

PRIMARY CARE COMMISSIONING COMMITTEE

28 May 2020, 1.30pm to 3.00pm

By Microsoft Teams due to Coronavirus COVID-19

AGENDA

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3-10	Minutes of the meeting held on 19 March 2020	To Approve	Julie Hastings Committee Chair
4.	Verbal	Matters Arising		All
5.	Pages 11-16	Primary Care Commissioning Financial Report Month 12	To Receive	Simon Bell Chief Finance Officer
6.	Pages 17-25	Primary Care Networks Update	To Receive	Fiona Bell-Morrith, Lead Officer Primary Care Vale Gary Young, Lead Officer Primary Care City
7.	Pages 26-29	Primary Care Network Changes to Nimbuscare PCN	To Ratify	Stephanie Porter Assistant Director of Primary Care
8.	Pages 30-34	Primary Care IT – COVID Response in Primary Care	To Receive	Stephanie Porter Assistant Director of Primary Care
9.	Verbal	GP Opening Bank Holidays	To Note	Stephanie Porter Assistant Director of Primary Care
10.	Verbal	Coronavirus COVID-19 Update	To Note	Dr Andrew Lee Executive Director of Director of Primary Care and Population Health
11.	Verbal	Primary Care Intravenous Pilot	To Note	Dr Andrew Lee Executive Director of Primary Care and Population Health

12.	Pages 35-41	NHS England Primary Care Update	For Decision	David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement (North East and Yorkshire)
13.	Verbal	Key Messages to the Governing Body	To Agree	All
14.	Verbal	Next meeting: 1.30pm, 23 July 2020	To Note	All

**Minutes of the Primary Care Commissioning Committee on 19 March 2020
by teleconference due to Coronavirus COVID-19**

Present

Julie Hastings (JH)(Chair)	Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee
Simon Bell (SB)	Chief Finance Officer
David Booker (DB)	Lay Member and Chair of the Finance and Performance Committee
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Andrew Lee (AL) - part	Executive Director of Director of Primary Care and Population Health
Phil Mettam (PM) - part	Accountable Officer

In attendance (Non Voting)

Fiona Bell-Morrith (FB-M) - part	Lead Officer Primary Care
Dr Aaron Brown (AB)	Liaison Officer, YOR Local Medical Committee Vale of York Locality
Shaun Macey (SM)	Head of Transformation and Delivery
Michèle Saidman (MS)	Executive Assistant

Apologies

Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and Remuneration Committee
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Stephanie Porter (SP)	Assistant Director of Primary Care
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Gary Young (GY)	Lead Officer Primary Care

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

No public questions had been received.

Agenda

The quorum of four members was maintained throughout the meeting.

1. Welcome and Introductions

JH thanked everyone for taking part via teleconference in face of the challenges from Coronavirus COVID-19.

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. Additionally, AB clarified in respect of item 12 that he was no longer a partner at York Medical Group therefore did not need to declare an interest.

4. Minutes of the meeting held on 30 January 2020

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 30 January 2020.

5. Matters Arising

PM left the call during this item

PCCC35 Local Enhanced Services Review 2019/20: AL sought and received agreement that the review be deferred until the autumn and that a 1% uplift be applied to Local Enhanced Services.

PCCC45 Primary Care Networks Update: FB-M referred to the summary update of Primary Care Network plans and population health priorities at item 7 which had also been presented at the Governing Body meeting on 5 March 2020. She highlighted the impact from COVID-19 which may affect some of the priorities, emphasised that Primary Care Networks were responding to local need and noted that locality groups comprising system partners were being established.

PCCC47 NHS England Primary Care Update: It was noted that most practices were aware of the GP Retention Scheme and agreed that no proactive approach was required at the present time.

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

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The Committee:

1. Noted the updates.
2. Approved a 1% uplift for Local Enhanced Services for 2020/21.

6. Primary Care Commissioning Financial Report Month 11

SB referred to the report which provided information on the month 11 position for Delegated primary care commissioning, Other primary care, Allocations and QIPP (Quality, Innovation, Productivity and Prevention). He noted the CCG continued to forecast delivery of the £18.8m deficit plan and that no change was expected before the end of the financial year.

The Committee:

Received the Primary Care Commissioning Financial Report as at Month 11.

7. Primary Care Networks Update

This was covered under item 4 above.

8. Primary Care Networks Organisational Development, Year End Accounts

FB-M referred to the report which provided a summary of the 2019/20 expenditure against Primary Care Network organisational development allocations from NHS England and NHS Improvement. She noted that the allocations had been received part way through the year and had been utilised for clinical backfill and service improvement.

PM returned to the call

FB-M explained that the underspend was being clarified with NHS England and NHS Improvement. The new 2020/21 monies would be allocated when assurance had been provided regarding plans for the 2019/20 underspend. AB added that the Local Medical Committee was supportive of the bids and use of resources.

AL sought and received agreement that practices be informed that a high trust, low bureaucracy approach would be used in terms of accounting for expenditure of the organisational development allocation. DI additionally noted that the Primary Care Networks were aware of the associated requirements and confirmed there would be flexibility.

The Committee:

1. Approved the Primary Care Networks' organisational development year end accounts.
2. Agreed that accounting for expenditure of the organisational development allocation would be on the basis of high trust and low bureaucracy.

