

<b>Title of Meeting:</b>	<b>Primary Care Commissioning Committee (PCCC)</b>	<b>Agenda Item: 6.1</b>									
<b>Date of Meeting:</b>	<b>24 September 2020</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td>X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Development Session</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Development Session</b>	
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<b>Private</b>											
<b>Development Session</b>											
<b>Paper Title:</b>	<b>Primary Care Report</b>										
<b>Responsible PCCC Member Lead</b> Wendy Balmain Director of Strategy & Integration  Dr Bruce Willoughby GP Lead and Governing Body Member		<b>Report Author and Job Title</b> Andrew Dangerfield Head of Primary Care Transformation									
<b>Purpose (this paper if for)</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
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		X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> <b>No.</b>											
<b>Executive Summary</b> This paper provides an overview of primary care delivery including: <ul style="list-style-type: none"> <li>• primary care and GP Practices ongoing response to COVID-19</li> <li>• recovery including key steps to resume services and maintain patient access</li> <li>• Primary Care Networks (PCNs) progress and their forecast plans for recruitment to additional roles</li> <li>• CCG enabling responses including digital and population health management programme.</li> </ul>											
<b>Recommendations</b>  The Primary Care Commissioning Committee is asked to note the content of this report.											
<b>Monitoring</b> The delivery of primary care operational and strategic plans is monitored through relevant CCG committees, the CCG Transformation and Recovery Executive Group and in discussion with key delivery partners.											
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	No										
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.										
<b>Communication / Public &amp; Patient Engagement</b>	N/A										
<b>Financial / resource implications</b>	Covid related financial impact is managed through the COVID-19 Expenses Reimbursement Scheme.										
<b>Significant Risks to Consider</b>	None										
<b>Outcome of Impact Assessments completed</b>	N/A										

## Quarterly Report on NY CCG Primary Care September 2020

### 1. Introduction

This quarterly report for Primary Care provides an overview of primary care work plans. It should be noted that while much of this work continues to focus on a primary care response to COVID-19, the development of Primary Care Networks (PCNs) enabling a resilient primary care model remains a key priority.

### 2. COVID-19 Response – key points

GP Practices continue to operate a 'total triage' model with every patient being risk assessed by telephone and then offered an appropriate appointment with a clinician. This reduces footfall in the practice and ensures that any patient with COVID-19 symptoms is managed correctly. Any patient requiring a face to face appointment will be offered one following initial triage.

A letter and toolkit from NHS England received 14 September 2020 has been circulated to all practices. This letter seeks to ensure that all GP practices are offering face to face appointments and that their communication with patients reinforces their access arrangements. The concerns that prompted the national letter do not resonate with our understanding of primary care across North Yorkshire, where practices continue to offer face to face appointments when clinically required and in a Covid-secure environment.

GP Practices have offered COVID-19 risk assessments to all of their staff and carried out risk assessments with all high risk staff e.g. staff from a Black, Asian and Minority Ethnic background (BAME) and staff with underlying health conditions.

Patient activity in primary care has returned to pre-COVID-19 levels with significant use of digital services e.g. telephone and video consultations. Some 10,000 video consultations have taken place since March 2020.

Primary Care continues to manage patients with possible COVID-19 symptoms (hot patients) either through a specific hot site, e.g. at the Friarage Hospital, or through hot zones within a practice. Capacity with these services is currently coping with demand, but as widely reported there is an increase in Covid cases throughout the community and the impact on primary care delivery will need to be closely monitored.

At the time of writing this report there has been just one reported clinician in primary care with a positive COVID-19 test. The practice followed all the correct Infection Prevention and Control (IPC) procedures, no other staff or patients were at risk. Only the clinician involved and one receptionist was required to self-isolate. This demonstrates the benefit of good infection control protocols. The CCG protocol for managing suspected cases in staff has been reviewed and updated.

