

Title of Meeting:	Primary Care Commissioning Committee (PCCC)	Agenda Item: 6.1										
Date of Meeting:		<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>			Session (Tick)		Public	X	Private		Development Session	
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Paper Title:	Primary Care Report											
Responsible PCCC Member Lead Wendy Balmain Director of Strategy & Integration Dr Bruce Willoughby GP Lead and Governing Body Member		Report Author and Job Title Claire Saunders Service Improvement Manager - Primary Care Martin Braidwood Service Improvement Manager - Primary Care										
Purpose (this paper is for)	<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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Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: No.												
Executive Summary This paper provides an overview of primary care delivery including: <ul style="list-style-type: none"> • Primary care and 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. 												
Recommendations The Primary Care Commissioning Committee is asked to note the content of this report.												
Monitoring 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.												
Any statutory / regulatory / legal / NHS Constitution implications	No											
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.											
Communication / Public & Patient Engagement	N/A											
Financial / resource implications	Covid related financial impact is managed through the COVID-19 Expenses Reimbursement Scheme.											
Significant Risks to Consider	None											
Outcome of Impact Assessments completed	N/A											

Quarterly Report on North Yorkshire CCG (NYCCG) Primary Care - March 2021

1. Introduction

This report provides an overview of primary care key delivery areas. To note there continue to be a focus on a primary care response to COVID-19 and the development of Primary Care Networks (PCNs).

2. COVID-19 Response – key points

Daily Operational Pressure Escalation Level (OPEL) reporting in Primary Care

Last year, the CCG secured resilience funding from NHSE/I to commission an application enabling practices to report a daily OPEL status. The funding is recurrent for 2 years (20/21 and 21/22) and the application is provided by North East Commissioning Support (NECS), the CCG's corporate and GP IT provider.

Practices can report via a downloadable mobile app or through a web based application, with 'status' ranging from 1-4 (lowest – highest levels of pressure) and the ability to add narrative around the reasons for the pressure.

This reporting feeds into the wider Humber, Coast and Vale Acute and Emergency Care 'system' providing a daily status report from primary care, to complement the existing reports from most other major providers of NHS services across the region.

Practices were asked to adopt this reporting from late November 2020 and approximately 80% of practices are now reporting on a daily, or almost daily basis. There is still some targeted work to be done by the CCG primary care team to engage with those practices who rarely or never report, and that work is ongoing. It should be noted that reporting is optional but the escalation enables support to be provided if required and provides a good barometer of primary care resilience.

The practice status is requested by 11am daily, and this enables the 'system' to understand and anticipate any surge that day, and also enables the Primary Care team to touch base with the practice to offer support. Benefits to practices that have reported level 3 or above have included; admin support for the practice from the CCG (during a COVID outbreak), the temporary suspension of 111 directly booked appointments and the diverting of on the day activity to 111 and/or the Urgent Care Centres (with the consent of those partner organisations).

Covid Assessment Sites

In response to COVID-19 and the need for practices to see and treat their COVID-19 positive/symptomatic patients safely, NYCCG commissioned two hot hub units. The first unit is located at The Friarage Hospital Northallerton from April 2020 and the second at Jennyfield Styan Community Centre in Harrogate from November 2020.

Funding for these COVID-19 assessment sites was confirmed until March 2021 through additional covid allocations. A review of the sites has seen a reduction in utilisation as community infection rates have dropped. As a result of both these factors it has been agreed with primary care providers to extend funding until the end of April 2021, allowing time for an organised close down and providing some additional resilience through Easter.

Pulse oximetry@home

The CCG has facilitated the roll out of a primary care led oximetry@home service where anyone with COVID-19 aged 65 or older, clinically extremely vulnerable or where there is some clinical concern, can be given a pulse oximeter to monitor their oxygen saturations. There are different levels of monitoring available from total self-care (leaflet, patient video and diary) to welfare check-ins, and more clinical monitoring. Most GP practices have set the service up and CCG is working with all practices to ensure the offer is universal. The pulse oximeters are supplied by NHS England and the scheme is one of the five priorities highlighted in the key actions for primary care at the end of autumn 2020.

3. COVID-19 Recovery – key actions

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

Enhanced Service (ES) Specification COVID-19 vaccination programme

NHS England has commissioned an ES for delivery of the COVID-19 vaccination programme running from 8 December to 31 August 2021

Full details of the ES are in the [specification](#).

A payment of £25.16 shall be payable to the GP practice for administration of the vaccination course to each patient. This £25.16 is made up of two items of service payments of £12.58 each and is intended to reflect the two vaccinations per patient which make up the course of treatment. A payment of £12.58 shall be payable on completion of the administration of the first vaccination dose and a further £12.58 shall be payable on completion of the administration of the second vaccination dose. GP practices must still ensure that patients are called/re-called to second vaccination appointments.