FB-M left the call

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9. Update on Improving Access to General Practice Services at Evenings and Weekends

SM referred to the report provided in response to request at the January meeting of the Committee. He advised that the CCG currently had four contracts in place for the delivery of Improving Access to General Practice services, the CCG's total registered population was covered through these arrangements and all providers were delivering to contractual requirements. SM particularly commended Nimbuscare Limited as they regularly delivered in excess of their contracted service.

SM explained that from April 2021 Improving Access services would become the responsibility of Primary Care Networks. In the context of risk to service delivery due to Coronavirus COVID-19, including impact on workforce, SM sought and received agreement for allowance to be made in terms of delivering the contracts, noting suggestion had already been made of telephone triage in response to the situation. SM assured members that he continued to monitor delivery of these services and also highlighted that the CCG would need to serve early notice on three of the contracts, scheduled to end on 30 September 2021, to enable Primary Care Networks to deliver the services in accordance with the national requirement.

In response to AB referring to his request at the last meeting for data regarding appointment take up of Improving Access capacity, SM confirmed that the information was available from Nimbuscare Limited. However, in the context of the CCG's current business priority it was agreed that AB would contact Nimbuscare Limited direct.

AL requested that Improving Access appointments be utilised as flexibly as possible to support meeting demand.

The Committee:

1. Received the update on Improving Access to General Practice services at evenings and weekends.
2. Agreed that allowance be made in terms of delivering the Improving Access to General Practice contracts.

10. Coronavirus COVID-19 Update

AL explained that the UK currently had a comparatively low number of Coronavirus COVID-19 cases but a surge was expected in two to three weeks. He noted that to date there were not many cases in North Yorkshire and York.

AL advised that the NHS was working to support capacity and commended practices for their efforts to create appointments through reducing "business as usual". He also highlighted that self isolation was having an impact on practices' workforce.

AL additionally referred to the need to manage public anxiety noting that the CCG had established two groups to support respectively community services and primary care. He also provided clarification about the understanding in respect of children and Coronavirus COVID-19 in the context of the recent announcement about school closures.

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The Committee:

Noted the update expressing appreciation to AL and all staff for their work in response to the current challenge.

AL left the call

11. Summary of the GP Contract Update, Published February 2020

In referring to the GP Contract Update SM noted that in the context of Coronavirus COVID-19 business continuity and support for practices to continue providing services would be the priority. He advised that General Practice in general welcomed the new contract.

PM left the call during this item

SM highlighted the main changes in the GP Contract:

- 100% reimbursement by NHS England and NHS Improvement of salary and on-costs for all new roles.
- Measures to support GP recruitment and retention.
- The three finalised service specifications for 2020/21 – enhanced care in care homes (to be jointly delivered with community providers); structured medication reviews and medicines optimisation; and early cancer diagnosis – were now broadly supported by practices following amendment of the original versions. Specifications for anticipatory care and personalised care had been delayed until April 2021.
- A new national programme in respect of improving access and data was being developed.
- Changes to funding included Quality and Outcomes Framework in respect of new quality improvement modules focused on improving care of people with a learning disability and supporting early cancer diagnosis. A new Investment and Impact Fund would in 2020/21 cover uptake of learning disability health checks, uptake of seasonal flu jabs, social prescribing referrals and prescribing.

SM noted that further information was awaited from NHS England and NHS Improvement in the context of Coronavirus COVID-19.

AB added that the Local Medical Committee welcomed the summary report.

The Committee:

Received the summary of the GP Contract update published in February 2020.

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

SM explained the costs and rationale for the recommendation to support York Medical Group's request to take advantage of an opportunity to lease additional space at a site

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where they already had a GP practice. In the context of the CCG's Estates Strategy this opportunity to expand an existing site and to bring on line additional capacity at very short notice addressing immediate needs was a rare opportunity. Additionally, expanding additional space, rather than creating new, was also a value for money approach without excessive on-costs.

The Committee:

Approved the request for the reimbursement values associated with a new primary care lease for York Medical Group.

13. Hepatitis B Vaccination for Patients with Chronic Kidney Disease

SB referred to risks following the change of contractual responsibilities for Hepatitis B vaccination for patients with chronic kidney disease. This had been brought to the Committee for discussion with primary care to consider reinstating their provision of vaccine administration with the coordination support of York Teaching Hospital NHS Foundation Trust's Renal Team. AB advised that the Local Medical Committee should be involved and agreed to work directly with Paula Middlebrook, Deputy Chief Nurse, to progress this matter.

The Committee:

Requested that AB work directly with the Deputy Chief Nurse to seek an urgent resolution to the risk relating to Hepatitis B vaccination for patients with chronic kidney disease.

14. NHS England Primary Care Update

DI explained the opportunity that had arisen for Beech Tree Surgery, 68 Doncaster Road, Selby, to move into additional space within the building. The practice had identified several uses for this area which could only be used for administrative and back office functions. The additional notional rent per annum would be approximately £6,785.

DI also referred to the Sustainability and Transformation Partnership digital funding initiative advising that practices were being asked to draw down their fair share allocation for the Clinical Decision Support System by the end of the financial year but there was a six month period for delivery of the Digital Check-in Screens and Information Boards.

