

**Minutes of the 'Virtual' Primary Care Commissioning Committee held on  
16 June 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
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Phil Goatley (PG)	CCG Lay Chair and Chair of the Audit Committee and the Remuneration Committee
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement (North East and Yorkshire)
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

**In attendance (Non Voting)**

Fiona Bell-Morrith (FB-M)	Lead Officer Primary Care, Vale
Shaun Macey (SM)	Acting Assistant Director of Primary Care
Michèle Saidman (MS)	Executive Assistant
Gary Young (GY) - part	Lead Officer Primary Care, City

**Apologies**

Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Phil Mettam (PM)	Accountable Officer
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Sharon Stoltz (SS)	Director of Public Health, City of York Council

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

Four members of the public joined the live stream.

The agenda was discussed in the following order.

## **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 7 April 2022**

The minutes of the previous meeting were agreed.

#### **The Committee:**

Approved the minutes of the meeting held on 7 April 2022.

### **4. Matters Arising**

*PCCC58 Primary Care Dashboard:* Further to discussion at previous meetings SM reported that work was continuing with North of England Commissioning Support but that this was dependent on establishing local data sharing agreements with all Practices. In parallel to development of the dashboard, which would include appointment type by clinician and case mix, SM explained that national standardised data from GPAD (General Practice Appointment Data) was published weekly including appointments, mode of delivery, healthcare professional and time between booking and appointment. He also advised he would continue to work with Practices regarding operational data to assist service improvements.

#### **The Committee:**

Noted the update.

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

SB explained that there was no specific finance report on this occasion due to timing of the Committee. He advised that the Finance and Performance Committee on 23 June would receive the month 2 report in which there was a £29k adverse variance but noted break-even was forecast for month 3, the CCG closedown month.

SB reported that the final system financial plan had been submitted with a position of break-even across the Humber and North Yorkshire Integrated Care Board noting there were risks that would require managing.

#### **The Committee:**

Noted the update.

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

SP reported increased cases of COVID-19, the national seven day rate being 62 per 100,000 the previous week and currently 103 per 100,000; North Yorkshire and York were above the national average. SP advised that, although rates were no longer routinely tracked, Public Health continued to monitor rates through a range of methodologies, including trials.

From the perspective of case rates in North Yorkshire and York SP referred to the context of hospital visiting opening and consideration in healthcare settings about general use of personal protective equipment, as opposed to for aerosol generating procedures. She emphasised the need for continued vigilance and that vaccination was the most effective defence.

SP explained that while most Primary Care Network sites had paused the COVID-19 vaccination programme, the vaccination offer would continue at Askham Bar in York and through community pharmacies. The CCG also continued to respond to national "asks", the latest of which related to care homes residents, the housebound and the immuno suppressed. SP noted it was advisable for anyone in the eligible groups to have a booster at six months between doses.

SP commended the COVID-19 vaccination programme across the Vale of York highlighting that of the c302,000 people within the priority groups for vaccination c87% had had their first and second dose and almost 90%, based on eligibility, had also had a booster. SP emphasised this achievement in the context of vaccination being voluntary. She also referred to the Spring booster campaign and outbreaks of the Omicron variant in a number of care homes earlier in the month with associated risk management in terms of completing vaccination. Across the region c84% of eligible care home residents had now been vaccinated and Vale of York was at 92% in this regard

SP reiterated that vaccination was the most effective protection against COVID-19 and the offer continued to be "evergreen". She noted the CCG's contactus website as a means of assistance in the event of support being needed to access the vaccination programme.

In conclusion SP expressed appreciation, echoed by JH, to colleagues in the CCG, across primary and secondary care, community providers and volunteers for the local success of the vaccination programme.

### **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.

In respect of Serious Mental Illness Health Checks SM highlighted that since the last report the risk had been reduced from 12 to 8 based on 2021/22 quarter four data when performance had been 58.8% against the national target of 60%. He commended Practices for this achievement through 2021/22, also noting that for quarter four Vale of  
Final Meeting

York CCG had achieved the highest performance across Humber and North Yorkshire and highlighting Stillington Surgery's achievement of 100%. In terms of the City and Vale Practices SM noted performance against the national 60% target of 54.8% and 70.8% respectively, also noting learning was being shared. SM additionally expressed appreciation to Sheila Fletcher, Commissioning Specialist – Mental Health and Vulnerable Adults, who had coordinated this work within the CCG.

