalf of Sherburn Group Practice to secure a £1million capital grant from NHS England. The funding would support an estates development scheme which would see the existing site developed to include an extension to the rear and second floor whilst reconfiguring the lower ground floor. The footprint of the site would increase from 447m^2 to 817m^2 providing additional access to Primary Care services for the local population which has seen, and continues to see, significant population growth in the local area. It would also support the development of the Primary Care Network supporting the recruitment of staff under the Additional Roles Reimbursement Scheme (ARRS).

In approving the PID the CCG agreed to a revenue increase in notional rent of £28,300 per annum for the first 15 years after completion of the scheme and an increase of £64,300 per annum from 15 years onwards, explained as follows which went to the Committee in November 2021 – *'The Current Market Rent (CMR) for the Practice is £57,500 per annum and upon completion of the works the District Valuer has assessed that the CMR would be £121,800 per annum. However, the abated CMR assuming a 66% improvement grant would be £85,800 with a 15-year abatement. It is anticipated that the abatement will be calculated at more than 66% due the council funding contribution which would bring the abated CMR value down further reducing the revenue impact of the scheme for the 15-year abatement period'.*

The scheme is estimated to cost approximately £2.3million which will be funded through a combination of NHS England capital (£1million), council funding (£750k), Section 106 funding (£150k) and a Practice contribution (£400k) arranged through an improvement grant.

The PID has been approved, which enabled the Practice to progress to the development of a Business Justification Case which is required for further approval due to the size of the scheme and scale of investment. The Practice is currently out to tender for the works and is expecting submissions back by 19 April 2022. Following a tender review, submission and approval of the business justification case, contract award and mobilisation - the aim is that the build will start by July 2022 with an estimated 12 month construction period.

Whilst the initial project timeframe has slipped since the original submission of the PID due to a number of extenuating circumstances, NHS England has now allocated the scheme Primary Care capital in 22/23 and 23/24 to enable the scheme to progress. The CCG will be required to sign the business justification case as it did the PID, and in doing so reconfirm its support for the project and associated revenue implications.

2. General Practice 3-Facet Surveys

The CCG has commissioned a number of 3-facet surveys across its General Practice estate in order to inform future planning/prioritisation of estates work.

These surveys cover the following areas:

> Facet 1 - **Physical Condition** – The overall condition of the estate will be assessed on 3 elements: buildings (internal and external), mechanical systems and electrical systems
>
> Facet 2 – **Functional Suitability** – will be assessed on 3 elements: internal space relationships, support facilities and location
>
> Facet 3 – **Statutory Compliance** – is assessed on the property's compliance to statutory legislation in accordance with Fire and Health and Safety Law

Faithful and Gould is the contractor that will be undertaking these surveys and reporting back to the CCG. All surveys are expected to be completed during April and May 2022. The outputs from these surveys will be reported back to the Committee when complete.

The sites that are in scope, based on the CCG's initial assessment of need, are as follows:

Priory Medical Group: Fulford Surgery (highest priority)

Elvington Medical Practice: Wheldrake Surgery (2nd highest priority)

Priory Medical Group: Heworth Green Surgery

Priory Medical Group: Tang Hall Lane Surgery

Priory Medical Group: Park View Surgery

Priory Medical Group: Lavender Grove Surgery

MyHealth: Stamford Bridge Health Care Centre

MyHealth: Dunnington Health Care Centre

Elvington Medical Practice

Jorvik Gillygate Practice: East Parade Surgery

South Milford Practice

Tadcaster Medical centre

Dalton Terrace

3. Burnholme, York

Priory Medical Group continue to work on the business case to support a new build at Burnholme. Since the PID was approved there has been some delay, not least because of the focus on the Covid response, and construction costs have increased significantly during that period.

The current phase of this programme is looking at agreeing a land purchase price with City of York Council. Any increase in land costs together with construction costs will impact on the revenue impact to the approved scheme - increasing the risks re. successful completion. The rationale for approving this scheme remains basically the same, but has arguably become more pressing as a result of the pandemic and the need to consolidate the range of services that Practice staff can deliver on one site.

The scheme will continue to develop, funded up until Final Business Case. The funding route remains via the Practice borrowing with the NHS reimbursing revenue costs.