The Committee:

1. Received the NHS England primary care update.
2. Approved the use of additional space and increase in notional rent for Beech Tree Surgery.

15. Key Messages to the Governing Body

The Committee:

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- Reassured practices that an approach of high trust, low bureaucracy, would be adopted to support them in any way possible during the Coronavirus COVID-19 pandemic.
- Requested an urgent resolution be sought for the provision of Hepatitis B vaccination for patients with chronic kidney disease.
- Expressed appreciation to staff for their exceptional commitment and also to JH for her chairing of the meeting.

The Committee:

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

16. Next meeting

1.30pm, 28 May 2020 at West Offices.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 19 MARCH 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 19 March 2020	Local Enhanced Services Review 2019/20	<ul style="list-style-type: none"> Report on PSA review as part of the LES report to the November meeting Full LES report to March meeting Deferred to autumn 2020 	SP	9 May 2019 11 July 2019 21 November 2019 19 March 2020 24 September or 26 November 2020
PCCC38	11 July 2019 19 September 2019 21 November 2019 30 January 2020 19 March 2020	Estates Capital Investment Proposals – Progress Report	<ul style="list-style-type: none"> SS to facilitate engagement with City of York councillors through Members Briefings 	SS	19 September 2019 21 November 2019 30 January 2020 10 March 2020 28 May 2020
PCCC 49	19 March 2020	Hepatitis B vaccination for patients with chronic kidney disease	<ul style="list-style-type: none"> AB to work with Paula Middlebrook, Deputy Chief Nurse, to seek an urgent resolution 	AB	

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Item Number: 5	
Name of Presenter: Simon Bell	
Meeting of the Primary Care Commissioning Committee Date of meeting: 28 May 2020	 Vale of York Clinical Commissioning Group
Primary Care Commissioning Financial Report Month 12	
Purpose of Report To Receive	
Reason for Report	
To update the Committee on the financial performance of Primary Care Commissioning for 2019/20.	
Strategic Priority Links	
<input checked="" type="checkbox"/> Strengthening Primary Care <input type="checkbox"/> Transformed MH/LD/ Complex Care <input 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 type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area	
<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	
Impacts/ Key Risks	Risk Rating
<input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	
Emerging Risks	

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 for 2019/20.

Decision Requested (for Decision Log)

The Committee is asked to note the report.

Responsible Executive Director and Title

Simon Bell, Chief Finance Officer

Report Author and Title

Caroline Goldsmith, Deputy Head of Finance

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

Report produced: May 2020

Financial Period: April 2019 to March 2020

Introduction

This report details the outturn financial position of the CCG's Primary Care Commissioning areas for 2019/20.

Delegated Commissioning Financial Position – Month 12

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

Delegated Primary Care Area	2019/20 Year-end Position		
	Budget	Actual	Variance
	£000	£000	£000
Primary Care - GMS	22,003	21,854	149
Primary Care - PMS	8,966	8,905	62
Primary Care - Enhanced Services	1,106	1,117	(10)
Primary Care - Other GP services	4,387	4,145	242
Primary Care - Premises Costs	4,436	4,393	43
Primary Care - QOF	4,367	4,432	(65)
Sub Total	45,265	44,844	421

- 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 **year-end outturn** is £44.8m which is an underspend of £421k against budget.
- **GMS** is based upon the current contract and list sizes to date and is showing an 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 are underspent by £62k due primarily to list size adjustments which were less than budgeted for.
- 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	2019/20 Year End Position		
	Budget	Actual	Variance
	£000	£000	£000
Extended Access	559	553	6
Learning Disability	83	106	(23)
Minor Surgery	443	435	8
Violent Patients	22	22	0
Sub Total	1,106	1,117	(10)

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

Other GP Services	2019-20 Year End Position		
	Budget	Actual	Variance
	£000	£000	£000
Dispensing/Prescribing Doctors	2,201	1,903	298
PCO Administrator	1,060	1,221	(161)
GP Framework:			
<i>Network Participation</i>	616	616	0
<i>Clinical Director</i>	184	184	0
<i>Additional Roles</i>	432	192	239
Needle, Syringes & Occupational Health	19	29	(10)
Reserves	(124)	0	(124)
Sub Total	4,387	4,145	242

Dispensing Doctors are paid two months in arrears and has an outturn underspend of £298k due to a tariff reduction from October of 19.5%.

PCO Administrator is overspent by £161k. This includes an overspend on maternity claims of £328k due to a number of late maternity claims which is offset by an underspend on sickness claims of £50k and £104k on seniority.

There is a £239k underspend on **Additional Roles**. This is due to slippage in PCNs recruiting to the clinical pharmacist and social prescriber roles. A breakdown of the underspend by PCN is shown on the table below.

PCN	Budget £000	Actual £000	Variance £000
York City Centre PCN	54	48	6
YMG PCN	54	27	26
Nimbuscare PCN	162	47	115
South Hambleton & Ryedale PCN	54	16	38
Selby Town PCN	54	25	29
Tadcaster & Selby PCN	54	29	25
	432	192	239

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

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

size adjustment duplication and £30k balance from the GP Framework which reduced the required adjustment to £124k.

