Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

24 January 2018, 9.30am to 11.15am

George Hudson Boardroom, West Offices, Station Rise, York YO1 6GA

AGENDA

Prior to the commencement of the meeting a period of up to 10 minutes 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; this will start at 9.30am.

1. 9.40	Verbal	Welcome and Introductions		
2.	Verbal	Apologies		
3.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
4. 9.45	Pages 3 to 17	Minutes of the meeting held on 22 November 2017	To Approve	Keith Ramsay
5. 9.50	Verbal	Matters Arising		All
6. 9.55	Pages 19 to 22	Primary Care Commissioning Financial Report	To Receive	Tracey Preece
7. 10.15	Verbal	General Practice Visits and Engagement Update	To Note	Dr Andrew Phillips
8. 10.20	Verbal	Primary Care Assurance Report	To Note	Heather Marsh
9. 10.25	Pages 23 to 24	'No Cheaper Stock Obtainable' (NCSO) Update on Risk to Prescribing Indicative Budgets	To Receive	Dr Shaun O'Connell

10. 10.40	Pages 25 to 35	2018/19 £3/head and PMS Funding: Principles and Process	To Approve	Dr Kevin Smith
11. 10.55	Verbal	Terrington Surgery Update	To Note	Dr Kevin Smith
12. 11.00	Pages 37 to 40	Rent Reimbursements	To Approve	Heather Marsh
13. 11.05	Pages 41 to 47	NHS England Primary Care Update	To Receive	Heather Marsh
14. 11.10	Verbal	Key Messages to the Governing Body	To Agree	All
15. 11.15	Verbal	Next meeting: 9.30am, 27 March 2018 at West Offices	To Note	All

EXCLUSION OF PRESS AND PUBLIC

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

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

Item 4

Minutes of the Primary Care Commissioning Committee held on 22 November 2017 at West Offices, York

Present

Keith Ramsay (KR) - Chair	CCG Lay Chair
Michael Ash-McMahon (MA-M)	Deputy Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
Michelle Carrington (MC)	Executive Director of Quality and Nursing
Heather Marsh (HM)	Head of Locality Programmes, NHS England (Yorkshire and the Humber)
Phil Mettam (PM)	Accountable Officer
Sheenagh Powell (SP)	Lay Member and Audit Committee Chair
Dr Kev Smith (KS)	Executive Director of Director of Primary Care and Population Health

In Attendance (Non Voting)

Laura Angus (LA) – for item 10	Lead Pharmacist
Dr Lorraine Boyd (LB)	GP, Council of Representatives Member
Rachel Cooke – for item 10	Head of Finance
Shaun Macey (SM)	Head of Transformation and Delivery
Dr Andrew Phillips (AP)	Joint Medical Director
Stephanie Porter (SPo) – for item 14	Deputy Director – Estates and Capital Programmes
Michèle Saidman (MS)	Executive Assistant
Sharon Stolz (SS) – part	Director of Public Health, City of York Council.

Apologies

Kathleen Briers (KB)	Healthwatch York Representative
Dr Aaron Brown (AB)	Local Medical Committee Liaison Officer, Selby and York
Dr Shaun O'Connell (SOC)	Joint Medical Director
Tracey Preece (TP)	Chief Finance Officer

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

There were two members of the public in attendance.

No questions had been submitted in advance of the meeting.

The agenda was discussed in the following order.

1. Welcome and Introductions

KR welcomed everyone to the meeting. He particularly welcomed KS to his first meeting of the Committee.

2. Apologies

As noted above.

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

LB declared an interest in item 14. All other declarations in relation to the business of the meeting were as per the Register of Interests.

4. Minutes of the meeting held on 19 September 2017

The minutes of the meeting held on 19 September were agreed.

KS noted that since the last meeting clarification had been received from NHS England in relation to the £3.34 per head funding for 2018/19 for extended hours access which was now as per the report at agenda item 11.

The Committee

Approved the minutes of the meeting held on 19 September 2017.

SP joined the meeting

5. Matters Arising

PCCC26 Primary Care Commissioning Financial Report – Proposal for pilot initiatives for testing GP led services in localities during the winter months: Discussion was ongoing with the Council of Representatives linked with the £3 per head and PMS Premium monies.

PCCC27 General Practice Visits and Engagement – Briefing Summary: PM reported on discussion with the Council of Representatives about redesigning the Governing Body to a clinical model with a clinical chair. A number of options were being developed for consideration by the Governing Body on 7 December prior to discussion at the December meeting of the Council of Representatives. PM explained that expressions of interest were being sought for the role of clinical chair by 1 December.

A number of other matters arising were noted as agenda items.

The Committee:

Noted the updates.

6. Primary Care Commissioning Committee Terms of Reference

PM noted that the Committee's terms of reference were in line with national requirements but would require further review following the appointment of a clinical chair and the overall redesign of the Governing Body from April 2018.

Members agreed that KS be added to the membership of the Committee and that section 13 under *Role of the Committee* should be amended to read: *'The functions of the Committee are undertaken in the context of commissioning to increase quality, efficiency, productivity, and value for money …'*

The Committee:

Approved the Primary Care Commissioning Committee Terms of Reference subject to the above amendments.

7. Primary Care Commissioning Financial Report

MA-M presented the report which provided information on financial performance of primary care commissioning as at month 7. He noted that, although there was an overspend of £240k on the forecast outturn against plan for the reasons detailed, the actual forecast was within the £42.037m allocation. This £240k overspend included an underspend of £223k for the PMS premium as this is forecast to be fully spent within the CCG's core allocation as per NHS England advice, although to date a limited number of invoices had been submitted for this. With regard to the latter KS reported on discussion at the Council of Representatives emphasising that moving this money out into primary care was a priority. He noted that work was taking place to achieve this taking account of the fact that some Practices wished to receive their share direct whilst others supported pooling within their locality; any underspend would be carried forward to 2018/19.

Members sought and received clarification on a number of aspects of the report, including confirmation from MA-M that the net forecast was correct and that there was a six year timeframe for eligibility to submit maternity claims. The latter was noted as an issue in terms of forecasting expenditure.

In response to clarification sought regarding Quality and Outcomes Framework points, MA-M explained that the 2017/18 forecast was based on points earned in 2016/17 as the full year information would not be available until June 2018. LB noted that Practices focused on Quality and Outcomes Framework targets from January to March.

SP referred to the Internal Audit report following the demise of the Vale of York Clinical Network and sought assurance that lessons had been learnt regarding processes for the PMS Premium monies. MA-M responded that the eligibility and processes were clear and specific for the three areas of expenditure, namely:

i) Costs to support GP attendance at Locality meetings, Unplanned Care Steering Group meetings and Accountable Care System Partnership Board.

ii) Funding to support a GP lead in each of the localities who will work across their locality to develop the programme of work and secure engagement with each locality's constituent Practices to develop their sustainability and manage demand.
iii) Any remaining funding should be offered through localities to support constituent Practices in the management of demand. A 'plan on a page' was required for this element.

MA-M also advised that any invoice would need to be backed up by appropriate supporting evidence as part of any payment.

KS advised that he was writing to Practices reiterating the processes for accessing the components and also taking account of the discussion at the Council of Representatives. Practices would be asked to 'opt in' if they supported the locality approach and wished to pool their share of the monies. SM emphasised that an audit trail was required.

Post meeting note: Letter from KS sent to Practices on 22 November confirming the funding arrangement for PMS and £3 per head monies for the remainder of 2017/18.

The Committee:

1. Received the report on the financial position of the Primary Care Commissioning budgets as at month 7.
2. Noted the update on the PMS Premium monies.

SS joined the meeting

8. General Practice Visits and Engagement Update

AP referred to the report and discussion at the previous meeting of the Committee noting that further consideration on engagement with Practices was required now that KS was in post. He emphasised that support from the Practices was crucial to the CCG's work.

KS explained the need for Practices to receive support in their provider role and in the context of working together to ensure viable and sustainable General Practice. LB added that an understanding was needed between individual Practices, for example in respect of variation, to enable progress to be made.

In response to KR requesting a plan for the next meeting PM explained that the Head of Legal Services and Governance was reviewing the CCG's overall governance arrangements to ensure there was a "firewall" for appropriate protection, including in terms of supporting General Practice as both commissioners and providers. Provision of a plan for engagement would be aligned with this process.

SS highlighted the availability of other resources, including Public Health and the voluntary sector, noting that a system approach would contribute towards ensuring sustainability of General Practice.

