NHS
Vale of York
Clinical Commissioning Group

PRIMARY CARE COMMISSIONING COMMITTEE

23 September 2021, 1.30pm to 3.30pm

'Virtual' Meeting

AGENDA

1.	Verbal	Apologies		
2.	Verbal	Declaration of Members' Interests in the Business of the Meeting	To Note	All
3.	Pages 3 to 12	Minutes of the meeting held on 22 July 2021	To Approve	Julie Hastings Committee Chair
4. 4.1	Pages 13 to 14 15 to 22	Matters Arising Medicines Safety Programme Flow Chart	To Note To Receive	All Stephanie Porter Interim Executive Director of Primary Care and Population Health
5. 1.45pm	Pages 23 to 29	Primary Care Commissioning Financial Report Month 5	To Receive	Simon Bell Chief Finance Officer
6. 2.05pm	Verbal	Primary Care Networks Update	To Note	Fiona Bell-Morritt and Gary Young Lead Officers for Primary Care
7. 2.25pm	Verbal	Coronavirus COVID-19 Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
8. 2.40pm	Verbal	Afghan Refugees Update	To Note	Stephanie Porter Interim Executive Director of Primary Care and Population Health
9. 2.50pm	Pages 30 to 38	Primary Care Commissioning Committee Risk Register	To Receive	Stephanie Porter Interim Executive Director of Primary Care and Population Health

10. 3.05pm	Pages 39 to 44	NHS England and NHS Improvement Primary Care Report	For Decision	David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement (North East and Yorkshire)
11. 3.25pm	Verbal	Key Messages to the Governing Body	To Agree	All
12.	Verbal	Next meeting: 1.30pm, 25 November 2021	To Note	All

EXCLUSION OF PRESS AND PUBLIC

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

Item 3

Minutes of the 'Virtual' Primary Care Commissioning Committee on 22 July 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)	Primary Care Assistant Contracts Manager, NHS England and NHS Improvement (North East and Yorkshire)
Stephanie Porter (SP)	Interim Executive Director of Director of Primary Care and Population Health

In attendance (Non Voting)

Shaun Macey (SM)	Acting Assistant Director of Primary Care
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS)	Director of Public Health, City of York Council

Apologies

Fiona Bell-Morritt (FB-M)	Lead Officer Primary Care, Vale
Abigail Combes (AC)	Head of Legal and Governance
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
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Phil Mettam (PM)	Accountable Officer
Gary Young (GY)	Lead Officer Primary Care, City

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

Eight members of the public joined the live stream.

Prior to commencing the agenda, at JH's invitation, SP informed the Committee that this was Chris Clarke's last working day prior to his retirement on 16 August after 40 years of

service in the NHS. Chris had previously attended the Committee regularly in his role as Senior Commissioning Manager at NHS England and NHS Improvement (North East and Yorkshire). Members wished to place on record appreciation of his support to the CCG and to wish Chris a long and happy retirement.

Agenda

The agenda was considered in the following order.

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 27 May 2021

The minutes of the previous meeting were agreed subject to an amendment in the final key message to the Governing Body which should read:

'… Contacting people to understand why, sharing valuable advice/information, they are able to have a longer, fuller conversation and offer the opportunity to access their right to a COVID vaccination …'

The Committee:

Approved the minutes of the meeting held on 27 May 2021 subject to the above amendment.

4. Matters Arising

PCCC54 *Medicines Safety Programme Medicines Safety Programme*: SP reported that the last York and Scarborough Medicines Commissioning Committee had occurred in June 2021 and the first North Yorkshire and York Area Prescribing Committee had occurred earlier in July 2021, supporting the alignment across the strategic partnership.

The medicines safety assurance flowchart had now been approved by the Local Medical Committee and would be presented at the next meeting of the Quality and Patient Experience Committee for final approval, as agreed. It would then come to the Primary Care Commissioning Committee for information and completion of this action.

4.1 *Review of Primary Care Commissioning Committee Effectiveness - Outcome Report:* JH advised that, following discussion at the May Committee, she had discussed the outcome report further with AC. JH noted that she would welcome further views on the proposed Committee objectives of:

- Working collaboratively with primary care to support them with reputational damage as a result of media and other campaigns.

- Develop a matrix that enables the Committee to highlight good practice to the Humber, Coast and Vale Integrated Care System (ICS) and to 'places' during the transition phase, what are the fears and ambitions of primary care in York if commissioned from the ICS.

- Supporting Primary Care Networks to navigate the transition successfully.

The Committee:

1. Noted the update.
2. Agreed the proposed Committee objectives pending feedback to JH.

SS joined the meeting

5. Primary Care Commissioning Financial Report Month 3

SB presented the month 3 report which, in addition to describing the year to date and forecast positions for the primary care elements of the CCG's budget, described how the plan had been set for the first half of the year and sought approval of two requests. He noted that funding for the second half of the year would not be known until September 2021.

SB explained that the plan was based on consideration of each of the outturn positions across the budgets, adjusting for non-recurrent items to reach the outturn position, applying nationally prescribed price and activity growth uplifts, and making any specific adjustments for nationally prescribed investment into primary care. The main area of difference in the plan related to the £178k primary care prescribing QIPP (Quality, Innovation, Productivity and Prevention) which was required in the context of the CCG's break-even plan, as reported in a number of forums. SB advised that plans were being developed to meet the expectation of the QIPP delivery.

In terms of the year to date and forecast positions SB reported that, within the CCG's overall break-even forecast at month 3, the primary care delegated budgets were slightly under and the 'Other Primary Care' budgets, mainly due to prescribing, were slightly over. However, the overall forecast was achievement of break-even against the £58m budget.

SB advised that the delegated commissioning plan included £313k in relation to PMS premium monies and noted that this allocation should be used to benefit all primary care but could be distributed as determined by the CCG. The report detailed the proposed distribution of the monies by individual Practice and Primary Care Network (based upon weighted list size as at 1 January 2021, the measure used to calculate the Network Participation payment). Subject to the Committee's approval, SP and the Primary Care Team would work with the Primary Care Networks to agree areas for targeted investment and associated reporting methodology.

SB referred to the request from Elvington Medical Practice for reimbursement of 'flu vaccination costs for three years that had not been claimed due to staff changes. The regulations were that claims should be submitted within a month but, having confirmed that the Practice had not claimed for these years, reimbursement was at the CCG's discretion. SB noted that the Practice had claimed for 2020/21 onwards and that the

CCG had in reasonable extenuating circumstances previously paid other late Practice claims. He also highlighted that NHS England and NHS Improvement had agreed to reimburse the £32k estimated prescribing costs in accordance with the recharge arrangements in this regard and the CCG had accrued the £9k dispensing fees in the 2020/21 year-end position. While noting these figures were based on the best data available for the associated costs, SB advised that detailed discussion had taken place between the Finance and Primary Care Teams, and the recommendation was for the Practice to be reimbursed.

Members approved the recommendations for both the PMS monies and reimbursement to Elvington Medical Practice for the 'flu vaccinations. They additionally commended Caroline Goldsmith, Deputy Head of Finance, for the clarity of the report she had provided.

The Committee:

1. Noted the year to date and forecast financial positions.
2. Approved the allocation of PMS premium monies to PCNs based on weighted list size as at 1 January 2021 and agreed areas for targeted investment by PCNs.
3. Approved the claim from Elvington Medical Practice for the costs of all the prior year 'flu vaccinations.

8. Primary Care Dashboard

In presenting the Primary Care Dashboard to provide the Committee with an overview of quality and performance in key areas relating to the delivery of services through the CCG's GP Practices and their General Medical Services contracts, SM referred to previous discussions in this regard. This revised report had been developed in collaboration with North Yorkshire CCG colleagues with a view to standardising the format and content across Vale of York and North Yorkshire CCGs.

In addition to an executive summary, the dashboard provided information on the CCG population, disease prevalence, Quality and Outcomes Framework performance, Care Quality Commission ratings, patient experience, health checks, immunization, screening, workforce, primary care appointments, digital interactions and secondary care activity. SM provided explanation of each section noting that the development of the dashboard was an iterative process.

Members welcomed the dashboard and detailed discussed ensued, including:

- SS reporting that discussion at the Health and Wellbeing Board the previous day had included concerns raised in the Healthwatch Annual Report about patients accessing primary care. She emphasised the context of the need for system support to primary care, including in respect of health inequalities.
- Recognition that, although digital access did not suit everyone, it provided opportunities to release capacity.
- The perspective of community pharmacists and the new roles in primary care, notably care coordinators and opportunities to work with the third sector.
- Emphasis that not all demand on primary care required a GP consultation or clinical input.

AM emphasised that access was dependent on capacity which currently exceeded demand. He highlighted that online and digital access alleviated pressure on Practice phone lines and, whilst noting the aspect of patient preference for the latter, proposed wider public engagement on the benefits of alternative access. AM also described the Klinik system utilised by his Practice; this led to discussion about collecting data on digital access. AM advised that the Local Medical Committee was also considering ways to capture this type of information to support such as thresholds for appointments. DI additionally noted opportunities to learn from work in other areas and that discussions were also taking place in the context of the GP IT Programme. DI, SM and AM agreed to continue discussions on potential opportunities from digital platforms outside the meeting and report back on a breakdown of appointment type compared to the type of clinician seen.