- **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** is overspent by £65k which includes a prior year overspend of £27k. The actual 2019/20 payment will not be confirmed until the end of May/beginning of June but the outturn 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. NHSE has confirmed that the impact of the covid-19 pandemic will not affect the QOF payments to practices.

Other Primary Care

The table below sets out the core primary care financial position as at Month 12.

Primary Care	2019/20 Year End Position		
	Budget	Actual	Variance
	£000	£000	£000
Primary Care Prescribing	47,506	50,533	(3,027)
Other Prescribing	2,180	2,114	66
Local Enhanced Services	2,242	2,048	194
Oxygen	371	377	(6)
Primary Care IT	921	786	135
Out of Hours	3,254	3,331	(76)
Other Primary Care	2,893	3,127	(233)
Sub Total	59,368	62,316	(2,948)

The **Prescribing** position is overspent by £3.0m as at Month 12. This position is based upon 11 months of prescribing data (Month 11 data was available early) and does not include any QIPP. This variance includes £2.0m of slippage on QIPP and a £665k pressure in relation to Category M price increases from August onwards is included.

Other Prescribing is underspent by £66k. This is due to an underspend against the PIB budget of £236k which is offset by and overspend on dressings purchased through North West Ostomy Supplies (£210k).

Local Enhanced Services have been paid up to quarter 3. In line with NHSE guidance on the response to covid-19, the CCG has paid quarter 4 claims based upon quarter 3 activity without the requirement for practices to submit data. The biggest underspend within this category is anti-coagulation which is forecast to underspend by £163k.

The **Primary Care IT** budget is underspent by £135k. This is due in the main part to a budget for HSCN of £60k which is no longer required and slippage on enhanced GPIT infrastructure and resilience.

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

The **Out of Hours** contract with Northern Doctors is overtrading and based upon activity to Month 11 is forecast to overspend by £76k.

Other Primary Care is overspent by £233k. 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 Month 12.

Description	Month	Recurrent / Non-recurrent	Category	Value £000
GPFV – Reception & Clerical – STP Funding	12	Non-recurrent	Core	3
GPFV – Primary Care Networks – STP Funding	12	Non-recurrent	Core	25
Q3 Flash Glucose sensor reimbursement	12	Non-recurrent	Core	70
Flash Glucose monitoring 19/20 Q4	12	Non-recurrent	Core	71
Digital First Primary Care Funding 19/20 transferred to NELCCG	12	Non-recurrent	Core	(102)
COVID-19 incremental costs	12	Non-recurrent	Core	107
Primary Care allocations in Month 12				174

QIPP

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

The prescribing QIPP target was set at £2.0m. Based upon prescribing data to Month 11, there have been no savings made. Whilst some of the PCNs made some savings through the PIB 2 scheme, this was offset by overspends by the other PCNs and so after accounting for gainshare payments, there was no overall savings.

The primary care QIPP target of £700k was achieved as follows:

Description	Category	Value £000
Primary Care QIPP target	Other Primary Care	700
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)
Remaining QIPP target		0

Recommendation

The Primary Care Commissioning Committee is asked note the financial position of the Primary Care Commissioning budgets as at Month 12.

Financial Period: April 2019 to March 2020

PCN Update: May 2020

Andrew Lee, Executive Director of Population Health and Primary Care

Fiona Bell-Morrith, Lead Officer Primary Care Vale

Gary Young, Lead Officer Primary Care City

The first year of PCNs: Achievements across the Vale of York

- Clinical Directors established into their new roles
- PCN board structures in place with regular meetings & structures which are starting to include wider system partners
- Enhancing core practice teams through additional roles such as Link Workers, Clinical Pharmacists with developing workforce plans for wider roles in year 2 – done in partnership with other system providers
- Other primary care clinicians developing partnership roles across practice boundaries to shape service delivery –eg: practice & community nurses developing virtual teams with agreed competencies and operational frameworks; establishment of virtual hubs
- Clinical Directors extending their system leadership skills through formal training (HCV STP Clinical Leadership programme) and attending wider system meetings
- Greater input into clinically led system redesign and transformation through partnership groups (*urgent care; BCF, planned care steering group etc*)
- Good examples of focussing PCN resources to address areas of greatest need and inequalities
- Increasing focus on population health priorities: practices working together with one voice based on the needs of their populations rather than practice focus

Selby and Rural District Place

Our Place:

- 4 General practices in Selby Town and 3 practices across Tadcaster and Rural Selby – total population 79k
- Coterminous with Selby District Council
- Higher number of population in 65+ age group than England Average
- Second highest health inequality in North Yorkshire with wide variation in the years spent in good health
- some of the greatest level of inequalities in Vale of York CCG area
- Two central Selby practices serve the most deprived practice populations in VoY area
- One LSOA area in the Selby West ward is in the 10% most deprived areas in England

Priorities

- Mental health
- Multi-morbidities
- Frailty
- Reducing inequalities and improving access

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
 - Frailty and multimorbidity key issues
 - High levels of obesity in Tadcaster and Rural Selby
- ## **Pilot for Population health**

Challenges

- Life expectancy varies by 9 years between wards
- Fragmented services in an area of high inequalities
- Access to services challenging in rural areas

Vision

Strong, sustainable and successful general practice able to co-ordinate and support the best health and well-being for all people in Selby District. Working with partners to reduce inequalities and improve access to co-ordinated and proactive services.

