

<b>Title of Meeting:</b>	<b>Governing Body</b>			<b>Agenda Item: 9.2</b>									
<b>Date of Meeting:</b>	22 December 2020			<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Workshop</td> <td></td> </tr> </tbody> </table>		Session (Tick)		Public	X	Private		Workshop	
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<b>Paper Title:</b>	<b>Primary Care Commissioning Committee</b> <b>Key Messages</b>												
<b>Responsible Governing Body Member Lead</b> Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair			<b>Report Author and Job Title</b> Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair										
<b>Purpose (this paper if for)</b>	<b>Decision</b>		<b>Discussion</b>	<b>Assurance</b>	<b>Information</b>								
				X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> If yes, state the Committee / Meeting: No.													
<b>Executive Summary</b> The Primary Care Commissioning Committee has been established to enable members to make decisions on the review, planning and procurement of primary care services across North Yorkshire, under delegated authority from NHS England. The delegated functions of the Committee are undertaken in the context of a desire to promote increased co-commissioning with NHS England to increase quality, efficiency, productivity and value for money and to remove administrative barriers. In addition there is a focus on ensuring the longer term development and sustainability of primary care services locally, considering issues such as workforce, training and changing models of care.  Key Messages from the meeting held on 26 November 2020 are attached at Appendix A. Confirmed Minutes of the meeting held on 24 September 2020 are attached at Appendix B.													
<b>Recommendations</b> The Governing Body is asked to receive the report as assurance.													
<b>Monitoring</b> An assurance report on key topics discussed at the Primary Care Commissioning Committee will be brought to each Governing Body meeting.													
<b>Any statutory / regulatory / legal / NHS Constitution implications</b>		The Primary Care Commissioning Committee is accountable to the Governing Body and is required to provide key messages and confirmed minutes from all of its meetings.											
<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>		Key Messages are published with the Governing Body Papers and any additional update is noted in the minutes, which are also published on the CCG's website.											
<b>Financial / resource implications</b>		None identified.											
<b>Outcome of Impact Assessments completed</b>		Not applicable.											

**Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair**

## **Primary Care Commissioning Committee Key Messages**

The Primary Care Commissioning Committee met virtually on 26 November 2020.

Key Messages include:

- The Committee received the Significant Risk Review assigned to the committee and were assured all risks had been mitigated with detailed actions that reduced their score to 12 or below. This was to be kept until review by Risk owners.
- The Committee received a presentation providing a Strategic Overview of Primary Care. This detailed the current developments and actions within the national and ICS context as well as the initiatives ongoing in PCN and practices. The presentation was very informative and well received.
- In addition the PCCC received a PC report providing assurance on preparation for COVID vaccination programme, home pulse oximetry, and assistance to practices where COVID had compromised delivery of services. In addition it included an update on the national initiative to expand PC acknowledging the PC response to the pandemic.
- Public health provided an update on their work across North Yorkshire which links with and supports work in PC and the community. They also included an update on the operation of their current services at this time and the consultation that is currently underway on the Healthy Child Programme. It was agreed the committee would receive the joint response from the CCG on the consultation.
- The Committee received and noted the regular reports on Finance and Integrated Quality Performance. No particular issues need to be brought to the GB attention.
- The Committee was given an update on the Humber Coast and Vale International GP programme. This was started in 2017 and would soon be open to all practices in the CCG to apply to be part of this programme.

**Sheenagh Powell, Lay Member for Financial Performance and PCCC Chair**

## NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP

### Primary Care Commissioning Committee (PCCC)

**24 September 2020**

**14:00 – 16:00**

**Via Microsoft Teams**

<b>Present (Voting Members)</b>	
Wendy Balmain	Director of Strategy and Integration, North Yorkshire CCG
Dr Peter Billingsley	North Yorkshire CCG GB GP
Alec Cowell	Deputy Director of Financial Services and Reporting, North Yorkshire CCG. Deputising for Jane Hawcard
Kate Kennady	GB Lay Member, North Yorkshire CCG
Sue Peckitt	Chief Nurse, North Yorkshire CCG
Sheenagh Powell	Governing Body (GB) Lay Member, Chair
Dr Bruce Willoughby	North Yorkshire CCG GB GP