SM explained that system funding had been extended in 2022/23 to support outreach and engagement work to encourage take-up of health checks for people with a serious mental illness. Discussions were ongoing with Primary Care Network Clinical Directors for initiatives in this regard.

With regard to Access to General Practice - Reputational Damage SM advised that the risk rating was unchanged at 12. He explained that there had been a dip in appointment numbers in April, both locally and nationally, noting the context of seasonal fluctuation and also the Easter Bank Holiday. The trajectory of appointment numbers was one of increase but there were still some concerns from patients about access and also operational pressures within Practices. SM additionally referred to SP's update at item 7 above and noted the need to monitor potential impact on Practice staff from increasing infection rates.

SM also explained that an Enhanced Access service national contract was being developed with a "go-live" date of 1 October 2022. This effectively combined the current CCG-commissioned Extended Access and Primary Care Network Extended Hours services to increase appointments between 6.30pm and 8.00pm on weekdays and 9.00am and 5.00pm on Saturdays. This work with NHS England and NHS Improvement and the Primary Care Networks aimed to design a service to meet local population needs in each area, including health inequalities, support for people unable to access Practices during regular working hours, and aspects of prevention such as screening, vaccination and immunisation. Initial engagement indicated that all Practices were starting to plan for this.

In terms of General Practice wellbeing SM reported that the risk rating remained unchanged at 16 since March 2022 and noted the initiatives detailed.

### **The Committee:**

Received the Primary Care Commissioning Committee Risk Register.

*GY joined the meeting*

## **6. Primary Care Networks Update**

FB-M and GY gave a detailed presentation, attached at Appendix A, which reflected on the considerable achievements of the CCG's Primary Care Networks (PCNs) since their establishment in 2020. It included detail pertaining to the formation of the PCNs; clinical leadership; challenges; sustaining resilience General Practice; responding to COVID-19; delivering PCN service specifications; partnerships and the integration challenge; ambitions for 2022 to 2024; achievement of national recognition; and in conclusion comment that, as primary care commissioners, the CCG believed the PCNs across Vale of York had a delivery record to be genuinely proud of, and a great foundation to move forward into 'place' based commissioning.

JH referred to discussion at previous meetings regarding decompression sessions for GPs advising she had received assurance that opportunities for such support would be available. She also reported that FB-M and GY's work with the PCNs had been commended at the last meeting of the CCG's Quality and Patient Experience Committee.

GY additionally expressed appreciation to Fiona Phillips, City of York Council Assistant Director of Public Health, who as discussed at the last meeting of the Committee had facilitated a meeting of City of York councillors and GPs to discuss aspects of concerns raised by residents. GY commended her handling of the meeting highlighting the positive outcome of unanimous agreement that local councillors wished to support, and be seen to support, GPs. He also noted the perspective of a piece of work with Healthwatch utilising Patient Participation Groups as a wider opportunity to address concerns about system pressures.

PG expressed personal congratulations and thanks, echoed by DB and JH, to FB-M, GY and the wider CCG team for their highly productive, professional and personal relationships with clinical partners for the benefit of patients.

#### **The Committee:**

Noted the update and commended the ongoing work.

### **9. GP Retainers**

SM presented the report that sought agreement to the extension of the Retained GPs budget for 2022/23 to £145,717.25 (compared to £120,162.52 in the plan) in order to meet the cost pressure from approving additional Retained GPs who were not accounted for in the original financial planning exercise for 2022/23. SM explained that the GP Retainer Scheme was a helpful platform for supporting Practices with their workforce pressures and enabling small numbers of GPs to take advantage of flexible, part-time working arrangements to supplement appointment availability through up to four sessions per week for five years. He clarified that one GP currently on the scheme was in their sixth year due to a year's maternity leave.

In terms of the c£25k cost pressure SM explained that this was technically funded through the baseline General Medical Services allocation which was fully committed at the present time. However, SB, in recognising the support the GP Retainer Scheme provided to General Practice and noting the context of primary care being committed to deliver spend within budget, expressed confidence that this potential pressure would be mitigated. SM additionally noted that any further applications would be monitored over the financial year and managed accordingly.