Priorities for 20/21

- **Selby Town:** Complete population health programme to confirm priorities
- establish Dementia Co-Ordinator post and improve diagnosis and pathways
- Alignment of all care homes to single practice and named GP
- Review of integrated care teams
- Mental health link workers in practice
- **Tadcaster and Rural Selby:** reducing inequalities and improving access
- Improved rates of dementia diagnosis
- Reducing levels of obesity -part of CVD Program

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

South Hambleton and Ryedale Place

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. The locality is mainly rural with a very low overall population density

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
- Alignment of all care homes to single practice and named GP

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.

Priorities

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

York Place

Our Place

- 3 PCNs comprising 5 PCN neighbourhoods covering almost 250,000 registered patients
- Central locality is coterminous 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 - ICS 'exemplar' for place
- Vanguard: fully integrated physical & mental health care

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.

PCN priorities and next steps 2020/21

- Increasingly close working across PCNs to deliver wider transformation and system change
- Exploring other provider models and opportunities for primary care delivery of services– eg: Nimbus Board
- Aim for all transformation workstreams to have clinical leadership at place level (PCN rather than practice voice)
- Optimisation of phase 2 of the Additional Roles reimbursement available: sustainable primary care and enhanced services for populations based on need
- Develop recognised place based boards to support population health improvement with a longer term system plan 1,3,5 years
 - eg: Selby Town partnership group; York Health and Care Collaborative; South Hambleton and Ryedale partnership group

PCNs and Places in York & North Yorkshire

HCV North Yorkshire and York ICP

North Yorkshire

York

Hambleton,
Richmondshire and
Whitby

Harrogate

Scarborough and
Ryedale

Selby & Rural District
Place

York City Place

S. Ham & Ryedale
Place

Richmondshire

Hambleton North

Hambleton South

Whitby

Knarborough & Rural

Heart of Harrogate

Mowbray Square Medical Centre

Ripon & Masham

North Riding Communities Network

Filey and Scarborough Healthier
Communities Network

Scarborough Core PCN

Selby Town

Tadcaster & Selby

York City Centre

York Medical Group

Nimbuscare Ltd

South Hambleton & Ryedale

Challenges for PCNs year 2 and links to the wider system

- Sustaining primary care
- The pressure of delivering the DESs and national service specifications
- Moving to a new way of working based on significant developments post covid-19
- Extending partnerships with providers to deliver integrated health and wellbeing services
- Positioning the PCNs in a wider delivery and transformation landscape
- ICS operational plan 2020/21 describes a [shared ambition for North Yorkshire and York](#)
- Delivery Plans – PCNs, Places and at Scale
 - Priority 1: Helping people to look after themselves and stay well
 - Priority 2: Providing services that are joined-up across all aspects of health and care
 - Priority 3: Improving the care provided in key areas
 - Priority 4: Making the most of our resources

If the ICS focuses on 'patient'; 'place' and 'system':

How do the CCG and primary care respond to this so we:

- Ensure our local places are sustainable alongside North Yorkshire and York agendas and priorities?
- Enable clinically-led change that is broader than practice level?
- Create powerful community partnerships with PCNs, Local Authorities and District Councils – the wider determinants of health?
- Base our priorities on population based evidence of need?
- Create equity of access, outcomes patient experience and service quality for mental and physical health services?
- Develop preventative thinking and practice?
- Co-design and co-production improvements and changes - reshaping services so they are properly joined up and working together based around patient need on a larger scale?

Item Number: 7	
Name of Presenter: Stephanie Porter	
Meeting of the Primary Care Commissioning Committee Date of meeting: 28 May 2020	 Vale of York Clinical Commissioning Group
Report Title - Primary Care Network changes to Nimbuscare PCN	
Purpose of Report <i>(Select from list)</i> To Ratify	
Reason for Report The CCG is required to ratify any changes made to the structure of the PCNs. This report confirms the changes proposed and validated to Nimbuscare PCN. The Committee is requested to ratify these changes.	
Strategic Priority Links <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	
Local Authority Area <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	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks None	

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

The Committee is recommended to ratify these proposals, which the Primary Care team have validated are compliant with the regulations requiring the establishment of Primary Care Networks.

Decision Requested (for Decision Log)

The Committee is asked to ratify the proposed changes to the structure of Nimbuscare PCN, which will see the single PCN reorganise itself into three separate PCN organisations, reflecting the previous neighbourhood structures.

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

Overview

The Committee ratified the creation of 6 Primary Care Networks (PCN) in April 2019. This included the creation of Nimbuscare Ltd, a single PCN of circa 150,000 patients. The structure was headed by Dr Emma Broughton as the Clinical Director, with three neighbourhoods, with clinical leads as detailed below.

