

**PRIMARY CARE COMMISSIONING COMMITTEE**

**19 March 2020, 9.30am to 11.30am**

**Snow Room, West Offices, Station Rise, York YO1 6GA**

**AGENDA**

*Prior to the commencement of the meeting a period of up to 10 minutes, starting at 9.30am, will be set aside for questions or comments from members of the public who have registered in advance their wish to participate in respect of the business of the meeting.*

1. 9.40am	Verbal	Welcome and Introductions		
2.	Verbal	Apologies		
3.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
4.	Pages 3-22	Minutes of the meeting held on 30 January 2020	To Approve	Julie Hastings Committee Chair
5.	Verbal	Matters Arising		All
6. 9.55am	Pages 23-29	Primary Care Commissioning Financial Report Month 11	To Receive	Simon Bell Chief Finance Officer
7. 10.05am	Pages 31-37	Primary Care Networks Update	To Receive	Fiona Bell, Lead Officer Primary Care (Vale) Gary Young, Lead Officer Primary Care (City)
8. 10.15am	Pages 39-43  To Follow	Vale Primary Care Networks Organisational Development, Year End Accounts City Year End Accounts	To Approve	Fiona Bell, Lead Officer Primary Care (Vale)  Gary Young, Lead Officer Primary Care (City)

9. 10.25am	Pages 45-52	Update on Improving Access to General Practice Services at Evenings and Weekends	To Receive	Shaun Macey Head of Transformation and Delivery
10. 10.35am	Verbal	COVID-19 Update	To Note	Dr Andrew Lee Executive Director of Director of Primary Care and Population Health
11. 10.45am	Pages 53-59	Summary of the GP Contract Update, Published February 2020	To Receive	Shaun Macey Head of Transformation and Delivery
12. 10.55am	Pages 61-66	Primary Care Estates – Tower Court Lease Expansion for York Medical Group	To Approve	Shaun Macey Head of Transformation and Delivery
13. 11.05am	Pages 67-72	Hepatitis B vaccination for patients with Chronic Kidney Disease	For Decision	Paula Middlebrook Deputy Chief Nurse
14. 11.15am	Pages 73-81	NHS England Primary Care Update	To Approve	David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement (North East and Yorkshire)
15. 11.25am	Verbal	Key Messages to the Governing Body	To Agree	All
16.	Verbal	Next meeting: 1.30pm, 28 May 2020 at West Offices	To Note	All

A glossary of commonly used primary care terms is available at:

<http://www.valeofyorkccg.nhs.uk/data/uploads/about-us/pccc/primary-care-acronyms.pdf>

**Minutes of the Primary Care Commissioning Committee held on  
30 January 2020 at West Offices, York**

**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
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and Remuneration Committee
Dr Andrew Lee (AL)	Executive Director of Director of Primary Care and Population Health

**In attendance (Non Voting)**

Fiona Bell-Morrith (FB-M) – item 7	Lead Officer Primary Care
Dr Paula Evans (PE) - part	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network
David Iley (DI)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement North Region (Yorkshire and the Humber)
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Stephanie Porter (SP)	Assistant Director of Primary Care
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Gary Young (GY) – item 7	Lead Officer Primary Care

**Apologies**

David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Shaun Macey (SM)	Head of Transformation and Delivery
Phil Mettam (PM)	Accountable Officer
Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York

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

There were no members of the public in attendance and no public questions had been received.

The agenda was discussed in the following order.

## Agenda

The agenda was discussed in the following order.

### 1. Welcome and Introductions

JH welcomed everyone to the meeting.

### 2. Apologies

As noted above.

### 3. Declarations of Interest in Relation to the Business of the Meeting

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

### 4. Minutes of the meeting held on 21 November 2019

The minutes of the previous meeting were agreed.

#### The Committee:

Approved the minutes of the meeting held on 21 November 2019.

### 5. Matters Arising

*PCCC38 Estates Capital Investment Programme Update Report – engagement with City of York councillors through Members Briefings:* There had to date been no meetings with councillors in this regard but SP was developing a working relationship with City of York Council officers, including in relation to primary care at the Burnholme Health Campus and support for mental health facilities.

*PCCC41 Primary Care Resilience:* GY's visit to Rochdale Health Alliance was included in agenda item 7.

*PCCC44 Update from the Primary Care Workforce and Training Hub:* AL confirmed that work was continuing to promote the various roles in primary care to remove the expectation that a GP appointment was always necessary.

*PCCC35 Local Enhanced Services Review 2019/20:* In response to TM seeking clarification about the timescale for implementation of any changes proposed in the report to the March Committee meeting in the context of contract and notice requirements, AL advised that no change was planned for 2020/21 and also referred to the requirement for consultation with the Local Medical Committee. AB noted that the Local Medical Committee was engaged with the review and SP referred to the potential for change to services within the scope of the review provided there was consensus from all practices.

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Other matters were noted as agenda items, not having reached their scheduled date or were carried forward.

### **The Committee:**

Noted the updates.

## **6. Primary Care Commissioning Financial Report Month 9**

SB presented the report that forecast outturn of £45.0m for the CCG's primary care commissioning budget with an underspend of £308k against the delegated budget. He highlighted the information relating to Enhanced Services and the Primary Care Network Additional Roles Reimbursement Scheme noting an underspend of £219k for the latter. The significant overspend under Other Primary Care was mainly due to primary care prescribing and the forecast of £1.0m of the planned £2.0m QIPP (Quality, Innovation, Productivity and Prevention) schemes and two issues beyond the CCG's control: Category M price increases from August and No Cheaper Stock Obtainable. SB had no information on the potential impact from the UK leaving the European Union. He noted the expectation of delivery of both the planned £600k QIPP savings in the original core delegated budget and the additional £100k stretch target agreed by the Executive Committee in 2019.

In the wider context SB reported that the CCG continued to forecast delivery of the £18.8m deficit plan. With regard to the North Yorkshire CCGs, currently three but becoming one from 1 April and operating increasingly as a single organisation, SB explained that, following discussion with the Regulator, they had submitted a financial improvement trajectory compliant long term plan which assumed £20.0m or 3% savings. However, that other assumptions in the plan needed further clarity. He also noted emerging financial issues and emphasised that the national guidance defaulted to an approach of system, not individual organisation, management. Additionally, York Teaching Hospital NHS Foundation Trust was forecasting achievement of the year to date position in 2019/20, therefore eligible for the quarter 3 Sustainability and Transformation Fund, but was not forecasting achievement of plan for quarter 4. Factors contributing to this were staffing at Scarborough Hospital and the Emergency Department both there and at the York site in response to Care Quality Commission reports and also pension tax arrangements, particularly in respect of medical capacity in histology and radiology. SB highlighted the need for review of the impact of 2019/20 into 2020/21 on the system financial plan to inform any associated requirements and potential impact on services.

SB reported that, although the publication of national planning guidance was still awaited, Chief Finance Officers had attended a briefing in London the previous week when the requirement for delivery of financial plans had been emphasised. He also referred to the four year improvement funding and noted the national mandate for the Mental Health Investment Standard and investment in primary care which the CCG's Governing Body had already identified as priorities. SB explained that performance against these areas would be monitored in the context of managing referrals to the acute sector but noted that achieving changes in terms of patient demand and recruitment would take time. He also noted that the Primary Care Networks were expressing concern about workforce vacancies and the recently published draft contracts.

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In response to concerns raised by TM and AB which included potential impact on patients, the expectations being placed on Primary Care Networks and the significant investment needed in community services, SB emphasised that the CCG's financial strategy was to avoid cost growth through clinically appropriate referral thresholds and to improve service productivity through clinically led innovation; the fixed value contract with York Teaching Hospital NHS Foundation Trust was a key enabler of the latter. He also noted that there was currently no national mandate in expected national planning guidance for investment in community services. AL added that he and GY had discussed concerns about primary care capacity with NHS England and NHS Improvement. He also advised that work was currently taking place to transform the urgent care system and that an additional c£5m of national funding was available across the Sustainability and Transformation Partnership over four years for community services linked to the Ageing Well Programme.

CC additionally confirmed, in response to clarification sought regarding support for primary care, that the CCG's agreed primary care estates plans would not be affected.

#### **The Committee:**

Received the Primary Care Commissioning Financial Report as at Month 9.

### **8. Care Quality Commission Ready Programme**

AL referred to the report which informed the Committee of progress made by practices to meet the core essential standards for registration with the Care Quality Commission, the discontinuation of the CCG-led Care Quality Commission Ready Programme and the CCG's offer of support to practices with an increased focus on effective incidence and complaints management processes to include ensuring effective shared learning across the CCG footprint.

In response to PG enquiring about the practice which had been placed in special measures by the Care Quality Commission following inspection in May 2018 AL advised that it had been rated as 'Good' at two subsequent inspections and was currently being monitored.

#### **The Committee:**

Received the Care Quality Commission Ready Programme report.

### **9. Primary Care Quality**

AL gave the attached presentation on primary care quality.

*PE joined the meeting during this item*

Detailed discussion included:

- Development of a "needs led" approach for the CCG's support to primary care which may not be on a "fair shares" basis

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- Aspects of historic funding variation between practices in the city and those in the Vale
- Opportunities provided through both “soft” and formal intelligence
- Emphasis on the need for transparency on sharing practice information with the CCG but recognition of historic issues in this regard
- Aspects of GP workload pressures
- Complexities of the system including impact on A and E from patients attending due to delays in GP appointments

In response to emphasis on the need to manage the urgent care system AL explained that a Commercial in Confidence report was currently being prepared following clinical engagement and a Healthwatch survey. He assured members that all system partners were represented in this work and that the information would be publicly available following the appropriate approval process.

### **The Committee**

Noted the ongoing work to develop primary care quality and associated data with a focus on outcomes.

*FB-M and GY joined the meeting; SP left the meeting*

### **7. Primary Care Networks Update**

GY referred to the report which provided an update on the Primary Care Resilience and Capacity (Central Locality) report presented at the September meeting of the Committee noting the recommendations had related to GP workforce; Changes to services, specifications and waiting times; IT and estates; and Individual practice support. GY highlighted that the main focus had been on GP workforce, the main cause of pressure both locally and nationally, and noted the urgent care transformation work that was taking place, as referred to above.

In respect of GP workforce GY provided a further update with regard to the proposed Vale of York Locum Bank advising that the bid for GP Forward View (Retention or Resilience) funding had not been successful; consideration was now being given to progressing this via a three month pilot.

In response to PE and TM seeking clarification and assurance about the additional five visits per day by Yorkshire Ambulance Service Urgent Care Practitioners, GY agreed to include activity data in his next update.

*SP rejoined the meeting*

In referring to the Vale update FB-M highlighted the workforce challenges at both local and national level for Primary Care Networks in respect of the additional roles funding and establishing core services. She noted additional financial impact in terms of employment of agency clinical pharmacists, particularly in the North Locality, and from the requirement for the 30% top up by all Primary Care Networks. FB-M explained that a partnership approach was being adopted to achieve the requirements relating to employment of clinical pharmacists and social prescribers and that the commissioned service in the core offer was being optimised.

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FB-M reported that a model for the Vale Primary Care Networks was being developed through collaborative working with York Teaching Hospital NHS Foundation Trust in terms of the first contact physiotherapy posts required from 1 April 2020. This would enhance both existing workforce and practice resilience whilst trying to secure a stable workforce in both the PCN's and the trust.

FB-M highlighted the information in the report relating the national Time to Care programme advising that Front Street in Acomb had expressed an interest on behalf of the Nimbus practices in addition to the 14 Vale practices wanting to take part. She noted that this was wave 11 of the programme and emphasised that the projects undertaken by the practices would benefit patient care.

