

**NORTH YORKSHIRE
CLINICAL COMMISSIONING GROUP (CCG)**

Item 4.1

Primary Care Commissioning Committee (PCCC)

28 May 2020

14:00-16:00

Microsoft Teams Virtual Meeting

In Attendance	
Sheenagh Powell (SPo)	Governing Body (GB) Lay Member, Chair
Wendy Balmain (WB)	Director of Strategy and Integration, North Yorkshire CCG
Jane Hawcard (JH)	Chief Finance Officer , North Yorkshire CCG
Julie Warren (JW)	Director of Corporate Services, Governance and Performance, North Yorkshire CCG
Kate Kennady (KK)	GB Lay Member
Dr Sally Tyrer (ST)	GP and LMC representative
Dr Omnia Hefni (OH)	North Yorkshire CCG GP
Dr Bruce Willoughby (BW)	North Yorkshire CCG GB GP
Dr Mark Hodgson (MH)	North Yorkshire CCG GB GP
Dr Peter Billingsley (PB)	North Yorkshire CCG GB GP
Andrew Dangerfield (AD)	Head of Primary Care Transformation North Yorkshire CCG
Sasha Sencier (SS)	Senior Governance Manager & Board Secretary North Yorkshire CCG
Angela Hall (AH)	Public Health Consultant, NYCC
Chris Clarke (CC)	Senior Commissioning Manager NHS England
Richard Kirby (RK)	Secretariat

Apologies	
Amanda Bloor (AB)	Accountable Officer, North Yorkshire CCG
Sue Peckitt (SPe)	Chief Nurse, North Yorkshire CCGs
Alison Levin (AL)	Deputy Director Management Accounting & Contracting North Yorkshire CCG
Simon Berriman (SB)	Executive Officer – Bradford & North Yorkshire LMC
Jim Woods (JW)	LMC
Clare Beard (CB)	Public Health Consultant, NYCC
Shirley Moses (SM)	Service Improvement Manager (Primary Care) North Yorkshire CCG
David Iley (DI)	Primary Care Assistant Contracts Manager NHSE

1.0 Apologies for Absence

Apologies were received as above.

2.0 Declarations of Interest in Relation to the Business of the Meeting

The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at Committee meetings which might conflict with the business of the North Yorkshire Clinical Commissioning Group.

OH confirmed her position as a partner in a Scarborough and Ryedale GP practice in respect of item 8.1.

The meeting was confirmed as being quorate.

The Primary Care Commissioning Committee:

Noted the declarations of interest in relation to the business of the meeting.

3.0 Questions from Members of the Public

No questions were received from members of the public.

JW advised that the PCCC is working towards recording future meetings in line with NHS England (NHSE) guidelines. Governance and consent issues are to be resolved to enable the recording of future meetings but the current position is that any decisions made by the PCCC will be uploaded to the CCG website within 24 hours.

It was noted that HealthWatch were not represented on the call. SS to check that PCCC papers are being received and who will be representing the organisation at future meetings.

4.0 Meetings and Matters Arising from the Meeting held on 27 February 2020.

4.1 The previous meeting was the final joint meeting of the three previous CCGs, prior to the merger and creation of North Yorkshire CCG on 1 April 2020. No comments were made and the minutes were approved.

The Primary Care Commissioning Committee:

Approved the minutes as a true and accurate record

4.2 The following matters/actions were discussed:

Public Health England's COVID-19 advice & guidance link – key links to Public Health England (PHE) guidance and documentation are being distributed. Action CLOSED.

Covid-19 – The item has been added to the risk register. Action CLOSED.

Pharmaceutical Needs Assessment – AH confirmed this has been deferred until April 2022, however there is an ongoing relationship with Public Health regarding priorities. Action Closed.

GP IT update – WB confirmed that the action related to a specific piece of work that has been resolved offline. Action CLOSED.