PCN Name	Practice ODS code	Practices	PCN size
Nimbuscare Ltd Dr Emma Broughton emmabroughton@nhs.net	B81036	Pocklington Group Practice (Dr Tim Maycock) tim.maycock@nhs.net	149,287
	B82081	Elvington Medical Practice	
	B82080	MyHealth	
	B82026	Haxby Group Practice (Dr Daniel Kimberling) daniel.kimberling@nhs.net	
	B82071	Old School Medical	
	B82100	Front Street Surgery	
	B82005	Priory Medical Group (Dr Emma Olandj) emma.olandj@nhs.net	

Nimbuscare Ltd has now decided that the neighborhoods should be the PCNs and have submitted applications confirming that. The conditions for being a PCN have been met in those three applications in that the CCG has full population coverage and the groupings meet minimum size criteria. There are no financial impacts, the allocation to Nimbuscare Ltd has been divided based on national requirements. Whilst the CCG has received all three applications, the East of Yorkshire PCN is still awaiting a new nominated bank account, but this is expected imminently.

Reasons for the change in PCN structure

Nimbuscare existed as a federated organisation before the creation of PCNs and its structure was used to respond to the requirement of the Network Contract Directed Enhanced Service Scheme (DES), a number of city practices joined to form one of the largest PCNs in the country. Over the last 12 months as PCNs across both the City and Vale have matured, there have been a number of conversations about working at scale and creating a collaborative structure which can be used to respond

to new models of working and in particular, 'city' responses to commissioning requirements.

In order to create a level of equity, the city practices have discussed using the Nimbuscare organisational structure as an umbrella organisation to facilitate this collaborative working. In order for this to work, it was felt that the Nimbuscare PCN should reflect that thinking by disaggregating and forming three PCNs. This allows the Nimbuscare Ltd structure to work for all the PCNs in the city.

Nimbuscare PCN will split into its three neighbourhoods and the finance and workforce has been reallocated on the same basis, this has been agreed internally between the practices. There are no financial implications of that change on the overall budget allocation of the CCG to the new organisation.

All the requirements of the PCN' DES will continue to be met with 100% population coverage.

The New Primary Care Networks

PCN Name	Clinical Director	Practice Code	Practice Name	Population
East of Yorkshire	Dr Tim Maycock	B81036	Pocklington Group Practice	17,052
		B82081	Elvington Medical Practice	7,147
		B82080	My Health	19,431
				43,630
West, Outer and North East York (WoNE York)	Dr Daniel Kimberling	B8207	The Old School Medical Practice	7,416
		B82100	Front Street Surgery	8,102
		B82026	Haxby Group Practice	32,521
				48,039
Priory Medical Group	Dr Emma Olandj	B82005	Priory Medical Group	58,396

In practical terms, the CCG has been engaging with the three neighbourhood leads as clinical directors over the past twelve months, so the creation of separate PCNs will not materially impact on the business of the CCG and clinical director structures; this is largely viewed as a procedural move to bring all the city PCNs into alignment.

The Committee is asked to ratify the proposal to dissolve Nimbuscare Ltd as a PCN and support the creation of the neighbourhood groups as three individual PCNs which originally made up the Nimbuscare Ltd PCN.

Item Number: 8	
Name of Presenter: Stephanie Porter	
Meeting of the Primary Care Commissioning Committee Date of meeting: 28 May 2020	 Vale of York Clinical Commissioning Group
Report Title Primary Care IT – Covid Response in Primary Care	
Purpose of Report <i>(Select from list)</i> For Information	
Reason for Report Significant work and investment has been made in IT hardware and software to support primary care, as well as care home partners to develop the capability to work remotely and at scale during the Covid 19 pandemic. This report summaries key elements which will form the basis of new models of working going forward.	
Strategic Priority Links <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 type="checkbox"/> Financial Sustainability <input type="checkbox"/> Sustainable acute hospital/ single acute contract	
Local Authority Area <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	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks None	

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

This report is for information.

Decision Requested (for Decision Log)

The committee are not required to make a decision.

Responsible Executive Director and Title

Dr Andrew Lee
Executive Director of Primary Care and
Population Health

Report Author and Title

Stephanie Porter
Assistant Director Primary Care

Summary Report of IT Investment into Primary Care during the Covid 19 Response phase

The CCG has been working with both Regional colleagues and our new IT provider NECS to identify and implement a number of IT solutions to support Primary Care providers, as well as Care Home partners to work in different ways. It's worth remembering that the following list of activities commenced only in late March at the same time as we were migrating all out primary care systems to a new IT provider.

Provision of Laptops to Primary Care Networks and Practices in response to Covid-19

A total of 455 laptops have been distributed to Practices via their PCN groupings to enable GP's to work flexibly – supporting social distancing, and enabling staff to work from home if well enough while self-isolating. The main purpose of these laptops is to support Practice business continuity so that patients can still access a comprehensive range of services without having to visit their Practice in person. These laptops allow Practice staff to access their EMIS and SystmOne clinical systems, with full functionality, to undertake telephone consultations, video consultations and administrative work. PCN's have been encouraged to use these laptops as a pooled resource and allocate them to staff who may need to work from home as needed. These laptops can also be made available to PCN staff such as Social Prescribing Link Workers.

Practice Remote Access Solutions

Practices have also been supported with remote access solutions such as LogMeIn and EMIS RAS tokens to enable staff to use their own IT kit at home for remote working to support the Covid-19 response.

