

NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

Primary Care Commissioning Committee (PCCC)

23 July 2020

14:00 – 16:00

Via Microsoft Teams

Present	
Sheenagh Powell (Chair)	Governing Body Lay Member, North Yorkshire CCG
Wendy Balmain	Director of Strategy and Integration, North Yorkshire CCG
Dr Peter Billingsley	Governing Body GP, North Yorkshire CCG
Jane Hawcard	Chief Finance Officer , North Yorkshire CCG
Kate Kennady	Governing Body and Lay Member for Patient & Public Involvement, North Yorkshire CCG
Sue Peckitt	Chief Nurse, North Yorkshire CCG
Dr Bruce Willoughby	Clinical Lead for Integrated & Community Care, North Yorkshire CCG

Apologies	
Chris Brackley	Healthwatch
Dr Mark Hodgson	Clinical Lead for Community & Integration, and Governing Body GP, North Yorkshire CCG & Aldbrough St John Surgery

In Attendance	
Dr Omnia Hefni	GP Clinical Lead Workforce Development, North Yorkshire CCG
Clare Beard (part)	Public Health Consultant, NYCC
Andrew Dangerfield	Head of Primary Care Transformation, North Yorkshire CCG
Dr Sally Tyrer	LMC Representative
David Iley	Primary Care Assistant Contracts Manager, NHSE
Sharon Gent (Secretariat)	Executive Assistant, North Yorkshire CCG
Cathy Tobin (Secretariat Support)	Corporate PA, North Yorkshire CCG

1.0 Apologies for Absence and Quorum

Apologies were noted as above.

The Chair confirmed that the meeting was quorate, taking into account any apologies for absence.

The Primary Care Commissioning Committee:

Noted attendance and apologies and confirmed the meeting was quorate under the requirements set out within the Terms of Reference.

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 North Yorkshire CCG.

Declarations declared by members of the Primary Care Commissioning Committee are listed in the CCG's Register of Interests.

The following update was received at the meeting:

- With reference to business to be discussed at this meeting, Omnia Hefni declared a conflict of interest with regard to agenda item 8.2 Central Health Care Estates due to her being a Partner at the practice.

The Chair declared that the meeting was quorate and that Omnia Hefni would not be included in any discussions on agenda item 8.2 due to a direct conflict of interest. The Committee agreed that Omnia would not take part in any discussion with regard to agenda item 8.2.

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 from members of the public were received.

The Primary Care Commissioning Committee:

Noted no questions from the public had been received.

4.0 Minutes and Matters Arising

4.1 Minutes from the Meeting held on Thursday 28 May 2020

Minutes of the meeting held on Thursday 28 May 2020 were reviewed by the Primary Care Commissioning Committee for accuracy and were approved as a true and accurate record.

The Chair asked for clarity with regard to membership of the Committee and Wendy Balmain advised that there had been a query with regard to the circulation list but this had been corrected. It was noted that the minutes were an accurate set.

The Primary Care Commissioning Committee:

Approved the minutes as a true and accurate record.

4.2 Matters Arising from the Minutes

The action log was reviewed by the Governing Body and the following was noted:

- **Questions from Members of the Public**

Sasha Sencier, Board Secretary to the Governing Body, to contact Healthwatch to ensure they are receiving papers and to clarify representation at future meetings - action complete.

- **Action 7.1**

Appendix 1 to NHS England (NHSE) report to be forwarded and distributed to members – action complete.

It was noted that clarity regarding representation from Healthwatch was required.

Wendy Balmain advised that work was ongoing to develop a primary care performance report which accurately reflects the complexity of primary care delivery across North Yorkshire.

Wendy attended the NEY Accelerated Design Event on 16 July and the Regional Primary Care Cell Group on 23 July 2020 and provided feedback from both meetings.

Wendy advised that the GP Survey was on this meeting's agenda and this is a good indicator of how primary care delivery was experienced by patients.

The Chair advised that the Committee would move straight onto agenda items 8.1 – 8.4 to enable Jane Hawkard to leave the meeting early.

8.0 Investments and Finance

8.1 Finance and Activity Report

Jane Hawkard presented the report and gave a brief summary. Jane advised that information had been received that would roll the budget into Month 5. The CCG had started the year knowing how many additional roles were in the forward view. The CCG

had assumed the maximum additional roles and will reassess the position when the forecast for next month had been received.

The primary care co-commissioning budget was reported as overspent YTD by £428K, with an expected FOT of £847k overspend. This is mainly due to the assumptions that all additional roles will be filled.

The Primary Care Commissioning Committee:

Noted the Finance and Activity Report update.

8.2 Central Health Care Estates

Omnia Hefni did not take part in any discussion for this agenda item.

Jane Hawkard presented the paper noting the appendix attached to item 8.2. The bids preceded Jane's involvement, there were a number of sites for Central Healthcare in Scarborough and work was required on one of the premises. Capital had been agreed for development by the Lessor with a rent increase of £9.1k per annum. Jane, Amanda Bloor and the Chair had supported the Central Healthcare submission of the capital proposal and to fund the revenue consequence of 9.1k per year.