5.0 Governance

5.1 North Yorkshire CCG Terms of Reference

JW updated the PCCC on the committee's terms of reference:

- PCCC is a statutory committee and the terms of reference for statutory committees forms part of the constitution.
- The constitution and its appendices, including the PCCC terms of reference were approved by the Council of Members and NHS England prior to the establishment of the NY CCG on 1 April 2020.
- The terms of reference were developed from the NHS England template and with PCCC members from the three NY CCGs.
- The NY CCG PCCC are now responsible for reviewing and updating the terms of reference on an annual basis, or sooner if required. PCCC is accountable to the Governing Body and as such any changes must be ratified by the Governing Body.

SPo asked for clarification regarding the Commissioning Support representatives. AD advised that he would be the representative, or another appropriate member of the commissioning team.

5.2 Covid-19 Decision Making

JW updated the PCCC as follows:

- The Governing Body and Audit Committee have been assured with the processes in place to manage Covid-19 decisions.
- The PMO team have been working with the Senior Governance Manager to ensure due diligence is considered throughout the decision making process.
- JH has taken all financial decisions relating to Covid-19 to the private sessions of the Governing Body.
- External Audit has confirmed at the Audit Committee that the processes we have in place provide assurance on the controls in place

JH provided information on the comprehensive Finance decisions log, with details of Covid-19 spending being reported to Directors every Monday. The process for reimbursement from NHSE is robust. JH and AB sign-off all amounts in excess of £50k and these are noted at the Finance and Performance Committee.

5.3 Covid-19 Risks and Business as Usual Risk Management

JW provided the following update/assurance:

- A weekly Covid Risk Register Group has been established to review the Covid-19 risks. This group reports into the Quality and Clinical Governance Committee (QCGC) who hold a meeting every 2 weeks to provide a high level of overview and scrutiny and to receive assurance that appropriate mitigations are in place to manage risks effectively .
- The Risk Management Strategy for the CCG has been developed and we are seeking assurance from the Audit Committee members prior to making a recommendation for the Governing Body to approve on 25 June 2020. We will be reconvening the Corporate Risk Review Group and risks aligned to committees will be received on a quarterly basis from either the July or September meeting.

The Primary Care Commissioning Committee:

Noted and accepted the Governance updates.

6.0 Reports from North Yorkshire Clinical Commissioning Group

6.1 Quarterly Report on North Yorkshire CCG Primary Care

BW presented his written report to the PCCC, noting that the report focussed on Covid-19 and was split into three main sections: Primary Care response to Covid-19, Funding, and Recovery.

i) Primary Care response to Covid-19

- BW noted the major transformation in Primary Care during the first few days of lockdown – from open-door access for patients to a model of total triage via telephone or video depending on whichever method best met the needs of the patient.
- The IT infrastructure enabling remote or offsite working has evolved, supported by national guidance.
- For patients displaying Covid-consistent symptoms requiring a face-to-face appointment, BW noted there are different models across NY, but that practices are working together as networks, and some premises are used as “hot sites” devoted to assessing such cases. Some rural premises are “zoned” to ensure “hot cases” can be seen in isolation.
- There has been a lot of communication with the public through local and social media.
- Vulnerable patients have been identified and told to isolate and only leave home for urgent medical reasons. Care has changed to meet needs (prescriptions, food, home support etc.). CCG working with NYCC to ensure patients can access support. The work done to vet many thousands of patients to ensure the most appropriate were identified was acknowledged by the Committee.
- Secondary Care has reduced elective work to release beds for Covid-19 response. Routine outpatient referrals were put on hold, but are now being reopened and the possibility of difficulties determining priorities was highlighted. National directives are in

place and providers are working with CCGs.

ii) Funding

A number of Primary Care funding streams have been protected although it was recognised that some funded routine work may have been deferred as primary care delivered its Covid response (e.g. routine reviews of long-term conditions, local enhanced services).

iii) Recovery

- Work is underway towards increasing Primary Care access to pre-Covid levels, particularly in respect of vulnerable patients and long term conditions.
- The CCG is working with other health and care partners (NHS providers, social care, mental health) on a North Yorkshire and York recovery plan.
- There is an understanding that the population will be living with the impact of Covid-19 for some time and it is essential to ensure that patients' needs can continue to be met.
- The Committee recognised the significant work of Primary Care Network Clinical Directors in enabling primary care to work together and in different ways as part of mobilising a covid response.

