

<b>Title of Meeting:</b>	<b>Primary Care Commissioning Committee (PCCC)</b>	<b>Agenda Item: 6.2</b>										
<b>Date of Meeting:</b>	<b>26 November 2020</b>	<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <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> </tbody> </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> Claire Saunders Service Improvement Manager - Primary Care Martin Braidwood Service Improvement Manager - Primary Care										
<b>Purpose (this paper is for)</b>	<table border="1"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </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 November 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 focus.

### 2. COVID-19 Response – key points

The key focus at present is the COVID-19 vaccination programme. A letter from NHS England dated 9 November 2020 has been circulated to all practices. Two potential vaccines for COVID-19 are in the later stages of phase III trials. If one or more are authorised for use, the NHS needs to be ready to start immediate vaccination. General practice will have an important role in a potential COVID-19 vaccination programme, alongside other providers. The COVID-19 vaccination programme will be commissioned as an Enhanced Service (ES). A NYCCG and VoYCCG planning group has been set up to coordinate and facilitate a local response, led by Andrew Dangerfield. The initial request is that a vaccination site is designated in each PCN.

Guidance published by NHS England on the 12 November 2020 recommends that all CCGs should put in place a “COVID Oximetry @home” model as rapidly as possible during November 2020, further to guidance on the use of pulse oximetry first published in June 2020. Sometimes called a COVID ‘virtual ward’, the recommended model is based on patient self-monitoring. Designed for adoption at scale, the Standard Operating Procedure draws from learning to date and from pilots completed over the summer and early autumn. There is a return to be completed by Thursday 19 November 2020.

Primary care continues to manage patients with possible (and confirmed) COVID-19 either through a specific hot site or through hot zones within a practice. The impact on primary care continues to be closely monitored and as a result of increased pressure on practices in the Harrogate locality, a new hot site is due to open in Harrogate in late November 2020. This service is in addition to the existing hot site at the Friarage Hospital Northallerton. These sites are managed by the respective GP federations in Harrogate and Rural District (Yorkshire Health Network) and Hambleton Richmondshire and Whitby (Heartbeat Alliance). Scarborough and Ryedale locality are currently managing capacity within their practices.

Since the September report there have been several reported cases of COVID-19 within GP Practices across the CCG. In all cases the CCG protocols and guidance for managing suspected cases in staff were followed and guidance was sought from the CCG. In one case CCG staff went to the site to provide additional capacity to cover staff absences. Practices have reported increased numbers of staff working remotely and self-isolating.

GP Practice activity continues to rise to pre-COVID-19 levels and whilst practices all offer patients telephone, video and online consultations they are still providing face to face appointments for those who need this service.

The national testing service has reported increased capacity and there is no longer priority for requests from primary care staff as testing is readily available to all, either via drive-through test centres, walk-through test centres and home testing packs with same-day appointments usually available.

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

The CCG continues to work with practices to ensure the re-start and continuation of services.

A letter received from NHS England on 9 November 2020 outlined the new General Practice COVID Capacity Expansion Fund, where £150 million of revenue is being immediately allocated through ICS to CCGs for general practice, for the purpose of supporting the expanding general practice capacity up until the end of March 2021. Humber Coast and Vale (HCV) ICS will receive £5.4 million. These funds are ring-fenced exclusively for use in general practice with a focus on increasing capacity.

Following the NHS England letter dated 14 September 2020, practices have been working hard to raise patient awareness to the fact that they are open for business. Following examples of patient communications used in other areas the NYCCG Communications and Engagement Team created a template for practices to populate with their appointment and activity data and use on websites and social media platform with the tagline “We are still here for you if you need us”.

There are currently some key issues impacting on phlebotomy services in community and primary care. The main areas of note are increased primary care phlebotomy requests as a result of secondary care virtual outpatient appointment activity; capacity issues in primary care and community teams due to the COVID-19 pandemic and limited provision to support housebound bloods in the community. A recent paper proposed some non-recurrent investment in primary care during winter 20/21 to provide some additional capacity within primary care, whilst a review of the legacy CCG locally enhanced services and community provider contracts takes place.

Increased cases of COVID are being identified in general practice. NYCCG is working with HCV ICS and the respiratory network to set up post-COVID assessment clinics. HCV ICS are collating a gap analysis of service provision with Trusts across the ICS in relation to what they are doing for these patients with a view to setting up specific post-COVID assessment clinics in the near future.