In terms of outcomes FB-M noted that organisational development funding was supporting projects such as anticipatory care and increasing dementia diagnosis rates. She and GY were supporting the Primary Care Networks in development of service improvement plans and of a population needs approach to inform prioritisation. Additionally, the Vale Primary Care Networks were working with North Yorkshire County Council to establish shared population based objectives with a focus on outcomes.

SP reported on work taking place from the perspective of the Humber, Coast and Vale Sustainability and Transformation Partnership to try to mitigate workforce challenges, including consideration of skills and staff grades and potential flexibility, to support primary care.

Detailed discussion included:

- The need for consideration of recruitment and retention of the whole primary care team in the longer term.
- Urgent care transformation as an enabler to enhance resilience and create capacity for continuity of care in practices.
- Recognition of the needs of Primary Care Networks on the basis of population, not geography.
- Aspects of the requirements relating to employing pharmacists. GY additionally noted discussions taking place with the York Teaching Hospital NHS Foundation Trust Pharmacy Team about potential supervision and training options.
- Recognition of culture differences between primary and secondary care practitioners.

#### **The Committee:**

Received the Primary Care Networks update noting that activity data on the additional five visits per day by Yorkshire Ambulance Service Urgent Care Practitioners would be included in the next update.

*FB-M and GY left the meeting*

#### **10. Updates on Improving Access to General Practice at Evenings and Weekends, and Selby Urgent Treatment Centre**

SP referred to the report which confirmed that the CCG was now commissioning improved access to General Practice services at evening and weekends for the South Locality; coverage across the whole CCG footprint was now in place as required. An

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update was also provided on a related piece of work around commissioning a formally designated Urgent Treatment Centre in the New Selby War Memorial Hospital.

SP expressed appreciation to Shaun Macey, Head of Transformation and Delivery, for his work in this regard noting that FB-M had also been providing support more recently.

In response to AB enquiring about availability of data regarding appointment take up of improving access capacity, SP agreed to provide a report to the March Committee meeting.

### **The Committee**

1. Received the update on improving access to General Practice at evenings and weekends and the Selby Urgent Treatment Centre.
2. Agreed to receive a report on evening and weekend appointment take up at the next meeting.

### **11. NHS England Primary Care Update**

DI presented the report which provided updates under the headings of: Contractual in respect of General Practice Electronic Declaration (eDEC) and Protocol in respect of locum cover or GP performer payments for parental and sickness leave, and GP Forward View / Transformation including the GP Retention Scheme. Members discussed the latter and supported progressing discussion with practices in this regard. PE additionally suggested promoting this through the Vocational Training Scheme, as an option for GPs in their 50s who may be considering leaving General Practice and potentially to locums outside the CCG area.

In response to TM seeking clarification about online consultations and compliance with contract requirements DI agreed to provide the relevant definition (see below). TM noted that the current system was a stand alone and that alternative systems were more effective in that they enabled management of all aspects of online consultation. SP noted that a system on online consultations was planned for a future protected learning time event.

*Post meeting note: Online consultation systems allow patients to contact their GP practice without having to wait on the phone or take time out to come into the practice, and they form an important part of Digital First Primary Care. Online consultations enable patients to ask questions, report symptoms and upload photos. The practice then looks at the request and responds within a stated timeframe, connecting the patient to the right person, service or support. Currently, most practices who have implemented online consultations use a questionnaire-based system, with their own staff then looking at requests from patients and delivering the service in response.*

### **The Committee:**

Received the NHS England primary care update noting that DI would progress discussions with practices regarding the GP Retention Scheme.

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

The Committee:

- Welcomed the developments on primary care quality.
- Noted that the CCG was now compliant with the improving access to General Practice at evenings and weekends requirements and that, related to this, a formally-designated Urgent Treatment Centre had been established in the New Selby War Memorial Hospital.
- Requested that the Governing Body receive an update on the Primary Care Networks.
- Recognised the need for awareness of expectations being placed on Primary Care Networks in the context of the draft contract specification.”.
- Commended the fact that all practices within the CCG had been rated as ‘Good’, with one rated as ‘Outstanding’, in the 2019 Care Quality Commission reviews.

**The Committee:**

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

## **13. Next meeting**

1.30pm, 28 May 2020 at West Offices.

### **Exclusion of Press and Public**

In accordance with Paragraph 8 of Schedule 2 of the Health and Social Care Act 2012 it was considered that it would not be in the public interest to permit press and public to attend the following part of the meeting due to the nature of the business to be transacted. This item would not be heard in public as the content of the discussion would 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 30 JANUARY 2020 AND CARRIED FORWARD FROM PREVIOUS MEETINGS**

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC35	24 January 2019 9 May 2019  21 November 2019	Local Enhanced Services Review 2019/20	<ul style="list-style-type: none"> <li>Report on PSA review as part of the LES report to the November meeting</li> <li>Full LES report to March meeting</li> </ul>	SP	9 May 2019 11 July 2019 21 November 2019  19 March 2020
PCCC38	11 July 2019  19 September 2019  21 November 2019 30 January 2020	Estates Capital Investment Proposals – Progress Report	<ul style="list-style-type: none"> <li>SS to facilitate engagement with City of York councillors through Members Briefings</li> </ul>	SS	19 September 2019  21 November 2019  30 January 2020 10 March 2020
PCCC45	21 November 2019   30 January 2020	Primary Care Networks Update	<ul style="list-style-type: none"> <li>AM to raise with the Local Medical Committee concerns about this at scale working in terms of both funding and also terms and conditions to try and facilitate a solution.</li> <li>Update to next meeting</li> </ul>	AM   AB	   19 March 2020

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Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC46	30 January 2020	Improving access to General Practice at evenings	<ul style="list-style-type: none"> <li>Report on appointment take up to be presented at the next meeting</li> </ul>	SP	28 May 2020
PCCC47	30 January 2020	NHS England Primary Care Update	<ul style="list-style-type: none"> <li>Discussions to be progressed with practices regarding the GP Retention Scheme</li> </ul>	DI	
PCCC48	30 January 2020	Key Messages to the Governing Body	<ul style="list-style-type: none"> <li>An update on Primary Care Networks to be presented to the Governing Body</li> </ul>	F-BM / GY	5 March 2020

**NHS VALE OF YORK CCG**

# **Primary Care Quality**

**January 2020**

# What is Quality

- Maxwell's 6 dimensions of quality
  - Effectiveness
  - Efficiency
  - Equity
  - Accessibility
  - Acceptability
  - Safety

- Darzi's
  - Patient Outcomes
  - Patient Experience
  - Patient Safety

# FORMAL INTELLIGENCE

- IAF indicators reported to Finance & Performance Committee
- Routinely look at primary care indicators in our primary care intelligence meetings e.g. QOF, SMI/LD Healthcheck data etc...
- RAIDR in the near future will provide more opportunity and scope to get a better picture of primary care activity.



# SOFT INTELLIGENCE

Info collated on:

- Estates
- IT
- Workforce
- Finance/contracts
- QOF
- Improving Access
- 2 week waits
- Relationships
- Dispensing
- Medicines management
- Flu/vaccinations
- Complaints/incidents

# **Care Quality Commission (CQC)**

- Overview of CQC reports for our practices
- CQC readiness assessment by practices
- Good links through our Quality and Safety team to CQC.

# **Learning from mistakes / incidents**

- Public concerns around branch closures and access to primary care services
- Concerns about financial probity?
- Concerns about practice management style?

# What else could we look at?

- Accessibility of Primary care
  - Routine appointments
  - IA/EA availability
- Accessibility to secondary care
  - RSS / Referrals data
  - Are clinical pathways and thresholds safe and efficacious? How do we know?
- Serious incidents / Significant events
  - How do we record and share learning more widely in the system

# What we can improve on?

- Closer working with
  - Quality & Safety team
  - Patient / Public engagement lead
- Closer working on care homes agenda
- Don't forget community services

# Other key issues

- How do we monitor clinician's performance (medical performer's list) and get feedback from NHSE/I?
- How do we more accurately measure and monitor patient experience?
- Which quality dimensions matter most?
- ***How do we be more “outcomes” focused?***

<b>Item Number: 6</b>	
<b>Name of Presenter: Simon Bell</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Primary Care Commissioning Financial Report Month 11</b>	
<b>Purpose of Report To Receive</b>	
<b>Reason for Report</b>  To update the Committee on the financial performance of Primary Care Commissioning as at the end of February 2020.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input checked="" type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>	

**Impact Assessments**

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

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

**Risks/Issues identified from impact assessments:**

**Recommendations**

The Primary Care Commissioning Committee is asked to note the financial position of Primary Care Commissioning as at Month 11.

**Decision Requested (for Decision Log)**

The Committee is asked to note the report.

<b>Responsible Executive Director and Title</b> Simon Bell, Chief Finance Officer	<b>Report Author and Title</b> Caroline Goldsmith, Deputy Head of Finance
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# NHS Vale of York Clinical Commissioning Group Primary Care Commissioning Financial Report

Report produced: March 2020

Financial Period: April 2019 to February 2020

## Introduction

This report details the year to date financial position as at Month 11 and the forecast outturn position of the CCG's Primary Care Commissioning areas for 2019/20.

## Delegated Commissioning Financial Position – Month 11

The table below sets out the year to date and forecast outturn position for 2019/20.

Delegated Primary Care	Month 11 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care - GMS	20,169	20,020	149	22,003	21,854	149
Primary Care - PMS	8,219	8,162	57	8,966	8,905	62
Primary Care - Enhanced Services	1,016	1,046	(29)	1,106	1,138	(32)
Primary Care - Other GP services	4,011	3,745	266	4,387	4,151	236
Primary Care - Premises Costs	4,066	4,032	34	4,436	4,398	38
Primary Care - QOF	4,003	4,062	(59)	4,367	4,432	(65)
<b>Sub Total</b>	<b>41,484</b>	<b>41,067</b>	<b>417</b>	<b>45,265</b>	<b>44,878</b>	<b>387</b>

- The draft plan included total expenditure for delegated primary care of £45.8m including contingency of £229k (0.5%) as per the planning requirements which is recorded within the CCG core budget. PMS premium monies of £313k were transferred into CCG core budget in Month 4, reducing the total delegated primary care budget to £45.3m.
- The **forecast outturn** is £44.9m with an underspend of £387k against budget.
- **GMS** is based upon the current contract and list sizes to date and is showing a year to date underspend of £149k due to smaller list size movements than expected. MPIG is as per current contract, which has reduced by 50% compared to 2018/19.
- **PMS** contracts has a year to date underspend which is due primarily to list size adjustments of £57k.
- A more detailed breakdown of **Enhanced Services** is shown in the table overleaf.

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

Enhanced Services	Month 11 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Extended Access	515	513	2	559	557	2
Learning Disability	76	93	(17)	83	101	(18)
Minor Surgery	406	419	(13)	443	458	(15)
Violent Patients	20	20	0	22	22	0
<b>Sub Total</b>	1,016	1,046	(29)	1,106	1,138	(32)

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

Other GP Services	Month 11 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
<b>Dispensing/Prescribing Doctors</b>	2,026	1,736	290	2,201	1,894	307
<b>PCO Administrator</b>	971	1,129	(158)	1,060	1,232	(172)
<b>GP Framework:</b>						
<i>Network Participation</i>	564	564	(0)	616	616	0
<i>Clinical Director</i>	164	164	0	184	184	0
<i>Additional Roles</i>	384	126	257	432	198	234
<b>Needle, Syringes &amp; Occupational Health</b>	17	25	(8)	19	27	(8)
<b>Reserves</b>	(115)	0	(115)	(124)	0	(124)
<b>Sub Total</b>	4,011	3,745	266	4,387	4,151	236

**Dispensing Doctors** are paid two months in arrears and has a year to date underspend of £1290k due to a tariff reduction from October of 19.5%. This has been reflected in the year to date and forecast position.