SP emphasised the need to draw the distinction between demand and need and explained the aim of moving to an approach of understanding of resources available for the needs of the population.

SP explained that specific access issues in Practices varied and were most frequently short lived, mainly due to staff availability, absence and fatigue; the latter affecting willingness to take on additional hours. She also noted through the COVID-19 vaccination engagement it had become evident that patient contact information was not always up to date limiting direct contact by text with individuals. SP emphasised the need for communication with the public to take account of the way in which accessing Practice resources was changing, including the context of the wider primary care professionals and seeing the GP to get the right and appropriate care was not always required. These discussions would be progressed within the York Health and Care Alliance and the partnership groups in the Vale.

The Committee:

1. Received the Primary Care Dashboard.
2. Noted that a report on appointment type compared to the type of clinician seen would be presented at a future meeting.

9. Primary Care Commissioning Committee Risk Register

SM presented the report which provided the Committee with oversight of any risks associated with the delegated primary care commissioning functions. SM explained the four current risks: PRC.14 *Learning Disability Health Checks*, PRC.15 *Serious Mental Illness Health Checks*, PRC.16 *Access to General Practice - Reputational Damage* and PRC.17 *General Practice Wellbeing*. He noted that these were unchanged since the last Committee meeting, referred to discussion at the previous item and described the mitigating actions. SM noted that the Local Medical Committee was also undertaking work around peer support and Practice wellbeing. JH added that the company offering the decompression session for GPs, for which there was a volunteer to test this intervention, had also offered a free webinar for GPs and was able to offer interventions for staff

SM additionally highlighted that, in addition to the system pressures already discussed, phase 3 of the COVID-19 vaccination programme, alongside the 'flu vaccination programme would commence in September. It was of paramount importance to support colleagues on the front line over the coming 12 months.

The Committee:

Received the Primary Care Commissioning Committee Risk Register.

6. Primary Care Networks Update

SP referred to the detailed presentation on the achievements of the Practices and Primary Care Networks at the previous meeting. She emphasised that the vaccination programme continued to be a focus and the CCG was working with the Primary Care Networks particularly in terms of adapting the offer for ease of access in areas of low take up, such as in wards with a young population. The CCG was also working with the Primary Care Networks in the context of contracts for the phase 3 COVID-19 vaccination booster campaign; additional information was awaited for this, and the annual 'flu vaccination campaign including eligibility again of all the over 50s.

SP advised that the CCG was additionally working with the Primary Care Networks on plans relating to the five year Direct Enhanced Service contract for the Additional Roles. She commended the innovative approaches that were being developed.

SP highlighted, in the context of demand and need, that the Primary Care Networks were working with system partners on urgent care transformation. She noted that the approaches in the City of York and the North and South Localities varied.

Other areas of work in this busy time for the Primary Care Networks included programmes such as community diagnostics hubs and how all partners in health were responding to national system change. She additionally explained, in the context of system reorganisation, that the first meeting of the North Yorkshire and York GP Collaborative was taking place at the same time as the Committee meeting. This forum was working to ensure the voice of GPs was understood and reflected in the system change.

The Committee:

Noted the update.

7. Coronavirus COVID-19 Update

SP reported that of the 303,000 CCG residents currently eligible c85% of people had received their first vaccination and 66% to 67% their second dose, with variance in numbers in the City and the Vale due to the differing demographics. She also noted that in the City wards where there was a younger population, such as University students, the take up of first doses had increased rapidly since the mid June eligibility; the eight week wait for the second dose explained its lower rate. As previously reported, work was continuing to identify areas and groupings where there was low take up.

SP explained that "ghost patients", i.e. patients registered with a Practice but who had moved or patients living out of the country, were impacting on the reporting of unvaccinated numbers. Work was taking place, including with the University, to confirm current details. SP additionally explained with regard to students that the national booking system permitted them to book vaccination appointments in different places for first and second doses, in the event of them going home for the summer holidays.

SP emphasised that, in addition to the successful vaccination centre at Askham Bar, the flexible approach of offering vaccination in alternative venues continued. This included "pop up" clinics and some workplaces where there had previously been high outbreaks. The local vaccinations services in our Vale areas were continuing.

SP referred to the earlier discussion on data noting high rates of first and second vaccination for the CCG's learning disability population; people not vaccinated by Practice in this group were in single digits per Practice. The CCG had worked with community leaders to offer a flexible approach in this regard. Work was also continuing in respect of increasing vaccination of mental health patients, particularly anyone with a serious mental illness.

SP emphasised that the vaccination programme was a lead piece of work in terms of the CCG engaging with communities.

SS highlighted the context of vaccination being voluntary but ensuring that the opportunity was provided for informed choice to be made.

SS reported that COVID-19 cases across North Yorkshire and York were increasing but at a slower rate than previously. Numbers in York had fallen below the regional and national average but the c1000 cases over the last seven days indicated a significant level of infection and prevalence in communities which posed a risk to potential hospital admission. SS noted further impact on system pressures in the event of these rates continuing to increase. She also emphasised, although hospital admissions were currently low, there was concern in the context of winter and associated pressures.

SS explained that case numbers were rising in all age groups, the highest increase being in younger age groups including school age and young adults eligible for vaccination. She referred to the recent announcement that eligibility was being extended to vulnerable children over the age of 12 but highlighted the context of anyone not protected by the vaccine, including children, acting as a host for continued infection. SS therefore emphasised the need to maintain the basic COVID safe behaviours of hands, face, space and social distancing in spite of the lifting of restrictions.

SS reported that a campaign was being launched promoting personal responsibility for protecting communities and respecting differing views on the lifting of legal restrictions, particularly in the context of underlying medical conditions. She highlighted the message of "respect and be kind".

AM referred to the number of double vaccinated health professionals who were testing positive with COVID-19 and enquired about potential provision of FFP3 respirator masks which were demonstrated to be significantly more effective against transmission and severity of illness than the surgical masks still being used in primary care. SS explained that the FFP3 masks required specialist fitting and that currently the fitters were within hospital trusts. However, she suggested that, as mask provision was a system wide issue and in the context of increasingly integrated working, AM raise the question in writing to both NHS North Yorkshire and NHS Vale of York CCG on behalf of the Local Medical Committee and also include her as a member of the York Health and Care Alliance. While reiterating concern about the number of double vaccinated health professionals who were testing positive and emphasising the perspective of the need to protect them as a resource, SP noted the context of procurement access, training for fitting and funding for the FFP3 masks. SB additionally explained that CCGs no longer

had access to COVID-19 funding therefore discussion at system level would be appropriate.

In response to DB seeking clarification about the current crisis in adult social care and in particular support to residential care in light of experience over the last 12 months, SS explained the perspective of protecting hospital capacity as the key priority earlier in the pandemic. The need for a system approach had been recognised and was now being implemented to provide intensive support to care homes, including prompt response in the event of an outbreak to set up an incident management team. The crisis in adult social care was due to staffing issues in the service which usually ran on a basic level of staff. There were currently large numbers across the system who were self isolating therefore an approach of mutual aid was not possible. However, discussions were taking place across North Yorkshire and York to ensure resources were deployed as effectively as possible and to offer support. SS also noted the new health and social care guidance that double vaccinated staff who tested positive did not necessarily need to isolate and the fact that current rates of COVID-19 in care homes were not high.

The Committee:

Noted the update.

10. NHS England and NHS Improvement Primary Care Report

DI presented the report which included the proposed NHS England and NHS Improvement centrally led Direct Award for Clinical Waste for 2021/22 across the Humber, Coast and Vale and the request for CCGs to support progress to Contract Award with the addition of a Managing Agent. DI explained that all Practices were entitled to reimbursement for clinical waste under the Premises Cost Directions and described the current arrangements. He confirmed there would be no increase in the current costs to the CCG and there was the potential for cost savings via the Managing Agent arrangement. The NHS Vale of York CCG costs for the Managing Agent would be £5847 based on the number of Practice sites and the clinical waste costs were c£120k per annum. DI also noted for assurance that NHS England and NHS Improvement North East and Yorkshire had already taken the decision to support Direct Award and Managing Agent costs for community pharmacy patient returned clinical waste and NHS North Yorkshire CCG had received and approved the same report.

Following clarification on aspects of the contract, including confirmation regarding collection of sharps and clinical waste from COVID-19 vaccination sites, members supported the proposal.

In respect of updates DI noted the information pertaining to Primary Care Network organisational development monies, Continuing Professional Development funding for nurse training, update to GP contract arrangements for 2021/22, clinical pharmacists on the General Practice Programme, the GP Retention Scheme and General Practice appointment data. DI highlighted that the update to GP contract arrangements included new Enhanced Services for weight management and for long COVID. The three Practices who had not yet signed up were expected to do so by the end of the month deadline.

The Committee:

1. With regard to the Clinical Waste Contract:
   - Confirmed that NHS England and Improvement proceed with the Direct Award with the incumbent Clinical Waste Provider
   - Confirmed that they proceed with the addition of a Managing Agent to oversee the management of the clinical waste contract.
   - Noted the redesign and progression of the full clinical waste re-procurement programme for August 2022 onwards, with further information to be updated as the workstream progresses.
   - Noted the communication in relation to guidance on waste segregation and the opportunity to provide any feedback as appropriate.
2. Noted the updates as above.