### 4. GMS Contract Changes

A [letter](#) published by NHS England and NHS Improvement outlined changes to the GP Contracts from 1 October 2020. In summary:

#### New Requirements

- There is a new requirement for practices to participate in the Appointments in General Practice data collection. From 1 October 2020 practices are required to record appointments in their appointments book in line with [guidance](#) published in August. We understand from NHS Digital colleagues that whilst this is contractual it is not operational and the NHSE guidance has not been published yet therefore we await further clarification regarding the deployment date.
- Regulations have also been updated to include new and amended requirements in relation to:
  - The NHS Digital Workforce Collection;
  - List cleansing;
  - Removal of patients from a practice list because they have moved out of the practice area;
  - Removal of patients from a practice list who are violent;

- Patient assignment where the relationship between a patient and a practice has broken down;
- Out of area patient registration where patients have been assigned;
- Subcontracting under the Network Contract DES;
- Amendments to termination rights where a practice registration with the CQC has been cancelled

NHSE plan to introduce a new regulatory requirement in January 2021 for practices to record ethnicity data where provided – in the meantime practices are asked to review and update data no later than 31 December 2020.

### Extension of Temporary Changes to GP Contract

- A suspension of the requirement that practices report to commissioners about the Friends and Family Test returns
- A temporary suspension of the requirement for individual patient consent in certain circumstances, in order to encourage increased use of electronic repeat dispensing (eRD)<sup>2</sup>
- A continuation of the temporary increase in the number of appointment slots that practices must make available for direct booking by NHS 111 (1 slot per 500 pts/day)

## 5. Primary Care Networks

### Additional Roles

PCNs were required to submit their forecast plans under the Additional Roles Reimbursement Scheme (ARRS) to the CCG by end of October 2020. In turn the CCG submitted these to NHS England. The tables below show a total forecast recruitment of 99.36 staff across the 11 PCNs and a total forecast spend of £2.61m against a total ARRS allocation of £3.25m (data from the NYCCG aggregated workforce tool - Nov 2020 submission)

Roles	Current Recruitment	Forecasted Recruitment 20/21
Social Prescribing Link Workers	13.60	18.60
Clinical Pharmacists	14.87	30.66
Pharmacy Technicians	3.71	9.70
First Contact Physiotherapists	7.40	16.40
Physician Associates	1.00	1.00
Occupational Therapists	-	1.00
Dieticians	-	1.00
Podiatrists	-	0.00
Health and Wellbeing Coaches	-	3.00
Care Co-ordinators	-	6.00
Paramedics	-	-
Nursing Associates	-	12.00
Trainee Nursing Associates	-	-
<b>Total Roles:</b>	<b>40.58</b>	<b>99.36</b>

In addition PCNs were asked to submit their forecast plans with indicative intentions for 21/22, 22/23 and 23/24. (Below)

Roles	Forecasted Recruitment 20/21	Indicative Intensions 21/22	Indicative Intensions 22/23	Indicative Intensions 23/24	Position as at March 2024
Social Prescribing Link Workers	18.60	3.00	1.00	1.00	23.60
Clinical Pharmacists	30.66	3.60	4.00	7.50	45.76
Pharmacy Technicians	9.70	2.50	2.00	2.00	16.20
First Contact Physiotherapists	16.40	5.00	4.00	3.00	28.40
Physician Associates	1.00	3.00	7.00	7.00	18.00
Occupational Therapists	1.00	0.00	1.00	0.00	2.00
Dieticians	1.00	0.00	2.25	0.00	3.25
Podiatrists	0.00	0.00	0.00	1.00	1.00
Health and Wellbeing Coaches	3.00	0.00	2.50	3.00	8.50
Care Co-ordinators	6.00	2.00	2.00	2.00	12.00
Paramedics	-	8.00	5.00	7.00	20.00
Nursing Associates	12.00	2.00	-	-	14.00
Trainee Nursing Associates	-	-	-	-	0.00
Mental Health Practitioners	-	18.00	7.00	3.00	28.00
<b>Total Roles:</b>	<b>99.36</b>	<b>146.46</b>	<b>184.21</b>	<b>220.71</b>	<b>220.71</b>

## Organisational Development (OD) and Transformational (GPFV) Funding

At the end of October, all PCNs received a letter from HCV ICS co-signed by Amanda Bloor and Geoff Day outlining funding available to them. It outlined that an agreement has been secured to combine the remaining uncommitted GPFV monies along with the PCN OD funding to create a single pot of circa £2m which will be allocated on a weighted capitation basis to all PCNs across the Humber Coast and Vale area. The money will be made available to the PCNs once each PCN has developed and agreed a plan with the CCG for how the money will be spent.