The Committee:

Noted the update and ongoing work.

LA and RC joined the meeting

10. Prescribing Indicative Budgets

LA referred to the report which provided an update on Prescribing Indicative Budgets in response to the Committee's request. She additionally explained that a national risk had emerged which posed a £2.6m potential pressure to the CCG. This was due to No Cheaper Stock Obtainable which meant that generic drugs were not available therefore more expensive alternatives had to be prescribed. The shortages related to specific commonly prescribed drugs and it was not possible to mitigate against this. NHS England was working nationally to resolve the position and the CCG was working with the GP Federations as, unless there was a national resolution, there would be no gain share.

KS emphasised that, despite the current position, Prescribing Indicative Budgets were the most appropriate means of managing controllable prescribing expenditure and welcomed the culture change in this development. He reported that open discussion was taking place with Practices about the impact on the gain share opportunity and also noted that Practices expressing an interest in joining the Prescribing Indicative Budgets scheme were being advised that this was not the right time. KS additionally explained, in terms of the process, that the CCG was not recouping the money paid in respect of mobilisation / advanced sum payment made to Practices for Prescribing Indicative Budgets.

LA reported a further issue: the Government had issued a requirement for savings from Category M drugs to be held back until the end of the financial year therefore this potential means of offsetting the No Cheaper Stock Obtainable loss of savings had been removed.

Members noted that, despite the issues described, patients were receiving medication but the impact was on available money in the system. SS agreed to liaise with Healthwatch to raise awareness of the situation and to facilitate lobbying local MPs.

In response to clarification sought about contract arrangements relating to Prescribing Indicative Budgets LA explained that there was a Memorandum of Understanding between the CCG and the Practices which included a commitment to the mobilisation money, the details of how the Indicative Budgets operated and the payment arrangements including what any gain share could be spent on. A contract variation was required for the fact that the Category M gain share would not be

available. MA-M added that as a result of lessons learnt legal advice had informed the Memorandum of Understanding, including regarding withdrawal by either side. He also noted that the CCG had agreed to continue to pay the mobilisation money in recognition of Practices' commitment and costs incurred to date and highlighted that the No Cheaper Stock Obtainable should be temporary. LA added that the CCG still held the budgets therefore Practices could withdraw at any time.

SP noted the following concerns to which KS and LA responded. Regarding the No Cheaper Stock Obtainable there was tension between payment of the mobilisation costs but recognition a commitment had been made. However, Category M savings were fortuitous, not the result of any work by Practices, therefore it was debatable whether there should be any payment. KS also advised that the Memorandum of Understanding was explicit that the mobilisation costs could only come out of savings.

With regard to the governance arrangements for approval of Prescribing Incentive Budgets SP referred to the Committee's Terms of Reference and queried the fact that the scheme had never been brought to the Committee for consideration. KS agreed that the Committee should have seen the Prescribing Incentive Budget scheme but expressed confidence having reviewed it.

In response to SP referring to the alternative approach of a points based scheme rather than indicative budgets, LA explained that not all Practices had wanted to implement Prescribing Incentive Budgets. She offered assurance that areas of mobilisation could be measured and noted the aim was for a culture change to ownership of budgets.

Further discussion included the fact that CCGs across the country were affected by the unforeseeable financial pressure from No Cheaper Stock Obtainable drugs, an issue that had never previously arisen to this degree; the potential for CCGs collectively to respond; and recognition of impact on patients which required communication to assure them that the issue was not the fault of GPs or pharmacists.

PM expressed appreciation for the work on Prescribing Indicative Budgets and apologised for the error of the scheme not being presented to the Committee prior to implementation. PM noted that he would raise the No Cheaper Stock Obtainable issue with NHS Clinical Commissioners.

KR requested an update to the March meeting of the Committee.

The Committee:

1. Received the Prescribing Indicative Budgets report.
2. Noted the financial risk relating to No Cheaper Stock Obtainable drugs.
3. Requested an update to the March meeting

9. Draft Primary Care Assurance Report

MC explained the development of the draft Primary Care Assurance Report, including agreement with the Council of Representatives of a set of quality performance indicators and the context of seeking assurance of good primary care in the same way as assurance was sought in respect of other providers. It was proposed to provide an annual report to the Committee with subject-specific reports through the year as appropriate. MC noted that this was an assurance report, not a dashboard, and it provided an overview from available information.

With regard to the data SM explained that availability varied with some data being published nationally on an annual basis. He referred to the fact that the quality of General Practice in the Vale of York was good but highlighted opportunities for more detailed specific work with Practices noting the need for local data in this regard.

Members discussed the report from the perspective of opportunity to address variation, for example in respect of Atrial Fibrillation, noting the need to recognise that Practices varied in terms of characteristics and constraints for resources to provide information. SS also noted the need to address quality and health inequalities and sought clarification as to the most appropriate opportunities for the Public Health Team and YorWellbeing Service to engage with primary care and provide “wrap around” support for General Practice.

KS highlighted the need to engage with the public in terms of people knowing their own health and for the CCG to focus on bringing together data sources to enable both variation and commonalities to inform work. In response to DB enquiring where issues would be addressed, such as the Atrial Fibrillation and anti-coagulation information in the report, KS advised that this data was a reflection of recording not necessarily a reflection of practice. He also emphasised the need for more real time information and, in the context of ‘Good’ Care Quality Commission rating for General Practice in the Vale of York, noted that each Practice would also identify their areas of priority through receiving data.

PM noted that AB had recently started a Twitter commentary about quality in and pressure on General Practice. This had elicited responses from a number of organisations and provided an opportunity to learn from best practice regionally and nationally.

It was agreed that the Primary Care Assurance Report would be a standing agenda item.

The Committee:

1. Received the report as assurance that all Vale of York Practices were currently meeting the required national standards across Care Quality Commission and patient satisfaction domains.

2. Agreed to oversee development of further reports, with more timely and locally sourced information, that provided a greater insight into some of the operational quality and safey issues affecting General Practice that support a programme of continuous improvement.
3. Agreed that a CCG working group be formed whose role would be to identify and provide support to Practices around any outliers or exceptions in the reporting data presented to the Committee and to update the Committee on any related actions. The working group would work closely with the Local Medical Committee to access additional locally sourced information/data from Practices that supported an open and transparent reporting culture and helped Practices to develop continuous improvement programmes of work.
4. Agreed that the Primary Care Assurance Report be a standing agenda item.

11. General Practice Forward View, Improving Access to General Practice Services

SM presented the report which provided an update on national guidance and local progress on the General Practice Forward View requirement to provide improved access to General Practice services during evenings, to 8pm, and at weekends. SM noted that, following discussion at the Council of Representatives to progress this on a locality basis, he had met with the three localities who were adopting different approaches, as described in the report.

SM highlighted the additional guidance and information from NHS England webex sessions which provided further clarity on the funding allocation and service provision requirements noting areas of flexibility but confirming that some form of provision was initially required on Saturdays and Sundays. SM also explained that GP overisght was required but not necessarily in every hub and that there was no individual Practice requirement to participate. The locality approach would provide support in respect of the latter.

SM advised that since the report had been written NHS England had stated that procurement was the favoured approach to securing the additional services. He highlighted that the CCG had hoped to proceed through the localities noting complexities if the services were not provided as a continuation of core GMS services, such as technical and practical issues for sharing patient records and continuity of care. LB also expressed concern regarding continuity of care supporting the approach of General Practice as providers of the additional hours.

KS described the complexity for the CCG to fulfil the legal requirements as a commissioner and at the same time support Practices to be able to bid in a procurement process. He assured members that this would be undertaken appropriately and in consultation with the Council of Representatives.

SP noted that Conflict of Interest guidance would ensure correct processes and also referred to the potential for the required clinical input to be from outside the CCG. KS advised hat procurement preparation work was already taking place and PM noted the potential for “buddying” arrangements.

The Committee:

Received the update on General Practice Forward View, Improving Access to General Practice Services

12. Improving Access to General Practice Survey - Patient Engagement

In presenting this item HM highlighted that consultation had already taken place with both the Healthwatch Readability Panel and Practices. She noted that feedback included criticism that the consultation was on parameters set by NHS England relating specifically to evenings and weekends and concern that there may be a deterioration in services due to the increase being provided with no additional capacity. HM also explained the requirement to evaluate the impact of the increased access from the additional funding.

Discussion ensued on the generic term 'clinician' and the potential to be more specific, which would also inform workforce planning.