11. Key Messages to the Governing Body

- The Committee received the full Primary Care dashboard, from which we can clearly identify the importance of population health information and how it enables us to plan services for the future. Our Quality Outcomes Framework (QOF) shows that the Vale of York CCG are better or equal to the rest of the country in terms of their results and also linking into the importance of population health.

- Care Quality Commission ratings are good or excellent. The Ipsos MORI GP Patient Survey reports that we are placed around the national average, except for the patient experience measure, which is a little below par, but scoring well around managing long term conditions and disabilities, noting last year's QOF around learning disability checks and the hugely positive outcome.

  Confidence in out of hours GP care was good but some work needs to be done around patient access to daytime GP services. Performance round people with severe mental illness could be better although this did relatively well against the national average and has been identified as QOF for next year. Double vaccination rates are good for the over 50s cohort. In respect of our workforce, we have a good proportion of GPs compared with the rest of England, with the Additional Roles recruitment progressing well. Primary care appointments are broadly back to pre-COVID-19 levels, but we are seeing an increasing demand. To mitigate this digital technology and NHS apps are being promoted which will hopefully free up phone lines and improve access for vulnerable people who may not have IT resources.

- Although vaccine take up is going well concerns were raised for the York and Selby areas, both having a higher percentage in respect of our younger population, and where vaccine take up for this cohort has been lower than was hoped. We are assured that our PCNs continue to work to reverse this trend providing the open offer, information, and reassurance. Colleagues have also set up "pop-up" clinics in the workplace enabling easy access for our working age adults, boosting opportunities to receive their vaccinations. High immunisation rates of both first and second vaccinations are reported for our citizens with learning disabilities, with those remaining un-vaccinated in single digits. Identifying a lower uptake with those experiencing mental health inequalities and being aware that more work needs to be done here. Work has

been untaken to identify 'ghost' patients who might not be in the country now, these have been removed from GP lists, enabling us to have sight of a more accurate baseline. We are currently waiting for additional information in respect of 'flu vaccinations for the over 50 age group which we expect imminently.

The Committee:

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

12. Next Meeting

23 September 2021 at 1.30pm.

NHS VALE OF YORK CLINICAL COMMISSIONING GROUP PRIMARY CARE COMMISSIONING COMMITTEE

SCHEDULE OF MATTERS ARISING FROM THE MEETING HELD ON 22 JULY 2021 AND CARRIED FORWARD FROM PREVIOUS MEETINGS

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC53	24 September 2020	Three Month Social Prescribing Impact Report from York CVS	• South Hambleton and Ryedale Primary Care networks Care Coordinators approach to be presented at a future meeting.	FB-M	26 November 2020
PCCC54	24 September 2020	Medicines Safety Programme Medicines Safety Programme	• Discussion to take place with the Local Medical Committee with a view to developing a “light touch” approach to provide the CCG with assurance where appropriate.	LA	
	26 November 2020		• Further work to take place including discussion at the December Quality and Patient Experience Committee	LA	10 December 2020
	22 July 2021			SP	23 September 2021
PCCC57	27 May 2021	NHS England and NHS Improvement Primary Care Report	• Priory Medical Group's request to change their Practice boundary deferred for further information to be sought	DI	22 July 2021

Reference	Meeting Date	Item	Description	Responsible Officer	Action Completed/ Due to be Completed by (as applicable)
PCCC58	22 July 2021	Primary Care Dashboard	• Report on appointment type in comparison to the type of clinician seen would be presented at a future meeting	SM	TBA

Item Number: 4.1

Name of Presenter: Stephanie Porter

Meeting of the Primary Care Commissioning Committee

Date of meeting: 23 September 2021

NHS
Vale of York
Clinical Commissioning Group

Report Title – Medicine Safety Assurance from GP Practices Flowchart

Purpose of Report *(Select from list)*
For Information

Reason for Report

Attached document is the Medicines Safety Assurance from GP practices flowchart. This issue originally came to PCCC for their consideration but it was agreed that it would be more appropriate to be considered by the Quality and Patient Experience Committee (QPEC). This document and included flowchart has been agreed with LMC and it has been to QPEC on 9 September 2021, where it was approved. Discussion occurred at QPEC regarding how to 'future proof' the medicines safety work, as we move from the CCG to ICS.

It is coming to PCCC for information.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

For information only

Decision Requested (for Decision Log)

The Committee noted the report.

Responsible Executive Director and Title	**Report Author and Title**
Stephanie Porter Interim Executive Director of Primary Care and Population Health	Laura Angus Head of Prescribing

Medicines Safety Assurance From GP Practices

Background

Medication has a huge potential to do good, but errors can occur at many points in the medication cycle – prescribing, dispensing, administering, monitoring and use. The World Health Organisation (WHO) identified 'Medication Without Harm' as the theme for their third Global Patient Safety Challenge which aims to reduce severe avoidable medication-related harm by 50% globally in five years by targeting health care provider's behaviour, systems and practices of medication, medicines, and the public.(1) In response to this challenge, the DH commissioned a report on the prevalence and cost of medication errors which reported that an estimated 66 million potentially clinically significant errors occur per year, 71% of which are in primary care.(2) While the majority of these errors are spotted (and corrected) at the point of error or do not threaten patient safety, a drastic reduction in the number of errors is now being called for. There is a need to develop and implement interventions to reduce medication errors associated with avoidable harm.

The Medicines and Healthcare products Regulatory Agency (MHRA) regulates medicines, medical devices and blood components for transfusion in the UK. Our Medicines Management Teams supports the cascade of messages from MHRA to prescribers, support prescribers to develop action plans and ensure they have acted on any relevant safety alerts.

Patient Safety Alerts have been published since 2002, previously by the National Patient Safety Agency (NPSA), and since 2012 by the national patient safety team at NHS England and NHS Improvement. Since 2019, organisations issuing patient safety alerts through the Central Alerting System need to gain accreditation to issue new National Patient Safety Alerts (NatPSA). Our MMTs support the cascade of these Alerts and ensure GP Practices have appropriate action plans relating to these Alerts.

The CCGs also share an ongoing Medicines Safety Programme of regular 'known' medicines safety issues. Examples include:

- Valproate pregnancy prevention programme
- Prescribing errors associated with drugs that require regular blood test monitoring e.g., clozapine, digoxin, gentamicin, lithium and methotrexate.

- Prescribing errors related to anticoagulants – warfarin, DOACs, injected heparin and low molecular weight heparins.
- Prescriptions for medicines being omitted or delayed
- Prescribing errors relating to opioid analgesics
- Prescribing errors related to insulin
- Paraffin based skin products – the risk of fire

GP Practices are expected to implement any changes required, as per GMC Good Medical Practice – Domain 2 – safety and quality – 'Contribute to and comply with systems to protect patients' [3] and as per Care Quality Commission (CQC) expectations that GP Practices provide safe care, S4, medicines management.[4]

Practices need to monitor updates and alerts and act upon these in a timely manner.[5] They need:

- systems in place to identify, recall and follow-up affected patients and to follow-up on these when required
- a process to recall a medicine or device
- to incorporate prescribing advice into routine clinical practice, in the same way as any other prescribing guidance. This could be through medication reviews or as part of the practice audit programme.
- The use of technology to monitor and raise alerts is used by many practices to facilitate ongoing safe prescribing.

What is the responsibility of CCGs to audit/oversee the implementation of CAS alerts in GP practices?

The NHS Standard Contract has a provision that 'The Provider must have in place arrangements to ensure that it can receive and respond appropriately to National Patient Safety Alerts' – see section 33.5.

As a commissioner, CCGs have a responsibility to ensure that Providers are compliant with all elements of the National Standard Contract, including the section outlined above.

NatPSAs are disseminated via CAS; in relation to alerts aimed at general practice this has historically been through regional teams to cascade down to providers in primary care. More recently, GP practices should have signed up directly to CAS, as this fulfils their requirement in the contract to 'receive' NatPSAs; although the regions may still play a role in dissemination. Therefore, CCGs have responsibility to ensure Providers can receive NatPSAs.

In addition, CCGs have a responsibility to ensure Providers can 'respond

appropriately' to a NatPSA. To fulfil this responsibility, they not only have to ensure that Providers have a process in place but to check that the process is being used and Providers are responding appropriately when NatPSAs are issued.

Role of CCG MMT & PCN Pharmacists

The CCGs' MMTs share a Medicines Safety Team who will support and facilitate the implementation of medicine safety alerts but the responsibility lies with the GP Practice.

The MMT send out information/updates/alerts regularly and each will focus on a specific medicine safety area. These will be sent to all GP Practices if the issue affects all GP Practices, or to specific GP Practices if only a few are affected. ePACT2 prescribing data is often used to inform which GP Practices are affected.

Historically some of this medicine safety work may have been completed directly by the CCG MMT practice pharmacists and pharmacy technicians. However, in recent years the CCG MMT has moved to focus on strategic roles and functions, with a significant reduction in the number of CCG MMT practice pharmacists and technicians and GP Practices and PCNs starting to employ in-house clinical pharmacists and technicians.