**PCO Administrator** has a year to date overspend of £158k. This is primarily due to a number of late maternity claims which have resulted in a year to date overspend of £313k. Practices have been reminded of the requirement to submit claims promptly in line with guidance. The maternity overspend is partly offset by an underspend on seniority of £93k which is being phased out and an underspend on sickness claims of £54k.

**Additional Roles** has a year to date underspend of £257k. This is due to slippage in PCNs recruiting to the clinical pharmacist and social prescriber roles. The forecast has been updated to reflect the latest information provided by PCNs and is showing an underspend of £234k. A breakdown of the forecast underspend by PCN is shown on the table overleaf.

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

PCN	Budget £000	Forecast Outturn £000	Variance £000
York City Centre PCN	54	52	2
YMG PCN	54	27	26
Nimbuscare PCN	162	43	119
South Hambleton & Ryedale PCN	54	17	37
Selby Town PCN	54	29	25
Tadcaster & Selby PCN	54	29	25
	432	198	234

The draft plan included an adjustment of £230k in **reserves** to balance expenditure and allocation, as required by NHS England. This was offset with £77k in relation to PMS list size adjustment duplication and £30k balance from the GP Framework which reduced the required adjustment to £124k. However, due to improvements in other areas of expenditure, no forecast against reserves is now required.

- **Premises** are based on current costs including any revaluations due this financial year. Business rates accruals are as per actual rate bills submitted by practices and verified by GL Hearn. Premises water costs have been accrued based on claims submitted pro rata or to budget.
- **QOF** has a year to date overspend of £59k which includes a prior year overspend of £27k. The accrual for 2019/20 is based on 2018/19 points and prevalence at 2019/20 price with a 1.2% demographic growth assumption. A 0.46% growth adjustment has been applied to the points, which reflects the increase in points between 2017/18 and 2018/19.

### Other Primary Care

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

Primary Care	Month 11 Year To Date Position			Forecast Outturn		
	Budget £000	Actual £000	Variance £000	Budget £000	Actual £000	Variance £000
Primary Care Prescribing	43,559	45,422	(1,863)	47,365	49,954	(2,589)
Other Prescribing	1,863	1,873	(10)	2,180	2,247	(67)
Local Enhanced Services	2,069	1,892	177	2,242	2,058	184
Oxygen	340	346	(6)	371	378	(6)
Primary Care IT	841	712	128	917	788	129
Out of Hours	2,976	3,040	(63)	3,247	3,315	(68)
Other Primary Care	2,487	2,646	(159)	2,746	2,981	(235)
<b>Sub Total</b>	<b>54,136</b>	<b>55,931</b>	<b>(1,796)</b>	<b>59,068</b>	<b>61,720</b>	<b>(2,652)</b>

The year to date **Prescribing** position is overspent by £1.9m as at Month 11. This position is based upon 9 months of prescribing data and includes 2 months of QIPP (totalling £375k) which are reversed out in the forecast (due to phasing of QIPP forecasting). The forecast position of an overspend of £2.6m assumes achievement of £254k of the total QIPP target

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

of £2.0m and includes a £665k pressure in relation to Category M price increases from August onwards.

**Other Prescribing** is forecast to be overspent due to spend on dressings purchased through North West Ostomy Supplies. This should be offset by a reduction in expenditure on dressings in the main prescribing budget.

**Local Enhanced Services** have been accrued and forecast based upon Q1 to Q3 claims. The biggest underspend within this category is anti-coagulation which is forecast to underspend by £158k.

The **Primary Care IT** budget is forecast to be underspent by £117k. This is due in the main part to budget for HSCN of £60k which is no longer required and slippage on enhanced GPIT infrastructure and resilience.

The **Out of Hours** contract with Northern Doctors is currently overtrading and based upon activity to Month 10 is forecast to overspend by £72k.

**Other Primary Care** is forecast to overspend by £235k. This is due to the other primary care QIPP target being included in full in this budget line however some of the savings have been achieved in other prescribing and other GP services. This is shown in more detail in the QIPP table below.

### Allocations

The CCG received the following allocations for Primary Care in Months 10 and 11.

Description	Month	Recurrent / Non-recurrent	Category	Value £000
GPFV – Practice Resilience – STP Funding	11	Non-recurrent	Core	5
GPFV – GP Retention – STP Funding	11	Non-recurrent	Core	10
GPFV – new to practice bursaries	11	Non-recurrent	Core	7
Leadership Training for General Practice	11	Non-recurrent	Core	11
Digital First Primary Care Funding 19/20	11	Non-recurrent	Core	102
Pharmacy Integration MOCH	11	Non-recurrent	Core	202
<b>Primary Care allocations in Months 10 and 11</b>				<b>337</b>

### QIPP

The 2019/20 financial plan includes two QIPP targets in relation to primary care.

The prescribing QIPP target was set at £2.0m and is now forecast to achieve £254k. This forecast is based upon savings made through the PIB 2 scheme. Prescribing data is available 2 months in arrears and so this is based upon data up to December. Prescribing expenditure was significantly higher than expected in December which in turn has impacted upon the savings made through the scheme.

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

The primary care QIPP target of £700k has now been achieved as follows:

Description	Category	Value £000
<b>Primary Care QIPP target</b>	<b>Other Primary Care</b>	<b>700</b>
Limited Improving Access service in the South locality	Other Primary Care	(246)
18/19 PIB underspend compared to year-end forecast and budget	Other Prescribing	(113)
Underspend on £3/head schemes	Other Primary Care	(47)
Slippage on additional roles	Primary Care - Other GP Services	(219)
DIB funding	Other Primary Care	(70)
Underspend on SMI Physical Health Checks	Other Primary Care	(5)
<b>Remaining QIPP target</b>		<b>0</b>

### **Recommendation**

The Primary Care Commissioning Committee is asked note the financial position of the Primary Care Commissioning budgets as at Month 11.

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<b>Item Number: 7</b>	
<b>Name of Presenter: Fiona Bell and Gary Young</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – Primary Care Networks Update</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Information</b>	
<b>Reason for Report</b>  To provide a summary update of PCN plans and population health priorities for 2020/21 across the Vale of York.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>  Capacity of primary care and the primary care networks to deliver the national service specifications, long term plan priorities and population health priorities over and above core primary care.	

**Impact Assessments**

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

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

**Risks/Issues identified from impact assessments:**

**Recommendations**

For information

**Decision Requested (for Decision Log)**

Primary Care Commissioning Committee noted the update.

**Responsible Executive Director and Title**

Dr Andrew Lee  
Executive Director of Primary Care and  
Population Health

**Report Author and Title**

Fiona Bell, Lead Officer Primary Care  
(Vale)  
Gary Young, Lead Officer Primary Care  
(City)

# NHS Vale of York CCG Primary Care Network Update

Fiona Bell-Morrith, Lead Officer Primary Care – Vale

Gary Young, Lead Officer Primary Care – City

5<sup>th</sup> March 2020

# Selby Town PCN

## Our Place:

- 4 General practices in Selby Town **total population 50k.**
- **Co-terminous with Selby District Council**
- By 2025 there will be an additional 3,300 people aged 65 (19% increase from 2018)
- Higher number of population in 65+ age group than England Average.
- Highest number of care home beds in Vale of York
- **Second highest health inequality in North Yorkshire** - life expectancy varies by 9 years between wards
- two central Selby practices serve the **most deprived practice populations in VoY area**
- One LSOA area in the **Selby West ward in the 10% most deprived areas in England**
- 1/3 of children grow up in poverty in Selby South and North wards

## Priorities

- Mental health - multi-morbidities
- reducing inequalities and improving access
- frailty

## Population Health Needs

- Deaths from circulatory disease, CHD & stroke and cancer significantly higher than England
- Smoking the leading cause of preventable illness.
- Above expected winter deaths.
- High proportion of people dying in hospital
- Frailty and multimorbidity key issues
- High adult obesity rates

## Challenges

- Life expectancy varies by 9 years between wards
- Fragmented services in an area of high inequalities

## Vision

- Strong, sustainable and successful general practice able to co-ordinate
- The best health and well-being for all people in the Selby locality

## Outcomes:

- A healthier, more equal, more resilient Selby

## Priorities for 20/21

- **Selby Town:** Complete population health programme to confirm priorities.
- establish Dementia Co-Ordinator post and improve diagnosis and pathways
- Development of a care home frailty team to deliver enhanced health in care homes
- Review of integrated care teams
- Mental health link workers in practice
- Establishment of new additional roles: Care Co-ordinator; physiotherapists, clinical pharmacists, social prescribing link workers

**Partnerships:** working closely with community services, TEWV, NYCC and Selby District Council

# Tadcaster and Rural Selby PCN

## Our Place:

- 3 General practices in Tadcaster, Sherburn in Elmet, and South Milford, population 28,000
- District council services from Selby District Council,
- Wider social care support from West Yorkshire Council and North Yorkshire County Council
- Higher proportion of over 65's compared to England
- Low levels of deprivation vs wider Selby District
- Child development significantly better than England

## Priorities

- Cardiovascular disease – particular focus on addressing adult obesity
- Smoking cessation
- Improving access to community services
- improving access to services across a wide geographical area

## Population Health Needs

- Cardiovascular disease is the main disease priority
- Adult obesity and diabetes are higher than CCG average
- Smoking is the leading cause of preventable illness, but lower levels of smoking overall.
- All 3 practices have adult asthma prevalence above the CCG and England average
- Adult hypertension rates are significantly higher than England in 2 practices

## Challenges

- Access to services across the wide geographical area.
- Fragmented services

## Vision

Strong, sustainable and successful general practice able to co-ordinate and support the best health and well-being for all people in the locality.

Working with partners to improve access to co-ordinated and proactive services.

## **Priorities for 20/21**

- reducing inequalities and improving access
- Reducing levels of obesity -part of CVD Program
- Implementing Social prescribing offer and clinical pharmacy offer across all practices
- Establishment of the First Contact Practitioner Physiotherapy role
- Improving links and pathways for community services and input into MDT's and care planning

**Partnerships:** working closely with community services, TEWV, NYCC and Selby District Council

# South Hambleton and Ryedale PCN

## Our Place:

- 6 General practices across wide geographical area. 35,000 patients.
- Significantly higher number of population in 54+ age group than England Average.
- High number of frail older people living at home (low number of care homes)
- Access to services due to geography is a challenge
- Ryedale has a high proportion of lone pensioner households, with above average fuel poverty.
- mainly rural locality with a very low overall population density

## Priorities

- Dementia and frailty
- Multi-morbidities
- Cancer
- reducing inequalities and improving access

## Population Health Needs

- Significantly higher rate of stroke & CHD & Cancer in some practices than England
- Smoking the leading cause of preventable illness.
- Above expected winter deaths. Frailty and multimorbidity key issues
- High levels of obesity in Tadcaster and Rural Selby

## Challenges

- Access to services in a large rural area
- High proportion of frail, older people.
- Fragmented services
- lower levels of funding due to low population density

## Vision

Building robust, responsive, effective and sustainable primary care using the PCN as a mechanism to enable. Shaping and co-ordinating services around our patients; collaborating with partners to share responsibility and to make doing the right thing for our patients and communities the right thing.

## **Priorities for 20/21**

- Improving pathways of care and diagnosis rates for people with dementia
- Reducing variation and improving care co-ordination and care planning for our frail population
- Care co-ordination for patients with cancer
- Reducing unwarranted variation in practice where not supported by population need
- Working with partners to improve same day urgent care offer across the patch – particularly re UCP's
- Improving community support for our geographically disperse population

**Partnerships:** working closely with community services, Acute Trust, TEWV, NYCC and the third and voluntary sector - particularly around dementia and frailty and urgent care offer.