The reduced availability of testing via the national testing service (Pillar 2) has resulted in increased requests from primary care staff for testing, coming to the CCG. These testing requests have been managed through secondary care providers (Pillar 1) facilities. This has prevented any delay in testing for health staff and members of their household and therefore minimised any impact on staffing capacity in GP Practices. Formal processes are being agreed with each of the main secondary care providers to ensure that this is a robust and sustainable service.

The formal patient shielding programme ended at 31 July however practices have been asked to maintain the patient lists, updated through NHSE, so that this group of patients can be contacted quickly should this be required.

### **3. COVID-19 Recovery – key actions**

Phase 3 Recovery NHSE guidance issued on 10 August asks GP Practices to re-start services that were paused during the initial response phase of the pandemic. These include:

- long term condition health checks
- screening programmes
- medication reviews
- annual health checks for patients on the Learning Disabilities Register.

The CCG continues to work with practices to ensure the re-start of services is in place and prioritised effectively.

There is a refreshed expectation and focus on all parts of the health system reducing health inequalities. To support this practices are asked to record patient ethnicity during flu vaccinations and to risk stratify their registered population to identify groups of patients most at risk of poor health and respond appropriately to those needs.

Practices are a key partner in supporting a reduction in health inequalities but they cannot do so in isolation. There is a broader programme of work across the Humber Coast and Vale ICS (HCV) to develop and implement a population health management programme that provides a basis for designing health and care interventions that recognise and reduce unwarranted variation in healthcare outcomes.

NHSE guidance has asked the whole NHS delivery system including primary care to return to pre COVID-19 levels of activity. Performance data (agenda item 7.2) shows that for the period April to July 2019/20 there were 737 353 appointments and for the same period in 2020/21 there were 585 184 appointments. This constitutes a 20% drop in activity for the same annual period and is consistent with activity levels reported in other parts of the health system.

Activity has been rising since July and practices report that appointment activity is now at pre COVID-19 levels. The trajectory of the current spike being reported in Covid cases in the community will be important in determining how capacity and demand in primary care is delivered over the next few weeks and the impact on re-start services. This will be reported to the November PCCC meeting.

The reset of primary and secondary care capacity is being delivered within the context of current infection, prevention and control, and social distancing guidance. This means that many outpatient appointments will be carried out via telephone or video. As a consequence GPs are being asked to carry out blood tests and other diagnostic tests that might normally have been carried out in secondary care.

This has placed an immediate pressure on phlebotomy (blood test) capacity and the CCG is working with providers to develop effective and responsive solutions.

### **4. GMS Contract Changes**

A letter outlining changes in the GMS contract was issued to practices by NHS England on 07 September. The changes build on the actions within primary care from the Phase 3 Recovery Plan. In order to support the ongoing response to COVID-19 and the need to proactively target and support the most vulnerable patients during this period the following changes for 2020/21 have been agreed:

- Some indicators will continue to be paid on the basis of practice performance
  - The four flu indicators targeted on patients with coronary heart disease, COPD, stroke/TIA and diabetes – these indicators will have the number of points attached to them doubled
  - The two cervical screening indicators, which will also have the number of points attached to them doubled

- Register indicators and eight indicators related to optimal prescribing of medications to manage long-term conditions
- The requirements of the Quality Improvement (QI) domain have been amended to focus upon care delivery and restoration of services using QI tools
- The remaining 310 points will be subject to income protection based upon historical practice performance and subject to practices agreeing an approach to QOF population stratification with their commissioner

## 5. Primary Care Network - Additional Roles

PCNs were required to submit their forecast plans under the Additional Roles Reimbursement Scheme (ARRS) to the CCG by end of August 2020. In turn the CCG submitted these to NHS England by 09 September. The tables below show a total forecast recruitment of 183.67wte staff across the 11 PCNs and a total forecast spend of £2.73m against a total ARRS allocation of £3.26m.