The MMT will also flag any ad-hoc medicine safety issues, for example, a significant MHRA alert, as and when they arise and ensure that GP Practices are aware and have taken any relevant action.

The MMTs works with their CCG Quality Teams to support the investigation of medicines-related safety incidents and develop systems and processes, as appropriate, to share learning from medicines-related safety incidents to our providers and partners and prevent them from recurring.

Assurance

From time to time, the CCGs' MMTs will seek assurance from GP Practices that they have completed any actions required following a significant medicines safety alert. The usual mechanism for this will be to reply via email to confirm the appropriate action(s) have been taken.

This will help practices ensure compliance with The Care Quality Commissions (CQC) Outcome 11D. "Ensure relevant alerts from an expert, professional body or manufacturer are acted."

The usual mechanism for this will be:

- Receiving and assessing reports of suspected safety issues relating to medicinal products
- Communicating the details of this action to relevant parties as necessary**.**

to reply via email to confirm the appropriate action(s) has/have been taken.

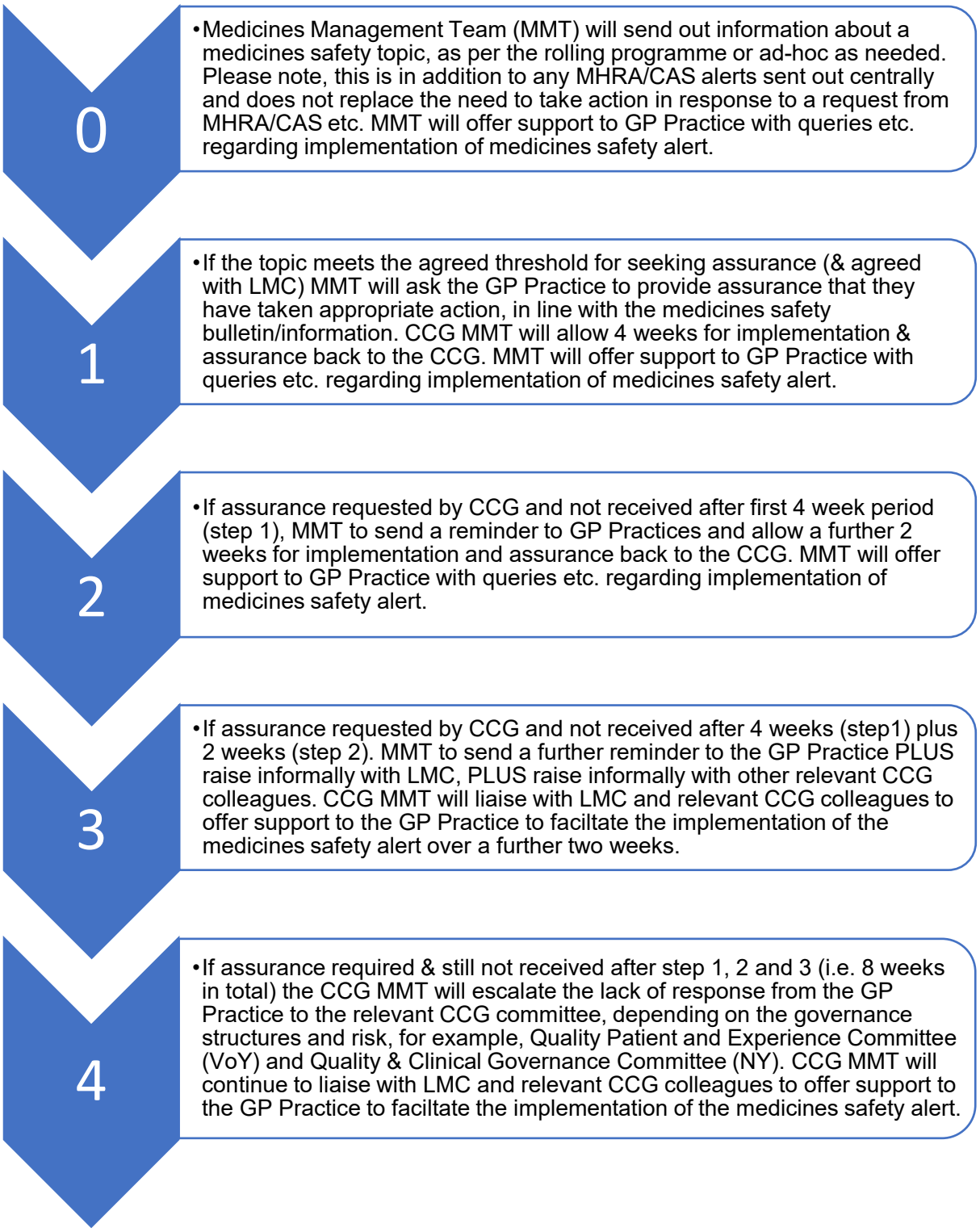
This guidance and support are intended to develop over time. Some examples are given below but this list is not exhaustive. Future actions requiring assurance will be considered at regular MMT meetings as and when new alerts arise via the MHRA / CAS system / National Patient safety Alert programme.

The CCG MMT will determine a threshold for when they seek assurance and this will be agreed with the LMC.

Examples of why assurance may be needed:

- All NatPSAs (relevant to primary care)
- They are related to the NHSE/I 'Never Events' list for medication - https://www.england.nhs.uk/wp-content/uploads/2020/11/2018-Never-Events-List-updated-February-2021.pdf
- In line with a national focus regarding patient safety focus.
- 'MHRA Class 1 drug alert' or medicine recall: presents a life-threatening or serious risk to health (MHRA Class 1 drug alerts are now issued by NatPSA).
- High-level National Patient Safety Alerts and safety critical guidance. Individual organisations that are accredited by the National Patient Safety Alert Committee issue NatPSAs. Currently, the NHSE/I National Patient Safety Team, MHRA, and PHE are accredited.
- When an alert poses a significant risk to a large proportion of the population, such as concerns over the inaccuracy of DOAC dosing.
- When an alert poses significant risk and irreversible fetal harm, such as phenytoin in pregnancy.

  The flowchart below details the expectations of the CCG MMT when it seeks assurance from GP Practices on a significant medicine-related safety issue. The request for assurance will be sent to the GP Practice Pharmacist, Practice Manager & GP Prescribing Lead. It is for each practice to determine who is best placed to respond to the alert and provide assurance.


0
•Medicines Management Team (MMT) will send out information about a medicines safety topic, as per the rolling programme or ad-hoc as needed. Please note, this is in addition to any MHRA/CAS alerts sent out centrally and does not replace the need to take action in response to a request from MHRA/CAS etc. MMT will offer support to GP Practice with queries etc. regarding implementation of medicines safety alert.
1
•If the topic meets the agreed threshold for seeking assurance (& agreed with LMC) MMT will ask the GP Practice to provide assurance that they have taken appropriate action, in line with the medicines safety bulletin/information. CCG MMT will allow 4 weeks for implementation & assurance back to the CCG. MMT will offer support to GP Practice with queries etc. regarding implementation of medicines safety alert.
2
•If assurance requested by CCG and not received after first 4 week period (step 1), MMT to send a reminder to GP Practices and allow a further 2 weeks for implementation and assurance back to the CCG. MMT will offer support to GP Practice with queries etc. regarding implementation of medicines safety alert.
3
•If assurance requested by CCG and not received after 4 weeks (step1) plus 2 weeks (step 2). MMT to send a further reminder to the GP Practice PLUS raise informally with LMC, PLUS raise informally with other relevant CCG colleagues. CCG MMT will liaise with LMC and relevant CCG colleagues to offer support to the GP Practice to faciltate the implementation of the medicines safety alert over a further two weeks.
4
•If assurance required & still not received after step 1, 2 and 3 (i.e. 8 weeks in total) the CCG MMT will escalate the lack of response from the GP Practice to the relevant CCG committee, depending on the governance structures and risk, for example, Quality Patient and Experience Committee (VoY) and Quality & Clinical Governance Committee (NY). CCG MMT will continue to liaise with LMC and relevant CCG colleagues to offer support to the GP Practice to faciltate the implementation of the medicines safety alert.

References

1. World Health Organisation. The third WHO Global Patient Safety Challenge: Medication Without Harm. https://www.who.int/patientsafety/medication-safety/en/. [Online] May 2016.
2. Department of Health and Social Care. The Report of the Short Life Working Group on reducing medication related harm. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/683430/short-life-working-group-report-on-medication-errors.pdf. [Online] Feb 2018.
3. GMC Good Medical Practice Domain 2 - https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/good-medical-practice/domain-2----safety-and-quality
4. CQC S4 Medicines Management - https://www.cqc.org.uk/guidance-providers/healthcare/medicines-management-healthcare-services
5. CQC Nigel's Surgery – Patient Safety Alerts https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-91-patient-safety-alerts
6.https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/403210/A_guide_to_defective_medicines.pdf

7. https://www.bcpft.nhs.uk/documents/policies/m/2181-managing-safety-alerts-and-other-safety-communications/file

8. https://www.bcpft.nhs.uk/documents/policies/m/2181-managing-safety-alerts-and-other-safety-communications/file

9. https://www.gov.uk/government/news/safety-critical-alerts-have-changed-at-the-mhra--2

10. https://www.midlandsandlancashirecsu.nhs.uk/csu-case-study/medicines-safety-assurance-tool-msat/

11. https://www.sps.nhs.uk/meetings/medicines-use-and-safety-network-autumn-meeting/

Item Number: 5

Name of Presenter: Simon Bell

Meeting of the Primary Care Commissioning Committee **Date of meeting: 23 September 2021**	NHS Vale of York Clinical Commissioning Group

Primary Care Commissioning Financial Report Month 5

Purpose of Report
For Information

Reason for Report

To provide the Committee with details of the Month 5 and forecast position for Primary Care.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

Recommendations

For the Committee to note the report and contents.