# York Place

## Our Place

- 3 PCNs comprising 5 PCN neighbourhoods covering almost 250,000 registered patients
- Central locality is co-terminus with City of York Council and there is some overlap to the east of the locality with East Riding of Yorkshire Council
- Relative wealth masks areas with higher than average deprivation: a recent multi-morbidity study shows correlation between poor health outcomes and multimorbidity/deprivation.

## Partnership work underway

- York Better Care Fund has a successful track-record of partnership and integrated team working, some attracting national recognition.
- Primary Care Home (now York Health & Care Collaborative) is established as a commissioner provider forum representing health and social care including CVS at a senior operational level.
- York Hospital, Vocare, Harrogate NHS Trust, and Yorkshire Ambulance, together with GPs, are starting to collaborate to redesign Urgent Care.

## Population Health

- **An increasing and ageing population will place a greater demand across all of health and social care**
- **10-year life expectancy gap between wealthiest and poorest wards in York central locality**

## Challenges

- **The population shift will add pressure to services already operating at or near maximum capacity**
- **An historic culture of GPs and provider silo working**

## Vision:

- **ICO**
- **Vanguard: fully integrated physical & mental health care**
- **ICS 'exemplar' for place**

## Priorities for 2020/21

- In addition to high visitor and student numbers, the resident population of York is expected to grow 2% by 2025; 60-90 year olds will grow 10% in the same period placing an additional 3.5% demand on GP capacity, an 8% increase on community nursing teams and adult social care will coordinate 10% more care packages than at present. Beyond 2025, the city is forecast to continue growing and ageing.
- General Practice resilience: a national shortfall in GP workforce is being keenly felt with the risk of branch surgery closures and a lack of capacity now resulting in primary care patients inappropriately presenting at York Hospital Emergency Dept.
- Manage growing Care Home and Nursing Home population more effectively and collaboratively.
- PCN Clinical Directors working in partnership with each other, and also health/social care partners, to increasingly lead system-wide collaboration to find effective opportunities to improve care/outcomes.
- Align Primary Care Home, Better Care Fund and the 5x city PCNs to improve primary care integration.

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<b>Item Number: 8</b>	
<b>Name of Presenter: Fiona Bell, and Gary Young. Lead Officers Primary Care</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – Organisational Development, Year End Accounts</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Approval</b>	
<b>Reason for Report</b>  To provide a summary of the 2019/20 expenditure against Primary Care Network organisational development allocations.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>	

**Impact Assessments**

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

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

**Risks/Issues identified from impact assessments:**

**Recommendations****Decision Requested (for Decision Log)**

To note.

<b>Responsible Executive Director and Title</b>	<b>Report Author and Title</b>
Andrew Lee, Executive Director for Primary Care and Population Health	Fiona Bell-Morrith, Lead Officer Primary Care Vale Gary Young, Lead Officer Primary Care City.

**Annexes (please list)**

**Appendix 1 – Vale PCN's summary of Expenditure: Organisational Development Money 2019/20**

## **PRIMARY CARE COMMISSIONING COMMITTEE: 19 MARCH 2020**

### **Organisational Development, Year End Accounts**

#### **1. Background**

All PCN's in Vale of York received an allocation of money to support their organisational development plans in 2019/20. These allocations were derived from a total sum received by Humber Coast and Vale STP and were based on early submissions of a maturity matrix outlining the start point for each PCN and its assessment of development needs. The criteria against which each PCN had to submit plans were as follows:

- Leadership Planning and Partnerships
- Use of data and population health management
- Integrating Care
- Managing Resources
- Working with People and Communities

Each PCN is required by NHS England to submit a simple report to evidence the usage of organisations monies to date, and to consider future plans for 2020/21. Whilst PCNs can carry forward underspend from 19/20 into 20/21 as referenced in the memorandum of understanding, PCNs will need to evidence that the 19/20 allocation has been fully spent before being able to access further funding.

The STP Primary Care Programme Board will be considering plans from the PCNs for 2020/21 in due course and CCGs will be working with the PCNs to develop plans for the second year.

Outline detail of expenditure is shown in appendix 1.

#### **2. Vale PCN summary**

All three Clinical Directors in the Vale PCN's are participating in the Clinical Director training programme currently being run through Humberside LMC and have used the £3,500 per Clinical Director allocation given to each PCN.

Expenditure for backfill has been capped by the STP at 20% of allocation and this has been well used by all three PCN's to support delivery of quality improvement initiatives as well as providing backfill for PCN board meetings and partnership events.

All three Vale PCN's have applied to participate in the national Time For Care Productive General Practice programme in 20/21 which aims to support developing quality improvement skills in general practice. Participation in this 6 week programme will place a heavy burden on this allocation and further discussions will be needed with NHSE colleagues as to how we can support backfill for other events from the OD allocations in 2020/21.

Capacity to deliver service improvements and to gather and measure evaluation data is limited within the practices and all three PCN's are currently exploring the possibility of funding project manager support from these allocations to help with system working and improvement initiatives.

See appendix 1 for a summary of expenditure in the Vale PCNs.

VALE PCN'S - SUMMARY OF ORGANISATIONAL DEVELOPMENT MONEY SPEND 2019/20

SELBY TOWN PCN		SOUTH HAMBLETON & RYEDALE PCN		TADCASTER AND RURAL SELBY	
<b>OD INCOME 2019/20</b>		<b>OD INCOME 2019/20</b>		<b>OD INCOME 2019/20</b>	
C/FWD previous year	£0.00	C/FWD previous year	£0.00	C/FWD previous year	£0.00
Clinical Director support allocation	£3,500.00	Clinical Director support allocation	£3,500.00	Clinical Director support allocation	£3,500.00
20% backfill allowance	£7,414.74	20% backfill allowance	£5,442.49	20% backfill allowance	£3,956.60
Delivery of OD Plan	£25,000.00	Delivery of OD Plan	£17,200.00	Delivery of OD Plan	£12,326.40
<b>total OD allocation</b>	<b>£35,914.74</b>	<b>total OD allocation</b>	<b>£26,142.49</b>	<b>total OD allocation</b>	<b>£19,783.00</b>
<b>EXPENDITURE 2019/20</b>		<b>EXPENDITURE 2019/20</b>		<b>EXPENDITURE 2019/20</b>	
Clinical Director training programme	£3,500.00	Clinical Director training programme	£3,500.00	Clinical Director training programme	£3,500.00
Clinician backfill ( Time for Care programme, PCN meetings etc.	£5,380.15	Clinician backfill ( Time for Care programme, PCN meetings, planning	£5,630.00	Clinician backfill ( Time for Care programme, PCN meetings, planning	£1,583.00
GP lead QI training programme	£2,040.00	GP QI Training - included above		PCN support admin officer	£1,835.00
TeamNet	£4,200.00				
<b>total OD expenditure</b>	<b>£15,120.15</b>	<b>total OD expenditure</b>	<b>£9,130.00</b>	<b>total OD expenditure</b>	<b>£6,918.00</b>
<b>Carry forward to 19/20</b>	<b>£20,794.59</b>		<b>£17,012.49</b>		<b>£12,865.00</b>
<b>Outline plan for carry forward sums:</b>		<b>Outline plan for carry forward sums:</b>		<b>Outline plan for carry forward sums:</b>	
Backfill for CD training programme	£4,080.00	Project manager support (1 day/week)	£11,570.00	PCN Support Admin Officer	£14,800.00
Time for care programme venues etc	£500.00	Data analyst - 1 day a week	£7,959.00	training for Patient participation group	£400.00
twice yearly PCN newsletters and comms	£4,500.00	clinician backfill		clinical and practice manager backfill	£3,800.00
Whole practic time out	£7,500.00	Time for Care improvement programme			
1wte Project Manager post (est)	£49,247.00				
clinician backfill					
intermediate care project	£4,080.00				
Team net	£4,200.00				
Total	£74,107.00		£19,529.00		£19,000.00

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<b>Item Number: 9</b>	
<b>Name of Presenter: Shaun Macey</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Update on Improving Access to General Practice Services at Evenings and Weekends</b>	
<b>Purpose of Report For Information</b>	
<b>Reason for Report</b>  This report provides an update on the Improving Access to General Practice service (evening and weekend appointments) in NHS Vale of York CCG, in response to the Primary Care Commissioning Committee's request from the January 2020 meeting.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>

<p><b>Emerging Risks</b></p> <p>None to note.</p>
<p><b>Impact Assessments</b></p> <p>Please confirm below that the impact assessments have been approved and outline any risks/issues identified.</p> <p> <input type="checkbox"/> Quality Impact Assessment         <input type="checkbox"/> Equality Impact Assessment  <input type="checkbox"/> Data Protection Impact Assessment         <input type="checkbox"/> Sustainability Impact Assessment       </p> <p><b>Risks/Issues identified from impact assessments:</b></p> <p>None to note.</p>
<p><b>Recommendations</b></p> <p>Report is provided for information.</p>
<p><b>Decision Requested (for Decision Log)</b></p> <p>N/A</p>

<b>Responsible Executive Director and Title</b>	<b>Report Author and Title</b>
Dr Andrew Lee Director of Primary Care and Population Health	Shaun Macey Head of Transformation & Delivery

## **PRIMARY CARE COMMISSIONING COMMITTEE: 19 MARCH 2020**

### **Update on Improving Access to General Practice Services at Evenings and Weekends**

#### **1. Background**

From the NHS Operational Planning and Contracting Guidance 2017-2019 and the NHS England Refreshing NHS Plans for 2018/19 documents:

*NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other Primary Care and General Practice services such as urgent care services. This must include ensuring access is available during peak times of demand, including Bank Holidays and across the Easter, Christmas and New Year periods.*

This service is intended to benefit patients by providing additional appointments and access to General Practice services, at times which may be more convenient, through extended opening hours – and is also intended to benefit local Practices through the commissioning of additional capacity into the Primary Care system that helps to manage the demand that is increasing in core GMS services.

CCG's currently have the responsibility to commission this service for 100% of their registered populations.

#### **2. NHS Vale of York CCG Contracts for Improving Access**

In accordance with NHS England's requirements, NHS Vale of York CCG currently has 4 contracts in place for the delivery of Improving Access to General Practice services, with all 26 member Practices and hence 100% of the CCG's registered population covered through these arrangements.

Summaries of these contracts are provided below, with example service provision and utilisation figures from December 2019.

All of these contracts are funded at the full £6/head allocation as received from NHS England for the commissioning of this service.

## 2.1. Nimbuscare Ltd Contract

The Nimbuscare Ltd contract runs to end of September 2021, and covers the following Practice populations:

Practice Code	Practice Name	PCN
B81036	Pocklington Group Practice	Nimbuscare Ltd
B82005	Priory Medical Group	Nimbuscare Ltd
B82021	Dalton Terrace Surgery	York City Centre
B82026	Haxby Group Practice (inc Gale Farm)	Nimbuscare Ltd
B82047	Unity Health	York City Centre
B82071	Old School Medical Practice	Nimbuscare Ltd
B82080	MyHealth	Nimbuscare Ltd
B82081	Elvington Medical Practice	Nimbuscare Ltd
B82083	York Medical Group	York Medical Group
B82098	Jorvik Gillygate Medical Practice	York City Centre
B82100	Front Street Surgery	Nimbuscare Ltd
B82103	East Parade Medical Practice	York City Centre
B82105	Tadcaster Medical Centre	Tadcaster & Selby

- Nimbuscare provides services out of a number of hub sites across the City of York, with some rotation of sites across different days of the week. This approach encourages Practices to participate in offering services and is intended to increase accessibility to the service for patients across the City.
- Nimbuscare manages appointments, bookings and sharing of clinical information via their own SystmOne unit for Improving Access, and the 13 Practices (that use a mix of EMIS and SystmOne clinical systems) that are covered under this contract have direct access to the Nimbuscare system to book patients into available appointments.

