

**Minutes of the 'Virtual' Primary Care Commissioning Committee on
23 September 2021**

Present

Julie Hastings (JH)(Chair) - part	Lay Member and Chair of the Quality and Patient Experience Committee in addition to the Primary Care Commissioning Committee
David Booker (DB)(Chair)	Lay Member and Chair of the Finance and Performance Committee
Simon Bell (SB)	Chief Finance Officer
David Iley (DI)	Primary Care Assistant Contracts 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
Shaun Macey (SM)	Acting Assistant Director of Primary Care
Dr Tim Maycock (TM)	GP at Pocklington Group Practice representing the Central York Primary Care Networks
Dr Matthew Pennick (MP)	GP Trainee
Michèle Saidman (MS)	Executive Assistant
Sharon Stoltz (SS) - part	Director of Public Health, City of York Council
Gary Young (GY)	Lead Officer Primary Care, City

Apologies

Kathleen Briers (KB) /	
Lesley Pratt (LP)	Healthwatch York
Dr Paula Evans (PE)	GP at Millfield Surgery, Easingwold, representing South Hambleton and (Northern) Ryedale Primary Care Network
Phil Goatley (PG)	Lay Member and Chair of the Audit Committee and the Remuneration Committee
Dr Andrew Moriarty (AM)	YOR Local Medical Committee Locality Officer for Vale of York

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

Five members of the public joined the live stream.

Agenda

1. Apologies

As noted above.

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

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

3. Minutes of the meeting held on 22 July 2021

The minutes of the previous meeting were agreed.

The Committee:

Approved the minutes of the meeting held on 22 July 2021.

4. Matters Arising

PCCC58 Primary Care Dashboard: SM reported that he and DI had been invited to attend a meeting with YOR Local Medical Committee at the end of July 2021 with a view to gaining a better understanding of demand in primary care. He explained that, with Local Medical Committee colleagues, one of the initial actions was to work with CCG Practices using the Klinik access management system to collate and analyse data regarding Practice appointment types and their management across a skill-mix of different staff within General Practice. SM advised that he would link this work into the Primary Care Dashboard development as appropriate and noted a report on appointment type in comparison to the type of clinician seen would be presented at a future meeting.

Other matters on the follow-up schedule were noted for presentation at the next meeting or on the agenda.

JH left the meeting due to technical difficulties during this item; DB took over as Chair

4.1 Medicines Safety Programme Flow Chart

SP referred to discussion at previous meetings of the Committee and the agreement that the Quality and Patient Experience Committee was the appropriate forum for consideration of a medicines safety approach. She advised that the document presented had been agreed with the Local Medical Committee and subsequently the Quality and Patient Experience Committee. This item is now closed.

The Committee:

1. Noted the updates.
2. Received the Medicines Safety Programme Flow Chart

5. Primary Care Commissioning Financial Report Month 5

SB presented the report which described the primary care year to date and forecast financial positions noting that planning was currently being undertaken on a half year basis. He reported a £448k underspend on the CCG's delegated commissioning budgets and a £663k overspend year to date, predominantly relating to prescribing, within the overall primary care budget. The forecast was a £452k overspend on the total primary care budget; the forecast for the overall CCG position was break-even at month 5 and continuing for month 6.

In relation to prescribing SB explained that capacity in the Medicines Management Team was being supported to assist with savings through simple and non-controversial switches with a view to trying to impact the overspend.

SB highlighted that allocations for the second half of the year, October to March, were still awaited noting that changes were expected to two significant elements of funding outwith this: the Hospital Discharge Programme and Elective Recovery Fund.

In response to DB enquiring about delegated commissioning in the context of transition to the Integrated Care System, SB explained that the GP element of delegated budgets was expected to continue to the Integrated Care Board. A review process was taking place in respect of dental, pharmacy and community ophthalmology with the potential for additional delegation of primary care services to Integrated Care Boards; however, further delegation was not expected before October 2022.

The Committee:

Received the Primary Care Commissioning Financial Report as at month 5.

6. Primary Care Networks Update

Central

With regard to the City GY referred to discussion at the May Committee when reporting had been in the context that the central Primary Care Networks (PCNs) felt they had achieved the NHS England and NHS Improvement model for primary care in York, with Nimbus as their 'at scale' provider. PCN clinical leadership was now being translated into transformed service delivery, including responding to COVID-19 and system pressures.