Video Consultations and Online Consultations

Practices have been asked by NHSE/I to adopt a 'total triage' model in response to Covid 19, which means that the majority of appointments need to be offered 'remotely' so that patients do not need to visit their Practice and risk exposure to Covid-19 – and this also helps to reduce the risk of infection to Practice staff and the public. All Practices in Vale of York CCG are now able to offer video consultations to patients using accuRx. Clinical staff can set up a video consultation from within their clinical system using 2 mouse-clicks – a text message is automatically sent to the patient who then initiates the consultation by opening a link in the text message. Vale of York CCG is also looking into the use of Attend Anywhere which is another video consultation platform that provides waiting room functionality (i.e. queuing) for patients.

All Practices are also either already using, or planning to make available online consultations. These are systems that are generally accessed from a Practice's web page or via the NHS App which enable patients to access self-care advice, communicate with their Practice re. repeat prescriptions and test results, etc, and initiate an online consultation (electronic two-way conversation) with their Practice.

Video Consultations and NHSmail for Care Homes

Vale of York CCG has provided circa 150 Samsung Tablet devices into care homes to enable video consultations between care home residents and their GP. This work supports the increased focus on helping care homes in the context of Covid-19, enables a more responsive service for patients, and helps with infection prevention and control by reducing the need for face to face consultations. It is hoped that the use of tablet devices with video will be helpful to residents, and will enable GP's to make better informed clinical decisions through being able to see and hear the patient.

Work is also underway to provide NHSmail accounts for all care homes so that they can securely communicate with a patient's Practice.

GP Connect and NHS 111 Direct Booking

In order to reduce pressure on NHS 111, Practices have been asked to reserve appointments that NHS 111 can directly book both routine and Covid-19 related patient contacts into. Clinical staff can then prioritise these appointment bookings and decide how they are best provided to individual patients – i.e. telephone, video, face to face.

GP Connect is a national solution that technically enables NHS 111 direct booking and NHS 111 access to a summary of a patient's GP record, and all Vale of York Practices are now live with this system. Bookings from NHS 111 are starting to flow, pending further clarity on national operational requirements.

Electronic Prescribing Services (EPS)

As part of the Covid-19 response, all Practices have been asked to enable electronic prescribing services – so that patients do not need to pick up paper prescriptions from their Practice. All prescriptions can now be sent electronically to a Pharmacy for dispensing using EPS. Work is underway to on-board those Practices not yet live with EPS (6 in total), and also encourage moving to the updated EPS version 4 for those practices already live with EPS version 2.

EPaCCS - Black Pear (Core End of Life)

This is an Electronic Palliative Care Coordination System (EPaCCS), which supports electronic shared care plans for palliative care patients. This is being rolled out as

part of the Yorkshire & Humber Care Record and is now supporting end of life care plans in the context of Covid-19 care planning.

Yorkshire & Humber Care Record

Currently provides access to cancer care records at Leeds, with plans to bring York Hospital into the shared care record. Practices will be expected to share data for digital services as outlined in the NHS Long Term Plan, like the NHS App and including contributing data to Local Health and Care Record initiatives. Practices will also have the critical role in creating and updating care plans for all appropriate patients, in as near to real-time as possible, to the Summary Care Record and to Local Health and Care Records when they are available. This will enable patients, their carers and professionals involved in their care are able to share and see the same information in order to improve patient care.

Ardens

This is a clinical decision support system which helps to standardise workflow and clinical coding in Practices, and has specific functionality to support a range of long term conditions, and Covid-19 related work.

GP TeamNet

This is a sharing and collaboration platform to enable Practices to work together and share information with partner organisations. Possible use case for shared care plans. All VoY Practices now live.

Item Number: 12	
Name of Presenter: David Iley	
Meeting of the Primary Care Commissioning Committee Date of meeting: 28 May 2020	 Vale of York Clinical Commissioning Group
Report Title – Primary Care Report	
Purpose of Report <i>(Select from list)</i> For Decision	
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 <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	
Local Authority Area <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	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input type="checkbox"/> Equalities	Risk Rating
Emerging Risks	

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 receive the report and to approve the request to extend the lease at Front Street Surgery, Copmanthorpe Shopping Centre.

Decision Requested (for Decision Log)

Report noted and request to extend the lease at Front Street Surgery, Copmanthorpe Shopping Centre approved.

Responsible Executive Director and Title	Report Author and Title
Phil Mettam Accountable officer	David Iley Primary Care Assistant Contracts Manager

Annexes (please list)

- **Appendix 1 – Covid 19 response letter**



Vale of York CCG Delegated Commissioning Primary Care Update May 2020

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

21st May 2020

1. Items for Approval

1.1 **Request from Front Street Surgery to extend their lease at Unit 5, Copmanthorpe Shopping Centre**

The lease for Front Street Surgery at Unit 5 Copmanthorpe Shopping Centre is due to expire on 28th September 2020. Owing to Covid-19 pressures the landlord has proposed to extend the lease for an interim period of one year to 28th September 2021 under the same conditions and the same rental value with a view to negotiating a longer terms lease later in the year.