There are additional payments for care home residents vaccinated before the mid-February deadline.

Freeing up capacity for vaccination

PCN clinical directors have also received additional payments to free up more time (from 0.25 WTE to 1 WTE) in the last quarter of 2020/21. This is due to be extended to include the first quarter of 2021/22. QOF (Quality and Outcomes Framework) protection was also extended to the end of the financial year 20/21.

4. Branch Closures and Estates

Central Healthcare in Scarborough closed their Prospect Road branch as planned on the 30th September 2020.

Church Avenue Surgery in Harrogate will be closing their Hampsthwaite branch as planned on the 31st March 2021

Following a District Valuer review in 2019, Sandsend Surgery has had an uplift to its reimbursable space agreed by the CCG.

5. COVID-19 Vaccination Programme

The national COVID-19 vaccination programme commenced in December 2020 with initial wave one Local Vaccination Sites (LVS). These sites are commissioned through Primary Care Networks (PCNs) and all practices in NY signed up to the NHSE Enhanced Service specification, to be part of this programme. Since then, large scale Vaccination Centres (VC) have been established along with Community Pharmacy (CP) sites. These sites are commissioned directly by NHS England.

There are eight LVS in NYCCG:

- Tenants Auction House, Leyburn
- The Forum, Northallerton
- Derwent GP Practice
- Whitby Pavilion
- Scarborough Rugby Club
- Filey GP Practice
- Ripon Racecourse
- Yorkshire Event Centre, Harrogate

Currently one CP site in Knaresborough and our closest VC is at Askham Bar. Further CP sites are being commissioned across England with a potential 7 sites in North Yorkshire CCG (NYCCG) that will provide additional access for those rural and town centre populations that may otherwise have difficulties accessing other vaccination sites.

All vaccination sites are required to follow the Joint Committee on Vaccination and Immunisation (JCVI) recommendations to vaccinate in order of the population cohorts 1-9. NY and Humber Coast & Vale ICS has performed well in vaccinating the cohorts in line with NHSE timeline and continue to be on track to vaccinate all cohorts 1-9 by mid-April 2021, assuming vaccine supply is sufficient to meet this need.

GP Practices and PCNs have been pivotal to the delivery of this programme and have worked extremely hard to make this such a success. It has increased demand on all practice staff while at the same time they are managing the effects of the pandemic and new ways of working.

6. General Medical Services (GMS) Contract Changes

Supporting General Practice in 2021/22

NHS England sent an official [letter](#) in January 2021 which provided some reassurance and certainty regarding how NHSE plans to support Primary Care in the coming year and below, a summary of key points in relation to this communication.

Importantly, the communication extends thanks to the Primary Care workforce and acknowledges the work involved in delivering vaccinations to priority groups, remaining open during the pandemic and continuing to offer a Primary Care service to all and dealing with the backlog of care and notes the hard work of Primary Care over the many months of the pandemic.

Supporting General Practice in 2021/22

Issue	Key points
Increase in Additional Roles Reimbursement Scheme (ARRS) funding to a maximum of £746m in 2021/22	<ul style="list-style-type: none"> Confirmed from April 21 The additional four services will not be introduced from April 2021 due to reprioritisation necessitated by the pandemic
GP recruitment / retention initiatives	<ul style="list-style-type: none"> Fullest possible uptake during 2021/22 will be promoted (in line with last year's Update to the GP contract agreement confirmed additional multi-year Government funding)
Pandemic response / COVID vaccination programme	<ul style="list-style-type: none"> NHS E is currently committing an additional £30m/month for capacity expansion for Nov 2020 – March 21 100% funding support for PCN Clinical Directors (CDs) for Q4 (£10m/month) where PCNs are participating in the vaccination programme Review need for some continued COVID funding in the first months of 2021/22
QOF 2021/22	<ul style="list-style-type: none"> Based on indicator set agreed for 2020/21 & very limited changes Main exception is vaccs & imms – i.e. replacing Childhood Immunisation Directed Enhanced Service (DES) with item of service payments & new vaccs & imms domain (4 indicators) within QOF Transfers almost £60m from the DES to QOF in 2021/22 Provides clearer support / not generating new workload
Quality Improvement (QI) modules	<ul style="list-style-type: none"> No new modules introduced in 2021/22 QI modules on Learning Disability D & Supporting Early Cancer Diagnosis are subject to income protection arrangements for 2020/21 <i>Both are important & to be completed in full</i> Will be repeated in original format for 2021/22, with some slight modifications (impact of the pandemic upon care)
Inequalities	<ul style="list-style-type: none"> Further £24m investment in QOF from April to strengthen SMI physical health check indicator set & support uptake Minor changes to the cancer care domain & to specific existing indicators for asthma & heart failure diagnostics
ARRS roles	<ul style="list-style-type: none"> Continue to expand & be flexible ARRS roles added from April 2021 (i) Paramedics, as planned; (ii) Advanced Practitioners; (iii) Mental Health Practitioners, in a way that supports improved working with local mental health services.
Joint funding model	<ul style="list-style-type: none"> Bringing together additional community Mental Health (MH) service funding with PCN funding From April '21, PCNs entitled to a fully embedded Whole time equivalent (WTE) MH practitioner, employed & provided by PCN's local provider of community MH services, as locally agreed 50% funded from MH provider; 50% by PCN (reimbursable via the ARRS), with the practitioner wholly deployed to PCN Entitlement increases to 2 WTE in 2022/23 & 3 WTE by 2023/24, subject to positive implementation review PCNs with > 100,000 patients - entitlements are double Staff funded this way are additional to MH & co-located IAPT practitioners already embedded within general practice New obligation on MH providers will be confirmed in the final NHS Standard Contract