Summary of Nimbuscare service delivery for the month of December 2019:

Total Registered Population	Approx. 256,000
Contracted Additional Clinical Capacity	492 hours
Clinical Capacity Delivered	700 hours
Variance – Contracted vs Delivered	+ 208 hours
Additional Appointments Offered	1719
Additional Appointments Booked	1464
Did Not Attend (DNA's)	180

## 2.2. Modality Contract

The Modality Partnership contract runs to end of September 2021, and covers the following Practice populations:

Practice Code	Practice Name	PCN
B82002	Millfield Surgery	South Hambleton & Ryedale
B82033	Pickering Medical Practice	South Hambleton & Ryedale
B82064	Tollerton Surgery	South Hambleton & Ryedale
B82068	Helmsley Medical Centre	South Hambleton & Ryedale
B82077	The Kirkbymoorside Surgery	South Hambleton & Ryedale
B82079	Stillington Surgery	South Hambleton & Ryedale
B82619	Terrington Surgery	South Hambleton & Ryedale

- Modality Partnership works with Practices in the North locality and provides services out of two hub locations – Millfield Surgery in Easingwold and Pickering Medical Practice. This approach helps to improve accessibility to the service in a mainly rural area of the CCG.
- Practices covered by the Modality Partnership contract share booking and clinical systems (in a mixed EMIS and SystmOne environment) to enable this service to operate across the two hub sites.

Summary of Modality Partnership service delivery for the month of December 2019:

Total Registered Population	Approx. 35,000
Contracted Additional Clinical Capacity	79 hours
Clinical Capacity Delivered	92 hours
Variance – Contracted vs Delivered	+ 13 hours
Additional Appointments Offered	320
Additional Appointments Booked	150
Did Not Attend (DNA's)	7

### 2.3. Selby Town Contract

The Selby Town contract runs to end of September 2021, and covers the following Practice populations:

Practice Code	Practice Name	PCN
B82018	Escrick Surgery	Selby Town
B82041	Beech Tree Surgery	Selby Town
B82074	Posterngate Surgery	Selby Town
B82097	Scott Road Medical Centre	Selby Town

- The Selby Town contract is run by Beech Tree Surgery as the lead Provider and works with Practices in Selby and Escrick. It provides services out of the three Practices in Selby town.
- Practices covered by the Selby Town contract share booking and clinical systems (in a mixed EMIS and SystemOne environment) to enable this service to operate across sites.

Summary of Selby Town service delivery for the month of December 2019:

Total Registered Population	Approx. 50,000
Contracted Additional Clinical Capacity	100 hours
Clinical Capacity Delivered	105.5 hours
Variance – Contracted vs Delivered	+ 5.5 hours
Additional Appointments Offered	327
Additional Appointments Booked	272
Did Not Attend (DNA's)	13

## 2.4. South Milford Contract

The South Milford contract runs to end of March 2021, and covers the following Practice populations:

Practice Code	Practice Name	PCN
B82031	Sherburn Group Practice	Tadcaster & Selby
B82073	South Milford Surgery	Tadcaster & Selby

- The South Milford contract is run by South Milford Surgery as the lead Provider and works with its neighboring Practice in Sherburn.
- The two Practices share booking and clinical systems (in a mixed EMIS and SystemOne environment) to enable this service to operate across both sites.

Summary of South Milford service delivery for the month of December 2019:

Total Registered Population	Approx. 20,000
Contracted Additional Clinical Capacity	40 hours
Clinical Capacity Delivered	30 hours
Variance – Contracted vs Delivered	-10 hours
Additional Appointments Offered	30
Additional Appointments Booked	22
Did Not Attend (DNA's)	0

## 3. Future Improving Access Plans

The publication of 'A five-year framework for GP contract reform to implement The NHS Long Term Plan' in January 2019 signalled that responsibility for Improving Access services would shift to Primary Care networks (PCN's) from April 2021.

This was reiterated in February 2020 through the NHS England's 'Update to the GP contract agreement 2020/21 – 2023/24' document, which states in section 5.21.

*By April 2021 we intend that the funding for the existing Extended Hours Access DES and for the wider CCG commissioned Extended (Improving) Access service will fund a single, combined access offer as an integral part of the Network Contract*

*DES, delivered to 100% of patients including through digital services like the NHS App.*

In addition to providing an update re. service provision to the Primary Care Commissioning Committee, this report is therefore also intended to advise the Committee that further to the above planning guidance, the CCG will need to serve early notice on the three contracts that are currently scheduled to end on 30 September 2021. This is to enable the PCN contracts for delivery of this service to commence from April 2021 in accordance with the national requirement.

As more information becomes available from NHS England re. the combined access offer for Primary Care Networks, the CCG will actively support PCN staff to develop and deliver these services.

<b>Item Number: 11</b>	
<b>Name of Presenter: Shaun Macey</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Summary of the GP Contract Update, Published February 2020</b>	
<b>Purpose of Report For Information</b>	
<b>Reason for Report</b>  This report provides a summary of the GP Contract Update document that was published in February 2020. This update to the original five-year GP contract framework sets out how Primary Care Networks will continue to develop to support delivery of the NHS Long Term Plan, and improve access to General Practice services for their populations.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input checked="" type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input checked="" type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input type="checkbox"/> Financial <input type="checkbox"/> Legal <input type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>  None to note.	

**Impact Assessments**

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

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

**Risks/Issues identified from impact assessments:**

None to note.

**Recommendations**

Report is provided for information.

**Decision Requested (for Decision Log)**

N/A

**Responsible Executive Director and Title**

Dr Andrew Lee  
Director of Primary Care and Population Health

**Report Author and Title**

Shaun Macey  
Head of Transformation & Delivery

## **Primary Care Commissioning Committee: 19 March 2020**

### **Summary of the GP Contract Update, Published February 2020**

#### **1. Background**

In January 2019, a five-year GP contract framework was agreed that was intended to stabilise General Practice and allow it to be a key vehicle for delivering many of the commitments in the NHS Long Term Plan and provide a wider range of services to patients.

A voluntary extension to the GP Contract, known as a Directed Enhanced Service (DES), was developed that was offered to General Practices coming together as Primary Care Networks (PCN's), typically covering populations of around 30,000 to 50,000 people.

The five-year GP contract framework required PCN's to deliver a set of seven national service specifications including structured medication reviews, enhanced health in care homes (with community services), anticipatory care (also with community services), personalised care, supporting early cancer diagnosis, cardiovascular disease case-finding, and locally agreed action to tackle health inequalities.

#### **2. Current context**

An update to the contract was negotiated between NHS England and the British Medical Association's General Practice Committee (GPC) and published in February 2020.

The route to this agreement was not an easy one following the publication of draft service specifications in December 2019, with serious concerns being raised about what General Practice could reasonably be expected to deliver. The updated contract responded to the significant feedback received from GP's and other stakeholders, along with the need to deliver the new government's commitment to 50 million extra appointments in GP surgeries each year to improve access to General Practice. This report summarises the key elements of the final updated contract and potential implications for the wider health system.

#### **3. New roles**

A key element of the 2019 GP contract was the additional roles reimbursement scheme that would support the recruitment of 20,000 additional staff working in General Practice by 2023/24. Under this agreement, NHS England and NHS Improvement would reimburse 70% of the on-going salary costs plus on-costs (for example, pension and employer National Insurance contributions) for four specific additional roles: clinical pharmacists, physician associates, first-contact

physiotherapists and community paramedics - along with 100% funding for social prescribing link worker roles for the duration of the contract period.

The updated contract sets out a major increase in the scale and ambition of the new roles being brought into General Practice to expand the primary care team. It raises the target number of additional staff to 26,000 and opens the eligibility for reimbursement to a number of other additional roles including:

- pharmacy technicians
- health and wellbeing coaches
- care co-ordinators
- occupational therapists
- dieticians
- podiatrists.

NHS England will undertake further evaluation to determine whether mental health practitioner roles and advanced nursing practitioner roles could be included under this reimbursement scheme in the future. For an average PCN, the increase in new roles means around an additional seven full-time equivalent (FTE) staff in 2020/21, rising to 20 additional FTE staff by 2023/24. NHS England and NHS Improvement will now reimburse 100% of salary and on-costs for all new roles.

#### **4. GP retention and recruitment**

Alongside new roles in primary care, the updated contract aims to address the serious shortage of GP's (particularly in more deprived areas) with a range of changes to support training, recruitment and retention. The number of GP trainee places will increase from 3,500 to 4,000 per year from 2021, while the time a trainee spends working in General Practice will increase to 24 months out of a 36 month training period.

The government has also re-stated its commitment to the GP partnership model, with the introduction of a one-off £20,000 payment to GP's who enter into a Practice partnership. £3,000 will also be available to pay for business training to improve the capacity of GP's to successfully manage their Practice. A similar premium will also be offered to more trainee GP's willing to work in under-doctored areas as part of the Targeted Enhanced Recruitment Scheme (TERS).

To help increase retention, new GPs and nurses will be offered a new two-year fellowship to support their first steps in a primary care career. Experienced GP's will also be reimbursed for mentoring their newly qualified colleagues.

Locum GP's will have better access to continuing professional development, while changes to childcare support and parental leave for returning doctors and salaried GP's aims to add flexibility to working arrangements.

## **5. Service specifications**

The updated contract contains more detail on the first three service specifications: enhanced care in care homes (to be jointly delivered with community providers); structured medication reviews and medicines optimisation; and early cancer diagnosis. Expectations around enhanced care in care homes and structured medication reviews have been radically altered, introducing more flexibility to account for local context and capacity, and a premium payment per care home bed has been included to account for variation in the spread of care homes between networks.

All three finalised specifications are now radically shorter, with the proposed metrics replaced by an overall network dashboard.

Two specifications – anticipatory care and personalised care – that were to be delivered in April 2020, have been delayed until April 2021.

## **6. Access and data**

The new government's commitment to improving access by delivering 50 million more appointments in General Practice each year has significantly shaped the updated contract, including the increased funding for additional roles.

Specific plans include a new national programme to work with PCN's to identify ways of improving access, development of a nationally consistent extended-hours offer, and an expansion of digital services. Practices will now be required to contribute to a more robust dataset to allow analysis of activity and appointment availability at a national level (this is not currently possible, meaning it is difficult to demonstrate the scale of activity and demand in General Practice). However, ensuring this data is of sufficient quality to be useful and comparable will be technically and operationally challenging.

The updated contract also sets out an intention to develop a new 'as close to real time as possible' measure of patient experience nationally from April 2021. While measuring patient experience is essential, collecting meaningful real-time feedback will pose technical and operational challenges.

## **7. Overall funding**

There are other important changes in the contract update including an increase to the global sum that practices receive per patient, and changes to vaccination and immunisation arrangements. Maternity medical services become an essential service

with £12 million of new funding allocated for a universal 6–8-week health check for babies and new mothers.

The Quality and Outcomes Framework was reviewed in 2018, and the new contract outlines further changes, including two new quality improvement modules focused on improving care of people with a learning disability and supporting early cancer diagnosis.

From April 2020, a new Investment and Impact Fund will act as an incentive and reward for PCN's delivering objectives set out in the NHS Long Term Plan and updated GP contract. This will be worth £40.5 million in 2020/21 increasing to £300 million in 2023/24. The first round of indicators for 2020/21 will cover:

- uptake of learning disability health checks
- uptake of seasonal flu jabs
- social prescribing referrals
- prescribing.

## **8. Conclusion**

The new contract has been generally welcomed and represents a significant change in recognising and addressing the capacity crisis in General Practice. It brings in around £1.4 billion of additional new money into General Practice compared to the original contract framework and resets the immediate demands on PCN's to more realistic and achievable levels.

