

**Minutes of the 'Virtual' Primary Care Commissioning Committee on
25 March 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
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and the Remuneration Committee
David Iley (DI)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Phil Mettam (PM)	Accountable Officer
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Fiona Bell-Morrith (FB-M)	Lead Officer Primary Care, Vale
Abigail Combes (AC) – Item 5	Head of Legal and Governance
Louisa Cordon (LC)	Project Support Officer
Shamim Eimaan (SE)	Project Support Officer
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
Heather Wilson (HW)	Project Support Officer

Apologies

Chris Clarke (CC)	Senior Commissioning Manager, NHS England and NHS Improvement (North East and Yorkshire)
Kathleen Briers (KB) / Lesley Pratt (LP)	Healthwatch York
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Shaun Macey (SM)	Acting Assistant Director of Primary Care
Gary Young (GY)	Lead Officer Primary Care, City

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

Nine members of the public joined the live stream.

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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 28 January 2021

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 28 January 2021.

4. Matters Arising

PCCC35 Local Enhanced Services Review 2019/20: SP explained that the annual review of the Local Enhanced Services specifications and performance indicators had taken place and there was nothing of significance to report. The next phase was to assess potential alignment with NHS North Yorkshire CCG. SP also advised that the CCG would work with primary care during the year to determine whether these contracts remained fit for purpose for the transition to provider collaboratives. Discussion would also take place with the Local Medical Committee in relation to 2021/22 contracts and income. It was agreed that this action was complete.

PCCC55 Coronavirus COVID-19 Update: JH expressed appreciation to Dr Nigel Wells, CCG Clinical Chair, and the Communication and Engagement Team for formally writing to thank colleagues involved in the roll out of the vaccination programme, as requested by the Committee.

The other matters arising were noted as ongoing.

AC joined the meeting

5. Review of Primary Care Commissioning Committee Effectiveness

AC referred to the audit requirement for annual review of committee effectiveness which on this occasion comprised two sets of questions, general effectiveness of the Committee and COVID-19 specific effectiveness, noting a focus on workforce and particularly their welfare. AC sought and received confirmation from members that the questions were appropriate for the annual review. Members also agreed that the GPs in attendance be included in the SurveyMonkey circulation in order to accurately reflect primary care input. A report on the survey results would be provided for consideration.

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The Committee:

1. Approved the proposed questions being put into a SurveyMonkey for completion within 14 days from the date of the Committee, noting the responses would be considered at a future meeting.
2. Agreed that, in addition to Committee members, the GPs in attendance be asked to complete the survey.

Post meeting note: The SurveyMonkey was circulated on 26 March 2021.

AC left the meeting

6. Primary Care Commissioning Financial Report Month 11

SB reported that the primary care position was an underspend within the CCG's overall forecast breakeven position at year end. He explained that the biggest single area in this underspend, which would not be carried forward for 2021/22, related to c£0.75m for the Additional Roles Reimbursement Scheme as recruitment to these specific cohorts of staff, nationally prescribed, had not been possible in year. SB additionally referred to the funding from April 2021 for recruitment of the Additional Roles, highlighting specifically mental health workers. He noted the competitive market for the mental health workforce, particularly in the current context of emphasis on mental health, but stressed the importance of recruiting as many as possible.

In response to DB enquiring about prescribing practice and costs during the pandemic, SB advised that work had been done by primary care early in the year to ensure availability of electronic access for both repeat and new prescriptions; no material change had been expected in this regard. AM and TM additionally described aspects of differences between face to face and the current approach of increased online and telephone contact.

With regard to the Additional Roles TM highlighted that, in addition to the recruitment challenge, Primary Care Networks needed to identify work space which was also a challenge; it was also important that the ambition to recruit was fulfilled such that it was meaningful. Specifically in relation to mental health workers, TM highlighted the recent change in recruitment approach whereby Tees, Esk and Wear Valleys NHS Foundation Trust, rather than the Primary Care Networks direct, would now recruit these workers and there would only be 50% funding. He noted the context of there being 32 Primary Care Networks in the Tees, Esk and Wear Valleys NHS Foundation Trust area. Whilst welcoming the funding for the mental health workers TM noted the complexity and commented that it would probably be late in the financial year that any return would be seen on this investment. He also referred to the impact "on the ground" from the frequently changing guidance.