HM requested that members provide any further feedback direct to her as amendments could still be made to the survey prior to its "Go Live" date in early January.

The Committee:

1. Agreed the NHS GP Services Improving Access Survey.
2. Agreed the 'Go Live' date of the first week in January 2018.

13. Personal Medical Services Monies 2018/19

SM explained that 2018/19 was the final year of the four year programme for redistribution of the Personal Medical Services (PMS) Premium monies noting that Dr Paula Evans, Chair of the Council of Representatives, had requested consideration by the Committee to enable distribution to Practices as early as possible in the new financial year. He advised that c£80k of the c£312k available had in principle been committed to the Shared Care Amber Drugs Local Enhanced Service; the remainder was to be redistributed across Practices.

SM described the context and principles for the redistribution: Practices felt they should have the option to access the funding individually or pool the resource; the requirement for a clear audit trail for the allocation and spend; and there should be additionality to core General Medical Services (GMS).

KS referred to the earlier discussion at agenda item 7 and discussion at the Council of Representatives regarding both the £3 per head and PMS premium monies, noting the difference between the two resources. The Council of Representatives had agreed that the £3 per head monies would be carried forward to 2018/19 as it was too late in the financial year to demonstrate the required return on investment. KS also noted that, despite being under legal Directions and the fact that £3 per head was discretionary, the CCG was carrying forward the full amount.

KS proposed that criteria for the 2018/19 £3 per head bids and the PMS Premium monies be developed in consultation with representatives from the localities and the LMC for consideration at the December Council of Representatives. He sought delegated authority from the Committee to progress principles for both these monies with reporting to the January meeting of the Governing Body and ratification at the January Primary Care Commissioning Committee. It was agreed that KR and KS have delegated authority.

The Committee:

1. Noted the update on both Personal Medical Services 2018/19 premium monies and £3 per head.
2. Agreed that KR and KS should have delegated authority to progress development of principles for the above primary care funding.

15. NHS England Primary Care Update

The Committee:

Noted the updates on the Quality and Outcomes Framework and the GP Forward View.

LB left the meeting table and sat with members of the public due to her declaration of interest in item 14. *SPo joined the meeting.*

14. Presentation of the Proposed Primary Care Estates Investment Bids Detailing the Revenue Impact for Approval by the CCG

In introducing this item MA-M expressed appreciation to SPo for her work with Practices. He noted that the approval of the bids included confirmation that the CCG understood how any revenue increase would be funded.

SPo presented the report which sought approval of a number of bids to the Estates and Technology Transformation Fund (ETTF) which required sign off by the CCG, and specifically by TP. Approval was also sought for a separate bid from Tollerton Surgery which was no longer included in ETTF bids following the prioritisation of proposed schemes.

SPo explained that ETTF was a capital injection that abated the rent giving the benefit of lower rent. She noted that all new build ETTF schemes were dependent on revised GMS Premises Directions which were currently being considered.

In considering the ETTF schemes members noted that if approval was given CCG communication with Practices would make it clear that reimbursement of fees incurred by Practices would only be undertaken if there was a successful ETTF bid.

Easingwold Integrated Care Centre - New Build

SPo noted that Easingwold Integrated Care Centre had been a Cohort 3 scheme in the original bids. She detailed the work undertaken with York Teaching Hospital NHS Foundation Trust and Hambleton District Council to understand the impact of

future housing developments on service delivery and reported that a site had been identified to co-locate existing renal services, Millfield Surgery and the services currently at Easingwold Health Centre in phase 1. Tollerton Surgery and Stillington Surgeries had declined to be involved in phase 1 of the development.

Members sought clarification on a number of aspects of the bid. In response to concerns that York Teaching Hospital NHS Foundation Trust was the lead organisation, particularly in view of their current financial challenge, SPo explained that the Trust was in effect the developer and that the site would still be available if this option was not progressed. With regard to delivery of primary care SPo confirmed that this remained the function of the GP Partners but leasing premises provided an opportunity in terms of workforce. MA-M confirmed that the Finance Team was assured about the financial consequences of approval and SPo confirmed that schemes commenced within the timescale of the ETTF, which would end in 2019/20, would progress.

Additionally, whilst recognising that Millfield Surgery was in the top five premises undersized for the current patient list size, further discussion included the context of giving approval in isolation from a primary care strategy. SM advised that a strategic review was taking place to prioritise schemes.

The Committee:

Approved progressing the Easingwold Integrated Care Centre to the next decision stage: submission of a fully worked up Project Initiation Document to NHS England and progress to the development of the Outline Business Case.

Sherburn Group Pr\ctice and South Milford Surgery - New Build

SPo explained that the site proposed for the Sherburn Group Practice and South Milford Surgery was equidistant between the two existing properties and the Practices were working with a third party provider, Apollo, to deliver the scheme. Progress was also dependent on receipt of a number of capital grants as detailed in the report.

Members sought clarification about due diligence in respect of Apollo and also in terms of CCG liability in the event of the funding failing. SPo advised that, as this was a GP not a CCG scheme, the CCG would not carry any liability in these circumstances. She also highlighted that any material change would require the proposal to be resubmitted to the Executive Committee for review and an additional approval stage before Outline Business Case.

The Committee:

1. Approved progressing the Sherburn Group Practice and South Milford Surgery new build to the next decision stage: submission of a fully worked up Project Initiation Document to NHS England and concluding the discussions to understand the likely capital grant contribution to the scheme.
2. Noted that if the scheme had to be reworked and this did not arrive at a revenue neutral position to the CCG then the proposal would need to be resubmitted to the Executive Committee for review and an additional approval stage before Outline Business Case.

Burnholme Scheme - New Build

In discussion of this scheme MA-M referred to his declaration on the Register of Interests that his partner worked at a Practice involved in the Burnholme development.

SPo described the proposed new build for the Burnholme Scheme which would enable co-location of health, social care and voluntary sector services. The property would remain in the ownership of the GP Practice and GPs would lead development of the scheme. MC expressed support for this scheme in the context of housing development and addressing health inequalities in the area.

Discussion included the context of the CCG's out of hospital strategy, potential to seek funding contribution from the Local Authority and explanation as to the mechanism for attracting capital to extend their business if the GP Practice owned the premises. In respect of the latter HM explained that there were two options: NHS England's business as usual capital funding, which was a capital grant for improvement to premises and for which there would be an agreed period rent abatement, or alternatively borrowing money as a business. HM also explained that if a propery was extended without prior agreement from the CCG, then the CCG was not obliged to abate the rent and that the CCG would only reimburse for GMS. The potential for void space arrangements also required consideration.

Members agreed the recommendation subject to the addition of a caveat providing clarity in relation to the GMS element of the additional space. MA-M agreed to progress this and report back to the Committee.

The Committee:

Approved progressing the Burnholme Scheme to the next decision stage: submission of a fully worked up Project Initiation Document to NHS England and concluding the discussions to understand the likely capital grant contribution to the scheme subject to clarification relating to the GMS element of the additional space.

Carlton Branch Surgery – Expansion of Existing Property

SPo reported that the proposed Carlton Branch Surgery extension was to manage patient list size growth and would be on the basis of an improvement grant. The Practice owned the site, there were no boundary issues and the scheme was well advanced technically.

The Committee:

Approved progressing the Carlton Branch Surgery development to the next decision stage: submission of a fully worked up Project Initiation Document to NHS England and progress to the development of the Business Case.

Tollerton Surgery - Non ETTF Estates Bid

SPo reiterated that Tollerton Surgery had not wished to be part of phase 1 of the Easingwold Integrated Care Centre scheme but wished to continue to pursue the more developed option to replace their existing premises via Daniel Garth Homes,

noting however that they did support clinical transformation. The Practice had requested specific consideration of their proposal, which was for full revenue reimbursement, as the scheme was developed and could deliver an interim or long term solution for the Practice much quicker than the larger scheme in Easingwold; the scheme was likely to be delivered in 12-16 months; the proposal addressed the significant space constraints for the Practice as identified in the CCG estates strategy and it represented value of money.

Members sought and received clarification on financial aspects of the proposal. It was noted that funding of the £62k capital request, which included stamp duty, would be required from the CCG's primary care commissioning budgets. However, the potential for access to the business as usual grant should be pursued.

Detailed discussion ensued with recognition of the Practice's significant space issue but concern that the proposed new development may not align with the strategic transformation for the locality, which was not yet clearly identified. Members also discussed potential risk to the CCG of being left with the premises in the event of the Practice deciding to join the Easingwold development before the end of the proposed 15 year lease. SPo explained that the risks at the present time were: the current cost, the impact of not securing capital grant and responsibility for the lease. She also confirmed that the Practice owned the building from which they were currently delivering services; any sale would be on the basis of risk and reward.