It is also clear that improving access to General Practice appointments is now an explicit expectation from the government, as is delivery of the NHS Long Term Plan and this new money is intended to support this.

Challenges remain – even if PCN's can find new staff to recruit, these new teams will also need time, capacity, and support to develop effective ways of team working - and expanded and modernised premises to house them.

While more GP's are being trained than ever before, issues around retention mean that overall numbers have not been increasing in recent years. Reducing GP workload will be fundamental to improving retention, and this will rely on the successful introduction of the additional new staff.

Overall, the updated contract signifies a clear aim to stabilise General Practice so that it is able to deliver both improved access and offer an extended range of services.

## **9. References and additional information**

<https://www.kingsfund.org.uk/publications/updated-gp-contract-explained>

<https://www.england.nhs.uk/publication/gp-contract-five-year-framework/>

<https://www.england.nhs.uk/gp/investment/gp-contract/>

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<b>Item Number: 12</b>	
<b>Name of Presenter: Shaun Macey</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title: Primary Care Estates – Tower Court Lease Expansion for York Medical Group</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Approval</b>	
<b>Reason for Report</b> An opportunity has become available for York Medical Group (YMG) to lease additional space at a site they already have a GP practice at. This paper outlines the cost, rationale for proposal and recommendation to support the opportunity.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input checked="" type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>  This is one mitigation in the Primary Care Resilience risk currently being considered by the CCG and PCCC.	

### Impact Assessments

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

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

**Risks/Issues identified from impact assessments:** This action has yet to be completed, but we will work with the practice if the recommendation to approve the request for additional space is not supported.

### Recommendations

It is recommended that PCCC approve the request to support YMG entering into a new lease and the associated reimbursement values as outlined in this paper.

### Decision Requested (for Decision Log)

Support/approval requested for the reimbursement values associated with a new primary care lease for York Medical Group.

Responsible Executive Director and Title	Report Author and Title
Dr Andrew Lee Executive Director of Primary Care and Population Health	Stephanie Porter Assistant Director Primary Care

### Annexes

1. Site drawings with red lined proposed new leased area

## PRIMARY CARE COMMISSIONING COMMITTEE: 19 March 2020

### Primary Care Estates – Tower Court Lease Expansion for York Medical Group

#### Introduction

York Medical Group (YMG) is one of our largest GP practices, with a registered patient population of almost 45,000. They operate from 8 sites across York, including Tower Court at Clifton Moor, York. An opportunity has arisen to extend the lease at Tower Court, into a vacant optician space at the first floor of the property, securing approximately 70% of the total site for the practice. This is a purpose built health facility.

The registered patient population for the Tower Court surgery is currently 6,800 with planned and in construction new housing projected to see growth of up to 5% over the next 5 years.

The paper outlines the benefits of supporting the practice request to expand its lease area and the reimbursement values, which the CCG would be agreeing to fund.

#### The Estate Proposal

The building is a two storey property (see appendix 1). YMG occupy by way of a lease, the entire lower floor (shared entrance and lift), and approximately 25% of the upper floor to the rear of the building. The total space occupied currently is 571.05m<sup>2</sup> (floor plan attached, Yellow highlight on second floor is already included in the current lease and the RED outline is new space that is now available).

The practice is currently being reimbursed for the 571.05m<sup>2</sup> it occupies a total value of £121,550 inclusive of VAT on the rent.

The vacant space is as follows:

Demise	Former optician suite approx. 104.6sqm (1,126sqft)
Rent	£18,095pa (£173sqm/£16.07sqft) excluding VAT
Lease start date	1st April 2020 (or a date when the lease is agreed)
Lease Expiry	31st October 2025
Service Charge	Fair and reasonable proportion (same terms as existing leases)

All other terms as existing lease

The rental rate and lease end date is proposed as the same as the existing lease.

#### Supporting Rationale

The practice has a growing population, in the last three years it has been 6% growth and this is going to continue, estimated at another 5% over the next 5 years at a conservative rate. The local area already has approved planning for new house building. The site has free 2 hour parking of over 200 spaces and provides an ideal location on the outer ring road for a number of centralised services.

The practice is a PCN and is working with other city practices on shared services, in addition to requiring additional clinical capacity to accommodate and support a growing staff base. All PCNs will require more clinical space to support the additional roles included in the Long Term Plan which are funded, as well as greater skill mix placing an increased burden on estate.

Current Services delivered from Tower Court:

1. GP services
2. Practice nurse
3. Ultrasound – External and also attend at Acomb
4. Retinopathy - every couple of months
5. Diabetics Group Consultations
6. Midwife
7. Improved access – Fridays only
8. Social Prescribing – Musical connections
9. Dementia Clinic supported by Alzheimer's Society
10. In-house Counselling – on availability of rooms

New services that YMG would like to offer include:

11. Social Prescribing services expansion
12. Group consultation expansion – Diabetes, COPD, Hyper Tension and weight loss.
13. MSK
14. Mental Health worker base/clinical sessions
15. Pharmacy Team
16. Other Future PCN Services

NHS England guidance on the ideal space allowance for a practice of 7,000 – 8,000 patients is 680m<sup>2</sup> so this proposal is also in line with notional space allowances.

### **The Financial Request**

The rental rates are in line with market rents and the practice have acknowledged that if the proposal is approved in principle, the CCG will appoint the District Valuer, to confirm the eligible space for reimbursement. The CCG is asked to approve

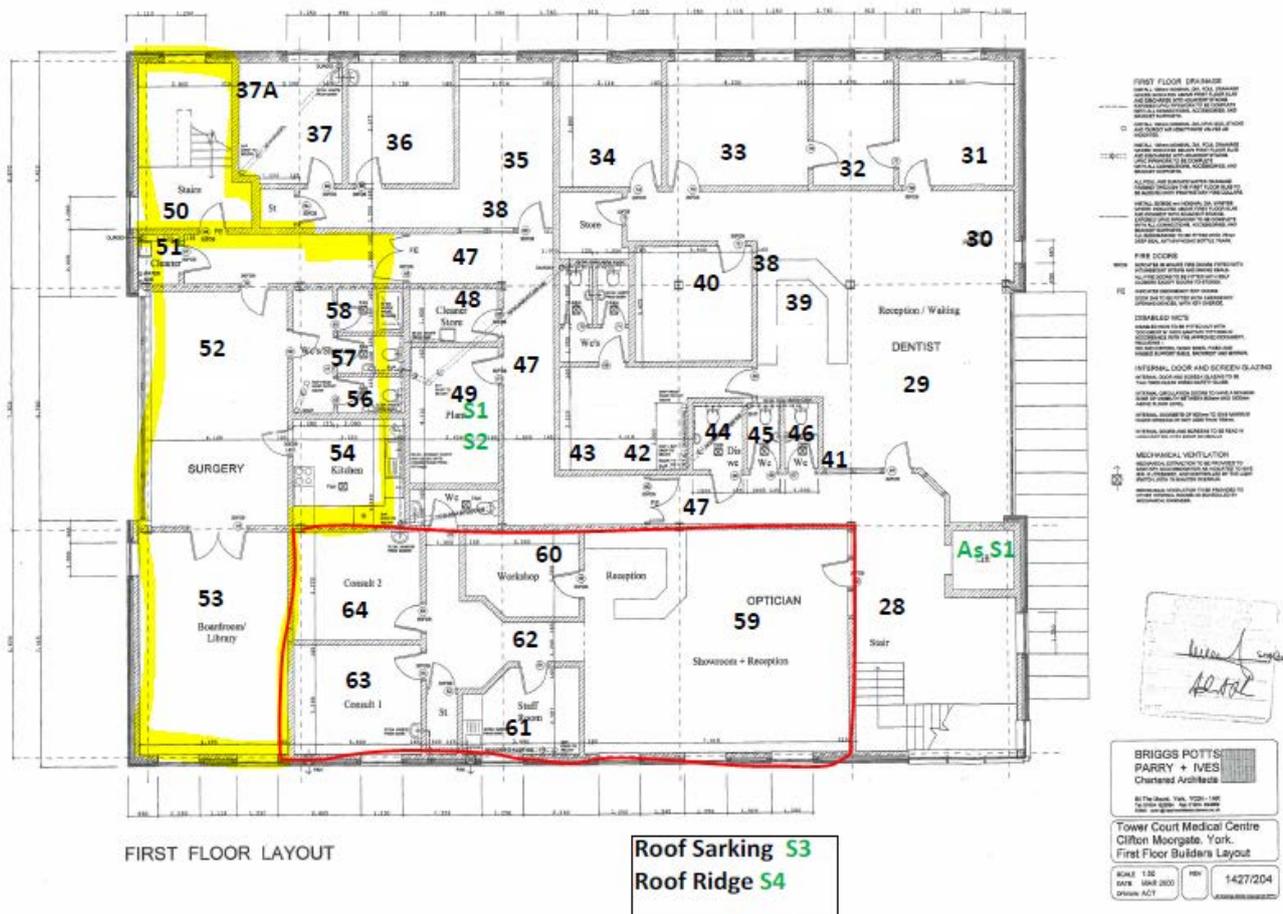
- Rent reimbursement at an annual value of £18,095pa plus VAT
- Rate reimbursement as per the premises cost directions
- Water reimbursement as per the premises costs directions

The practice has been informed that the CCG will not contribute to the costs of legal fees or any additional fit out costs of the building.

### **Recommendation**

PCCC members will be aware that the CCG is developing an estates strategy, which will include opportunist responses to deliver additional capacity to primary care. This opportunity to expand an existing site and to bring on line additional capacity at very short notice addressing immediate needs is a rare opportunity. Expanding additional space – rather than creating new is also a value for money approach without excessive on-costs.

PCCC members are recommended to support this request.



<b>Item Number: 13</b>									
<b>Name of Presenter: Paula Middlebrook</b>									
<b>Meeting of Primary Care Commissioning Committee</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>								
<b>Date of meeting: 19 March 2020</b>									
<b>Report Title – Hepatitis B vaccination for patients with Chronic Kidney Disease</b>									
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Decision</b>									
<b>Reason for Report</b> <ul style="list-style-type: none"> <li>➤ To update Primary care Commissioning Committee of the risks following the change in contractual responsibilities for Hepatitis B vaccination</li> <li>➤ To propose that further consideration is given to reinstating Primary Care to provide vaccine administration with the coordination support of the Trust renal team.</li> </ul>									
<b>Strategic Priority Links</b> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Strengthening Primary Care</td> <td><input type="checkbox"/> Transformed MH/LD/ Complex Care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Reducing Demand on System</td> <td><input type="checkbox"/> System transformations</td> </tr> <tr> <td><input type="checkbox"/> Fully Integrated OOH Care</td> <td><input checked="" type="checkbox"/> Financial Sustainability</td> </tr> <tr> <td><input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Strengthening Primary Care	<input type="checkbox"/> Transformed MH/LD/ Complex Care	<input checked="" type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations	<input type="checkbox"/> Fully Integrated OOH Care	<input checked="" type="checkbox"/> Financial Sustainability	<input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract	
<input checked="" type="checkbox"/> Strengthening Primary Care	<input type="checkbox"/> Transformed MH/LD/ Complex Care								
<input checked="" type="checkbox"/> Reducing Demand on System	<input type="checkbox"/> System transformations								
<input type="checkbox"/> Fully Integrated OOH Care	<input checked="" type="checkbox"/> Financial Sustainability								
<input checked="" type="checkbox"/> Sustainable acute hospital/ single acute contract									
<b>Local Authority Area</b> <table border="0" style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> CCG Footprint</td> <td><input type="checkbox"/> East Riding of Yorkshire Council</td> </tr> <tr> <td><input type="checkbox"/> City of York Council</td> <td><input type="checkbox"/> North Yorkshire County Council</td> </tr> </table>		<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council	<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council				
<input checked="" type="checkbox"/> CCG Footprint	<input type="checkbox"/> East Riding of Yorkshire Council								
<input type="checkbox"/> City of York Council	<input type="checkbox"/> North Yorkshire County Council								
<b>Impacts/ Key Risks</b> <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Financial</li> <li><input type="checkbox"/> Legal</li> <li><input checked="" type="checkbox"/> Primary Care</li> <li><input checked="" type="checkbox"/> Equalities</li> </ul>	<b>Risk Rating</b>								
<b>Emerging Risks</b> There are emerging clinical risks associated with patients at risk not being vaccinated.									