AM noted a number of mental health workers had already been employed by Primary Care Networks to start in April prior to the change in employment arrangements and enquired whether the CCG had any flexibility in this regard. SB responded that the guidance was prescriptive and also noted the general changing environment for planning, commenting that funding for the first half of 2021/22 was still subject to confirmation and also noting the context of Primary Care Networks recruiting to a

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number of roles from a limited workforce. DI additionally confirmed there had been no flexibility on the Additional Roles Reimbursement Scheme budget noting that a number of CCGs had an underspend in this. AM expressed appreciation that the CCG would, if permitted, adopt a flexible approach. The potential to discuss these concerns about constraints emanating from national policy with local MPs and also with NHS North Yorkshire CCG and across the region was noted.

PM assured the Committee that the CCG would continue to maintain values based working with clinicians and patients at the centre wherever possible in the current uncertain times. He noted that the Finance and Performance Committee had also discussed this earlier in the day.

In conclusion JH highlighted the perspective of potential opportunities through innovative ways of working and best practice.

The Committee:

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

7. Primary Care Year End Report

SP reported that a primary care and Primary Care Network year-end position statement that demonstrated additional activity would be presented at the next meeting. She noted that a primary care dashboard was being developed to consolidate information on the work, such as cervical smears and childhood immunisations, that had continued alongside the vaccination programme.

FB-M referred to the additional work for the Primary Care Network Clinical Directors in terms of population health needs in their localities. With regard to the Additional Roles FB-M highlighted that at the last count there had been 72 whole time equivalent new posts in primary care as a result of this funding. These were making a significant contribution to the success of the Primary Care Networks.

FB-M commended the collaborative working both within and across the Primary Care Networks. She noted progress with such as improving approaches to health checks for people with learning disability and severe mental illness and support for these vulnerable groups.

FB-M explained that the Primary Care Networks were becoming more involved with population health management programmes. She noted partnership working in York, including the diabetes population health management approach, and advised that similar work was taking place in Selby and the Vale which included the voluntary sector and the County and District Councils.

FB-M referred to impact on primary care from the pandemic, particularly the perspective of resilience, noting the need to support the Primary Care Networks, and specifically the Clinical Directors, in further developing their work. She commended the maturity of the Primary Care Networks since establishment two years ago and highlighted the context of taking an active role in the health and care restructure of services from a positive position of system leadership and partnership working.

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The Committee:

Noted that a Primary Care Year End Report would be presented at the next meeting.

8. Coronavirus COVID-19 Vaccination Programme Update

SP expressed appreciation to SM for providing the report which described the position across the CCG footprint including vaccination services hosted by the CCG, progress with the Joint Committee on Vaccination and Immunisations Priority Cohorts, and the current national and regional positions with vaccinations. SP also expressed appreciation to SS and her team for their support in the work focusing on gaining an understanding of areas and reasons where there was low take-up of the vaccination through Contact Tracers to work with Practices in wards where this was identified. She highlighted that national targets were being met and work was taking place with the national team to match appointments with vaccine supply. Additionally, SP commended the partnership working and commitment of both professionals and the voluntary sector to deliver the national vaccination programme despite the workforce fatigue. TM also commended the partnership working on the vaccination programme and noted the Askham Bar site in York as an exemplar.

SP explained that the CCG was working with City of York Council to provide flexibility in approach of offering the vaccine for ease of take-up. The programme for second doses, including all care homes, had begun; work was also taking place to ensure population groups such as the homeless, rough sleepers and asylum seekers were offered the vaccine.

SP expressed appreciation to everyone involved in delivering the vaccination programme, also highlighting the role of the workforce 'behind the scenes'. She emphasised the impact of the success of the roll out on lower hospital admission and transmission rates, less acuity in cases of people becoming ill, and the need to maintain Public Health message in the context of the 'roadmap' to lifting restrictions.

Whilst noting that discussions were taking place with the business sector on opening up the city safely, SS reported that infection rates in York in the over 60s were the lowest in the region and one of the lowest in the country, largely due to the success of the vaccination programme. She referred to the fact that the restrictions were being lifted in advance of completion of the vaccination programme and emphasised the need to continue the 'hands, face, space' infection control message and to be mindful of contacts, also noting that Directors of Public Health were strongly promoting this as key, alongside the vaccination programme, to avoid a potential further national lockdown. SS additionally referred to the context of winter planning and the expectation that the COVID-19 vaccination programme would continue alongside annual 'flu vaccination, therefore primary care would need support to enable this.

Discussion included clarification of aspects of the work to understand the reasons for vaccination hesitancy; acknowledgement that 100% take up would not be achieved as vaccination was not mandatory; the need for 'myth busting' through effective communication; and recognition that primary care had continued with 'business as usual' alongside the success of delivering the vaccination programme.

The Committee:

Received the update on the Coronavirus COVID-19 Vaccination Programme.