Roles	Current Recruitment	Forecast Recruitment	Total
Social Prescribing Link Workers	11.8	33	44.8
Clinical Pharmacists	17.8	39.57	57.37
Pharmacy Techs	4.7	18.6	23.3
First Contact Physio	7.4	20.8	28.2
Physician Associate		7	7
Occupational Therapist		2	2
Dietician		1	1
Podiatrist		0	0
Health and Wellbeing Coach		3	3
Care Co-ordinator		17	17
<b>Total Roles:</b>	<b>41.7</b>	<b>141.97</b>	<b>183.67</b>

## 6. Flu Vaccination Programme

The 2020/21 Flu vaccination programme has commenced with GP practices providing vaccinations to their normal cohorts of patients. Funding through the DES has been confirmed for:

- Patients over 65 years old
- Patients with certain long term conditions
- Care home residents

In addition practices have been asked to provide flu vaccinations to those patients that were on the previous Shielded Patient list and members of their household.

The NHS England Flu guidance issued on 10 August also states an aim that people aged 50 – 64 year old will be eligible for a NHS flu vaccination. Further guidance for this group is expected and GP Practices have not been asked to vaccinate this group. The CCG is developing preliminary plans for large scale vaccination clinics e.g. drive through or use of larger venues, for this group while we wait for more information from NHSE.

## 7. Population Health Management (PHM)

As well as trying to take a PHM approach to the prioritisation of Long Term Condition reviews (see above); we are developing a PHM approach across North Yorkshire and Vale of York CCGs. We have set up a PHM implementation group. Part of the scope of the group is to support PCNs in the roll out of the Phase 2 NHS England PHM development programme. Two

PCNs are directly involved (Whitby Coast and Moors PCN and Scarborough CORE PCN). The programme is over 20 weeks and takes PCNs through understanding their populations; segmenting the population to meaningful cohorts based on their needs; identifying cohorts to trial interventions; evaluating those interventions; and scaling up what works. PCNs are supported through coaching through the process. The programme is keen to share the learning with the remaining PCNs.

## **8. Digital – key actions**

### **a) Digital First Primary Care**

Humber Coast & Vale (HCV) ICS has asked for bids against a Digital First Primary Care fund of £1.1m across HCV. There is also a possibility of a second tranche of funding later in 20/21 of circa £300k. The funding is for revenue, not capital, so cannot be used for IT 'kit'.

The scope for this bid includes General Practice, Pharmacy, and Optometrists & Care Homes and covers 3 key themes: Shared Care Records in Primary Care, Inclusivity & Accessibility, and Innovation. A bid is being developed in conjunctions with our IT support partner North East Commissioning Support (NECS) and the digital leads across HCV with a submission date of 25 September.

### **b) Online (OC) & Video Consultations (VC)**

A survey is being undertaken with GP practices to understand the benefits, feedback and preferences to inform next steps regarding the commissioning of future digital consultation platforms.

All practices across NY practice (HRW & SR localities) have been offered a free trial (until 31/03/21) of the AccuRx on-line consultation product with mobilisation starting from 25 September. Further consultation will take place regarding next steps for commissioning/procurement of a future solution.

The Harrogate locality has a separate on-line consultation service as part of procurement with WY&H STP. This will need to be aligned with the other localities in future. We are still seeing good levels of activity via OC and VC platforms although this activity has reduced following a deceleration of COVID infection rates. We may see usage increase as Covid rates begin to rise.

### **c) Migration and Mobilisation to NECS**

Over 70% of NYCCG estate has been migrated and completion is currently estimated for end of November. All corporate migrations have now been completed.

### **d) N365**

Licenses to deploy N365 have now been purchased in line with national timeline and appropriate contracts agreed with resellers on our behalf by NECS. Work will begin with NECS colleagues to plan a training, deployment & roll out estimated to begin within Q3 2020/21 and be completed by end of Q4 20/21. GP licenses for N365 have been funded centrally.

## **9. Recommendations**

The PCCC is asked to note the content of this report.