SP highlighted the context of the Integrated Care Board scheme of delegation for primary care decision making being awaited, future governance in terms of 'place' and disaggregation of budgets, also noting the perspective of Retained GPs not moving to where there were vacancies. In response to SP's proposal for this budget to potentially be held at Integrated Care Board level, DI agreed to progress consideration of such an approach.

#### **The Committee:**

1. Agreed the extension of the Retained GPs budget for 2022/23 to £145,717.25 (compared to £120,162.52 in the plan).
2. Approved the additional Retained GP for My Health Group from 1 August 2022.

Final Meeting

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

DI presented the report that sought approval of the Business Justification Case for Sherburn Group Practice Estates Capital Bid. He noted the Committee had approved the Project Initiation Document in November 2021 in respect of this development of Beech Grove, Sherburn In Elmet, Leeds and that the revenue consequences were lower than the original approval. Funding for the extension and reconfiguration to meet the increasing Practice list size was through a combination of sources and the Business Justification Case was expected to be completed imminently.

DI explained that as the scheme was being jointly funded by NHS England and NHS Improvement, the Council and the Practice the Current Market Rent would be abated. The District Valuer had assessed that on completion of the works the Current Market Rent would be £117,200 per annum, against the £57,500 per annum for the Practice at present. However, the abated Current Market Rent would be £73,400 for the 15-year abatement from the time of completion of the works. The revenue consequences were lower as the Project Initiation Document had assumed a third of the costs as the Practice's contribution but this was 16.70% with the abatement.

### **The Committee:**

Supported approval of the Business Justification Case once completed and the revenue impact identified acknowledging the scheme had already been approved at Project Initiation Document stage and the fact that revenue consequences were lower than the original approval.

### **Additional Item – Linton on Ouse**

SP reported that RAF Linton on Ouse, decommissioned in 2020 and declared surplus by the Ministry of Defence in 2021, was one of the alternatives to hotels being considered by the Home Office to accommodate asylum seekers. She noted that the base had predominantly accommodated single males and there was a GP surgery on site. However, there was considerable opposition from the local population in view of the rurality and the proposed change of use for the site was currently subject to legal challenge.

SP explained that Tollerton Surgery, the nearest GP Practice to Linton on Ouse and part of the CCG until 30 June, would become part of North Yorkshire 'place' from 1 July. She was therefore working with the Head of Primary Care Transformation at NHS North Yorkshire CCG to seek an alternative solution in recognition of potential impact on current rural services and in the context of duty of care to both the local population and asylum seekers. SP advised that discussions were also taking place with NHS England and NHS Improvement Regional Team and local partners including North Yorkshire Public Health.

### **The Committee:**

Noted the update.

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

- The Committee received the updated NHS Vale of York Primary Care Network report. All agreed that it made inspirational reading. The progress that has been achieved within the three years since commencement has hugely exceeded initial expectations -

Final Meeting

communication, collaboration and trust have been the building blocks of the strong relationships which have enabled innovation and inspired positive change. PCNs are now firmly embedded in the wider system, working closely with health, care and voluntary sector partners to focus on the needs of their respective populations. With additional roles well embedded in every PCN, patients across the diverse geography of Vale of York have been able to access a range of new services. We look forward to the journey continuing in the new integrated care system landscape.

- We were informed of the increase in prevalence of COVID-19 infections. The seven-day rates indicated cases were at 62 per cent for one hundred thousand last week and are up to 102 per hundred thousand this week with both York and North Yorkshire being above that rate. This raises concerns as we see a return to hospital visiting and how they are using PPE. We should be mindful of the implications on our services, remain vigilant, remember that vaccination is our first line of protection, and that the vaccine offer is evergreen.

#### **The Committee:**

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

In concluding the meeting JH expressed appreciation to members, the wider CCG team and partners



**Vale of York**  
Clinical Commissioning Group

# VOYCCG PCN Update

Primary Care Commissioning Committee

16<sup>th</sup> June 2022



# Introduction

Introduced July 2019, the Primary Care Network (PCN) DES was designed to “*ensure general practice plays a leading role in every PCN and means much closer working between networks and their Integrated Care System*”.