GY explained that all five central PCNs had completed their organisational development funding plans for 2021/22 based on a review of the benefits from the previous year's funding. Common themes included: recruitment to new posts for project or performance management and/or strategic workforce planning; further improving Business Intelligence, IT, finance, or quality improvement at a strategic level, reflecting the maturity of each PCN; purchasing Klinik and/or Ardens to improve delivery and consistency of coding (all five central PCNs are planning to use Klinik this year); and training and mentorship, especially supporting additional roles to embed quickly and ensure long-term retention of new staff. GY emphasised the context of identification and reduction of health inequalities along with the leadership required with system partners at 'place'.

GY highlighted the establishment with partners of the mass vaccination community hub at Askham Bar, York, in response to the first wave of the COVID-19 pandemic, also noting the continuing work in respect of long COVID and the regional Waiting Well Programme.

GY explained the establishment of an eight week GP-led pilot, commencing on 4 October 2021 at Askham Bar, to provide a Paediatric Ambulatory Treatment Hub as a review service for very young children with bronchiolitis who may otherwise have been taken to the Emergency Department. He commended the partnership working, facilitated by CCG colleagues, that had emanated in the pilot, also noting the costs were being provided by the system.

In terms of 'mutual aid' GY reported that Nimbus had provided additional sessions via the Improving Access service to support Practices reporting OPEL (Operational Pressures Escalation Levels Framework) Level 3, i.e. approaching being at risk. Building on this Nimbus had submitted a proposal to provide additional primary urgent care through the winter. Discussions were currently taking place, led by NHS North Yorkshire and NHS Vale of York CCGs, with the aim of additional GP sessions being fully integrated with existing urgent care services from 8am to 8pm Monday to Friday to support the Emergency Departments at both York and Scarborough Hospitals.

GY referred to the continuing work in respect of improvements in Learning Disability Health Checks and described development, through Nimbus, of a model for an enhanced multi-agency collaborative approach for Severe Mental Illness follow-ups and personalised care plans for all central Practices. He noted that this project aimed to build on the emerging Health and Care Alliance approach for the city and was aligned to the community mental health transformation programme.

In conclusion GY highlighted that the advent of PCNs had been embraced by central Practices who were working more closely together. The PCN Clinical Directors were displaying individual and collective leadership to support Practices, patients, and wider system working. Although a relatively small part of the overall PCN resource, the organisational development funding played an important part in maintaining and developing leadership within each PCN which, in turn, allowed PCNs to work collaboratively with each other and with system partners.

Vale

FB-M reported that the Vale PCNs had, as in the city, been focusing on reducing inequalities and highlighted the additional roles in this regard. The work of the care coordinators and social prescribing link workers had received national recognition for their support to vulnerable groups around dementia, frailty and mental illness. This work had been shared via podcast on the Ockham Healthcare site and Selby's population health management work had been showcased as an exemplar of partnership working across communities by Optum Health.

FB-M reported that uptake of health checks for people with a Learning Disability and with Severe Mental Illness had improved, particularly commending Pickering Medical Practice who had the highest rate across the CCG on enhancing these health checks. She noted that, although there was variation across the Vale, a number of Practices had achieved c80% for these health checks. Lessons were being shared across the Vale with a view to standardising performance.

Unconfirmed Minutes

FB-M emphasised the key role of partnership working. She reported the establishment of a pilot dietician post with York and Scarborough Teaching Hospitals NHS Foundation Trust to support care homes and an occupational therapy post in South Hambleton and (Northern) Ryedale to focus on end of life and palliative care.

FB-M referred to the organisational development plans noting reduced funding from the previous year for the PCNs to deliver their significant ambitions. Key focus was on system maturity and partnership working; projects included urgent care, mental health and frailty. The organisational development money would be utilised to provide clinical leadership for system and partnership roles.

FB-M explained that delivery of 'mutual aid' in the Vale differed to the city due to the rural geography, citing the example of the seven Practices of South Hambleton and (Northern) Ryedale PCN were utilising Improving Access and providing extra sessions for additional support. She noted that traditionally Vale patients attended A&E less frequently and explained that work was taking place in respect of the urgent care system. In Selby the Urgent Treatment Centre was being redesigned and in South Hambleton and (Northern) Ryedale the new paramedic roles would contribute to management of urgent care and keeping people at home in the rural geography. One practitioner was already in post and a second was expected to start in October with two further starting in April 2022.