Members agreed that the bid should be supported in principle in the best interests of patients but highlighted that this in no way set a precedent and emphasised the need for further detail regarding full costs, including in respect of reimbursement of stamp duty, and the expectation that the Practice would engage with the system transformation.

SPo noted that all schemes would be presented to the Committee again when costs had been confirmed.

The Committee:

Supported the Tollerton Surgery bid in principle subject to confirmation of full cost implications, clarification about reimbursement of stamp duty, and commitment to engage with the wider primary care strategy in the locality.

16. Key Messages to the Governing Body

- The Committee noted the financial implications for the CCG from the prescribing budget in respect of No Cheaper Stock Obtainable drugs.
- The Committee agreed that a number of estate proposals be progressed, including a shared development in Easingwold and Tollerton Surgery development.

- The Committee noted that General Practice within the CCG was overall rated 'Good' by the Care Quality Commission.
- The Committee understood the complexity for the CCG in procuring additional services and ensuring the right balance between procurement and support for Practices.

The Committee:

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

17. Next meeting

9.30am on 24 January 2018 at West Offices.

18. 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 this part of the meeting due to the nature of the business to be transacted as it contained 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 22 NOVEMBER 2017 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC25	19 September 2017 22 November 2017	Matters arising from previous minutes	• Report on development of the Primary Care Dashboard • Primary Care Assurance Report to be a standing agenda item	MC MC	22 November 2017 From 24 January 2018
PCCC27	19 September 2017 22 November 2017	General Practice Visits and Engagement: Briefing Summary	• Proposal for CCG support to Practices for development of a clinical delivery model	PM	22 November 2017 Ongoing
PCCC28	22 November 2017	Prescribing Indicative Budgets	• Update to the March meeting	TP/LA	27 March 2018

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Item Number: 6

Name of Presenter: Tracey Preece

Meeting of the Primary Care Commissioning Committee

24 January 2018

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Financial Report

Purpose of Report
For Information

Reason for Report

To brief members on the financial performance of Primary Care Commissioning as at the end of December 2017.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

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

Covalent Risk Reference and Covalent Description

Emerging Risks (not yet on Covalent)

Recommendations

The Primary Care Commissioning Committee is asked to note the financial position as at Month 9.

Responsible Executive Director and Title	**Report Author and Title**
Tracey Preece, Chief Finance Officer	Rachel Cooke, Head of Finance

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

Report produced: January 2018

Financial Period: April 2017 to December 2017

Introduction

This report details the financial position of the CCG's Primary Care Commissioning areas at year to date and at forecast outturn (FOT) level.

Financial position – Month 9

The table below sets out the year to date and outturn position as at Month 9.

Area	Cumulative To Date				Forecast Outturn		
	Budget £000	Actual £000	Variance £000		Budget £000	Actual £000	Variance £000
Primary Care - GMS	15,568	15,510	58		20,758	20,723	35
Primary Care - PMS	6,446	6,273	173		8,594	8,371	223
Primary Care - Enhanced Services	833	758	75		1,110	1,028	82
Primary Care - Other GP services	2,269	2,522	(253)		2,988	3,369	(381)
Primary Care - Premises Costs	3,186	3,174	12		4,248	4,177	71
Primary Care - QOF	3,074	3,301	(227)		4,099	4,361	(262)
Sub Total	**31,376**	**31,539**	**(163)**		**41,797**	**42,029**	**(232)**

- The overall year to date position is a £163k over spend.
- The total FOT figure has been revised to just over £42.0m, which reflects a £232k over spend against budget. This is a revised FOT provided by NHS England as anticipated, based upon month 8 figures.
- GMS is based upon current list size and is showing a year to date underspend of £58k.
- The PMS contract includes the impact of Scott Road having now signed up to the contract as calculated by NHS England. Arrears will be paid shortly. The budget for CCG premium reinvestment funding is showing as £168k slippage YTD and £223k FOT, however this has been accrued and forecast within Other Primary Care in the main CCG dashboard. The list size adjustment and Out of Hours deduction are a further £5k under YTD as per the current list size.
- Enhanced Services are underspent due to Unplanned Admissions. The scheme ceased on 31st March 2017, but finalisation of 2016/17 payments is being completed, resulting in an over-accrual of £106k.
- The year to date position on Other GP services is an overspend of £253k, due in the main part to maternity payments which are non-recurrent. There is an overspend of

£93k resulting from new claims and a £102k pressure from prior year, now released into the position. In addition, there are increased seniority payments of £51k (additional payments made to reward experience based upon a GP's number of year's reckonable service).

- Premises Costs are based on current expected costs with assumptions on the rent revaluations due. Business rates are currently overspent by £58k in 2017/18 (assuming that those who have not claimed yet will be over budget by the same proportion as those who have already claimed) and were over accrued by £71k in 2016/17.
- QOF has been accrued based upon 2016/17 points and prevalence at 2017/18 prices with an increase of 0.7% for estimated demographic growth. This has resulted in an adverse variance of £106k YTD. The FOT includes £141k as a result of the finalisation of 2016/17 points and prevalence and £121k which was under accrued in 2016/17.
- Prior year variances have now been released into the position, resulting in a £19k forecast under spend.

Primary Care

It was requested at a previous committee meeting that expenditure on Primary Care within the core CCG budget was included to ensure the Committee has awareness of the wider spend in primary care. Please note that this is for information only.

Primary Care	Cumulative To Date				Forecast Outturn		
	Budget	Actual	Variance		Budget	Actual	Variance
	£000	£000	£000		£000	£000	£000
Primary Care Prescribing	37,872	37,545	327		50,196	49,690	506
Other Prescribing	505	1,090	(586)		673	1,519	(846)
Local Enhanced Services	1,359	1,121	238		1,918	1,950	(31)
Oxygen	197	223	(25)		263	295	(32)
Primary Care IT	751	799	(48)		1,147	1,173	(27)
Out of Hours	2,376	2,382	(6)		3,167	3,199	(31)
Other Primary Care	528	55	473		856	661	195
Sub Total	**43,588**	**43,215**	**373**		**58,220**	**58,487**	**(267)**

The £223k of PMS premium monies is included in the Other Primary Care forecast above.

Recommendation

The Primary Care Commissioning Committee are asked note the financial position of the Primary Care Commissioning budgets as at Month 9.

Item Number: 9

Name of Presenter: Laura Angus

Meeting of the Primary Care Commissioning Committee

24 January 2018

NHS
Vale of York
Clinical Commissioning Group

'No Cheaper Stock Obtainable' (NCSO) Update on Risk to Prescribing Indicative Budgets

Purpose of Report
For Information

Reason for Report

Update on NCSO (no cheaper stock obtainable) situation affecting PIB (prescribing indicative budgets)

Strategic Priority Links

- ☒Primary Care/ Integrated Care
- ☐Urgent Care
- ☐Effective Organisation
- ☐Mental Health/Vulnerable People
- ☐Planned Care/ Cancer
- ☒Prescribing
- ☐Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks

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

Covalent Risk Reference and Covalent Description

Recommendations

For information/update only

Responsible Executive Director and Title	**Report Author and Title**
Dr Kevin Smith Director of Primary Care and Population Health	Laura Angus Lead Pharmacist

Vale of York Clinical Commissioning Group

Primary Care Commissioning Committee

'No Cheaper Stock Obtainable' (NCSO) Update on Risk to Prescribing Indicative Budgets

16.01.2018

Laura Angus – Strategic Lead Pharmacist

Background

Paper presented to CCG Executive Committee on 15th November 2017 regarding risk of no cheaper stock obtainable (NCSO) risk to prescribing indicative budgets (PIB) model and discussed at Primary Care Commissioning Committee (PCCC) on 22nd November 2017.

CCG Exec agreed action plan to leave NCSO in PIB budgets for time being, continue with PIB and wait for further update from NHS England. It was also agreed for CCG to continue to engage with GP alliances, to keep them updated regarding the NCSO situation and to be aware of their thinking for future direction of travel.

Update

- To date all 3 alliances have stated that they would like to continue with PIB if financially possible but that it may require some modifications to the Memorandum of Understanding and the finance model.

- Financial risk of NCSO has reduced but is still significant.

- However, NCSO not having the impact expected on prescribing budget and hence it is being off-set by various prescribing schemes, including prescribing indicative budgets.