**Impact Assessments**

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

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

**Risks/Issues identified from impact assessments:**

A full impact assessment has not yet been undertaken.

**Recommendations**

Further consideration is given to Primary Care recommencing the vaccination program in the way it was previously provided. This would be subject to suggestions / consideration for how this may be improved.

**Decision Requested (for Decision Log)**

Decision as to whether Primary Care should be commissioned to undertake Hepatitis B Vaccinations for patients with Chronic Kidney Disease.

**Responsible Executive Director and Title**

Dr Andrew Lee  
Executive Director of Primary Care and  
Population Health

**Report Author and Title**

Paula Middlebrook  
Deputy Chief Nurse

## **Purpose**

The purpose for this paper is to outline the changes which have occurred in relation to Hepatitis B Vaccination for patients with chronic renal failure and the subsequent risks which these have incurred. The paper will outline a proposal for further discussion regarding re-commencing the vaccination administration within Primary Care.

## **Introduction - Hepatitis B vaccinations for Renal Patients**

Patients with chronic renal failure potentially remain at increased risk of Hepatitis B Virus (HBV) infection because of their need for long term haemodialysis. Due to impaired immune responses, HBV infection in haemodialysis patients may be subclinical, and such patients may become carriers of the virus.

Hepatitis B vaccination works on an anamnestic body response. This means that patients require several doses to achieve an antibody response. The first two doses prime the immune system for a secondary response to antigen. The third and fourth doses (depending on the brand used) stimulate the secondary response and antibody levels rise rapidly.

Available data suggests that even if there is a delayed antibody response to the vaccine, no one who has been vaccinated has gone on to develop chronic liver disease as a direct result of infection.

Immunocompromised patients cannot rely on protection from immunological memory and clinically significant breakthrough infections have been reported in this group.

Hepatitis B vaccination is recommended to be started 2 years prior to a patient starting haemodialysis or requiring renal transplantation.

Prior to the change in contractual arrangements, York Teaching Hospital NHS Foundation Trust (YTHFT) renal team coordinated the vaccination needs of patients and communicated with GP Practices to advise of the timings and dosage of vaccine that a patient required. Vaccination subsequently occurred within the GP Practice. From the perspective of the renal team at YTHFT this provided a robust approach to ensuring patients were vaccinated at the correct time.

## **Changes to the vaccination contract arrangements**

NHSE wrote to both Primary Care and Secondary Care Trusts informing them that the responsibility for provision of Hepatitis B vaccinations was transferring from Primary care to Secondary care renal services from July 2019.

Local GPs subsequently stopped providing the vaccinations due to the NHSE notification that they are no longer commissioned to provide it.

As YTHFT were notified late, they were not able to develop plans that met the robust approach already in place. Approximately 7 months has now lapsed whereby patients have either not completed existing vaccination courses or have not yet

commenced their vaccination. For those patients who have not completed their course – it may result in them needing to commence the course from the beginning.

The CCG Deputy Chief Nurse and Deputy Chief Finance Officer have met with the renal services clinical team and senior managers from YTHFT to fully understand the risk, surrounding gaps in vaccinations and their plans / options to deliver the vaccination plan.

For the following reasons it was evident that there are significant challenges in YTHFT providing the vaccination service:

- The large geographical area which the service covers
- Vaccination timings do not coincide with existing renal appointments – therefore additional appointments would be required.
- Additional appointments would necessitate patients travelling to the hospital – incurring additional costs, transport implications (see maps below)
- The impact upon a single service for the volume of patients would be significant; however the number of patients for an individual practice is relatively small
- Vaccination needs to commence 2 years prior to the need for dialysis.
- Patients should not be vaccinated when attending for dialysis as this compromises the patient and efficacy of the vaccine.
- In order to support the service for the volume of patients required – there would be significant financial cost in order to centralise the additional staff and physical space required.
- A hospital based model is not patient centred

### Map of location of all of the HD patients on the hepatitis B vaccine register



## Map of location of all the non-HD patients on the Hepatitis B vaccination register



### The risks for patients are:

- Development of Hepatitis B which can increase their risk of chronic liver disease including cancer

### The risk for the service is:

- If a patient develops Hepatitis B they would require isolation from other patients in order to prevent cross infection and an outbreak across the dialysis unit.

Patients are screened throughout dialysis for early detection and to ensure mitigation actions are put in place.

### Action Undertaken

- Both the CCG and YTHFT have sought clarification from NHSE Specialised Commissioning for reconsideration of the contractual changes – Response confirmed that should the service provision move to a Trust based outpatient model this would be the responsibility of the CCG apart from the costs of the vaccinations which NHSE would continue to fund
- The CCG requested YTHFT to undertake the vaccination program as outlined by NHSE – Response paper outlined as per the challenges above

- The CCG has met with the clinical teams within the renal service to understand the risks and issues (as outlined above)
- The risks and issues have been escalated to the CCG Governing Body

### **Proposal / Recommendations**

Following in depth discussion with the renal clinical team and understanding of the previous model and current risks, the CCG proposes that further consideration is given to Primary Care recommencing the vaccination program in the way it was previously provided. This would be subject to suggestions / consideration for how this may be improved.

<b>Item Number: 14</b>	
<b>Name of Presenter: David Iley</b>	
<b>Meeting of the Primary Care Commissioning Committee</b>  <b>Date of meeting: 19 March 2020</b>	 <b>Vale of York</b> <b>Clinical Commissioning Group</b>
<b>Report Title – Primary Care Update</b>	
<b>Purpose of Report</b> <i>(Select from list)</i> <b>For Approval</b>	
<b>Reason for Report</b>  Summary from NHS England North of standard items (including contracts, planning, finance and transformation) that fall under the delegated commissioning agenda.	
<b>Strategic Priority Links</b>  <input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Reducing Demand on System <input type="checkbox"/> Fully Integrated OOH Care <input type="checkbox"/> Sustainable acute hospital/ single acute contract <input type="checkbox"/> Transformed MH/LD/ Complex Care <input type="checkbox"/> System transformations <input type="checkbox"/> Financial Sustainability	
<b>Local Authority Area</b>  <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> City of York Council <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> North Yorkshire County Council	
<b>Impacts/ Key Risks</b>  <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	<b>Risk Rating</b>
<b>Emerging Risks</b>	

**Impact Assessments**

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

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

**Risks/Issues identified from impact assessments:**

N/A

**Recommendations**

For the Committee to approve the use of additional space and increase in notional rent for Beech Tree Surgery

For the Committee to receive the report

**Decision Requested (for Decision Log)**

Use of additional space and increase in notional rent for Beech Tree Surgery approved.

**Responsible Executive Director and Title**

Phil Mettam  
Accountable officer

**Report Author and Title**

David Iley  
Primary Care Assistant Contracts Manager

**Annexes (please list)**

- Appendix 1 – GP Forward View Update



# Vale of York CCG Delegated Commissioning Primary Care Update March 2020

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

10<sup>th</sup> March 2020

## **1. Items for Approval**

### **1.1 Beech Tree Surgery – additional space**

Beech Tree Surgery (68 Doncaster Road, Selby, YO8 9AJ) have an opportunity to move into some existing void space within the building due to district nursing vacating the premises. The space which can only be used for admin and back office functions is part of the larger Practice build but cannot be accessed by patients due to the layout of the premises.

The population in and around Selby is increasing due to housing growth which has resulted in all 3 Practices in the town being developed to meet demand.

The additional space has been estimated at 46m<sup>2</sup>. The Practice is currently reimbursed £147.50 per m<sup>2</sup> which would equate to approximately £6,785 additional notional rent per annum.

The Practice have identified several uses and benefits to having the additional space available to them;

- It would provide the Practice with an additional staff room, training room and admin/office space
- It would create the opportunity to increase the amount of clinical space at the Practice by changing the use of an existing admin room into a consultation or treatment room. The Practice have already enquired over the possibility of accessing capital to support this.
- It would support the development of the Selby Town PCN providing space for additional staff to be based at the Practice including staff being funded through the reimbursable roles initiative.
- The additional training and meeting space would support the Practice in developing their skill mix allowing for Multi-Disciplinary Team meetings and training to take place.

**The Committee is asked to approve the use of additional space and increase in notional rent**

## **2. Items for Noting**

### **2.1 Contractual**

#### **2.1.2 Update to the GP contract agreement 2020/21 – 2023/24**

On 7th February 2020, an update was published to the 'Investment and Evolution: A five-year framework for GP contract reform to deliver the NHS Long Term Plan' The document can be accessed through the following web link

<https://www.england.nhs.uk/wp-content/uploads/2020/03/update-to-the-gp-contract-agreement-v2-updated.pdf>

A 'ready reckoner' has been produced by NHS England and NHS Improvement in partnership with the BMA General Practitioners Committee (GPC) and is intended to provide an indication of the changes in income streams that may affect a GMS practice and Primary Care Network (PCN) from 1 April 2020. Figures are indicative and do not provide any guarantee of income.

<https://www.england.nhs.uk/publication/general-medical-services-gms-ready-reckoner-2020-21/>

## **2.2 Estates**

No items

## **2.3 GP Forward View / Transformation**

### **2.3.1 General Practice Forward View**

The CCG continues to be actively involved with the NHSE/I GPFV transformation programme. As previously agreed with the committee we will provide regular updates against all the elements of the programme. The details of the programme are contained in appendix 1.

### **2.3.2 Digital Funding**

As part of an STP wide initiative Practices in the Vale of York were offered funding for two digital programmes.

Clinical Decision Support System - £163,900 split amongst the Practices on a fair share allocation based on Practice list size.

Patient Self Check in Screens and Electronic Notice Boards - £41,000 invested across the CCG ensuring every Practice had the opportunity to claim at least £1,500 to purchase a digital check in screen or waiting area notice board.