The Committee are asked to approve the one-year interim lease extension

2. Items for Noting

2.1 **Contractual**

2.1.1 **Network Contract Directed Enhanced Service**

NHS England and NHS Improvement published the PCN specification for 2020/21 on 31st March 2020. A weblink to the document is below

<https://www.england.nhs.uk/wp-content/uploads/2020/03/network-contract-des-specification-pcn-requirements-entitlements-2020-21.pdf>

PCNs are required to return two documents to the CCG as part of the terms of the specification. A first return is due from each PCN by 31st May 2020 confirming whether there are any changes to the PCN membership for 20/21. A second return is due by 31st August 2020 detailing the PCNs recruitment and workforce intentions

2.2 **Estates**

No items

2.3 **GP Forward View / Transformation**

2.3.1 **Digital Primary Care – Additional support for GP Practices**

NHS England and NHS Improvement are offering support to Practice and PCNs to get the best from the digital primary care pathway. The offer is fully funded and will be delivered by a blended team from a collection of organisations who are working with regional teams including Commissioning Support Units, Academic Health Science Networks, Time to Care, NHS Digital, NHSX and subject matter experts in NHS England and Improvement regional and national teams.

The support will be tailored but could be shaped around the following

- **Areas of work:** online consultation (total triage) and associated process redesign, video consultations, Electronic Prescriptions Service, GP Connect supporting overall digital strategy.

- **Progressing to the next stage:** procurement and deployment, beginning to make use, sustaining and optimising your use, working across your PCN.
- **Different skills and expertise:** understanding practice needs, tailoring the approach and supporting practices with the use of digital tools e.g. business process change, workflow re-design. This might cover introducing flexible working in the team, using hub solutions, reducing admin work for GPs and leading the team through change and uncertainty.

Practices and PCNs are being asked to express an interest in the offer by 29th May. Further updates will be provided at the next Committee meeting

2.4 Other

2.4.1 Covid-19

Links below to regular updates provided to primary care and general practice regarding the emerging COVID-19 situation

<https://www.england.nhs.uk/coronavirus/primary-care/>

<https://www.england.nhs.uk/coronavirus/primary-care/general-practice/>

2.4.2 Covid-19 Response. Identifying a named clinical lead for all care homes

As part of the Covid 19 response CCGs were asked to identify a named clinical lead for each CQC registered care home. Further details are included in the attached letter (appendix 1) including the request for CCGs to submit a weekly sit-rep

The Committee is asked to note the updates in the paper

Publications approval reference: 001559

To:
CCG accountable officers

Cc:
Regional directors of primary care
GP practices and primary care networks
CEOs of community health providers

NHS England and NHS Improvement
Skipton House
London Road
London
SE1 6LH

12 May 2020

Dear colleagues

COVID-19 response: Identifying a clinical lead for all care homes

Thank you for all your efforts to implement, at pace, the primary care and community health services support for care homes set out in the [1 May letter from Nikki Kanani, Ed Waller and Matthew Winn](#). The energy and enthusiasm shown by colleagues to ensure that care home residents receive high quality NHS care to support the management of the COVID-19 pandemic has been evident across the country. In particular, thank you to CCG Directors of Nursing for setting up and offering help at short notice to provide 'super-trainers' in infection prevention and control to local authorities via LRFs, and your subsequent delivery of those offers as they are taken up.

As part of this support to care homes, we are writing to remind you that by this Friday 15 May, **it is critical that Clinical Commissioning Groups identify a named clinical lead for each CQC-registered care home in their area**. This clinician will provide clinical leadership for the primary care and community health services support to the care home, and is responsible for the co-ordination of the service provision set out in the 1 May letter to the care home residents. The clinical lead may be drawn from general practice or the community health service provider and may be a job share arrangement.

CCGs must confirm, via the COVID-19 Primary Care 'sitrep', alongside information on the proportion of practices which have put the service in place, that the clinical lead has been identified for each listed care home by the end of the day tomorrow, Wednesday 13 May. In exceptional cases where a care provider has been identified as a CQC-registered care home, but the care provider agrees that it (i) does not perform this function substantively and (ii) should not therefore be allocated a clinical lead, the CCG should contact NHS England and NHS Improvement with this evidence of this agreed position so that we can adjust the return accordingly.

NHS England and NHS Improvement



Regional teams will follow up with CCGs that have not identified a clinical lead for each care home to ensure that arrangements are in place by the end of the week.

The CCG must communicate the name of each identified clinical lead to the relevant care home, and the full list of clinical leads for its area to the Local Resilience Forum.

Further queries

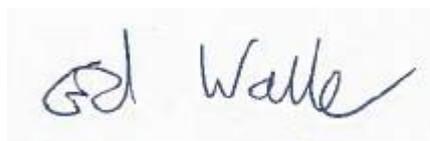
Those seeking further information should contact their NHS England and NHS Improvement Regional Team in the first instance. Contact details are available [here](#).

Thank you again for your responsiveness and renewed commitment to supporting care homes, their staff and their residents, during the COVID incident.

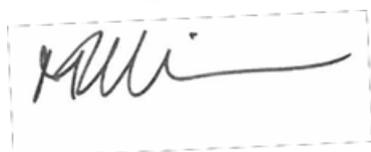
Yours sincerely



Dr Nikki Kanani
Medical Director for Primary Care
NHS England and NHS Improvement



Ed Waller
Director for Primary Care Strategy and NHS Contracts
NHS England and NHS Improvement



Matthew Winn
Director of Community Health
NHS England and NHS Improvement