The Primary Care Commissioning Committee:

Noted and accepted the Quarterly Report on North Yorkshire CCG Primary Care.

7.0 Reports from NHS England/NHS Improvement

7.1 Primary Care Update

CC presented the report. Two documents are due for submission; the first, a Primary Care Network return is due by the end of May. ST asked if there was confidence that all responses would be received before the deadline; AD replied this had been followed up and he was assured all responses would be submitted. The second document, a workforce return, has been postponed until August. In addition:

- A good response to the offer of further support to practices was noted.
- Appendix 1 to the Care Home service specification was not supplied with the paper. CC/DI will forward.

The Primary Care Commissioning Committee:

Noted and accepted the NHS England Primary Care update

8.0 Strategy and Planning

8.1 GP Contract Variation Sign-Off

AD explained the rationale for the change which was being submitted. The amendment concerns the acceptance by NHS England of electronic signatures for contract changes, due to the difficulties in obtaining actual written signatures during the current Covid-19 outbreak. The process is established; NHSE complete due diligence and return documentation to the CCG for final approval. Internal processes allow the CCG to return to NHSE or the practice if required. SPo queried assurance regarding the security of the signature(s) for the purposes of authority and accountability. AD noted that the electronic signatures are inserted by the person in question, or by a PA/trusted individual. JH added that e-mails provide audit trail that provides further assurance.

The Primary Care Commissioning Committee:

Approved the GP Contract Variation Sign-Off

9.0 Investments and Finance

9.1a Primary Care Funding

JH presented the background to the plan for this year, in relation to the co-commissioning element of the Primary Care budget:

- The QOF (Quality Outcomes and Framework) payments for the first few months of 2020/21 will be paid at the same rate as the previous year. Activity has been substituted for Covid, and it was also noted that a lot of activity occurs during the latter part of the financial year.
- If all additional roles are taken up, the cost will be £3m against NHS England's plan of £1.9m. There is a scheme to reimburse money spent over the £1.9m, but that reimbursement is not paid up front.
- JH noted the difference of £1.6m between entitlements and expected resource. This financial risk has been raised with NHS England.
- PB noted that improving the uptake of Learning Disability annual health checks across the CCG would amount to tens of thousands of pounds of money that could be claimed if the practices reach their health check targets.
- ST asked when we would move into a "post Covid" situation. JH responded that from a funding perspective, the money should go to where the work is being done and be fair for all patients. Planning is underway for Phase 3 (August 2020-March 2021) and working with Primary Care and Community Care offers an important opportunity to secure more funding.
- JH noted that whilst Trust debts have been written off, the same does not apply to CCGs; the difference being Trusts pay interest on the debts whereas CCGs do not.

The Primary Care Commissioning Committee:

Accepted the Primary Care Funding report and noted how helpful the report was.

9.1b Primary Care Intelligence

WB advised that work was ongoing with North East Commissioning Support (NECS) and internal CCG colleagues to develop a business intelligence report that can help support an improved understanding of primary care performance and variation. Paul Donnelly and AD are working on a model to support practices/Primary Care Networks to better understand population needs and plan services accordingly.