SS left the meeting

9. Update - Internal Audit Report on Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions

SP referred to the report which provided an update to the management responses presented at the Part II Primary Care Commissioning Committee on 26 November 2020, following the Internal Audit Report on 'Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions'. SP noted that the report provided assurance of progress and resolution of the actions as required.

PG commented that this report, which had received the second highest level of assurance, was in line with recent Internal Audit reports to the Audit Committee. These had all been awarded one of the two highest levels of assurance.

The Committee:

Received the update on progress pertaining to the Internal Audit Report on 'Primary Medical Care Commissioning and Contracting: Contract Oversight and Management Functions'.

10. Primary Care Commissioning Committee Risk Register

SP presented the report which included the current reporting arrangements and the proposal for a Primary Care Commissioning Committee Risk Register to be developed and reviewed at each meeting. It also described legacy primary care risks, primary care risks currently on the Finance and Performance Committee Risk Register and proposed that the Primary Care Commissioning Committee Risk Register, and proposed that the Primary Care Commissioning Committee Risk Register be developed in the context of risks affecting quality in primary care, i.e. patient safety, clinical effectiveness or patient experience.

The Committee:

1. Agreed to receive the Primary Care Risk Register at future meetings in order to oversee any risks associated with the CCG's delegated Primary Care commissioning functions.
2. Approved the closure of the three legacy risks:
 - PRC.11 Estates and Technology Transformation Fund Strategy
 - PRC.12 Commissioning of evening and weekend access to General Practice for 100% of population
 - PRC.13 Primary Care Team resource to deliver the CCG statutory functions
3. Noted that the risks from the Finance and Performance Committee Risk Register would be included in the Primary Care Commissioning Committee Risk Register, namely:
 - PRC.14 Learning Disability Health Checks
 - PRC.15 Serious Mental Illness Health Checks

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4. Agreed that the Primary Care Commissioning Committee Risk Register be developed with a focus on patient access and safe and resilient workforce.

11. NHS England and NHS Improvement Primary Care Report

DI presented the report which described requests from Pickering Medical Practice for use of an additional room for General Medical Services and from Posterngate Surgery for reimbursement for four additional car parking spaces (40 in total); approval of the respective additional notional rents was sought.

The report also provided updates on Coronavirus COVID-19; income protection for General Practice; General Practice Electronic Declaration (e-Dec); the Primary Medical Care Policy and Guidance Manual; Digital Primary Care; the NHS Community Pharmacy Consultation Service; and pooled resource in the form of the General Practice COVID Capacity Expansion Fund. DI noted in respect of the latter that he would follow up on the fact that to date only one of the CCG's Practices had completed the survey and also that he would bring the findings of the pilot on Artificial Intelligence in Online Consultations to a future meeting.

Discussion ensued on aspects of digital primary care. SP noted that GY was undertaking a patient experience survey on telephone triage with patients who had accessed primary care in this way to inform discussion across the system about changes in service delivery. Such changes in healthcare provision that had taken place in response to the pandemic would continue as limitations on primary care capacity had to be recognised and supported accordingly.

The Committee:

1. Received the NHS England and NHS Improvement Primary Care Report.
2. Supported the request from Pickering Medical Practice, Southgate, Pickering, YO18 7BL, to use the additional room for General Medical Services and approved the additional notional rent.
3. Supported the request from Posterngate Surgery, Portholme Road, Selby, YO8 4QH, for reimbursement for the four additional car parking spaces and approved the additional notional rent.

12. Key Messages to the Governing Body

The Committee was updated on the progress of the vaccinations programme. Work was progressing at pace with colleagues working closely with the contact tracers and Practices to identify low take up and to explore why some people were not presenting for vaccinations - 92% of the over 60's had been vaccinated, with a figure of 80% down the other cohorts. Second doses in Care Homes were progressing as were vaccinations for our Homeless, Rough Sleeper and Asylum Seeker population. Partnership working was still fully committed. The team was continually working to match vaccinations with supply whilst already forward planning for the annual winter flu programme. The Committee thanked all colleagues for their dedication and determination which had resulted in the infection rates for those over 60 being the lowest in the region.

There were 72 whole time equivalent posts because of the Additional Roles Reimbursement Scheme funding.

Updates in respect of the Mental Health Practitioners informed the Committee that they will now be employed and managed by Tees, Esk and Wear Valleys NHS Foundation Trust rather than the Primary Care Networks as originally planned.

Although our Primary Care Networks have matured in the past two years, we recognise that they need support as resilience is low. Despite this they are increasingly involved on a population health level where their input and expertise is invaluable.

The Committee:

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

13. Next Meeting

27 May 2021 at 1.30pm.

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.