- A decision is needed from CCG Executive 17/01/2018 to decide if continue with PIB or cease PIB. Outcome of CCG Exec not known at time of submitting this paper to PCCC.

- If PIB to continue PCCC will be kept updated regarding any proposed changes to the model.

Ends

Item Number: 10

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee

Date of meeting: 24 January 2018

NHS
Vale of York
Clinical Commissioning Group

2018/19 £3/head and PMS Funding: Principles and Process

Purpose of Report
For Approval

Reason for Report

At the December 2017 meeting of the Council of Representatives, principles were proposed by member Practices for the distribution of PMS premium and General Practice Forward View £3 per Head funding streams for the 2018/19 financial year.

At the January 2018 Governing Body meeting, these principles were ratified, and approval was given to release the £3/head funding in accordance with the NHS Operational Planning and Contracting Guidance 2017-2019.

This paper provides the Primary Care Commissioning Committee with:

i) details of the principles in order to ratify their strategic alignment with the broader Primary Care programme
ii) a suggested process for managing the distribution of funding and evaluation of benefits
iii) options for consideration regarding how funding could potentially be weighted to ensure that all localities receive sufficient funding to enable transformational work to succeed

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Covalent Risk Reference and Covalent Description**
☐Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks (not yet on Covalent)

The main risk associated with the £3/head funding is around failing to achieve a break-even position in order to enable the funding to continue forward into 2019/20.

Additionally, clarity is also required on the potential effect of Aligned Incentive Contracts on savings, and in the context of AIC, how Practices will need to work with the CCG and york Teaching Hospital NHS Foundation Trust to demonstrate actual cost reduction from activity changes rather than a tariff based saving.

Recommendations

The Primary Care Commissioning Committee is asked to agree the principles and process set out in this report, and provide a decision on how funding is best apportioned to each locality, based on either the national raw or national weighted list sizes.

Responsible Executive Director and Title	**Report Author and Title**
Dr Kev Smith Director of Primary Care and Population Health	Shaun Macey Head of Transformation and Delivery

Annexes:

Annex 1 - 2018-19 £3 and PMS Outline Project Plan Template
Annex 2 – Vale of York GP £3 and PMS Raw vs Weighted

Primary Care Commissioning Committee: 24 January 2018

2018/19 £3/head and PMS Funding: Principles and Process

1. Background

NHS England undertook a review of Personal Medical Services (PMS) contracts in 2014 and established a programme of work to phase out PMS premium payments to Practices over a 4 year period on the understanding that this funding would be reinvested into General Practice. The PMS premium was originally intended to fund Practices to deliver services over and above core GMS requirements. This 4 year transition period will come to an end in April 2018, with approximately £313,000 of PMS premium coming back to the CCG on a recurrent basis for reinvestment into Practices. In its fully delegated Primary Care Commissioning capacity, the CCG has reviewed and approved the use of this funding on an annual basis through its Primary Care Commissioning Committee.

The General Practice Forward View £3 per Head funding stream was established by NHS England as part of the NHS Operational Planning and Contracting Guidance 2017-2019[1]. This is non-recurrent funding which CCG's are required to provide from within their NHS England allocations for CCG core services. This investment should commence in 2017/18 and can take place over two years as determined by the CCG - £3 in either 2017/18 or 2018/19, or the funding can be split over the two years. The CCG's Council of Representatives has proposed that this funding is made available from the start of the 2018/19 financial year in full. The net amount of this funding across NHS Vale of York CCG Practices with a combined list size of approximately 354,000 patients is £1,062,000.

2. Proposals from the CCG's Council of Representatives

The following proposals apply to 2018/19 PMS premium and £3/head funding streams and were drafted by GP and Practice Manager locality leads on

[1] https://www.england.nhs.uk/wp-content/uploads/2016/09/NHS-operational-planning-guidance-201617-201819.pdf

13 December 2017, and then refined and agreed by the Council of Representatives on 14 December 2017.

At the 14 December 2017 meeting of the Council of Representatives, agreement was reached to:

- Work as localities
- Collaborate across Practices
- Present proposals to Primary Care Commissioning Committee for final sign-off
- Maintain current 3-part split of PMS funding

Due to potential conflicts of interest, it was agreed that the proposal to use national allocation weightings to determine locality funding would be taken to the Primary Care Commissioning Committee for decision alongside other potential options for weighting. Allocations at Practice and locality level for PMS and £3/head funding streams, using raw and weighted list sizes, are detailed in Annexe 2.

At the January 2018 Governing Body meeting, these principles were ratified, and approval was given to release the £3/head funding in accordance with the NHS Operational Planning and Contracting Guidance 2017-2019.

2.1. 2018/19 PMS Premium and £3 per Head

- PMS is recurrent funding and is ring-fenced so not subject to the same constraints/requirements as the £3/head funding. This could be used for services that are over and above core GMS requirements, to support sustainability of General Practice.
- £3/head is non-recurrent, and should be used to fund transformational projects that meet population needs, sustain General Practice and deliver cash savings to ensure longevity of a project and be supported by the CCG on an on-going basis.

2.2. Principles

- The primary principle underpinning any proposals should be to work at scale with the aim of releasing capacity and providing additionality. Therefore proposals should cover a locality, or an identified population health need across a more specific geographical footprint.
- All proposed projects should collaborate across a minimum of 2 Practices.
- PMS will continue to include an element to fund GP time/leadership in localities.
- The funding from any Practices not yet ready to participate in collaborative projects will be made available for other locality proposals (i.e. Practices may give permission for their share of the funding to be used to support the wider locality programme – and are able to decide which locality projects their funding will support).

2.3. Proposed Next Steps

- Individual Practices will be informed of their indicative share of a locality allocation (for both PMS Premium and £3 per Head funding streams)
- The locality will then facilitate the development of proposals for the use of this funding and Practices will then agree which locality proposals their indicative funding will support (projects should be population centred – can start small to test, but ultimately the aim should be to benefit all patients in a locality, or specific geographical footprint)
- Localities will peer-review projects and submit a locality proposal that may consist of more than 1 project

3. Process

- Practices will be notified of their 2018/19 PMS Premium and £3 per Head allocations by 31 January 2018
- Locality project plan templates should be finalised (please see Annexe 1 for the application template), peer-reviewed within each locality, and submitted to **s.macey@nhs.net** no later than 30 March 2018 for approval by the CCG's Primary Care Commissioning Committee. (Committee meeting dates where proposals can be reviewed are 27 March, and then every two months)
- Once approved by the Primary Care Commissioning Committee, funding may be drawn down against proposals as per the profiles in the application template.
- Project progress should be peer-reviewed by localities on an on-going basis, with the Primary Care Commissioning Committee being kept appraised of any significant developments or risks.
- The CCG's finance team will maintain an income and expenditure account for each Practice, locality and individual project spend for PMS and £3/head.
- Localities will be invited to present progress reports to the Primary Care Commissioning Committee at the end of Q2, and will be required to submit a formal report for each project detailing outcomes, return on investment, learning and future plans during Q4.

Annex 1 - 2018-19 £3 and PMS Outline Project Plan Template

2018-19 £3/head and PMS Premium

Outline Project Plan

1. Locality	Locality submitting this proposal (North, South, Central)?
2. Project/Scheme Name	Project Title:
3. Practice/Group Details	Please list all Practices that are included under this plan, and their individual list sizes. Please list each on a separate line(e.g. Millfield Surgery, 7303): In order to simplify invoicing, please provide the name of the lead Practice that invoices will be submitted through:
4. Funding Requested	For all participating Practices, please list on separate lines their contributing £3/head and any PMS Premium 'part 3' funding that has been agreed to support this locality project (e.g. Posterngate Surgery, £3/h=£5,000, PMS=£1,000): Total £3/head requested = £ Total PMS Premium requested = £
5. Project/Scheme and Proposed Outcomes	Please provide a brief description of how your locality plans to use this funding in accordance with the principles agreed by the CCG's Council of Representatives, and describe the intended outcomes:
6. Scalability	Please explain how the planned project scheme will ultimately benefit the locality or an identified population health need across a more specific geographical footprint:

7. Quarterly Draw Down of Funding Profile	In order to simplify the transfer of funding to Practices funding will be paid quarterly in advance to the lead Practice and reconciled to actual costs incurred against the next quarterly payment by the CCG's finance team. You may invoice for set-up costs during Q1 (with details). You may invoice for ongoing project costs (with details) towards the end of each quarter: Q1 (Setup): PMS = £___, £3/head =£___ Q1 (Apr-Jun): PMS = £___, £3/head =£___ Q2 (Jul-Sep): PMS = £___, £3/head =£___ Q3 (Oct-Dec): PMS = £___, £3/head =£___ Q4 (Jan-Mar): PMS = £___, £3/head =£___
8. Return on Investment	What is the planned return on investment for this scheme? Please provide an indication of the planned savings in terms of activity and /or actual cost reductions, together with any timescales:
9. Sign Off	Approval on behalf of locality – this proposal has been peer-reviewed by the locality, and participating Practice agree to provide updates on progress and an end-of-year report to the CCG's Primary Care Commissioning Committee: *name* *e-mail address*

2018/19 PMS Premium and £3 per Head

- PMS is recurrent funding and is ring-fenced so not subject to the same constraints/requirements as the £3/head funding. This could be used for services that are over and above core GMS requirements, to support sustainability of General Practice.

