

**Minutes of the 'Virtual' Primary Care Commissioning Committee on  
28 January 2021**

**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
Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and the Remuneration Committee
Shaun Macey (SM)	Head of Transformation and Delivery
Phil Mettam (PM)	Accountable Officer

**In attendance (Non Voting)**

Fiona Bell-Morrith (FB-M)	Lead Officer Primary Care, Vale
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Andrew Moriarty (AM)	North Yorkshire and York, YOR Local Medical Committee Limited
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council
Gary Young (GY)	Lead Officer Primary Care, City

**Apologies**

Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and Ryedale Primary Care Network
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)

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

Two members of the public joined the live stream.

## **Agenda**

### **1. Apologies**

As noted above.

### **2. Declarations of Interest in Relation to the Business of the Meeting**

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

### **3. Minutes of the meeting held on 26 November 2020**

The minutes of the previous meeting were agreed.

#### **The Committee:**

Approved the minutes of the meeting held on 26 November 2020.

### **4. Matters Arising**

Matters arising had been deferred due to the work required in response to the COVID-19 pandemic.

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

SB reported that, in line with other NHS organisations, the CCG had received a 'true up' to break-even adjustment up to Month 6 and this arrangement was expected to continue for the remainder of the financial year. The year to date position and end of year forecast for break-even remained as previously reported.

SB noted receipt of part of the allocation for the Primary Care Network Additional Roles; the remainder would be reimbursed retrospectively following recruitment to roles. He also explained in respect of the COVID-19 vaccination programme that reimbursement from NHS England and NHS Improvement had been slower than anticipated.

SB responded to a number of areas of clarification sought. The shortfall in planned prescribing savings for 2019/20 had been made up in other areas and the plan for the current year was to maintain the generally good prescribing practice by GPs and pharmacists; prescribing was part of the 'true-up' to break-even arrangements. In the latest lockdown, the CCG would again be maintaining income levels for potential reduction in GP income, such as Local Enhanced Services and Quality and Outcomes Framework. For Practices who had secured the services of GPs returning to work in response to the pandemic, the current arrangements would continue until the end of the financial year.

SB additionally noted that discussions were taking place at a national level regarding 2021/22 and the current financial arrangements were expected to continue in some form at least into Quarter 1.

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## **The Committee:**

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

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

SM expressed appreciation to colleagues in primary care for their work to implement Local Vaccination Services at short notice. He explained that sites had been established across the CCG to cover all Primary Care Network (PCN) populations at the start of the vaccination programme:

- Pickering Medical Practice for the South Hambleton and Ryedale (SHaR) PCN
- Haxby Health Centre for West, Outer, North East York (WONE) PCN
- Posterngate Surgery for Selby Town PCN
- Tadcaster Health Centre for Tadcaster and Rural Selby PCN
- Nimbuscare at Askham Bar for Priory Medical Group, York Medical Group, York City and York East residents

Alongside these Local Vaccination Services, Nimbuscare Vaccination Centre at Askham Bar, commissioned by NHS England and NHS Improvement, was vaccinating CCG residents and staff and the York Hospital Hub was mainly vaccinating local health and care staff.

SM reported that all vaccines had been promptly utilised in accordance with the four national Joint Committee on Vaccination and Immunisation (JCVI) priority groups and that all care home residents in the CCG had been vaccinated by the 24 January timescale requirement, other than where this had not been possible due to an outbreak of COVID-19; these would be completed as soon as safe to do so.

SM referred to the national scrutiny for vaccinating the priority cohorts 1 to 4 within the 15 February timescale. He noted that at the present time workforce capacity to deliver the vaccine was not a concern; the limiting factor was the supply chain of vaccine. Work was currently taking place nationally to understand numbers required in each locality to enable vaccine supply to match demand.

In terms of challenges SM referred to the above but noted the vaccine supply chain was becoming more reliable, although there had been some understandable constraints in terms of national supplies. The CCG team continued to work closely with NHS England and NHS Improvement on vaccine supplies and deliveries. SM noted that meeting the 15 February timescale for the first four priority cohorts would mean that c55,000 registered patients and a number of frontline health and care staff had been vaccinated across the CCG.

In conclusion SM noted that there was still much to be done but reiterated appreciation for the work within the local vaccination sites, the vaccination centre at Askham Bar run by Nimbuscare and the hub at York Hospital.

SS concurred with commending the work on the vaccination programme and advised that as at 26 January more than 26,000 York residents had received their first dose, which represented more than 90% of over 80 year olds. She noted that an approach

was being adopted of trying to divert staff to the hub at York Hospital to maintain the Askham Bar capacity for York residents.

SS detailed the recent fluctuations in case rates across North Yorkshire and York advising that at the present time cases had considerably reduced. However, cases in the over 60 age group were comparatively high and being monitored closely. SS emphasised the continuing pressures on the NHS and noted hospital activity was also being closely monitored.

SS explained that testing and contact tracing and the vaccination programme were progressing well but advised that the number of deaths had, as expected, increased. This was also expected to continue before reducing due to the time lag element.

SS noted that the new variant of COVID-19, which was becoming dominant, was a factor in the spike in case numbers in North Yorkshire and York and in other parts of the region. This was being closely monitored. She noted representations were being made to Government in respect of the need for the current restrictions to be maintained.

From the GP perspective, whilst agreeing about the achievement locally to date, TM expressed a level of concern about the 15 February timeframe in the context of vaccine supply. He also noted the aspect of late information at national level and the Practice workload in booking vaccination appointments for patients unable to use the electronic system.

TM additionally highlighted the need for clarity for patients in respect of the Joint Committee on Vaccination and Immunisation's definitions of eligibility for vaccination in terms of being "clinically extremely vulnerable" and "clinically vulnerable". SS offered to facilitate a joint approach between the City of York Council and the CCG Communication Teams to support GPs in this regard and also to reinforce the message that patients should not contact GP Practices enquiring about vaccination as this would be offered in line with the national priority cohorts.

In response to DB enquiring about the Public Health perspective for the future, SS reiterated the importance of continuing the current restrictions. Test, trace and isolate, with support, and the vaccine were part of managing the pandemic along with the infection control measures of face masks, distance and handwashing. SS noted it was too early to know whether transmission was prevented by vaccination and that, as well as reduced case numbers, pressures on the NHS would inform consideration of relaxing the restrictions.

PM requested that the Committee recommend to the Governing Body that they formally write to the leaders of the vaccination programme across the Vale of York in recognition and appreciation of the work that had taken place.

### **The Committee:**

1. Noted the update.
2. Expressed appreciation for the work in response to the pandemic, noting in particular the significant progress with roll out of the vaccination programme.

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3. Agreed that the Governing Body be asked to formally write to the leaders of the vaccination programme in recognition of the work undertaken.

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

The Committee received a detailed update on the response to COVID-19, notably the vaccination programme, and requests that the Governing Body formally writes to the leaders of the programme in appreciation of their extensive work.

### **The Committee:**

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

In concluding the meeting JH highlighted the aspects of clear and timely communication being key, commended the collaborative working and emphasised the perspective of maintaining personal health and wellbeing. She also noted positive aspects of support to people recovering from COVID-19

## **8. Next Meeting**

25 March 2021 at 1.30pm.