Decision Requested (for Decision Log)

Responsible Executive Director and Title	**Report Author and Title**
Simon Bell, Chief Finance Officer	Caroline Goldsmith, Deputy Head of Finance

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

Report produced: September 2021

Financial Period: April 2021 to August 2021

1. Introduction

This report provides details on the year-to-date financial position as at Month 5 and the forecast outturn position for 2021-22.

2. Primary Care Year-to-Date and Forecast Position

In line with the plan, current reporting covers the first half of the financial year only (H1) from April to September.

3.1 Delegated Commissioning Financial Position – Month 5

The table below sets out the year-to-date position for 2021-22.

Delegated Primary Care	Month 5 Year-To-Date Position		
	Budget £000	Actual £000	Variance £000
Primary Care - GMS	9,883	9,884	(1)
Primary Care - PMS	4,003	3,855	148
Primary Care - Enhanced Services	271	271	0
Primary Care - Other GP services	3,907	3,621	286
Primary Care - Premises Costs	1,932	1,917	15
Primary Care - QOF	2,114	2,114	0
Sub Total	**22,110**	**21,662**	**448**

- The **Month 5 year-to-date position** is £21.7m which is an underspend of £448k against the CCG's financial plan.
- **GMS** is based upon the current contract and list sizes to date.
- **PMS** contracts are underspent by £148k due to PMS premium monies (£130k) which are accrued in Other Primary Care.

- **Enhanced Services** have been accrued to budget. A more detailed breakdown is shown in the table below. Allocation for the Long COVID Enhanced Service from July onwards was received in Month 5.

Enhanced Services	Month 5 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Learning Disability	46	46	0
Minor Surgery	176	176	0
Violent Patients	9	9	0
Long COVID	40	40	0
Sub Total	271	271	0

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

Other GP Services	Month 5 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Dispensing/Prescribing Doctors	817	811	6
PCO Administrator	347	279	69
COVID Expansion Fund	625	625	0
GP Framework:			
Network Participation	262	261	1
Clinical Director	112	112	0
Additional Roles	1,013	1,013	0
Investment and Impact Fund	127	127	0
Care Home Premium	129	129	0
Extended Hours Access	219	219	0
Needle, Syringes & Occupational Health	9	9	0
Reserves	247	36	211
Sub Total	3,907	3,621	286

Dispensing Doctors are paid two months in arrears and is currently underspent based upon June's dispensing figures.

PCO Administrator is underspent due to £69k, £65k of which is income from NHSE in relation to the 2020-21 GP Returner pilot programme.

The CCG has received H1 **GP COVID Expansion Funding** which has been paid out to PCNs in full.

GP Framework payments and Needle, Syringes and Occupational Health are all accrued to budget.

The year-to-date budget in **reserves** reflects the amount required to balance expenditure and allocation, as required by NHS England offset by £36k of prior year pressure.

- **Premises** costs are based upon actuals, where known, or accrued to budget.

- **QOF** is accrued to budget.

3.2 Other Primary Care – Month 5

The table below sets out the core primary care financial position as at Month 5.

Primary Care	Month 5 Year-to-Date Position		
	Budget £000	Actual £000	Variance £000
Primary Care Prescribing	21,803	22,966	(1,162)
Other Prescribing	708	762	(54)
Local Enhanced Services	883	746	138
Oxygen	159	122	37
Primary Care IT	545	53	492
Out of Hours	1,420	1,419	1
Primary Care Transformation	917	918	(1)
Other Primary Care	364	478	(114)
Sub Total	**26,800**	**27,463**	**(663)**

- The **Prescribing** position is overspent by £1.2m as at Month 5. This position is based upon prescribing data up to June 2021. £167k of this overspend relates to prior year in respect of actual prescribing figures for February and March.

- **Local Enhanced Services** is based quarter 1 claims. There is an underspend of £138k which is made up of an underspend on anticoagulation of £89k, £22k on complex wound care and £15k on ophthalmology.

- **Primary Care IT** is showing an underspend of £492k due to the release of a prior year accrual for a historic VAT liability (£468k) which HMRC has confirmed is not payable.

- **Other Primary Care** is overspent by £114k. This includes £130k in relation to PMS premium monies for which the budget is included in the delegated commissioning budget. This is offset by a prior year benefit of £32k in relation to SMI health checks.

3.3 Delegated Commissioning and Other Primary Care Forecasts

The forecast outturn position in the table below covers H1 (April to September). The first three columns show the position as per the CCG's financial ledger. Individual lines have been adjusted for outside of envelope spend.

	Forecast Position					
	Ledger Position			Adjusted Position		
	Plan £'000	Forecast £'000	Variance £'000	Outside envelope £'000	Adjusted variance £'000	Comments
Delegated Commissioning						
Primary Care - GMS	11,860	11,867	(8)	0	(8)	
Primary Care - PMS	4,804	4,639	164	0	164	£156k PMS premium (forecast included in Other Primary Care).
Primary Care - Enhanced Services	458	458	0	0	0	
Primary Care - Other GP services	4,642	4,358	284	0	284	£65k income from NHSE re 20-21 GP returners, underspend against reserves budget of £250k, offset by £36k pressure from prior year
Primary Care - Premises Costs	2,318	2,304	14	0	14	
Primary Care - QOF	2,537	2,537	0	0	0	
Total Delegated Commissioning	**26,619**	**26,164**	**455**	**0**	**455**	
Other Primary Care						
Primary Care Prescribing	26,164	27,586	(1,422)	0	(1,422)	£167k prior year overspend (due to February and March's actual figures). £1.25m in year overspend based on April - June prescribing data - Q1 increased spend is now reflected in the forecast figures for Q2
Other Prescribing	849	916	(67)	0	(67)	
Local Enhanced Services	1,060	872	187	0	187	Forecast based upon Q1 claims. Underspends forecast on anti-coag (£106k), complex wound care (£25k) and ophthalmology (£19k)
Oxygen	191	147	44	0	44	
Primary Care IT	654	161	493	0	493	£486k underspend due to release of prior year accrual for GP IT historic VAT liability
Out of Hours	1,704	1,703	0	0	0	
Other Primary Care	1,446	1,604	(158)	16	(142)	£156k PMS premium (budget on Primary Care - PMS). Outside of envelope includes £16k for additional vaccination costs (reducing inequalities).
Total Other Primary Care	**32,148**	**33,070**	**(922)**	**16**	**(906)**	
Total Primary Care						
Total Primary Care	**58,767**	**59,234**	**(468)**	**16**	**(452)**	

4. Recommendation

The Primary Care Commissioning Committee is asked to note the year to date and forecast financial positions set out in the report.

Item Number: 9

Name of Presenter: Shaun Macey

Meeting of the Primary Care Commissioning Committee

Date of meeting: 23 September 2021

NHS
Vale of York
Clinical Commissioning Group

Primary Care Commissioning Committee Risk Register

Purpose of Report
To Receive

Reason for Report

The Primary Care Commissioning Committee Risk Register is intended to sight the Committee on Primary Care risks where appropriate, particularly where discussions around risk might potentially have contractual implications or require some form of control or mitigation though a formal Primary Care Commissioning route.

Additionally, the Internal Audit review of the CCG's 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions' recommended that 'The CCG should introduce oversight of Primary Care risk at the PCCC'.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks

☐Financial
☐Legal
☐Primary Care
☐Equalities

Risk Rating

Emerging Risks

n/a.

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

None to note.

Recommendations

The Committee is asked to receive the Primary Care Risk Register in order to oversee any risks associated with the CCG's delegated Primary Care commissioning functions.

Decision Requested (for Decision Log)

The Committee received the Primary Care Risk Register.

Responsible Executive Director and Title	**Report Author and Title**
Stephanie Porter Interim Executive Director of Primary Care and Population Health	Shaun Macey Acting Assistant Director of Primary Care

1. Background

Although Primary Care risks have, to date, mainly been reviewed at the CCG's Governing Body, Quality & Patient Experience, and Finance & Performance Committees – it feels appropriate that the Primary Care Commissioning Committee should also be sighted on these risks where appropriate, particularly where discussions around risk might potentially have contractual implications or require some form of control or mitigation though a formal Primary Care Commissioning route.

Additionally, the Internal Audit review of the CCG's 'Primary Medical Care Commissioning & Contracting: Contract Oversight and Management Functions' recommended that 'The CCG should introduce oversight of Primary Care risk at the PCCC'.

2. PCCC Risk Headlines September 2021

The full risk log entries are included in Annexe 1 for reference.

2.1. PRC.14 - Learning Disability (LD) Health Checks

September 2021 update.