- £3/head is non-recurrent, and should be used to fund transformational projects that meet population needs, sustain General Practice and deliver cash savings to ensure longevity of a project and be supported by the CCG on an on-going basis.

Principles

- The primary principle underpinning any proposals should be to work at scale with the aim of releasing capacity and providing additionality. Therefore proposals should cover a locality, or an identified population health need across a more specific geographical footprint.

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- PMS will continue to include an element to fund GP time/leadership in localities.

- The funding from any Practices not yet ready to participate in collaborative projects will be made available for locality proposals (i.e. Practices may give permission for their share of the funding to be used to support the wider locality programme – and are able to decide which locality projects their funding will support).

Vale of York CCG Practice List
S. Macey
Last Updated 16/01/2018
List Size Data Oct 2017 see Weighted Oct 17 Tab

Total Raw Pop 353,811
Total Wtd Pop 343,126
PMS Premium £ 313,000.00
£3 per Head £ 3.00

Practices by Locality Groupings					Raw List Size Calculations						Weighted List Size Calculations					
Practice Code	**Postcode**	**Practice Name**	**Alliance**	**Locality**	**Raw List Size**	**% Raw List**	**Locality Raw**	**Locality Raw %**	**£3/head Raw**	**PMS Raw**	**Wtd List Size**	**% Wtd List**	**Locality Wtd**	**Locality Wtd %**	**£3/head Wtd**	**PMS Wtd**
B82071	YO23 3UA	Old School Medical Practice	CAVA	Central	7,352	2.08%			£ 22,056.00	£ 6,503.97	7,095	2.07%			£ 21,283.83	£ 6,471.71
B82081	YO41 4DY	Elvington Medical Practice	CAVA	Central	7,140	2.02%			£ 21,420.00	£ 6,316.42	7,246	2.11%			£ 21,737.64	£ 6,609.70
B82083	YO24 4HD	York Medical Group	CAVA	Central	43,753	12.37%			£ 131,259.00	£ 38,706.23	39,496	11.51%			£ 118,489.38	£ 36,028.72
B82100	YO24 3BZ	Front Street Surgery	CAVA	Central	8,081	2.28%			£ 24,243.00	£ 7,148.88	7,777	2.27%			£ 23,332.41	£ 7,094.62
B82005	YO31 7SX	Priory Medical Group	Nimbus	Central	57,090	16.14%			£ 171,270.00	£ 50,504.85	51,949	15.14%			£ 155,846.58	£ 47,387.81
B82026	YO32 2LL	Haxby Group Practice (inc Gale Farm)	Nimbus	Central	32,720	9.25%			£ 98,160.00	£ 28,945.85	34,124	9.95%			£ 102,372.57	£ 31,128.12
B82047	YO10 4DU	Unity Health	Nimbus	Central	21,063	5.95%			£ 63,189.00	£ 18,633.45	14,317	4.17%			£ 42,952.35	£ 13,060.39
B82080	YO32 5UA	MyHealth	Nimbus	Central	19,125	5.41%			£ 57,375.00	£ 16,918.99	19,383	5.65%			£ 58,150.02	£ 17,681.50
B81036	YO42 2DL	Pocklington Group Practice	none	Central	16,057	4.54%			£ 48,171.00	£ 14,204.87	16,135	4.70%			£ 48,404.97	£ 14,718.36
B82021	YO24 4DB	Dalton Terrace Surgery	none	Central	8,034	2.27%			£ 24,102.00	£ 7,107.30	8,010	2.33%			£ 24,029.37	£ 7,306.54
B82098	YO1 7NP	Jorvik Gillygate Medical Practice	none	Central	19,674	5.56%			£ 59,022.00	£ 17,404.67	18,093	5.27%			£ 54,280.32	£ 16,504.86
B82103	YO31 7YD	East Parade Medical Practice	none	Central	2,113	0.60%			£ 6,339.00	£ 1,869.27	2,175	0.63%			£ 6,525.54	£ 1,984.20
						Totals:	**242,202**	**68.46%**	**£ 726,606.00**	**£ 214,264.75**		**Totals:**	**225,802**	**65.81%**	**£ 677,404.98**	**£ 205,976.53**
B82002	YO61 3JR	Millfield Surgery	CAVA	North	7,329	2.07%			£ 21,987.00	£ 6,483.62	7,923	2.31%			£ 23,769.78	£ 7,227.61
B82064	YO61 1QW	Tollerton Surgery	CAVA	North	3,304	0.93%			£ 9,912.00	£ 2,922.89	3,233	0.94%			£ 9,698.28	£ 2,948.93
B82079	YO61 1LL	Stillington Surgery	CAVA	North	3,293	0.93%			£ 9,879.00	£ 2,913.16	3,777	1.10%			£ 11,331.66	£ 3,445.58
B82033	YO18 8BL	Pickering Medical Practice	CAVA	North	10,550	2.98%			£ 31,650.00	£ 9,333.09	11,662	3.40%			£ 34,985.22	£ 10,637.85
B82068	YO62 5HD	Helmsley Medical Centre	CAVA	North	3,287	0.93%			£ 9,861.00	£ 2,907.85	3,863	1.13%			£ 11,587.68	£ 3,523.43
B82619	YO60 6PS	Terrington Surgery	CAVA	North	1,186	0.34%			£ 3,558.00	£ 1,049.20	1,383	0.40%			£ 4,149.45	£ 1,261.71
B82077	YO62 6AR	The Kirkbymoorside Surgery	none	North	5,923	1.67%			£ 17,769.00	£ 5,239.80	6,498	1.89%			£ 19,495.08	£ 5,927.81
						Totals:	**34,872**	**9.86%**	**£ 104,616.00**	**£ 30,849.62**		**Totals:**	**38,339**	**11.17%**	**£ 115,017.15**	**£ 34,972.92**
B82041	YO8 9AJ	Beech Tree Surgery	SHIELD	South	15,863	4.48%			£ 47,589.00	£ 14,033.25	17,056	4.97%			£ 51,168.15	£ 15,558.55
B82074	YO8 4QH	Posterngate Surgery	SHIELD	South	16,774	4.74%			£ 50,322.00	£ 14,839.17	17,603	5.13%			£ 52,807.80	£ 16,057.11
B82097	YO8 4BL	Scott Road Medical Centre	SHIELD	South	10,694	3.02%			£ 32,082.00	£ 9,460.48	10,013	2.92%			£ 30,037.56	£ 9,133.43
B82018	YO19 6LE	Escrick Surgery	none	South	5,936	1.68%			£ 17,808.00	£ 5,251.30	6,371	1.86%			£ 19,112.13	£ 5,811.37
B82031	LS25 6ED	Sherburn Group Practice	SHIELD	South	9,278	2.62%			£ 27,834.00	£ 8,207.81	9,194	2.68%			£ 27,580.74	£ 8,386.39
B82073	LS25 5AA	South Milford Surgery	SHIELD	South	9,673	2.73%			£ 29,019.00	£ 8,557.25	9,959	2.90%			£ 29,878.47	£ 9,085.06
B82105	LS24 8HD	Tadcaster Medical Centre	SHIELD	South	8,519	2.41%			£ 25,557.00	£ 7,536.36	8,790	2.56%			£ 26,371.26	£ 8,018.63
						Totals:	**76737**	**21.69%**	**£ 230,211.00**	**£ 67,885.63**		**Totals:**	**78985.37**	**23.02%**	**£ 236,956.11**	**£ 72,050.54**
					353,811	*100.00%*	*353,811*	*100.00%*	*£ 1,061,433.00*	*£ 313,000.00*	*343,126*	*100.00%*	*343,126*	*100.00%*	*£ 1,029,378.24*	*£ 313,000.00*