Supporting General Practice in 2021/22

Issue	Key points
Clinical Pharmacist (CP) in General Practice scheme	<ul style="list-style-type: none"> From 1 April '21 - 30 Sept '21 CPs remaining on scheme can transfer to PCN & can be reimbursed under ARRS (as per previous arrangements) Limits on number of pharmacy technicians & physios reimbursed will be removed
Investment and Impact Fund (IIF) indicators for 2021/22	<ul style="list-style-type: none"> Update to GP contract guaranteed at least £30m of £150m IIF funding in 2021/22 will incentivise improvements in access for patients More phased approach to introduction of new IIF indicators for 2021/22; new PCN service requirements will also be phased Indicators on seasonal flu vaccination programme (including > 65s, patients aged 18-64 in a clinical at-risk group, children aged 2-3 years), annual LD Health Checks & Health Action Plans & social prescribing referrals will continue for 2021/22 Details of points & thresholds associated with these indicators will be communicated prior to 1 April.
Extended access services	<ul style="list-style-type: none"> Transfer of funding for CCG commissioned EA Service now scheduled for April 2022 Nationally consistent enhanced access service spec to be developed by summer 2021, with the revised requirements & associated funding going live nationally from April 2022 Commissioners are strongly encouraged to make local arrangements for transition of services & funding to PCNs before April 2022, where agreed with PCN & PCN can demonstrate readiness.
Obesity and weight management	<ul style="list-style-type: none"> NHS E & BMA's GPC England to discuss introduction of an enhanced service in 2021 - as early as circumstances allow To be supported by additional government funding

7. Primary Care Networks

Additional Roles

PCNs were required to submit their Q4 2020/21 forecast plans under the Additional Roles Reimbursement Scheme (ARRS) to the CCG in February 2021. In turn the CCG submitted these to NHS England. The tables below show a total forecast recruitment of 75.56 WTE staff across the 11 PCNs. This figure is revised from the previous forecast of 99.36 WTE staff.

Primary Care Network	Clinical Pharmacist	Social Prescriber Link Worker	First Contact Physio	Pharmacy Technician	Health and Wellbeing Coach	Physicians Associate	Care Coordinator
Heart of Harrogate	2	1	2	1	0	0	0
Knaresborough & Rural	3	1	2.2	0	0	0	0
Mowbray Square	1	0.6	1.2	1	1	0	0
Ripon & Masham	3	0.6	1.2	0.8	0	0	0
Hambleton North	4	1	2	2	0	0	0
Hambleton South	2.8	1	1	1	0	0	0

Additional Roles contd.

Primary Care Network	Clinical Pharmacist	Social Prescriber Link Worker	First Contact Physio	Pharmacy Technician	Health and Wellbeing Coach	Physicians Associate	Care Coordinator
Richmondshire	2.76	2	2	1	0	0	0
Whitby, coast & moors	2.7	3	0	0	0	0	1
Filey & Scarborough	1	2.2	2	0.9	0	0	0
North Riding Healthy Community	2.4	2.2	2	0	0	1	0
SCORE	3	2	1	1	0	0	3
75.56	27.66	16.6	16.6	8.7	1	1	4

The reduction in forecast for Q4 2020/21 is due to several factors including the continued pressure of delivering the COVID-19 vaccination programme and the challenges faced by seeking to recruit newly defined roles (such as Nursing Associates), where there is a lack of trained workforce looking for employment.

PCNs were previously asked to submit their forecast plans with indicative intentions for 21/22, 22/23 and 23/24. (Please see below). It is anticipated that PCNs will be required to submit revised forecasts to take into account the roles that were not recruited as planned in 2020/21.