The Primary Care Commissioning Committee:

Noted and accepted the Primary Care Intelligence update

9.2 GP IT Update

WB updated the Committee on the current GP IT position:

- A new commissioned service with NECS commenced on 1 April 2020.
- Staff from the previous provider eMBED were TUPE'd across in line with agreed timescales.
- 9 of the 51 practices had migrated to the new system, but each migration was a significant piece of work requiring a team of engineers and it was not safe to continue through the Covid pandemic.
- Phased plans to complete the migration for all practices are in development and provisionally rescheduled up to September, subject to progression of Covid and impact on access to premises.
- Positive feedback about the use of remote technology to support patients and the primary care workforce.
- Over 400 laptops have been deployed to support Primary Care All 51 practices have signed up to AccuRx video consultation platform – with 8,500 calls being made in 3 months.
- 202 tablets procured for Care Homes supporting the new care home operating model.
- PB noted that Engage Consult platform also allowing better communication with patients and video facilities a big help for the hard of hearing.

The Primary Care Commissioning Committee:

Noted and accepted the GP IT update

10.0 Minutes and Key Messages

- The committee noted the Terms of Reference and noted they should be reviewed at least annually.
- The committee received assurance on Covid-19 decision making process and Covid-19 Risk Management.
- The committee received and was assured by the Primary Care Report which particularly updated on the Covid-19 Primary Care response
- The committee approved the updated GP Contract sign off process.

11.0 Any Other Business

No items were submitted.

12.0 Meeting Reflection

The consensus was that the meeting had gone well, with virtually no issues with Microsoft Teams.

13.0 Next Meeting

The date of the next meeting is 23 July 2020.

Follow up actions

The actions required as detailed in these minutes are attached at Appendix A.

Appendix A

North Yorkshire Clinical Commissioning Group Actions from the Primary Care Commissioning Committee on 28 May 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
28 May 2020	3.0	<p>SS to contact Healthwatch to ensure they are receiving papers and to clarify representation at future meetings.</p> <p>Post meeting note: Cathy Tobin spoke with Chris Brackley (Chairman of Healthwatch) who confirmed that Nigel Ayre was off sick until 22 June and that it is hoped that Nigel will continue to attend the Committee going forward.</p>	SS	23.07.20
28 May 2020	7.1	<p>Appendix 1 to NHSE report to be forwarded and distributed to members.</p> <p>Post meeting note: Cathy Tobin issued to the Committee on 24.06.20.</p>	DI/CC	23.07.20

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
27 February 2020	8	<p>Public Health (NYCC)</p> <p>Public Health England's COVID-19 advice & guidance link – CB to send the link to CT for it to be circulated to Committee members.</p> <p>COVID-19 - Due to the apparent confusion about the correct advice & guidance for the virus, ST suggested that the virus should be added to the significant primary care risk register, which WB agreed. CT to inform SS for it to be added to the risk register.</p> <p>Pharmaceutical Needs Assessment – CB informed the Committee that the assessment will be published in Spring 2021 and sought nominees to represent the CCG. The PNA examines local pharmacy provision. SPe agreed to take forward.</p>	<p>Clare Beard / Cathy Tobin</p> <p>Cathy Tobin / Sasha Sencier</p> <p>Sue Peckitt</p>	<p>CLOSED</p> <p>CLOSED</p> <p>CLOSED</p>

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
27 February 2020	11	<p><u>GP IT Update</u></p> <p>Embed / NECS New IT installation – Disruption to practices caused by the implementation of new IT installation. WB will speak with Embed/NECs to avoid disruption to practices wherever possible.</p> <p>Post meeting note: Debbie Westmoreland confirmed that following the period of network unavailability at a practice in Thirsk, it was found that the incident related to a planned and required cabinet replacement and switch upgrade at the practice. It was undertaken and managed by EMBED with support from Fibrenet colleagues (3rd party), and was not in relation to NECS service migration which had been the initial conclusion. Practices being mobilised to the NECS infrastructure continue to receive a positive experience, and scheduling of these migrations continues at a safe pace with good audit intelligence to ensure an individual approach is</p>	Wendy Balmain	CLOSED