PRACTICE NAME	QUARTER	PCO CODE	CCG CODE	CCG NAME	AT CODE	AREA TEAM	RAW PRACTICE LIST SIZE	NORMALISED WEIGHTED LIST SIZE	
POCKLINGTON GROUP PRACTICE	01/10/2017	5NW	03Q	NHS Vale O	Q72	NHS Englar	16,057	16,135.0	
MILLFIELD SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	7,329	7,923.3	
PRIORY MEDICAL GROUP	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	57,090	51,948.9	PMS
ESCRICK SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	5,936	6,370.7	
DALTON TERRACE SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	8,034	8,009.8	
Haxby Group Practice (inc Gale Farm)	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	32,720	34,124.2	
SHERBURN GROUP PRACTICE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	9,278	9,193.6	PMS
PICKERING MEDICAL PRACTICE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	10,550	11,661.7	
BEECH TREE SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	15,863	17,056.1	
UNITY HEALTH	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	21,063	14,317.5	
Tollerton Surgery	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	3,304	3,232.8	
Helmsley Medical Centre	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	3,287	3,862.6	
OLD SCHOOL MEDICAL PRACTICE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	7,352	7,094.6	
SOUTH MILFORD SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	9,673	9,959.5	
POSTERNGATE SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	16,774	17,602.6	PMS
THE KIRKBYMOORSIDE SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	5,923	6,498.4	
Stillington Surgery	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	3,293	3,777.2	
MyHealth	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	19,125	19,383.3	
ELVINGTON MEDICAL PRACTICE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	7,140	7,245.9	
YORK MEDICAL GROUP	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	43,753	39,496.5	
SCOTT ROAD MEDICAL CENTRE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	10,694	10,012.5	PMS
Jorvik Gillygate Medical Practice	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	19,674	18,093.4	
FRONT STREET SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	8,081	7,777.5	
EAST PARADE MEDICAL PRACTICE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	2,113	2,175.2	
TADCASTER MEDICAL CENTRE	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	8,519	8,790.4	PMS
TERRINGTON SURGERY	01/10/2017	5NV	03Q	NHS Vale O	Q72	NHS Englar	1,186	1,383.2	
							353,811	343,126.1	
						GMS	251,456	245,578	
						PMS	102,355	97,548	

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Item Number: 12

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

24 January 2018

NHS
Vale of York
Clinical Commissioning Group

Rent Reimbursements

Purpose of Report
For Decision

Reason for Report

To agree to the changes in practice rental reimbursements for My Health Group and South Milford Surgery.

Strategic Priority Links

- ☒Primary Care/ Integrated Care
- ☐Urgent Care
- ☐Effective Organisation
- ☐Mental Health/Vulnerable People
- ☐Planned Care/ Cancer
- ☐Prescribing
- ☒Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks

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

Covalent Risk Reference and Covalent Description

Recommendations

My Health Group, 46 Viking Road, Stamford Bridge, York, YO41 1AF
The Committee is asked to agree to the increase in notional rent.

South Milford Surgery, 14 High Street, South Milford, Leeds, LS25 5AA
The Committee is asked to agree to the increase in notional rent and note the abatement period.

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	David Iley Primary Care Assistant Contracts Manager NHS England – North

Vale of York CC – Rental Reimbursements

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

12 January 2018

1. **My Health Group, 46 Viking Road, Stamford Bridge, York, YO41 1AF**
Following a routine review the District Valuer (DV) determined the Current Market Rental (CMR) value for the above property on 1st July 2017. The existing valuation is £55,800 per annum; the site has been valued at £56,800 per annum from 1st July 2017. The property is owned by the Practice.

The Committee is asked to agree to the increase in notional rent

2. **South Milford Surgery, 14 High Street, South Milford, Leeds, LS25 5AA**
Following a routine review the DV determined the CMR value for the above property on 1st March 2017. The existing valuation is £51,750 per annum; the site has been valued at £52,900 per annum from 1st March 2017. The Practice received £36,000 Section 106 funding to undertake an internal redesign on 1st June 2016. Therefore the abated CMR is £51,800 until 1st June 2021 at which point it will change to £52,900. The property is owned by the Practice.

The Committee is asked to agree to the increase in notional rent and note the abatement period.

Item Number: 13

Name of Presenter: Heather Marsh

Meeting of the Primary Care Commissioning Committee

24 January 2018

NHS
Vale of York
Clinical Commissioning Group

Primary Care Update

Purpose of Report
For Information

Reason for Report

Summary from NHS England North of standard items (including contracts, planning, finance and transformation) that fall under the delegated commissioning agenda.

Strategic Priority Links

- ☒Primary Care/ Integrated Care
- ☐Urgent Care
- ☐Effective Organisation
- ☐Mental Health/Vulnerable People
- ☐Planned Care/ Cancer
- ☐Prescribing
- ☐Financial Sustainability

Local Authority Area

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

Impacts/ Key Risks

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

Covalent Risk Reference and Covalent Description

Recommendations

N/A

Responsible Executive Director and Title	**Report Author and Title**
Phil Mettam Accountable Officer	David Iley Primary Care Assistant Contracts Manager NHS England – North

Vale of York
Delegated Commissioning
NHSE Update
January 2018

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS ENGLAND – North (Yorkshire and The Humber)

2

12 January 2018

1. Contractual Issues

1.1 NHS England's revised Policy and Guidance Manual for Primary Medical Services

https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

The revised policy and guidance manual has been updated to reflect the changing landscape in primary care co-commissioning.

As part of the co-commissioning strategy, as at 1 April 2017, 176 Clinical Commissioning Groups (CCGs) have responsibility for commissioning and contract monitoring GP services in their locality, with NHS England maintaining overall accountability. Local Offices of NHS England retain responsibility for commissioning and monitoring the performance of GP services for the remaining CCGs.

Recognising the need to strengthen guidance for CCG commissioners, NHS England reviewed its Policy Book and the feedback received since its first publication and has made additions and amendments.

A review of changes and additions made can be found on page 12 of the attached document and briefly comprise;

- Excellent Commissioning/Partnership Working
- General Contract Management
- When Things Go Wrong

2. GP Forward View (GPFV)

The CCG continues to be actively involved with the NHSE GPFV transformation programme. As previously agreed with the committee we will provide regular updates against all of the elements of the programme on a monthly basis.

The details of the programme are contained in appendix 1.

3. Other

3.1 Pharmaceutical Needs Assessment (PNA)

Health and Wellbeing Boards (HWB) have a statutory duty to produce a PNA every three years and the Board is required to carry out a 60 day formal consultation on the draft document with a range of stakeholders including neighbouring HWBs, local Trusts and providers of pharmacy services. The CCG Primary Care and prescribing leads have reviewed the draft PNAs and fed back into the consultation.

- The North Yorkshire HWB has produced a draft PNA for 2018-21 which describes what pharmacy services are currently available in North Yorkshire and what services might be needed in the future.

  The draft PNA can be accessed at www.nypartnerships.org.uk/pna. The consultation closes at midnight on 11th February 2018, and hard copies are available on request via PNA@northyorks.gov.uk . Feedback will be collated and the final document will be published by the end of March 2018.

- The York HWB produced a draft PNA for 2018-21 which describes what pharmacy services are currently available in the city of York and what services might be needed in the future.

  The 60 day consultation period closed on 5th January 2018. A final draft will be discussed by the HWB in March 2018. Subject to approval, the completed PNA will then be published at www.healthyork.org.

3.2 National Association of Primary Care (NAPC) Diploma in Advanced Primary Care Management

The NAPC are offering a one year diploma to develop the skills and competencies for managing primary care at scale within the NHS. The Diploma is aimed at Practice or Business Managers.

The cost of the diploma course is £3,360 1/3 of which (£1,120) is required to be funded by the individual or Practice and 2/3 by the NHS (either NHSE or the CCG). If NHSE are unable to provide funding the CCG may consider using Practice Management Development monies.

The diploma is being offered as development of at scale working between and across primary care, the establishment of primary care homes within an accountable care system and will be of benefit to the NHS, the local care system, patients and primary care. The diploma supports practice managers

to acquire the knowledge, skills and qualifications to become leaders within a transformed model of primary care provision.

The CCG have contacted Practices about the programme and will then review funding routes depending on the number of expressions of interest received. At the time of the report two expressions of interest had been received.