On the basis that NHS Vale of York CCG Practices achieved a performance of 79.4% against a national target of 67% during 2020/21 – i.e. exceeding the target by a significant margin – it is suggested that this risk is now removed from the PCCC Risk Register.

It is hoped that the process to improve on this level of performance is now embedded in Practices, but the CCG will continue to monitor performance each month and re-instate the risk if necessary.

2.2. PRC.15 - Serious Mental Illness (SMI) Health Checks

Last update July 2021 - the risk rating is unchanged at 12 between June and July 2021.

Q1 data is not yet available.

Proposals have been received from across the PCN's to develop new, and expand on holistic and sustainable approaches using available non-recurrent funding including:

A dedicated Health Care Assistant (HCA) post to work alongside care coordinators, social prescriber link workers, TEWW and voluntary sector partners

Tailored outreach work aimed at increasing participation and take-up of health care

A new dedicated mental health social prescriber link worker post for York

Personalised health checks delivered by HCAs/nurse in ways which suit individuals, for example in their own home or community setting

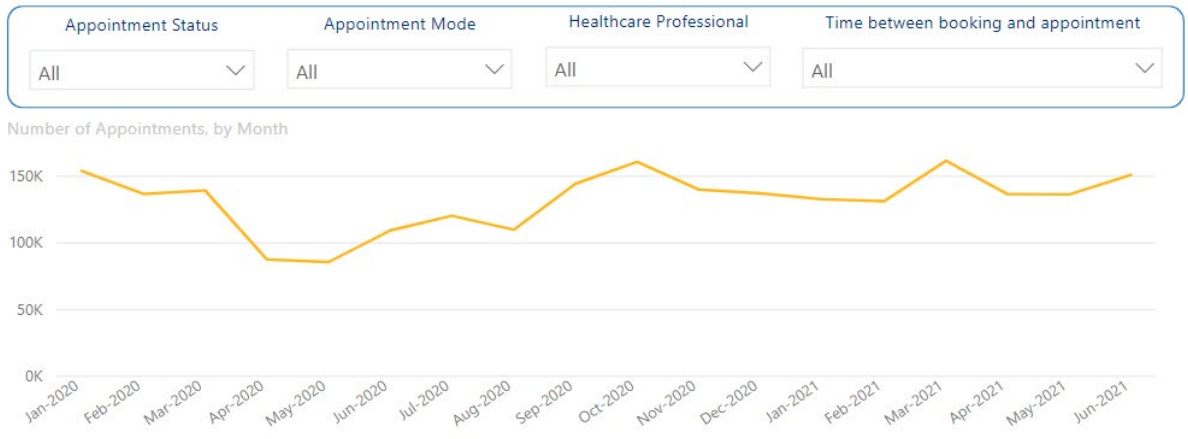
Personalised care plans including referral to health trainers and sport and leisure partners to develop programmes that support people with weight management, nutrition and physical activities - linked to wider population health management approaches, Mental Health First Aid Training (MHFA) to increase knowledge and awareness across primary care staff to effectively support people with SMI;

Liaison with drug and alcohol recovery projects, data/coding reconciliation and training on use of a standardised template.

2.3. PRC.16 - Access to General Practice - Reputational Damage

The risk rating is reduced from 12 to 8 between July and September 2021.

Although the number of appointments that were offered by Practices has reduced at points during the Covid-19 pandemic - due to a combination of national lockdown restrictions, a directive from NHSEI that Practices should operate a 'total triage' model, and practical constraints re. capacity due to the extensive implementation of infection prevention and control measures in order to protect both patients and staff from exposure to the virus - national data from NHS Digital at June 2021 (published July 2021) shows that General Practice appointment numbers have now been restored to pre-pandemic levels. The appointments data for NHS Vale of York Practices closely follows the national trend in this respect.



NHS Digital data also shows that face to face appointment numbers exceed telephone appointment numbers - June 2021 data shows approx. 88,000 f2f vs 55,000 telephone appointments.

It is clear that there is still more demand in the system than capacity, however Practices are largely operating as 'business as usual' and from September 2021 are aiming to restore Extended Access (additional evening and weekend) appointments back to routine contracted levels.

There seems to have been a slight reduction in patient complaints and press interest re. access, so the likelihood of this risk has been reduced from 3 to 2 this month.

2.4 PRC.17 - General Practice Wellbeing

Last update July 2021 - the risk rating is unchanged at 16 at July 2021.

Following a discussion at Governing Body in April 2021 it became clear that primary care workforce are feeling the full effects of the pandemic impact on services. Primary care have been required to absorb additional work, continue existing work and face the emotional toll that the pandemic has had on them, their families, and their patients.

Whilst practices have mechanisms in place to support the wellbeing of their staff the senior staff may feel less able to access existing resources for a multitude of reasons and may also feel that to take time off work would result in increased pressure on colleagues and also that it may not assist their wellbeing. The result may be that they are not well placed to continue to deliver high quality care.

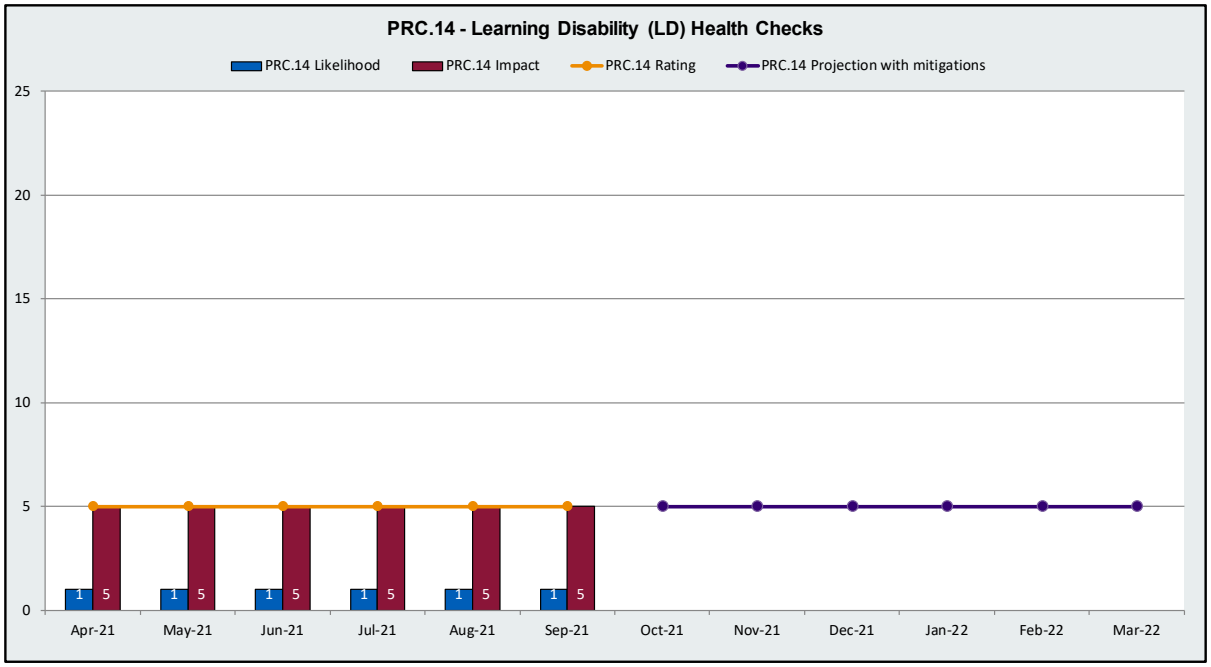
Governing Body held a view that it may be difficult for GP Partners particularly to access services where they knew exactly how they worked or they knew the individuals delivering the services and this placed an additional burden on those GP Partners.

The CCG committed to forming a working group to sit under PCCC to establish what could be delivered to primary care either through mutual aid, existing resources or if a bespoke solution was needed what the likely cost of this was. One consideration was for a Protected Learning Time session to be used as a decompression session for primary care although this would require a degree of vulnerability and leadership from senior primary care clinicians and if possible non-clinical staff to demonstrate that it is ok not to be ok.