FB-M referred to the context of the transition and the current demand on primary care emphasising the perspective of maintaining the work on reducing inequalities and ensuring focus on 'place' and local need. She commended the service developments and collaborative partnership working which enabled innovation.

Detailed discussion ensued in the context of patient acceptance of the additional roles, i.e. seeing a professional other than a GP. TM noted that such change required support and management. He emphasised that, while this approach provided a better service for patients, it did not reduce demand on GP time, also noting variation in models and therefore the need for consistency. GY explained from the central perspective that there was a level of success but that communication with patients to raise awareness of alternatives to GPs continued. However, FB-M reported that the additional roles had been well received by patients in the Vale. She and GY both noted other pressures, including room space, line management and clinical support, that emanated from the success of the additional roles.

The Committee:

Noted the update commending the progress detailed.

7. Coronavirus COVID-19 Update

SP reported the eligible population take-up of first vaccinations continued to be c86% and take-up of second doses was increasing. Local vaccination services were commencing on third doses which would be offered no sooner than six months after the second dose; progress through the cohorts would be by invitation as previously, namely care home residents and staff followed by the clinically vulnerable and front line health and care staff and the over 50s.

SP explained that the national universal offer of vaccination to 12 to 15 year olds was being delivered by school immunisation teams with schools, commencing in North Yorkshire and York in coming weeks. She additionally noted that Practices and

pharmacies were issuing invitations for 'flu vaccination. Whilst recognising both this and the COVID-19 vaccination were subject to supply, SP emphasised the importance of take-up.

SP noted the COVID-19 infection rate of 173 per 100,000 as at the previous day. She highlighted a focus on outbreak management via an Outbreak Management Advisory Board led by City of York Council whose meeting on 29 September was accessible to staff and members of the public.

SS reported that the case rate locally had been c200 per 100,000 for some time. She noted the highest number of cases were in the younger age groups, 10 to 14 and 15 to 19 year olds. As had been expected when schools returned, the highest number of outbreaks across the country were in secondary schools. In terms of vaccinating this group the target was for all 12 to 15 year olds to be offered COVID-19 vaccination by the October half term.

In terms of cases in over 60s, SS explained that rates were lower than regionally but higher than nationally. There continued to be a steady increase in COVID-related hospital admissions and a number of COVID-related deaths across North Yorkshire and York. SS additionally noted there were currently four cases of COVID-19 in care homes but emphasised the perspective of routine testing of residents and staff; there were no significant outbreaks.

SS highlighted that, while the success of the vaccination programme was having a positive impact on hospital admissions and deaths, COVID-19 continued to circulate in the community; the pandemic was not at an end. SS emphasised the need to take up offer of vaccination and also to continue to maintain basic infection control measures of hand washing with soap and water, social distancing and mask wearing.

In response to DB enquiring about potential winter impact, SS explained that the system was preparing for forthcoming, though unpredictable, challenges. She noted the context of 'flu, continuing COVID-19 and other winter viruses, such as norovirus and other respiratory viruses, also referring to the perspective of reduced immunity due to lockdown and self isolation. SS highlighted that planning was taking place in terms of communications about the importance of vaccination and basic information on both keeping well and preventing the spread of infection. She also noted that Peter Roderick, Consultant in Public Health, was updating winter modelling with the latest predictions from Public Health England and NHS England and NHS Improvement.

SP additionally referred to earlier discussion and to the Risk Register at item 9 in respect of Practices being at full capacity. She emphasised that General Practice had never been closed and that face to face activity had returned to pre-pandemic levels whilst still maintaining enhanced infection control measures. Additional capacity had been generated through triage and consultation by telephone across the skilled professions in primary care but, as with other parts of the system, demand continued to exceed capacity. SP noted different approaches were being considered, such as the GP-led pilot for parents with very young children with respiratory viruses as referred to by GY above. However, the system was anticipating a challenging winter.

The Committee:

Noted the update.

Unconfirmed Minutes

8. Afghan Refugees Update

SP explained that health providers across the local system were working on the Afghan Resettlement Scheme for permanent allocation, residency and associated services, including primary care. She noted York being a City of Sanctuary and referred to previous work in support of Syrian refugees.

SP noted that because of COVID-19 York had provided temporary accommodation arrangements for a number of asylum seekers, commending the City GPs for their response. She reported that more recently partners had been working on the permanent residency scheme for Afghan refugees to ensure availability of services as required across the CCG.