From our regular reports to PCCC, we have evidenced the extent of the successful formation and development of PCNs across the Vale of York since July 2019. Emerging in March 2020, Covid has obviously had a major impact across health and care and this update will reflect on how PCNs have grown over the past three years, and the challenges they face, including Covid recovery, as we move into an Integrated Care System.

The report that follows reflects the considerable achievements of our PCNs over the past three years, takes a look at the ambition of PCNs, and the challenges they tell us they face in the next two-three years.

# PCN Formation

By May 2020, the 'Vale' PCNs had formed and Central PCNs 'unified' under NimbusCare in June 2020

- **Selby Town PCN** (Beech Tree, Escrick, Posterngate, Scott Road) **Dr Nick Jackson**
- **Tadcaster & Rural PCN** (Sherburn, South Milford, Tadcaster) **Dr Steve Lovisetto**
- **South Hambleton & Ryedale PCN** (Helmsley, Kirkbymoorside, Millfield, Pickering, Stillington, Terrington, Tollerton) **Dr Paula Evans**
  
- **York City Centre** (Jorvik Gillygate, Dalton Terrace, Unity) **Dr David Hartley (now Dr James Murray)**
- **York Medical Group – Dr Rebecca Field (and Polly Smith)**
- **Priory Medical Group – Dr Emma Broughton (and Dr Emma Olandj)**
- **West Outer North East** (Haxby, Old School, Front Street) **Dr Daniel Kimberling**
- **York East PCN** (Elvington, MyHealth, Pocklington) **Dr Tim Maycock (and Dr Russell Saxby)**

The 'coming together' of all central practices as PCNs under the NimbusCare GP Federation in 2020 was significant and marked a new era of collaborative working between the eleven GP practices in central York.

# Clinical Leadership

- Clinical Directors quickly established their new roles and VOYCCG supported development of PCN boards with regular meetings & structures which have increasingly included wider system partners.
- Clinical Directors developed and extended their system leadership skills through formal training (HCV STP Clinical Leadership programme,) and attending wider system meetings; greatly increasing their input into clinically-led system redesign and transformation through partnership groups.
- Through the Clinical Directors, PCN resources have been increasingly focussed on addressing areas of greatest need and inequalities (population health priorities rather than just practice priorities)
- Across the Vale of York, a population health approach has been developed through recognised Place Based Boards with a longer term system aims through:
  - Selby Health Matters
  - Vale System Partnership group
  - York Health and Care Collaborative
  - South Hambleton and Ryedale Community Connect groups

# Challenges

Having established PCNs at place, developed PCN clinical leadership, and created place-based boards to identify and address 'place' issues, the challenges we reported PCNs faced in 2020/21 included:

- Sustaining resilient General Practice
- Responding to Covid-19
- Delivering the PCN DES/national service specifications
- Building wider provider partnerships to deliver integrated health and wellbeing services
- Positioning PCN's in a wider delivery and transformation landscape

# Sustaining resilient General Practice (1)

VOYCCG is unusual in that it appointed two Band 8d Lead Officers for Primary Care to support practices and Primary Care Networks. In 2019, VOYCCG carried out a listening exercise and from this supported:

- **OPEL** Operational Pressures Escalation Levels Framework. Responding to workforce pressures, the reporting framework was developed by VOYCCG with PCNs and the LMC, and a final framework was agreed and implemented in 2020. All VOYCCG practices now routinely use Opel reporting to indicate when gaps in workforce (capacity) or peaks in demand threaten individual practice resilience.
- **Winter Resilience:** using Opel reporting, VOYCCG have commissioned winter 'locum bank' services and built on this further through the Winter Access Fund in 2021/22.
- **Opel 2.5:** a Central York/NimbusCare extension of winter resilience to provide year round access to a bank of GPs and other clinicians to support practices under pressure. This supported all practices reporting Opel 3 and Opel 4 across the Vale of York in Winter 2021/22.
- **PCN Additional Roles:** over 100 whole time equivalent Additional Roles posts are now in place and embedded across Vale and Central PCNs. These roles support increased access, deliver new services for patients, and help with maintaining primary care resilience. As an indication of PCN maturity, these roles are increasingly being developing and jointly funded with health and care partners.