<b>In Attendance (Non-Voting Members)</b>	
Chris Clarke	Senior Commissioning Manager, NHSE
Andrew Dangerfield	Head of Primary Care Transformation, North Yorkshire CCG
Sharon Gent	Secretariat (Attendance)
Ashley Green	Healthwatch
Angela Hall	Health Improvement Manager, NYCC
Dr Omnia Hefni	North Yorkshire CCG GP
Victoria Ononeze	Public Health Consultant, NYCC. Deputising for Clare Beard
Cathy Tobin	Secretariat (Minutes)
Dr Sally Tyrer	GP and LMC representative

<b>Apologies</b>	
Clare Beard	Public Health Consultant, NYCC
Jane Hawcard	Chief Finance Officer, North Yorkshire CCG
Dr Mark Hodgson	Clinical Lead for Community & Integration, and Governing Body GP, North Yorkshire CCG & Aldbrough St John Surgery

## **1.0 Apologies for Absence and Quorum**

Chair welcomed the Committee members and apologies were noted: Clare Beard, Jane Hawkard and Dr Mark Hodgson. Alec Cowell deputised for Jane and Victoria Ononeze deputised for Clare.

Ashley Green from Healthwatch introduced himself advising he was new to the role and was looking forward to working with everybody. Ashley gave a summary of his background and everybody present on the conference call introduced themselves.

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

### **The Primary Care Commissioning Committee:**

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

## **2.0 Declarations of Members' Interests 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.

With reference to business to be discussed at the meeting, the following updates were received:

- Dr Peter Billingsley declared a financial conflict of interest with regard to agenda item 6.3a, Practice Changes, Central Healthcare Practice, Scarborough due to him being a GP locum.
- Sheenagh Powell declared a conflict of interest with regard to agenda item 6.3b Practice Changes, Church Avenue Medical Group, Harrogate due to her being a patient at the neighbouring Nidderdale practice as well as being Chair of the PCCC Committee.
- Dr Omnia Hefni declared a conflict of interest with regard to agenda item 6.3a Practice Changes, Central Healthcare Practice, Scarborough due to her being a GP partner of Central Healthcare.

The Committee agreed that Dr Peter Billingsley and Dr Omnia Hefni would not be included in any discussions or decisions in relation to agenda item 6.3a.

The Committee also agreed that Sheenagh Powell would not be included in any discussions or decisions in relation to agenda item 6.3b and that Kate Kennady would Chair the meeting for this agenda item.

**The Primary Care Commissioning Committee:**

Noted the above declarations of interest in relation to agenda items 6.3a Central Healthcare Practice, Scarborough and 6.3b Church Avenue Medical Group, Harrogate.

**3.0 Questions from Members of the Public**

No questions from members of the public had been received.

**The Primary Care Commissioning Committee:**

Noted that no questions from members of the public had been received.

**4.0 Minutes and Matters Arising**

**4.1 Minutes from the Meeting held on Thursday 23 July 2020**

Minutes of the meeting held on Thursday 23 July 2020 were reviewed by the Primary Care Commissioning Committee for accuracy and were approved with the following amendments as a true and accurate record of the meeting:

- Bottom page 3 Financial and Activity report – AD noted we knew the maximum number of roles available but didn't know what the forecast recruitment was. To add on 'Didn't know how many roles were filled'.
- Pg4 – FOT £847k – to add for first four months.
- Pg7 – 6.3 – should read Mass vaccinations not Max.

**The Primary Care Commissioning Committee:**

Approved the minutes with the above amendments as a true and accurate record of the meeting.

**4.2 Matters Arising from the Minutes**

The action log was reviewed by the Primary Care Commissioning Committee and the following was noted:

- Action - Sharon Gent to seek clarity on Healthwatch representation - COMPLETE.

**The Primary Care Commissioning Committee:**

Approved the removal of the above completed action.