In the context of the earlier discussion SP commended partner organisations in the South Locality for their response at very short notice to the requirement to deliver a "wrap around" service to 174 temporary residents following transfer from quarantine. SP also commended Shamim Eimaan, Project Support Worker in the Primary Care Team, who had worked with the local mosque to assist this group's transition into temporary accommodation.

The Committee:

Noted the update.

SS left the meeting.

9. Primary Care Commissioning Committee Risk Register

SM presented the report which provided the Committee with oversight of risks associated with the delegated primary care commissioning functions, currently: 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*.

SM commended Practices across the CCG for progress with Learning Disability Health Checks. He recommended PRC.14 be removed from the Risk Register in view of performance of 79.4% against a national target of 67% during 2020/21. SM explained this had become "business as usual" for Practices and assurance was provided through monthly Practice updates against this target.

SM reported variation across the CCG in respect of Serious Mental Illness Health Checks noting c30% performance against the 60% national target in quarter one. He noted, as this was early in the year, there was time to improve performance. However, SM commended South Hambleton and (Northern) Ryedale Primary Care Network Practices for their focused work which had resulted in achievement of 80% performance. SM cited a number of initiatives in this area of work, including a dedicated healthcare assistant working alongside care coordinators and social prescribing link workers, tailored outreach aimed at increasing take up of these health checks, a dedicated mental health social prescribing link worker in York and a personalised approach for these health checks.

In referring to the Access to General Practice - Reputational Damage risk, SM noted that, as discussed earlier, appointments had broadly returned to pre-pandemic levels but demand was exceeding capacity. He reported that June data from NHS Digital indicated there had been c88,000 face to face appointments and c55,000 telephone appointments across the CCG, also noting the context of the need for new ways of working and digital access to manage demand. The reputational risk continued, particularly in view of the pressures across the system, including winter. SM also noted that work was taking place to understand additional demand that was not being met within appointments.

With regard to the General Practice Wellbeing risk, SM referred to the earlier discussion about system pressures and noted that some Practices had reported OPEL 3 due to staff having COVID-19 or being required to isolate with children who were affected. SM emphasised the perspective of wellbeing and support in respect of all providers.

The Committee:

1. Received the Primary Care Commissioning Committee Risk Register.
2. Approved the removal of PRC.14 *Learning Disability Health Checks* from the Committee Risk Register.

10. NHS England and NHS Improvement Primary Care Report

DI presented the report which sought a number of estates related decisions as detailed below. He explained the requests and provided clarification as required.

Updates in the report related to Primary Care Network Additional Roles and to GP contract management arrangements for 2021/22. The latter were in respect of the Weight Management Enhanced Service and the Long COVID Enhanced Service. DI noted that all but one of the Practices in the CCG had signed up to the Enhanced Services.

The Committee:

1. Approved the lease extension for Front Street Surgery, Unit 5, The Doctor's Surgery, Copmanthorpe Shopping Centre, York, to run until 24 December 2021.
2. Approved the terms of the new lease for Front Street Surgery, 14 Front Street, York, YO24 3BZ.
3. Approved the increase in rent to £107,500 for York Medical Group, 199 Acomb Road, York, YO24 4HD in line with the District Valuer's valuation.
4. Approved the draft Tenancy at Will for York Medical Group, York St Johns Uni, Lord Mayors Walk, York, YO31 7EX.
5. Noted the updates.

11. Key Messages to the Governing Body

The Committee:

- Agreed to remove Learning Disability Health Checks from the Risk Register.
- Approved a number of estates related decisions.

- Acknowledged the pressures and challenges across the system noting the efforts to avoid potential impact on patient services.
- Heard an update of the innovative work being planned and delivered across York and Vale PCNs. For both areas, the additional roles, just under 100 whole time equivalent, have added a richness to the skillfully delivered interventions with proven results; we await more positive outcomes as new and emerging roles are engaged. All eight PCNs have completed their organisational development plans with improving population health being key to all.

York's strategy focuses on supporting recruitment, performance, and a strategic view of workforce planning. They continue to harness the power of partnership working and develop innovative and proactive ways of delivering services. For the Vale the focus has been on reducing inequalities, where additional roles have been invaluable, culminating in the care coordinator and social prescribing roles receiving national recognition for work around dementia, frailty, and mental health with podcast on Ockham healthcare site and their population health management work being showcased by Optum health. The three Vale organisational development plans will focus on clinical leadership, improving access, urgent care, and in Selby, a service redesign for their urgent treatment centre.

The Committee:

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

12. Next Meeting

25 November 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.