The Committee are asked to note the NHSE update

						Progress		
GPFV	**High Impact Action (HIA)**	**Summary**	**Year**	**Funding**	**Deadline**	**North Locality**	**Central Locality**	**South Locality**
Improving Access in General Practice	5 Productive Workflows	Plan delivery of extended access as per the requirements in the 2017-19 Planning Guidance - access to General Practice services in evenings to 8pm, plus some weekend provision. Agree plan for NHSE (needed to attract funding) - with CCG sign off. Reinforce links into locality programmes - and the wider agenda around the development of Urgent Treatment Centres. Planning guidance states procurement required.	2018/19	£3.34 per head	Mar-19	Discussions underway around a possible joint approach with Scarborough Ryedale CCG for North Locality. Becky Case supporting Practices.	Further information sent to Practices after NHSE Webex sessions. Initial discussions suggest that not all Practices wish to participate, so working on a solution where Practices can collabotate to cover each others patients. Shaun Macey supporting Practices.	Established a project team with a wide representation of the practices to take forward their proposals for extended access. Aim to provide a hub and spoke solution based around Selby Hospital plus some provision rotated around non-Selby Practices. Heather Marsh supporting Practices.
	7 Partnership Working		2019/20	£6.00 per head	Mar-20	All 3 localities - Improving Access Patient Survey went live in Jan 2018		
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. This innovation frees up GP time, releasing about 5 per cent of demand for GP consultations in most Practices.	2016/17		Mar-19	Have written out to alliance groupings to request feedback on 2016/17 spend - and to ask for plans on a page for 2017/18 funding. Response received from CAVA and Shield Awaiting response from other Nimbus and non-aligned. Chased Jan 2018 for responses		
	4 Develop The Team		2017/18	£ 61,000				
	6 Personal Productivity		2018/19	£ 61,000				
Clinical Pharmacists	4 Develop The Team	NHS England is inviting GP practices and other providers of general practice medical services to apply for funding to help recruit, train and develop more clinical pharmacists. Clinical pharmacists work as part of the general practice team to resolve day-to-day medicine issues and consult with and treat patients directly. This includes providing extra help to manage long-term conditions, advice for those on multiple medications and better access to health checks. The role is pivotal to improving the quality of care and ensuring patient safety.	2017/2018	£ -	Mar-20	A number of Practices have withdrawn their interest since the original application was submitted. Communication has been ongoing with NHSE, regarding a recalculated bid (1 SCP, 4 CP) Original Bid (1 SCP, 6 CP) and the process the CCG has to go through, this has now been defined. The CCG has met with the Practices to agree revised groupings, recruitment process and payment. Sign off Enhanced Service document and templates have been completed. Funding to be over 3 years 1st - 60%, 2nd 40%, 3rd 20% funding towards the Clinical Pharmacists Revised recruitment timeline has been submitted to NHSE. Priory Medical Group will be employing 1 x SCP (already in post) and 1 x CP (starting 5th Feb), York Medical Group 1 x CP (expected to start in March 2018), Jorvik 1 x CP (starting 1st Feb) and Posterngate Surgery 1 x CP (unable to recruit initially but are considering going back out to dvert due to the feedback from other Practices suggesting they interviewed a number of strong candidates).		
ETTF	5 Productive Workflows	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.	2017-2019	£ -	Mar-19	Sherburn and South Milford - Potential new build, 3PD project revenue neutral. PID to be developed. Beech Tree Surgery, Carlton branch - Improvement Grant - scheme cost approx £350k - PID being developed. Priory Medical Group Burnholme Health & Wellbeing Campus - Potential New Build - £10k feasibility study being undertaken by NHSE to look at local options Easingwold Health and Wellbeing Hub - New Build - Developing options paper for locality in partnership with York Foundation Trust. May not progress through ETTF. CCG would need to identify revenue if to progress.		
Resillience Funding	5 Productive Workflows	Funding to support Practices to develop resilience in the following areas: Support for Practices having difficulties with recruitment Support for support Practice mergers Support for organisational development Support for the costs of a prescribing course for Practice nurses Support for an ANP to undertake a review / implement changes within the Practice that support the longer term plan / resilience of the Practice Organisational Development via a recognised programme following a CQC review that identifies improvements that need to be made	2016/17	£ 29,000		Slippage to be utilised in addressing 2017/18 unsuccessful bids.		
	10 Develop of QI Expertise		2017/18	£ 31,750	Mar-18	Manage delivery of the 5 successful VoY schemes for Selby urgent access, Sherburn/SMilford collaborative working towards potential merger, support for the increase in insurance premium for Tadcaster surgery following the floods, organisational development work at Front Street Surgery to suport the Practice post merger and support for a leadsership course at Pickering Medical Practice. Additional resilience funding has been made available by NHS England and a review of bids will be considered on 22nd Jan 2018.		
Patient Online	2 New Consultation Types	Work on uptake across Practices to meet national contractual targets. Most VoY Practices are achieving the targets, but there are a couple of outliers @ under 10% and 8 practices under 20%. 20% to be achieved by March 2018		£ -		Communication with the practices offering support, to achieve 20% target. Next step is to pull together Working Group with the 8 outlier practices and engage with Patient Online representative to understand the barriers and work through solutions.		

Time For Care	4 Develop The Team 5 Productive Workflows	The programme focusses on spreading best practice, implementation support, and building improvement capability for the future. Support training and development opportunities are available for practice managers, reception and clerical staff, GPs and managers throughout the programme.		£ -	2020	Working groups to be formed with NHSE Time For Care Programme and Practices to drive forward two of the GPFV Ten High Impact Actions. The CCG will concentrate on Reception and Back Office training, including signposting, clinical coding and Care Navigation, to attempt to engage with Practices.
Wi-Fi Public Access	9 Support Selfcare	Patient access to Wifi from Practices https://digital.nhs.uk/nhs-wi-fi Funded by us and delivered by NHS Digital, NHS Wi-Fi is a response to patient feedback asking for free Wi-Fi services to be introduced in NHS locations. It provides an efficient, reliable and secure platform that enables GPs to offer and utilise the latest digital health and care services.	2017/18	£ 169,000	Mar-18	Working with Embed to ensure delivery is both on time and communicated with practices. Clarified number of practces/branches, contact and property details relayed back to Embed. Communication sent to practices. Working towards a March 2018 completion date
Online Consultation	2 New Consultation Types	Funding from NHSE allocated from 2017/18 to CCG's on a weighted capitation basis, once a plan for delivery by the CCG has been signed off by NHSE. With rapid development of a number of online consultation systems for patients to connect with their general practice. Using a mobile app or online portal, patients can tell the practice about their query or problem, and receive a reply, call back or other kind of appointment. They can also access information about symptoms and treatment, supporting greater use of self care.	2017/18	£ 88,962	Mar-20	Practices emailed with information relating to online consultation, access to Webinars and funding. Voting Buttons used to assess initial interest within practices with a positive response rate. A framework is expected to be available in January 2018 from which providers can be called off. Indicative licence costs per patient are between 30p and 90p. The CCG have submitted a PID to NHS England to draw down the allocation for 17/18 which includes licence costs and project management fees.
	9 Support Selfcare		2018/19	£ 118,616		
	3 Reduce DNA's		2019/20	£ 59,308		
Practice Management	4 Develop The Team	Practice Management Development monies to upskill workforce	2016/17	£ 7,800	Mar-20	Full programme content finalised - running through Oct/Nov 2017. Includes: Leadership Workshops Employment Law Update Internal Appraisal Training Effective Meetings, Strategic Planning, Time Management
			2017/18	£ 8,846		Commission the LMC to deliver a training programme around effective Practice Management and GDPR or fund NAPC diploma places for Practice Managers.
Edenbridge Workforce Tool	5 Productive Workflows 10 Develop QI Expertise	Opportunity to become part of an early access programme to Edenbridge Apex - Business Intelligence tool that plugs into the Clinical System to enable Practices to better understand capacity and demand, and extract/report a range of operational/workforce/clinical data. Currently EMIS only - but SystmOne functionality in the pipeline.	2017/2018	£ -	Jan-18	There are 13 EMIS Practices within the Vale of York, 10 have shown interest in this opportunity to utilise the tool to assist with planning, match resources to demand and process alignment. To date the tool has been installed in 9 Practices (Pickering, Pocklington, My Health, Sherburn, Tollerton, Stillington, Dalton Terrace, Milfield, Unity)