## **5.0 Governance**

### **5.1 Significant Risk Review**

Wendy Balmain verbally updated the committee on the significant risk review and explained that work is ongoing to complete a risk report in line with the North Yorkshire CCG (NYCCG) Risk Strategy approved at NYCCG Governing Body meeting in June 2020. Wendy indicated that while primary care has provided a strong Covid response there remain risks in delivering recovery plans and the delivery of primary care through a potential second wave,

#### **The Primary Care Commissioning Committee:**

Noted the above update on the Significant Risk Review.

## **6.0 Strategy and Planning**

### **6.1 NYCCG Primary Care Report**

Wendy Balmain presented the NYCCG Primary Care Report which provided an overview of Primary Care delivery and explained to the Committee that the CCG had reviewed the content of the report and it included updates on:

- Primary Care & GP Practices ongoing response to Covid-19
- Recovery including key steps to resume services and maintain patient access
- Primary Care Networks (PCNs) progress and their forecast plans for recruitment to additional roles
- CCG enabling responses including digital and population health management programme

There has recently been a Covid outbreak within a North Yorkshire CCG practice as well as an outbreak within care homes. Wendy confirmed that procedures are in place when practices have an outbreak and neighbouring practices assist as and when necessary.

There has been an increase in face to face appointments within primary care with GP appointments being delivered remotely as well as face to face with the onus on keeping patients and staff safe.

There is now an impact on all NHS staff around resilience issues which is a key focus of the NHS People Plan. It is important that all staff adhere to social distancing guidelines and updated guidance stressing the 2m distance will be issued to help prevent the spread of Covid-19.

Wendy stressed the importance of the Phase 3 recovery guidance reducing health & equalities and recognising the particular needs of people from black and minority ethnic backgrounds (BAME) and the likelihood of their increased susceptibility to the virus.

The flu vaccination programme has commenced within practices and the CCG is waiting for Public Health guidance for the 50-64 age range which wouldn't normally be offered the vaccine.

Two PCNs are engaged with NHSE's Population Health Management Programme and will share the learning with the other PCNs.

### **The Primary Care Commissioning Committee:**

Noted the Primary Care Report.

## **6.2 NHS England / NHS Improvement Report**

Chris Clarke presented the NHSE / NHS Improvement report on behalf of David Iley. The report highlighted the following for noting by the PCCC:

Third phase of NHS response to Covid-19 dated 31.7.2020 sets out the four priorities for primary care in restarting services. The report and update from the CCG confirms the local position and progress.

Covid-19 Support Fund for General Practice - practices can apply for financial support for additional costs incurred as part of maintaining services during the recent lock down. This can include costs incurred in additional staff, support to care homes or modifications to premises. The deadlines for submission was last month but applications for additional costs incurred for supporting care homes has been extended into September.

Changes to the General Medical Services Contract for 20/21 - which includes arrangements for income protection for practices for the Quality & Outcomes Framework (QOF) and changes to the Dispensary Services Quality Scheme (DSQS). The CCGs update confirmed action taken to date to support practices planning for QOF. NHSE has written to practices direct to confirm changes to DSQS.

Pharmacy Home Delivery Service - was set up to support shielded patients to access their prescribed medicines whilst self-isolating. The report confirms the level of activity and claims for the period the scheme was operated for North Yorkshire.

Additional Roles Reimbursement Scheme – the CCG report confirmed progress with PCNs in the development of the local plans.

Expanding the Primary Care Workforce in 2020/21 - the scheme is to support recruitment to practices where highlighted and include the new to partnership payment, the GP fellowship and mentor schemes designed to support GPs new to practice.

Acceleration the recruitment of Social Prescribing Link Workers – PCNs have a choice of claiming funding to support recruitment costs or management support to help recruit to this post.

GP Retention Scheme - Health Education England (HEE) are looking to expand the scheme in NY although it was noted that the uptake has been good .The link provides access to further information.

Workforce Minimum Data set - The next GP & PCN workforce data extraction will be taken from the national workforce reporting system on 30 September. The information is used to support workforce planning at local, system and national level.

Primary Care Data Gathering – Humber, Coast & Vale ICS are involved in wave two of a national estates programme being undertaken by NHSE in order to establish a data base for GP practice premises. Given the volume and complexity involved, there is likely to be some gaps with the information submitted, therefore practices may be contacted directly by Community Health Partnerships (CHP) to provide any additional and outstanding data. Draft communications have been circulated to CCGs and LMCs and practices will be contacted directly by email as required.