Description of both schemes are detailed below

#### Clinical Decision Support System

- *Clinical templates developed by a CDSS will support the consistent recording of the appropriate patient information in a clear and logical format to support the clinician during their workflows. Information can then be added effortlessly and intuitively to the patient record. The CDSS must link into the Practice's existing clinical systems to assist healthcare professionals to deliver optimised superior patient care. It will*

*give clinicians immediate and easy access to relevant diagnostic, treatment and referral resources. It will embed the appropriate patient information seamlessly within these resources in a clear and logical format to support the clinician during their workflows. Information can then be added effortlessly and intuitively to the patient record through well designed clinical templates. This enables improved decision making to occur effectively and efficiently at the point of patient contact, all based upon the latest evidence-based guidelines.*

#### Digital Check in Screens and Information Boards

- *The digital check in screens work by being positioned in the Practice waiting area so that patients manually check in rather than queuing to speak to a receptionist. This technology will improve the experience of attending an appointment, avoiding the unnecessary delays when queuing at reception, with additional assurance that their attendance has been recorded on the system. The screens are available in different languages and provide real time information as to whether the appointment is delayed and where to go next (eg, wait in the waiting room or go through to the consultation room). Patients will have the opportunity to update their patient details or input information about their lifestyle which will inform the Practice and reduce the amount of admin time gathering this information would usually take.*
- *The digital information boards/screens provide a point of focus for displaying information, practice news and publicity campaigns supported by the CCG and the practices. These will be positioned in waiting and reception areas, so patients can see them whilst waiting for their appointments. The improved information displays will provide more useful information related to the time of year or current emerging health or practice issues and news.*

#### **2.4 Other** No items

**The Committee is asked to note the updates in the paper**

GPFV	High Impact Action (HIA)	Summary	Year	Funding	Deadline	Position March 2020
Improving Access in General Practice	5 Productive Workflows	Plan delivery of extended access as per the requirements in the refreshed Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision to 100% of the population by October 2018. Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1,000 population.	2019/20	£6.00 per head	Mar-20	Four contracts are now in place covering 100% of the Population - Providers working to secure more consistent coverage from the available workforce to cover the required clinical hours. Additional services are being brought on stream from Physiotherapists, Nurses, HCA's - with some testing of Skype type consultations. Utilisation rates are currently good, and Providers are working to increase the number of available appointments, whilst maintaining good utilisation rates.
	7 Partnership Working	Reinforce links into locality programmes - and the wider agenda around the development of Urgent Treatment Centres.				
Reception & Clerical Training	1 Active Signposting	Funding for training of reception and clerical staff to undertake enhanced roles in active signposting and management of clinical correspondence.	2019/20	£239,682	Mar-20	NHSE have confirmed the following:
	4 Develop The Team	This innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most Practices.				
	6 Personal Productivity	In previous years the Vale of York CCG has offered this funding through GP Alliance groupings to help train reception staff in signposting and to develop improved processes around clinical correspondence management.				
Resilience Funding	5 Productive Workflows	The purpose of the fund is to deliver support that will enable Practices to become more sustainable and resilient and better placed to take the challenges they face now and into the future and secure continuing high quality care for patients.	2019/20	£201,020	Mar-20	<p>Funding for four of the Primary Care Transformation Fund programme budgets will be going direct to Humber, Coast and Vale Health and Care Partnership in 2019/20.</p> <p>The funding for the GPFV programme areas will be allocated in June 2019 (i.e. the first accounting month when allocations are made) for the whole year, the allocation will be made to the Humber Coast and Vale and Health and Care Partnership rather than individual CCGs, as one budget and not by programme area.</p> <ul style="list-style-type: none"> <li>• General Practice Resilience Programme</li> <li>• GP Recruitment and Retention Programme</li> <li>• Reception and Clerical Staff Training</li> <li>• Online Consultations</li> </ul> <p>2019/20 Allocation:</p> <p>- Practice Resilience - £201,020  - GP Retention - £319,080  - Reception &amp; Clerical - £239,682  - Online Consultation - £391,006</p> <p><b>Total -£1,150,788</b></p> <p>In April 2019 NHSE invited each CCG to submit proposals against each of the programme areas, which will be collated and taken to the Programme Board for consideration and prioritisation.</p> <p>Vale of York have submitted their proposals for consideration and await confirmation following the decision of the Programme Board.</p> <p>The Programme Board to date have agreed the following Proposals:</p> <p><b>Practice Resilience:</b>  £18k - Jorvik and Gillygate Merger  £5k - Stillington Surgery  £5k - Priory Medical Group  £25k - Pilot PM Support Lead  £5k - Beech Tree Surgery</p> <p><b>Online Consultation:</b>  £25k to test video consultations across the York Locality and share the learning.</p> <p><b>Reception and Clerical:</b>  £9K - Thornfields Active Signposting - to be shared across the PCN to access appropriate training.</p> <p><b>GP Retention</b>  £10K York Medical Group  £10k - Tollerton Surgery</p>
	10 Develop of QI Expertise	<p>The menu of support ranges from helping to stabilise practices at risk of closure through to more transformed support, including if appropriate, helping practices explore new models of care.</p> <p>This could include:</p> <ul style="list-style-type: none"> <li>• Specialist advice and guidance e.g. Human resource, IT</li> <li>• Coaching / Supervision / Mentorship</li> <li>• Practice Management Capacity Support</li> <li>• Rapid Intervention and management support for practices at risk of closure</li> <li>• Co-ordinated support to help practices struggling with workforce issues</li> <li>• Change management and Improvement Support to individual practices or group of practices.</li> </ul> <p>Support is available to individual practices as well as being available on a greater scale to group of practices in localities.</p>				
GP Retention Scheme	4 Develop the Team	<p>The fund will support local systems to develop innovative local retention initiatives for:</p> <ul style="list-style-type: none"> <li>• GPs who are newly qualified or within their first five years of practice.</li> <li>• GPs who are seriously considering leaving General Practice or are considering changing their role or working hours.</li> <li>• GPs who are no longer clinically practicing in the NHS in England but remain on the National Performers List (Medical).</li> </ul> <p>Within the Vale of York there are currently 3 GP Retainers (Sherburn, Scott Rd, Priory) already supported with finances agreed through the Primary Care Commissioning Committee. With a budget of just over £40k from the CCGs Primary Care Allocation, which is fully committed.</p>	2019/20	£319,080	Mar-20	
Online Consultation	2 New Consultation Types	The GP online consultation system fund was launched in 2017 This £45 million fund over 3 years 2017 - 2020 is available to support digital Funding from NHSE allocated from 2017/18 to CCG's on a weighted capitation basis. An STP wide procurement took place to commission an online consultation solution for GP Practices. The provider appointed is Wiggly Amps and the package is called engage system. NHSE employed a project manager to support all practices within the STP with deployment.	2019/20	£391,006	Mar-20	
	9 Support Selfcare					
	3 Reduce DNA's	To date the Vale of York have 6 practices who have gone live with the system, covering a population of 136,791 with a further 3 practices who have expressed an interest in going live covering a further population of 58,744.				

Clinical Pharmacists	4 Develop The Team	<p>The Clinical Pharmacists in general practice scheme closed to new approvals effective from 31 March 2019 and will close for any appointments to approved posts made after 30 April 2019.</p> <p>The Enhanced Service for the current scheme will continue for those practices claiming for an employed clinical pharmacist, or which are received approval and appointed a Clinical Pharmacist prior to the 30 April 2019 until either:</p> <ul style="list-style-type: none"> <li>The Clinical pharmacist is transferred to become part of a PCN's workforce team from 1 Jul 2019 onwards.</li> <li>The reimbursement for the clinical pharmacist under the terms of ES comes to an end, e.g. at the end of the three year tapered funding period.</li> </ul> <p>A clinical pharmacist does not have to transfer from their current practice, to working across a PCN. Practices considering transferring staff are advised to read the Network Contract DES guidance at the earliest opportunity as strict workforce additionality rules will apply to the Network Contract DES which may affect the number of clinical pharmacists that can be transferred to the new network scheme.</p> <p>The Network Contract DES begins on 1 July 2019 and PCN's will be able to claim reimbursement for clinical pharmacists from this date, subject to specific rules. Employing practices will be responsible for supporting their staff through these transitional arrangements.</p>	2019/20	£ -	Mar-20	<p>In light of the introduction of the Network Contract Directed Enhanced service (DES) the Clinical Pharmacists in General Practice Scheme will close from 30 April 2019.</p> <p>The Enhanced Service (ES) for the current scheme will continue for those practices claiming reimbursement for an employed clinical pharmacist, or which have received approval and appointed a clinical pharmacist prior to the 30 April 2019, until either:</p> <ul style="list-style-type: none"> <li>The clinical pharmacist is transferred to become part of a Primary Care Network's workforce team from 1 July 2019 onwards (and in accordance with the rules set out in Table 1 of the Network Contract DES guidance); or</li> <li>The reimbursement for the clinical pharmacist under the terms of the current ES comes to an end, e.g. at the end of the three-year tapered funding period.</li> </ul> <p>Confirmation has been received that 0.5 SCP from NIBUSCARE pPCN will transfer to the networking agreements with the remaining 3.8 remaining on the NHSE scheme.</p>
ETTF	5 Productive Workflows	<p>The Estates and Technology Transformation Fund (ETTF) is a multi-million pound programme to accelerate the development of GP premises and make greater use of technology. The aim is to improve facilities, increase flexibility to accommodate multi-disciplinary teams and develop the right infrastructure to enable better services for patients as well as increasing staff training facilities.</p>	2017-2021	Based on individual schemes	Mar-21	<p>1.) Sherburn - Practice looking to develop an improvement grant rather than pursuing a new build due to ETTF timescales to complete before the end of March 2021</p> <p>2.) Beech Tree Surgery, Carlton branch - Improvement Grant to expand and develop existing premises now completed.</p> <p>3.) Priory Medical Group Burnholme Health &amp; Wellbeing Campus - New Build proposal awaiting NHS England support to develop the business case.</p> <p>4.) Millfield Surgery - Improvement grant to expand existing surgery waiting for approval from NHS England</p> <p>5.) Pickering Medical Practice - Improvement Grant to expand existing premises now completed</p>
Patient Online	2 New Consultation Types	<p>Work on uptake across Practices to meet national Aspirational targets. 30% coverage desirable to be achieved by March 2019</p>		£ -	Aspirational Target	<p>Currently 15 practices remain below 30% expectation and 11 practices achieving over 30%. Overall as a CCG 31.1% of all patients have access to online services.</p>
Time For Care	4 Develop The Team 5 Productive Workflows	<p>The Time for Care Programme is continuing beyond March 2019 with an offer of support that can be tailored to meet local needs.</p> <p>As well as the core elements of Time for Care that help practices to release time, improve collaboration and build improvement skills, there will be some new elements that are more relevant to primary care networks and working at scale.</p>		£ -	2020	<p>CCG had meeting with Charlie Keeney on the 12/12/19 from NHSE Sustainable Improvement Care Team to ascertain what support is currently available for General Practice and PCN Level under the GPFV Time for Care Programme.</p> <p>Discussed the national programme available of support which includes:</p> <ul style="list-style-type: none"> <li>Primary Care Network Improvement Leader Programme - applications are now open for two cohorts commencing feb and March - communicated to practices</li> <li>Productive General Practice Quick Start Programme - Practices have been invited to submit expressions of interest by 10/1/20 - 4 expressions of interest have been received and forwarded to the national team.</li> <li>Vision to deliver - 6 - 9 month action focused workshop collaborative. This is being discussed with practices directly with CCG PCN Leads.</li> </ul>

Apex Insight Workforce Tool	5 Productive Workflows	<p>Apex Insight provides software and support to analyse workload and workforce capacity of Primary Care, GP Practices and Out of Hospital Services, providing Insights on demand, activity and utilisation levels. The software helps transform Service through better design and costing of resources, capacity, clinical case mix and new care models</p> <p>Features:</p> <ul style="list-style-type: none"> <li>• Captures Current workforce capacity</li> <li>• Identifies opportunities to Improve effectiveness, efficiency and resilience</li> <li>• Creates scenarios describing how practice workforce could change</li> <li>• Allows practices to compare workforce options and skill mix.</li> <li>• Provides Primary Care with information on current activity and workforce.</li> <li>• Provides population analysis to Improve access, efficiency and workload productivity</li> <li>• Forecasts future activity and models how to meet future demands</li> <li>• Supports decision making to design and cost new care models</li> <li>• Aggregates current and future activity, baseline and future workforce capacity</li> <li>• Connects to GP IT system and performs near real - time analysis.</li> </ul>	2019/20	£	-	Mar-20	<p>24 Practices across the Vale of York are at varying stages within the deployment with 16 of these practices having had the full workforce training session.</p> <p>The remaining 2 practices have confirmed they do not wish to proceed with deployment.</p> <p>York Medical Group are very keen to set up a detailed project group to utilise the tool effectively and share the subsequent learning across the patch.</p>
	10 Develop QI Expertise						