Annexe 1

PRC.14 - Learning Disability (LD) Health Checks

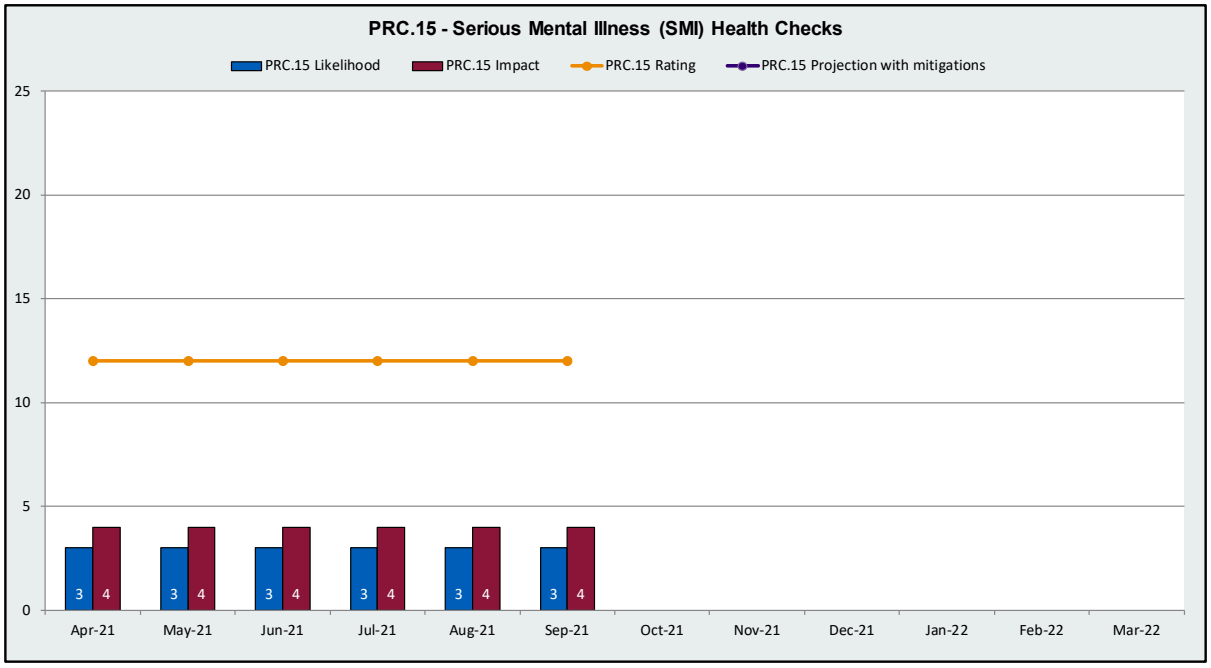
Risk Ref	**PRC.14**
Title	**Learning Disability (LD) Health Checks**
Operational Lead	Carl Donbavand
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	There is a risk that the target of 70% of people on general practice learning disability registers have an annual health check will not be met due the impact of covid-19 and ability of general practice to restore proactive annual health checks sufficiently. This could impact negatively patients and potentially increase mortality and morbidity rates where underlying health conditions go un-detected and/or are under-treated, resulting in widening health inequalities for this population.



Mitigating Actions and Comments
Date: 12 July 2021
The CCG total cumulative position for 2020/21 is 79.4% (provisional data) with the majority of practices exceeding the 67% target. This is in addition to an increase of 26% (265 people) identified on LD registers across the CCG. Provisional data indicates during 2020/21 there were 324 more health checks completed than the previous financial year despite the covid-19 pandemic. The local target for 2021/22 is at least 70%. Data for Q1 2021/22 is due to be published and analysed in July which will be shared with general practice. **Actions to sustain performance:** The CCG is working with practices which did not meet the 67% target in 2020/21 to understand any local practice variation. Continue to promote LD health check Enhanced Service and QI frameworks with general practice Continue to address local variation using targeted approach with PCNs Clinical Directors and Practices and promote the CCG's QI facilitation offer All PCNs have developed and agreed PIDs for personalised transformation for LD health checks which includes improving the uptake of health checks and better links with social prescribing. Contracts are progressing (7 out of 8 PCNs are complete). A red flag roadshow is planned for September which is aimed at people with learning disabilities to increase their awareness of the signs and symptoms of cancers to know when to get checked out.

PRC.15 - Serious Mental Illness (SMI) Health Checks

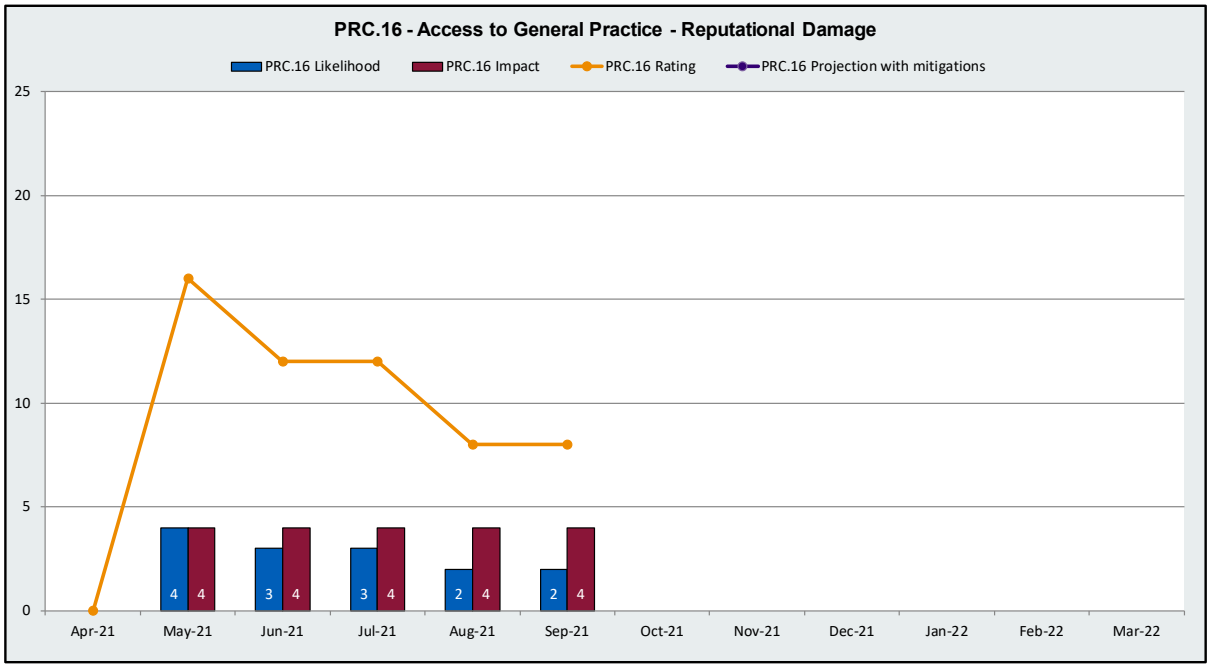
Risk Ref	PRC.15
Title	Serious Mental Illness (SMI) Health Checks
Operational Lead	Sheila Fletcher
Lead Director	Denise Nightingale (Executive Director of Transformation, Complex Care and Mental Health)
Description and Impact on Care	The risks are: No improvements will be made to the physical health of patients with severe mental illness. This could further increase the differential between mortality and morbidity already recognised for those with a severe mental illness. Failure to achieve the requirement of the CCG that 60% of 'patients on the mental health QOF practice registers receive a comprehensive physical health check at least annually Reduced numbers of face-face consultations in primary care due to covid restrictions



Mitigating Actions and Comments
Date: 12 July 2021
Q1 data is not yet available. Proposals have been received from across the PCNs to develop new, and expand on holistic and sustainable approaches using available non-recurrent funding including; a dedicated Health Care Assistant (HCA) post to work alongside care coordinators, social prescriber link workers, TEWW and voluntary sector partners; tailored outreach work aimed at increasing participation and take-up of health care; a new dedicated mental health social prescriber link worker post for York; personalised health checks delivered by HCAs/nurse in ways which suit individuals, for example in their own home or community setting; personalised care plans including referral to health trainers and sport and leisure partners to develop programmes that support people with weight management, nutrition and physical activities - linked to wider population health management approaches, Mental Health First Aid Training (MHFA) to increase knowledge and awareness across primary care staff to effectively support people with SMI; liaison with drug and alcohol recovery projects, data/coding reconciliation and training on use of a standardised template.

PRC.16 - Access to General Practice - Reputational Damage

Risk Ref	**PRC.16**
Title	**Access to General Practice - Reputational Damage**
Operational Lead	Shaun Macey
Lead Director	Stephanie Porter (Interim Director of Primary Care & Population Health)
Description and Impact on Care	The CCG and its member Practices are aware of increasing complaints from patients relating to difficulty in accessing appointments in General Practice. The CCG has also received a number of queries from local Councillors and the press relating to this issue. Although national data suggests that GP appointment numbers are back to pre-pandemic levels, there is a risk of reputational damage to the CCG and its member Practices if this issue is not managed through effective and sensitive public engagement.



Mitigating Actions and Comments

Date: 10 Sep 2021

Although the number of appointments that were offered by Practices has reduced at points during the Covid-19 pandemic - due to a combination of national lockdown restrictions, a directive from NHSEI that Practices should operate a 'total triage' model, and practical constraints re. capacity due to the extensive implementation of infection prevention and control measures in order to protect both patients and staff from exposure to the virus - national data from NHS Digital at June 2021 (published July 2021) shows that General Practice appointment numbers have now been restored to pre-pandemic levels. The appointments data for NHS Vale of York Practices closely follows the national trend in this respect.