### 6. Flu Vaccination Programme

GP Practices are well underway with the 20/21 Flu Vaccination Programme with most practices starting their flu clinics in September and many offering Saturday and evening clinics to patients in order to allow additional capacity due to current social distancing requirements.

There has been unprecedented demand for the flu vaccine this year with many GP Practices and Community Pharmacies running out of stock. There were initial issues with supply (pre-planned deliveries were delayed and Practices were unable to order more vaccines) and practices were encouraged to work together within their PCNs and localities to manage stock. On the 9 October 2020 the DHSC issued guidance for general practice regarding how to access DHSC centrally supplied flu vaccines if they needed additional supplies.

Preliminary data suggests that uptake has been considerably higher than last year in all cohorts to date, in particular in the over 65 year old cohort.

We have received no further update following the NHS England Flu guidance issued on 10 August stating 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 at this stage GP Practices have not been asked to vaccinate this additional cohort.

## **7. Population Health Management (PHM)**

The Phase 2 NHS England PHM development programme working with Optum is now well underway. The two NYCCG PCNs have analysed data on their populations, and identified different cohorts to work with:

- Whitby Coast and Moors: aged 50-74 years with depression and diabetes
- Scarborough Core: depression and obesity and one or more emergency admission in the last year

Both are working as a team, developing logic models to design their interventions with the identified cohorts.

The PCNs will use Quality Improvement methodology and patient feedback to refine the interventions and evaluate success.

In the meantime, the Embedding PHM group across North Yorkshire and York CCGs and LAs have been assessing itself against a PHM maturity matrix, in order to develop a work plan to embed PHM at all levels throughout our geographical partnership.

## **8. Digital – key updates**

### **Successful HCV Digital First Primary Care bid**

This bid will provide just slightly over £1m for specific Primary Care projects. The project list is a mixture of the core “must do’s” e.g. Record sharing & Digital Inclusion, with a number of innovation based accelerators. The funding includes the resources to deliver the projects and there is a programme board established to track delivery including representatives from each CCG primary care team. As this is revenue there will be further opportunities for funding across the next financial years. There are approximately 25 separate projects identified, but some of the higher value ones include:

- Accelerated deployment of NHS APP & YHCR (Yorkshire & Humber Care Record (YHCR) is a shared patient enabled record across all health systems in the HCV ICS footprint)
- Practice IG review resource - dedicated IG expertise and support to assist Practices and PCNs
- Digitisation of Lloyd George Notes project resource - dedicated resource to develop the project across the ICS
- Practice Web development Service - resource to ensure that all practice public facing web presences are fit for purpose and accessible for patients
- PCN Accelerator - To build on initial expressions from Ripon and Masham PCN (and 2 x VOY PCNs) to use digital enablement to improve services to their patients

A detailed list of the projects can be found in the reference section at the end of this paper.

### **NECS Migration**

The majority of the NYCCG estate has now been migrated to NECS. There are 3 practices outstanding that currently cannot be migrated due to their existing IT infrastructure. Following regular discussion between NECS, NYCCG and the practices, they have now appointed contractors to carry out the remedial cabling work required in order for migration to go ahead in December.

## 9. Extended Access Update

Extended Access services continued to be delivered across NYCCG during evenings and weekends by Federation and General Practice providers during COVID, with the vast majority appointments delivered either virtually, or used to support the flu vaccination campaign.

## 10. Recommendations

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

## References

COVID vaccine (09/11)

[https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0856\\_COVID-19-vaccineletter\\_9-Novrevb.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0856_COVID-19-vaccineletter_9-Novrevb.pdf)

Oximetry (12/11)

<https://www.england.nhs.uk/coronavirus/publication/novel-coronavirus-covid-19-standard-operating-procedure-covid-oximetry-home/>

Supporting General Practice (09/11) – General Practice Covid Capacity Expansion Fund

[https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0828\\_GP-funding-letter-second-wave\\_9novreb.pdf](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0828_GP-funding-letter-second-wave_9novreb.pdf)

Changes to GMS contract from 1 October

[https://www.england.nhs.uk/wp-content/uploads/2020/10/B0201\\_-GP-contract-letter-1-October-.pdf](https://www.england.nhs.uk/wp-content/uploads/2020/10/B0201_-GP-contract-letter-1-October-.pdf)

Digital First Primary Care Summary of Schemes

[Digital First Primary Care Appendix A Summary of Schemes.docx](#)