### **The Primary Care Commissioning Committee:**

Noted the NHSE / NHS Improvement Report.

### **6.3 Practice Changes**

Sheenagh Powell (Chair of the Committee) declared a conflict of interest with regard to agenda item 6.3b Practice Changes, Church Avenue Medical Group, Harrogate due to her being a patient at the neighbouring Nidderdale practice which may be impacted by a closure of the Church Avenue branch site at Hampsthwaite.

The Committee agreed that Kate Kennady would chair this agenda item and although Sheenagh would be present for the agenda item, the Committee agreed that Sheenagh would not be included in any discussions or decisions in relation to agenda item 6.3b.

Dr Peter Billingsley declared a financial conflict of interest with regard to agenda item 6.3a, Practice Changes, Central Healthcare, Scarborough due to him being a GP locum.

Dr Omnia Hefni declared a conflict of interest with regard to agenda item 6.3a Practice Changes, Central Healthcare, Scarborough due to her being a GP partner of Central Healthcare.



The Committee agreed that although Dr Billingsley and Dr Hefni would be present for the agenda item they would not be included in any discussions or decisions in relation to agenda item 6.3a.

### **6.3a Prospect Road branch, Central Healthcare Practice, Scarborough**

Andrew Dangerfield presented the report for the Committee to consider the application made by Central Healthcare GP Practice in Scarborough to close its branch surgery at Prospect Road Scarborough.

Central Healthcare is a large practice which was formed in 2018 following the merger of four town centre practices and has retained operational use of three sites. Following a CQC inspection in March 2020 which deemed the practice as 'inadequate' the practice made the decision to concentrate staff across two sites which would improve the quality of service as well as staff resilience and support. Both CCG staff and patients were advised of the urgent need to change the service delivery due to the poor physical condition of the building. It would also require significant investment to ensure it met infection, prevention and control standards. The level of investment required would not be financially viable. The LMC have been informed and are supportive of the proposed closure.

Covid-19 has impacted significantly on GP Practices and completely changed their way of working. Central Healthcare practice reported that patient attendance at the sites had been minimal during lockdown. Prospect Road has remained closed with staff relocating to the other two sites since March 2020.

During August the landlord gave three months' notice to terminate the lease agreement, then subsequently asked if it could be expedited to 29 September. As the practice had remained closed a decision was made not to reopen the practice. The timescales imposed by the landlord has meant that the practice has not been able to undertake the level of patient engagement and consultation that would normally be expected. To mitigate this, the practice has undertaken various communication exercises to keep patients informed of developments including: website information, Facebook posts, text messages, email and posters at each site.

The travel distances to the other two branch sites are within one mile, with one being on a main bus route to and from the town centre.

In addition to the above, the CQC undertook a further, follow up, inspection in August and was assured that that significant improvements had been made in all aspects of the Practice and its services.

Kate Kennady raised the issue of the lack of a consultation and patient engagement and queried timescales for patients' views. Kate also queried whether QIA's (Quality Impact Assessment) and EIA's (Equality Impact Assessment) had been completed and Andrew confirmed that a QIA had been completed and that no significant impact had been identified. Wendy Balmain confirmed that the PPGs (Patient Participation Groups) within the practices had been involved and that NHSE has confirmed its support for the branch closure.

Bruce Willoughby emphasised that the CCG have worked with the practice on their recovery plan to deliver a better and safer service to all patients.

Ashley Green agreed with the decision to close Prospect Road as patient safety was paramount. It would also benefit staff working more collaboratively.

Sheenagh Powell queried the regulations for approving the closure without patient engagement and consultation and Chris Clark confirmed that the rules and regulations stipulate that if the criteria for 'reasonability and proportionality' were met it could be granted.

Wendy provided assurance that due to the lack of formal engagement a communication plan was in place if the closure was approved.

It was recommended that PCCC approve the application of closure of the Prospect Road branch as the site is not fit for purpose, the landlord has given notice to terminate the lease and it will enable improvements in services to the remaining two sites.