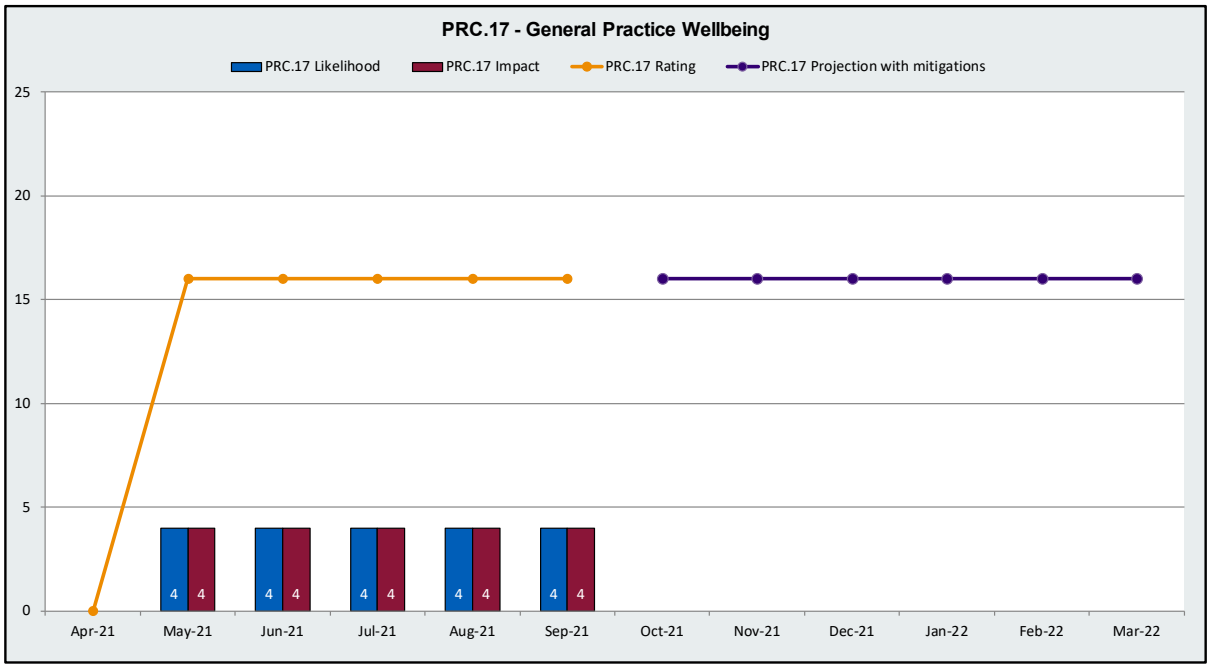
NHS Digital data also shows that face to face appointment numbers exceed telephone appointment numbers - June 2021 data shows approx. 88,000 f2f vs 55,000 telephone appointments.

It is clear that there is still more demand in the system than capacity, however Practices are largely operating as 'business as usual' and from September 2021 are aiming to restore Extended Access (additional evening and weekend) appointments back to routine contracted levels.

There seems to have been a slight reduction in patient complaints and press interest re. access, so the likelihood of this risk has been reduced from 3 to 2 this month.

PRC.17 - General Practice Wellbeing

Risk Ref	PRC.17
Title	General Practice Wellbeing
Operational Lead	Abigail Combes
Lead Director	Stephanie Porter (Interim Director of Primary Care & Population Health)
Description and Impact on Care	There is a risk that primary care staff will experience burnout and health issues as a result of the pandemic and recovery pressures. This risk will manifest itself in at least two ways, one will be increased sickness rate in primary care and the second will be reduced quality of care as a result of increased pressure and/or reduced staff wellbeing.



Mitigating Actions and Comments

Date: 12 July 2021

Following a discussion at Governing Body in April 2021 it became clear that primary care workforce are feeling the full effects of the pandemic impact on services. Primary care have been required to absorb additional work, continue existing work and face the emotional toll that the pandemic has had on them, their families, and their patients.

Whilst practices have mechanisms in place to support the wellbeing of their staff the senior staff may feel less able to access existing resources for a multitude of reasons and may also feel that to take time off work would result in increased pressure on colleagues and also that it may not assist their wellbeing. The result may be that they are not well placed to continue to deliver high quality care.

Governing Body held a view that it may be difficult for GP Partners particularly to access services where they knew exactly how they worked or they knew the individuals delivering the services and this placed an additional burden on those GP Partners.

The CCG committed to forming a working group to sit under PCCC to establish what could be delivered to primary care either through mutual aid, existing resources or if a bespoke solution was needed what the likely cost of this was. One consideration was for a Protected Learning Time session to be used as a decompression session for primary care although this would require a degree of vulnerability and leadership from senior primary care clinicians and if possible non-clinical staff to demonstrate that it is ok not to be ok.

Item Number: 10

Name of Presenter: David Iley

Meeting of the Primary Care Commissioning Committee **Date of meeting: 23 September 2021**	NHS Vale of York Clinical Commissioning Group

Report Title – Primary Care Report

Purpose of Report *(Select from list)*
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.

To ask the Committee for approval in relation to the primary care estate.

Strategic Priority Links

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

Local Authority Area

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

Impacts/ Key Risks	**Risk Rating**
☒Financial ☐Legal ☒Primary Care ☐Equalities	

Emerging Risks

Impact Assessments

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

☐ Quality Impact Assessment
☐ Equality Impact Assessment
☐ Data Protection Impact Assessment
☐ Sustainability Impact Assessment

Risks/Issues identified from impact assessments:

N/A

Recommendations

The Primary Care Commissioning Committee is being asking to:

- Confirm that they are happy with the 4 recommendations in the items for approval section
- Note the contents of section 2

Decision Requested (for Decision Log)

Recommendations approved and report noted.

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

Vale of York CCG
Delegated Commissioning
Primary Care Update
September 2021

Prepared by David Iley

Primary Care Assistant Contracts Manager

NHS England and NHS Improvement – (NE and Yorkshire)

14th September 2021

1.0 Items for a Decision

1.1 Proposed Lease Extension - Front Street Surgery, Unit 5, The Doctor's Surgery, Copmanthorpe Shopping Centre

The lease for he Front Street Surgery branch site at Copmanthorpe Shopping Centre expired on 24th December 2020. The Practice and landlord have proposed a one-year extension to the lease to run until 24th December 2021 under the exact terms and conditions including rental amount to ensure service provision whilst a longer-term lease can be considered.

The Committee is asked to approve the lease extension of 12 months

1.2 New Lease Proposal - Front Street Surgery, 14 Front Street, York, YO24 3BZ

The existing lease for the Practice is due to expire in November 2022. The Practice is currently reimbursed £90,825 per annum (£86,500 Market Rent + £4,325, 5% Fully Repairing and Insuring (FRI) lease terms) plus VAT totalling £108,125.

The Practice have requested approval for a new lease. Following a review by the District Valuer the following terms have been agreed which will be formalised into a lease if approved by the CCG.

- 18-year lease period.
- 3 yearly rent reviews.
- Lease terms being on a Fully Repairing and Insuring (FRI) basis
- Actual reimbursement at £93,500 per annum (£89,000 Market Rent + £4,450 5% Fully Repairing and Insuring (FRI) lease terms) plus VAT totaling £111,250.
- The landlord has offered to fund the windows and guttering circa £20k as part of the negotiation. This will be via a letter of undertaking between landlord and tenant.

The Committee is asked to approve the terms of the new lease

1.3 Rent Review - York Medical Group, 199 Acomb Road, York, YO24 4HD

- The Practice submitted a rent review memorandum dated 12th May 2018 following a rent review with the landlord. The agreed lease amount was £125,000 per annum.
- The District valuer was instructed to undertake a Current Market Rent (CMR) value for the property as of 12th May 2018 and valued the property at £107,500 per annum.
- The existing 2015 valuation is £101,600 and therefore the increase of £5,900 as per the DVs valuation is above the delegated limit of 5% and needs to be considered by the Committee.

The Committee is asked to approve the increase in rent to £107,500 in line with the DVs valuation.

1.4 Tenancy at Will - York Medical Group, York St Johns Uni, Lord Mayors Walk, York, YO31 7EX

- York Medical Group provide services from a branch site at St Johns University. Due to a campus reconfiguration the University relocated the Practice from College Block G to Quad East.
- During this time the existing lease has expired, and the Practice and landlord have since negotiated a Tenancy at Will.
- The proposed Tenancy at Will would commence on 1st August 2020 and have 3 yearly rent reviews.
- The rent would be £20,538.92 which is above the current annual reimbursement of £16,600 however the CCG would only be required to reimburse the lower value of Actual rent or Market Rent once the site was assessed by the District Valuer.

The Committee is asked to approve the draft Tenancy at Will

2.0 Items for Noting

2.1 Primary Care Network Additional Roles

Under the terms of the Network Contract Directed Enhanced Service PCNs were asked to complete and return a workforce plan by 31st August using a national template providing details of its updated plans for 21/22.

A return was received from each PCN showing that close to 139 WTE additional whole-time equivalent health professionals will be employed by the PCNs by the end of 21/22 across the Vale of York.

PCNs are also asked to submit their indicative future recruitment plans to the CCG by 31st October 2021.

2.2 Update to GP contract arrangements for 2021/22

Two new enhanced services were made available to GP Practices to support recovery from the pandemic in the updated GP contract arrangements for 21/22.

- The Weight Management Enhanced Service encourages practices to develop a supportive environment for clinicians to engage with patients living with obesity about their weight and provides up to £20m funding for referrals to weight management services.
- The Long COVID Enhanced Service will support professional education, training and pathway development that will enable management in primary care where appropriate and more

consistent referrals to clinics for specialist assessment. It will also support accurate coding and planning to ensure equity of access. NHS England will provide up to £30m for the service.

In Vale of York 24 of the 25 GP Practices signed up to both enhanced services except for Escrick Surgery.

The Committee is asked to note the updates in section 2 of the paper