The Primary Care Commissioning Committee:

1. Noted the urgent decision had been made to approve of the case for a rent increase up to the value of £9,100 p.a. and support for the lease to be extended on the basis of the information above.
2. Noted that the practice Care Quality Commission (CQC) rated inadequate and infection control issues needed to be resolved as a matter of urgency.
3. Noted NHSE access to capital was not guaranteed and would extend the period of time to enable the practice to improve their CQC rating and quality of care for patients; and
4. Noted the rent increase was relatively small compared to the capital involved to improve the premises and the improvement it would make to the practice and patients.

8.3 Stokesley GP Practice Capital Development

Jane Hawkard presented the paper noting capital funding had been requested for £1.7m. The estimated increase in revenue costs are rent and other reimbursable expenses from £53k per annum to £66k per annum.

It was noted that urgent action had been taken but the Accountable Officer, CFO and Chair of PCCC to support the submission of the Stokesley Health Centre capital proposal to NHSE and to fund the revenue consequence of £13k per annum, recognising that this will be abated for 15 years due to the 100% provision of NHS Capital.

David Iley noted that the paper had come back to this Committee for assurance. The Chair advised that the paper had been presented at the Finance Performance and Commissioning Committee. The paper was to note only.

The Primary Care Commissioning Committee:

Noted that an urgent decision had been taken to support the submission of the Project Initiation Document (PID) and appropriate documents to NHSE to progress the scheme.

8.4 Antibody Testing Service for Primary Care

Bruce Willoughby gave a verbal update noting that the item was 'to note' only. Bruce advised there was a potential financial risk providing antibody testing to a wider workforce. It had been agreed that GP practices would be responsible for testing their own staff and this would be unfunded.

The Primary Care Commissioning Committee:

Noted the update on antibody testing.

5.0 Governance

5.1 Risk Management Report

Wendy Balmain advised that a full Risk Management Strategy had been approved at Governing Body in June 2020. The Audit Committee had received an update with which they were happy with. Julie Warren would be meeting up with each Directorate for a review, following which a new strategy would be developed which would be monitored and reviewed. It's anticipated that a risk report would be available at the next meeting.

The Primary Care Commissioning Committee:

Noted the update on the Risk Management Strategy and reporting timelines.

6.0 Strategy and Planning

6.1 Primary Care Recovery Planning

Wendy Balmain summarised the presentation noting that Jane Hawkard was leading on coordination of the recovery planning process. The CCG are working very closely with all partners including primary care to deliver the plan which has several interdependent work streams. Primary Care Networks (PCNs) working with their network practices are an integral part of system recovery while recognising they are still at different stages of development and require varying levels of support.

The increase in digital consultations and remote triage was noted as significant and a change that will be embedded in service redesign through recovery. The Committee noted

however, that patients seeing a primary care clinician face to face will remain an important part of primary care in the future.

The CCG were awaiting the outcome of the Phase 3 Capital programme and regular reports would come to this Committee.

The Chair welcomed the report noting it would aid to broader views and decisions made by this Committee.

The Primary Care Commissioning Committee:

Noted the update on Primary Care Recovery Planning.

6.2 Primary Care Network Development

Andrew Dangerfield presented the paper noting 50 practices had formed into 11 PCNs. One practice had chosen not to join a network and patients from that practice will have access to services through an adjacent PCN.

A Direct Enhanced Service (DES) had come into play in July 2019 and there were a number of service specifications that PCNs were expected to deliver. The Early Cancer Diagnosis Specification and the Structured Medication Review Service had been delayed until October 2020. The Enhanced Health in Care Homes Specification had been confirmed to remain in place and CQC registered homes must be aligned to PCNs by 31 July 2020. PCNs would be paid £120 per registered bed per annum.

An Extended Hours Service was in place across North Yorkshire.

The Extended Access Service would become the responsibility of the PCNs from April 2021. The CCG were working with the PCNs for better value for money and to streamline the service for patients.

The following were in place:

- Elements of additional roles
- Prescribers
- Clinical pharmacy technicians

The CCG were looking at longer term development of PCNs.

Bruce Willoughby noted care homes would align with PCNs for a more proactive response.

Peter Billingsley noted extended access and practices opening till 7:00pm and asked if there was appetite for this? Andrew advised that discussions around this were happening with practices and this had also been discussed at the Harrogate A&E Delivery Board. Sally

Tyrer advised that she was not against the suggestion but was anxious about reduced capacity, the risk of burnout and the negative impact on moral and resilience but would welcome conversations. Bruce advised that care plans would be in place and shared across the system and would ensure that staff in primary care would have full clinical access to patient records.

Sue Peckitt noted that it should be recognised how quickly PCNs responded to the enhanced care in care homes.

The Primary Care Commissioning Committee:

Noted the update on Primary Care Network Development.