The Committee approved the closure of Prospect Road branch of the Central Healthcare practice, Scarborough and received assurance that a communications plan would be issued to patients. Reasonability and proportionality of the decision were taken into consideration.

#### **The Primary Care Commissioning Committee:**

Approved the closure of the Prospect Road branch of the Central Healthcare practice, Scarborough and received assurance that a communications plan would be issued to patients. Reasonability and proportionality of the decision were taken into consideration.

#### **6.3b Hampsthwaite branch, Church Avenue Medical Group, Harrogate**

Kate Kennady Chaired this item due to Sheenagh having a conflict of interest.

Andrew Dangerfield presented the report for the Committee to consider the application made by Church Avenue Medical Group in Harrogate to close its branch surgery at Hampsthwaite village by the end of the year 2020.

The branch surgery is no longer fit for purpose and has limited use. There is no disabled access with a narrow staircase and only one toilet on the first floor. It has 800 patients nominally registered at Hampsthwaite, with a total of c11, 000 patients registered with the whole practice. The majority of the registered patients using the main site at Church Avenue. In addition there are services that are not provided at Hampsthwaite so patients regularly travel to the Church Avenue site. Church Avenue is not asking patients to re-register and despite the closure being in a rural area there are alternative practices within 1.8 miles. Andrew Dangerfield noted the rural nature of this branch and that the impact of this has been considered.

The practice has undertaken patient consultation and has taken feedback into account as part of the application.

Wendy added that the application for closure has been presented to NYCC's Overview & Scrutiny Committee who is in support of the application in principle.

Chris Clark queried the distance between the branch and the main surgery and Andrew confirmed it was four miles however there were closer practices within two miles.

Kate Kennady queried if QIAs/ EIAs had been completed. Andrew Dangerfield confirmed that impact assessments had been completed with no significant impacts identified. Kate also sought clarity as to whether the application for closure reports would be presented to the CCG's Quality Committee and Sue Peckitt confirmed that with herself and Kate on both PCCC and the Quality Committees they would be presented for information.

Ashley Green raised concern why practices would let their premises get into a poor state of repair and Andrew expressed the difficulties with the majority of GP practices being privately owned and older premises can become economically unviable. Wendy added that it is a complex estates pattern across the County.

Dr Bruce Willoughby added that the branch has been shut since March 2020 apart from the dispensing service and that medications have been delivered to at risk patients. Electronic prescribing has increased and is a more efficient way of working.

Wendy Balmain noted that 75% of patients are currently using the Church Avenue site.

It is recommended that PCCC approve the application made by Church Avenue Medical Group in Harrogate to close its branch surgery at Hampsthwaite by the end of the year 2020. The branch surgery is no longer fit for purpose and has limited use. To also note that patient engagement and consultation has taken place.

The Committee approved the closure of the Hampsthwaite branch of the Church Avenue Medical Group in Harrogate by the end of the year 2020. The branch surgery is no longer fit for purpose and has limited use. Patient engagement and consultation has taken place.

#### **The Primary Care Commissioning Committee:**

Approved the closure of the Hampsthwaite branch of the Church Avenue Medical Group in Harrogate by the end of the year 2020. The branch surgery is no longer fit for purpose and has limited use. Patient engagement and consultation has taken place.

#### **6.4 PCCC Forward Plan**

Sheenagh continued Chairing the meeting.

Wendy Balmain presented the PCCC Forward Plan for the Committee to note.

Kate Kennady queried about the Primary Care Strategy and Wendy confirmed that at the moment the focus of work in primary care is recovery, managing our Covid response and PCN development. The broader strategy work is being paused but there are plans that can

be shared which set out how the system is operating to deliver services including primary care. Wendy added that there is a Humber Coast & Vale Primary Care Board which Amanda Bloor chairs and this Board will start to develop a primary care strategy than recognises and adapts to places and communities.

It was agreed that Public Health should present an overview report detailing their key delivery areas – Clare Beard to follow up.

**ACTION:** Wendy agreed to bring an overview of how the system is operating and what this means for primary care to the next meeting.

**ACTION:** It was agreed that Public Health should present an overview report detailing their key areas – Clare Beard to follow up.