# Sustaining resilient General Practice (2)

As part of developing and sustaining resilient General Practice, same and next day urgent primary care has an important part to play, especially when access is pressured during what is likely to be an extended period of Covid recovery. All PCNs are working with partners to meet the needs of local populations:

- **SHaR:** VOYCCG supported commissioning 4 Urgent Care Practitioners across South Hambleton and Ryedale PCN to improve access across a large rural area with traditionally poor access to urgent care.
- **York UTC:** NimbusCare provided additionality to support York UTC during winter 2021/22 plus cover for the two long Bank Holidays in 2022. With a defined a model for how a fully integrated 24/7 urgent care service might look for the city by working the aim is to create an integrated 'urgent primary care' offering in York .
- **Selby:** working with all partners, the Selby Urgent Care Transformation group aim to implement the Right care model by delivering an integrated urgent/primary care service, which provides access to appropriate same day urgent care for those who need it, when they need it.
- **Enhanced Access:** In 2021/22, all VOYCCG PCNs will deliver enhanced access in evenings and at weekends to suit the needs of their local populations through the PCN Enhanced Access DES.

# Responding to Covid-19 (1)

**Covid:** Using Opel, VOYCCG have been able to track and quickly respond to practices who have often seen high numbers of staff absences through COVID related sickness/self-isolation

**Hot Hubs:** during the early stages of Covid, each PCN quickly established 'hot hubs' to see Covid positive patients in a safe environment and keep practice waiting rooms safe for patients and staff.

**Remote Working:** PCNs developed remote working to safely triage patients by telephone, and also to allow GPs and other clinicians to work remotely when self-isolating. Many practices have adopted Klinik (online clinical assessment) to support greater access to care.

**Central PCNs:** In April 2020, central York PCNs and York CVS established a 'Covid Hub' providing welfare support to Covid positive patients, especially identifying and signposting vulnerable patients to the right care. This has now evolved as a partnership between central York PCNs, Nimbuscare, York CVS, and City of York Council to provide support for patients with Long Covid and, more recently, to identify, assess medical and social risk, and then provide a welfare and support service to patients on long hospital waiting lists.

**Covid Vaccination and Booster Campaigns:** throughout Covid, practices have worked together through PCNs to design and deliver a highly effective vaccination program, including responding quickly to deliver a booster campaign in the winter of 2021/22 despite considerable pressure on General Practice.

# Responding to Covid-19 (2)

**National Vaccination Centre:** NimbusCare established a national vaccination (and testing) centre at Askham Bar to meet regional needs in the Vale of York area (558,000 vaccines given).

**South Hambleton & Ryedale:** set up two vaccination sites in Easingwold and Pickering in partnership with a huge network of volunteers, and partners in the district councils and county council. Taken in conjunction with an extensive neighbourhood-based flu campaign, and numerous initiatives to support vulnerable people, the PCN has gained national recognition for their approach to delivering vaccines in rural communities.

**Selby District:** Selby Town PCN worked with multiple partners to open a joint COVID-19 vaccination centre at The Summit in Selby while Tadcaster and Rural PCN established COVID-19 vaccination centres at Sherburn airfield and Tadcaster Health Centre. Together, the two PCNs delivered well in excess of 5,000 vaccinations a week to protect the most vulnerable in a mix of deprived and rural areas.



# Delivering PCN service specifications (1)

- **Enhanced Health in Care Homes:** a recent survey of all PCN Care Home leads established that each PCN has developed stronger relationships with care homes in their area. To support PCNs, VOYCCG commissioned Immedicare to provide 24/7 access to virtual clinical assessment and clinical supervision, 365 days a year.
- **Frailty:** Vale and Central PCNs have developed locality specific Frailty Groups engaging a wide range of health and care partners. The outcome is that all practices now consistently identify and score frailty against the national Rockwood scale, and all VOYCCG practices/PCNs have committed to common frailty training.
- **Mental Health:** all VOYCCG PCNs have developed approaches to better identify and provide signposting and care, especially for dementia, learning disabilities, and severe mental illness, and all are involved in the mental health transformation programme. Some PCN examples include:
  - **SHaR PCN dementia project:** working with families, VCSE, and health partners to increase awareness, and increase number of people diagnosed with dementia to improve early support; employed care co-ordinators to specialist in supporting those with dementia, Learning Disabilities and SMI.
  - **Tadcaster & Rural PCN:** co-production with individuals to design reasonable adjustments to improve uptake of annual health checks for those with serious mental illness
  - **Selby Town PCN:** established a new mental health partnership to improve links between services, and to develop shared priorities for improving the mental health of local communities including dementia co-ordinator appointments.