6.3 Primary Care Report

Bruce Willoughby presented the paper, thanked Andrew for his involvement and highlighted the areas of interest. Primary Care are continuing with total triage via telephone or video reducing the number of face to face appointments. Activity levels have risen with patients requesting more help from practices. The CCG and the Local Medical Committee (LMC) have had a joint approach to ensure that all practices complete a workforce risk assessment.

With regard to Test and Trace, the CCG is responsible for supporting practices in identifying contacts of cases and in managing outbreaks within staff where two or more cases are linked to a practice. Practices have been pressed to review their Business Continuity Plans and Bruce stressed the importance of ensuring social distancing between colleagues and the use of Personal Protective Equipment (PPE) and hand hygiene.

Work was ongoing at Integrated Care System (ICS) level regarding flu planning and max vaccination and communications were being developed to go out to practices.

The Chair asked if there was a risk assessment for prioritisation of the backlog and Bruce advised that there was a national risk assessment tool to look at the risk factors but he had not had sight of the detail.

The following was noted and discussed:

- more mental health patients were coming forward due to Covid
- each practice has their own unique way of dealing with triaged patients
- pressure gauge on availability of appointments on a daily basis
- mental health and intervention referrals had increased

The Primary Care Commissioning Committee:

Noted the contents of the Primary Care Report.

6.4 GP Survey 2020

Wendy Balmain presented the paper. High participation in the survey was noted and the strong position nationally and percentages higher than the national average were described for all but one indicator, digital, and as this was completed pre pandemic it's likely this indicator will change upon completion of the next survey. The survey demonstrates a high level of satisfaction with patients' experience of primary care across North Yorkshire. The Chair asked if feedback would be given to the practices where there is variation and Wendy advised that the survey would be used in conversation with practices where variation is significant and of concern.

The Primary Commissioning Committee:

Noted the outcomes of the 2019 GP survey.

7.0 Report from NHS England / NHS Improvement

David Iley presented the paper. The following was noted:

- the income protection performance
- the ask of CCGs to submit a weekly sitrep for all staff
- key dates

The Primary Care Commissioning Committee:

Noted the contents of the paper.

9.0 Minutes and Key Messages to the Governing Body

The Chair noted that there had been some good reports presented to the Committee which would be highlighted in her report to the Governing Body.

The Primary Care Commissioning Committee:

Noted the above.

10. Any Other Business

Andrew Dangerfield advised that in September 2020 an application to close Church Avenue Medical Practice in Harrogate would be presented at this Committee.

The Primary Care Commissioning Committee:

Noted the above business.

11. Meeting Reflection

None to discuss.

The Primary Care Commissioning Committee:

Noted the above.

12. Next Meeting

The Chair advised that the next PCCC meeting would take place on:

Via Microsoft Teams

24 September 2020 2:00 – 4:00

The Primary Care Commissioning Committee:

Noted the date and time of the next meeting.

The Chair thanked all for their contributions and reports and closed the meeting at 3:30pm.

Follow up actions

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

Primary Care Commissioning Committee

Key Messages to the Governing Body

- The Committee was updated on progress to provide Primary Care Performance information to the Committee which is also useful throughout the CCG and PCNs. The first report should be received at the next meeting in September.
- It was also reported that the first of the revised risk management report will be received by the Committee at its next meeting.
- The Committee received a presentation on Primary Care Recovery planning after the immediate Covid 19 response which gave a broad overview on the actions being taken and the initial look at PC development in the immediate future.
- Further to the above the Committee received and welcomed a report on PC network development which provided an update on transformation of PC through PCNs. It is intended that the Committee will receive regular reports which discuss the transformation agenda and progress in Primary Care.
- An update report was received from the Primary Care Clinical lead on issues and actions being taken in by PC colleagues in the initial aftermath of the Covid 19 outbreak and the actions currently being taken.
- The very positive results of the GP survey carried out earlier this year between January and March were reported to the Committee. The survey which had an above average response rate showed a picture of general satisfaction with Practices, with averages in many areas being much higher than the national averages. It was acknowledged that there was variation between practices in some survey areas and that action would be taken to feed back to practices and learn from the survey. Overall the Committee was very encouraged and pleased with the excellent survey results which reflect well on practices and primary care colleagues.
- The Committee received and noted update reports from NHS England and a report from the Chief Finance Officer on the current finance position with regard to CCG PC expenditure.
- The Committee noted the Central Healthcare and Stokesley GP practice capital developments.

Appendix A

North Yorkshire Clinical Commissioning Group Actions from the Primary Care Commissioning Committee on 23 July 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
28.05.20		<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> <p>23.07.20 – Sharon Gent to get clarity on representation from Healthwatch.</p>	Sharon Gent	24 September 2020

**North Yorkshire Clinical Commissioning Group
Primary Care Commissioning Committee**

CLOSED ITEMS

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
28 May 2020	3.0	SS to contact Healthwatch to ensure they are receiving papers and to clarify representation at future meetings.	SS	Complete
28 May 2020	7.1	Appendix 1 to NHSE report to be forwarded and distributed to members. Post meeting note: Cathy Tobin issued to the Committee on 24.06.20.	DI/CC	Complete