### **The Primary Commissioning Committee:**

Noted the PCCC Forward Plan.

## **6.5 Public Health Update**

### **Healthy Child Programme**

Victoria Ononeze gave an update on the Healthy Child Programme Consultation. There is an expectation that services will change and are likely to reduce in the context of a public health allocation.

A Healthy Child Programme presentation on the proposal for a new service model will be circulated post meeting.

### **COVID-19**

Angela Hall verbally updated the Committee on the Covid-19 pandemic across North Yorkshire:

There have been 3,300 positive Covid-19 cases across North Yorkshire since the start of the pandemic based on data available up to and including 22 September.

The indicative rate across North Yorkshire is currently 26 per 100,000 – which is lower than the Yorkshire and Humber and England averages. Note that this is an indicative rate, based on test results available within the last 7 days and may not include test results that are still being processed.

The indicative number of new cases over the last seven days is 179.

National data can be found here - <https://coronavirus.data.gov.uk/cases>. This is constantly refreshed as swab results are processed. In order to give North Yorkshire residents a better picture of the how the data is changing at a local level we have brought together some of the key statistics - <https://www.northyorks.gov.uk/coronavirus-data>.

Scarborough and Selby have been added to Public Health's watch list as 'areas of concern'. A Local Resilience Forum press communication was issued to explain this, and also focused on advice and guidance on important steps to reduce individual and collective risk - <https://www.northyorks.gov.uk/news/article/direct-appeal-public-north-yorkshire-two-areas-put-covid-watch-list>.

The Outbreak Control Plan for North Yorkshire was published in June and can be found here- <https://www.northyorks.gov.uk/coronavirus-covid-19-testing>. This is overseen by an Outbreak Management Advisory Board, weekly Gold meeting chaired by North Yorkshire CCG Chief Officer Amanda Bloor, and a daily Silver meeting chaired by the Public Health Team involving partners from across the Districts including primary care.

Angela confirmed that a range of materials have been developed to support individuals, settings, businesses, events co-ordinators etc, which can be found here: <https://www.northyorks.gov.uk/covid-19-prevention-and-outbreak-support-settings> and here - <https://www.northyorks.gov.uk/communications-packs>. The North Yorkshire County Council communications team is also working closely with the District and CCG communications teams to ensure alignment of social media and other communications activities. Bespoke communications materials for young people are also in development.

Wendy Balmain noted that excellent relationships have been built across the system over the last six months and commented that our system approach is well embedded and working effectively.

**ACTION:** A Healthy Child Programme presentation on the proposal for a new service model will be circulated post meeting.

### **The Primary Commissioning Committee:**

Noted the Public Health updates.

## **7.0 Finance and Performance**

### **7.1 Finance Report**

Alec Cowell attended the meeting on behalf of Jane Hawkard and presented the following highlights:

Covid-19 financial regime has now been extended to month 6.

Delegated Primary Care has overspent by £651k for the first four months of the financial year but overall is expected to achieve a break even position due to the Covid financial regime support funding top-up allocations.

PCNs remain the largest overspending element due largely to the working assumption of the additional roles being committed against in full.

Through Covid-19 funding the CCG, in line with NHSE guidance has commenced the Care Home scheme with practices earlier than the official start date of 1 October.

Primary Care drug expenditure falls outside of the delegated primary care budget but is reported to this committee to provide a more rounded view of costs, and is overspent by £879k for the first four months of the financial year. Again, covid financial regime support funding top-up allocations are expected which will able the CCG to break even.

Alec noted that the CCG is matching the national trend in relation to prescribing costs.

Guidance and allocations for months 7-12 have been recently received and plans will be submitted to NHSE in early October.

Sue Peckitt queried the overspends as was concerned that months 7-12 may need additional resource. Alec confirmed that guidance is still being issued and it was too early to discuss the outcomes at this stage.

#### **The Primary Care Commissioning Committee:**

Noted the contents of the Finance Report.

## **7.2 Integrated Quality Performance Report**

Andrew Dangerfield presented the Integrated Quality Performance report to the Committee for assurance which provided an overview of the primary care workforce and population demographics compared to England. It is the first time the report has been presented following the merger of the three North Yorkshire CCGs. Future reports will include additional quality data and primary care data. Flu vaccination rates will also be included once available.