# Delivering PCN service specifications (2)

- **Central York PCNs:** increased identification of learning disabilities and serious mental illness with dedicated social prescribers supporting annual reviews, and employing City of York Council health trainers through the additional roles scheme to support smoking cessation and weight management
- **Population Health:** Each PCN has fully engaged with population health and increasingly sharing data across local authorities and primary/secondary care, to identify the greatest areas of health inequality in each area.
  - **Central York PCNs** have focussed on the impact of deprivation on A&E attendance, leading to a two-part Deprivation Workshop at York Health and Care Collaborative with outputs due to be reported to York Health and Wellbeing Board this summer.
  - **Tadcaster & Rural PCN** have worked with patients to co-design a Diabetes and self care pilot aiming to improve how they manage their health and reduce the risk of type 2 diabetes.
  - **Selby Town PCN** represented VOYCCG on a national population health management programme, developing a support programme for those with mild to moderate frailty and hypertension.
  - **SHaR PCN** have participated in the Rural Community Alliance to develop integrated partnership working to address health and wellbeing gaps and inequalities.

# Partnerships and the Integration Challenge

Over the past three years, clinical leadership has shone through in every PCN to bring GP practices together, and then work collectively with local authorities, voluntary sector, community, mental health, and secondary care providers to address the gaps, inequalities, and care needs in each of the PCN 'places.

Furthermore, two PCN CDs jointly represent all VOYCCG PCNs as Clinical Directors within York Trust Community Team, bringing clinical leadership and PCN influence at operational and Trust board level. This has supported a number of initiatives including establishing a Clinical Interface Group to address gaps in Primary and Secondary Care largely arising from the pandemic, and a move towards adopting the National Wound Care Strategy across the Vale of York to improve the prevention and care of pressure ulcers, lower limb ulcers, and surgical wounds.

VOYCCG's commitment to senior leadership through the 'Lead Officer for Primary Care' roles has facilitated development of PCNs to self-determine their priorities and confidently address the responsibilities of the PCN DES and, in doing so, allowed PCNs to build the partnerships needed to address the population health challenge.

Looking forward, PCNs tell us they are nervous about the NHS reorganisation, concerned at the risk of losing trusted relationships and support with the dissolution of CCGs, and the unknown challenge of working within new boundaries.

# PCN ambitions for 2022 - 2024

All the examples given so far illustrate the extraordinary approach to partnership working across the Vale of York that, just three years ago, might have been considered beyond belief if presented as PCN ambitions in July 2019.

*All this was achieved in the midst of a two-year global pandemic;* and it is system and community recovery that sits at the heart of PCN ambitions going forward. Building on the collaboration at scale and pace during the pandemic, PCNs are focussed on delivering better care for marginalised and disadvantaged groups as a priority, including:

- Improving access to urgent care appropriate to the needs of each place
- Standardising clinical systems that 'talk to each other' so care is seamless across organisational boundaries (continuity of information)
- Data sharing across local authority, primary, and secondary care records to identify communities of patients where better care can result from joined up working
- General Practice is providing more appointments now than pre-pandemic. Yet, despite being on course to deliver up to 1.8 million appointments across Vale of York in 2022/23, its not enough. Listening to public and patients will continue to shape PCN Additional Roles to maximise Primary Care access.

# VOYCCG Comment

PCNs across the Vale of York have achieved national recognition:

**Central York PCNs/NimbusCare** delivered a highly successful national mass vaccination centre, and the GP resilience project (Opel 2.5) developed by Central York PCNs featured as a case study in the Fuller Report

**South Hambleton & Ryedale PCN** were National PCN of the Year (runners up) in 2019/20, and General Practice award winners in 2020

**Selby Town PCN** have presented to The Kings Fund and an NHSE workshop (approach to securing Additional Roles) and featured on the national Ockham healthcare podcast (population health management)

**As primary care commissioners, we believe the PCNs across Vale of York CCG have a delivery record to be genuinely proud of, and a great foundation to move forward into place-based commissioning.**