The initial impact of Covid-19 saw GP appointments fall by 24% during the first three months of 20/21 compared with the previous year, which is comparable with national rates. Face to face appointments have fallen by 47% and non-face to face appointments have increased by 130%.

Covid-19 has had significant impact on secondary care activity. The first two months of 20/21 have seen a sharp drop in elective activity in all secondary care providers.

A truly accurate number of video consultation appointments is difficult to obtain due to differing appointment recording within GP systems but c10 000 video appointments have taken place between March and August 2020 across North Yorkshire CCG.

Feedback from a recent survey highlighted that within North Yorkshire CCG practices:

93% of patients would recommend their practices.  
90% of practices have good or outstanding CQC reports.  
All practices are well staffed.

**The Primary Care Commissioning Committee:**  
Noted the Integrated Quality Performance Report.

## **8.0 Investment Decisions**

Nothing presented.

**The Primary Care Commissioning Committee:**  
Noted that no investment decisions were presented.

## **9.0 Minutes and Key Messages to the Governing Body**

The Chair noted the highlights of the minutes and key messages to the Governing Body which will be included within her report to the Governing Body.

**The Primary Care Commissioning Committee:**  
Noted that the highlights of the minutes and key messages will be presented to the next Governing Body meeting.

## **10. Any Other Business**

Nothing raised.

**The Primary Care Commissioning Committee:**  
Noted the above.

## **11. Meeting Reflection**

Nothing raised.

**The Primary Care Commissioning Committee:**  
Noted the above.

## **12. Next Meeting**

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

Thursday 26 November: 14:00 – 16:00  
Via Microsoft Teams

**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 4pm.

**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 received verbal assurance around the key risks for the Committee. It was noted that a formal risk review paper had been delayed but the committee understood work was ongoing and looked forward to receiving a report at the next meeting.
- The committee received reports for assurance and noting from both Executive and Clinical leads for the CCG and NHS England giving an update on Primary Care developments and plans going forward particularly highlighting some of the current issues arising from the Coronavirus pandemic. A report was also noted on the financial position on primary care budgets to month 04 (July) of this financial year.
- The committee received a verbal report from Public Health, NYCC on the Healthy Child Programme. The update outlined services that may be affected as a result of savings programmes necessary due to budget reduction. Discussions will be ongoing with the CCG. Assurance was given that retaining safeguarding services would be a priority. Public Health also provided a current update on coronavirus infections in the county.
- The committee approved two branch surgery closures, Prospect Road, Central Healthcare, Scarborough and Hampsthwaite Branch surgery, Church Avenue Medical Group, Harrogate. The committee accepted that the two buildings were not fit for purpose to provide safe and appropriate healthcare. The committee was assured that there had been proactive communication with patients which would continue, and that in the case of Central Healthcare this was considered proportionate and reasonable in view of local circumstances.

## Appendix A

### North Yorkshire Clinical Commissioning Group Actions from the Primary Care Commissioning Committee on 24 September 2020

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
24 September 20	6.4 PCCC Forward Plan	<p><b>Primary Care Strategies</b> – Wendy agreed to bring an overview of how the system is operating and what this means for primary care to the next meeting.</p> <p><b>Public Health Overview Report</b> - It was agreed that Public Health should present an overview report detailing their key areas – Clare Beard to follow up.</p>	<p>Wendy Balmain</p> <p>Clare Beard</p>	<p><b>26 November 2020</b></p> <p><b>26 November 2020</b></p>
24 September 20	6.5 Public Health Update - Healthy Child Programme	<p><b>ACTION:</b> A Healthy Child Programme presentation on the proposal for a new service model will be circulated post meeting.</p> <p><b>Post meeting note:</b> Health Child Programme presentation issued 25/09/20.</p>	Victoria Ononeze	<b>26 November 2020</b>

**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 20		<p><b>Post meeting note:</b> 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><b>23.07.20</b> – Sharon Gent to get clarity on representation from Healthwatch.</p>	Sharon Gent	<b>Complete</b>