Roles	Forecasted Recruitment 20/21	Indicative Intentions 21/22	Indicative Intentions 22/23	Indicative Intentions 23/24	Position as at March 2024
Social Prescribing Link Workers	16.6	3	1	1	21.6
Clinical Pharmacists	27.66	3.6	4	7.5	42.76
Pharmacy Technicians	8.7	2.5	2	2	15.2
First Contact Physiotherapists	16.6	5	4	3	28.6
Physician Associates	1	3	7	7	18
Occupational Therapists	0	0	1	0	1
Dieticians	0	0	2.25	0	2.25
Podiatrists	0	0	0	1	1
Health and Wellbeing Coaches	1	0	2.5	3	6.5
Care Co-ordinators	4	2	2	2	10
Paramedics	0	8	5	7	20
Nursing Associates	0	2	0	0	2
Trainee Nursing Associates	0	0	0	0	0
Mental Health Practitioners	0	18	7	3	28
Total Roles:	75.56	122.66	160.41	196.91	196.91

Organisational Development (OD) and Transformational Funding

At the end of October, all PCNs received a letter from Humber, Coast and Vale Integrated Care System (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 General Practice Forward View (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 HCV area.

Each PCN has developed and agreed a plan with the CCG for how the money will be spent and funds have been transferred accordingly.

Some of the themes for this funding that the PCNs included on their submitted plans were:

- Use of Data and Population Health Management
- Managing resources
- Working with people & Communities
- Winter resilience

The plans were sufficiently fluid as to allow flexibility in the delivery of different OD models, whilst remaining in the spirit of GPFV aspirations.

8. Flu Vaccination Programme

The 2020/21 Flu programme saw an increase uptake in the usual eligible population, anyone over 65yrs old plus those with underlying health conditions. In addition the eligibility was extended to anyone over 50 yrs old for the year 2020/21.

Flu Vaccination uptake in the over 65 age group was approx. 84% which is above the target of 75%. Uptake in the over 50 age group was approx. 61%. This was below the target of 75% however this is the first time this group has been vaccinated. A significant % of this population will be working so less able to access vaccinations clinics although clinics were put on at weekends and evenings. It is not yet known if there will be a programme to vaccinate the 50-64 age group in 2021/22.

9. Population Health Management (PHM)

Two of our PCNs have engaged with the NHS England Population Health Management Development Programme which is facilitated by Optum. The programme is looking to pilot a PHM approach in a number of PCNs across the ICS, and use the learning to develop a PHM approach across all PCNs, as well at ICS and ICP and place level.

- Whitby Coast and Moors PCN has focused on patients aged 50-74 years with depression (ongoing/within three years), diabetes and no personal criteria which would make this approach clinically inappropriate
- Scarborough Core PCN has focused on patients with a combination of depression, obesity and one or more emergency admission in the last year

Working with colleagues in North Yorkshire CC, Vale of York CCG and City of York Council, a self-assessment against a maturity matrix of the key elements needing to be in place for a fully functioning PHM system. The gaps are being refined into a work plan for the system and will be part of a multi-agency workshop at the end of April 2021.

10. Digital – key updates

NECS Migration

Following regular discussion between NECS, NHSE and NY CCG the 3 outstanding practices appointed contractors to carry out the remedial cabling work required in order to migrate at the end of 2020. NHSE submitted a Project Initiation Document (PID) for funding to cover the cost of this work. This PID has now been approved and practices have been asked to invoice NY CCG for this reimbursement.

Online Consultations

In 2018 HCV commissioned Engage Consult to provide Online Consultations across the ICS footprint for Hambleton, Richmondshire & Whitby (HRW) and Scarborough & Ryedale (SR) localities. The contract with Engage Consult was for 3 years expiring in March 2021 with the option of an additional 2 years. During that time offering online consultations has become a contractual requirement resulting in the market becoming much more competitive with a greater number of providers now on the framework. Practices have fed back that many would like to select their own product rather than be directed to use a centrally procured system.

It has been agreed that from April 2021 rather than going back out to procurement, Practices will have the option of selecting their own online consultation system and being reimbursed up to 26p per patient or continue to use Engage Consult at no cost as part of an agreement to extend that contract for a further year. In taking up the option of the 26p per patient the Practice must select a product from the current framework and whilst not mandated it is encouraged that PCNs discuss their options and where possible select the same system. If the chosen product costs more than 26p per patient the Practice will need to fund the difference.

NHSE data shows that majority of practices would like to select their own provider, with AccuRx being the most popular.

Please note this doesn't apply to Harrogate and Rural District (HaRD) Practices who are still covered for another year under the e-consult contract with West Yorkshire ICS however NHSE are investigating whether it would be possible to re-align to HCV ICS.

N365 – Microsoft Office 365 for the NHS

The NECS IT Services team temporarily paused the roll out of N365 to GP and CCG users in December 2020 as the project team were supporting the vaccination programme.

The programme restarted in February along with the recommencement of N365 task and finish group meetings and NECS believe that the temporary delay will not prevent them from fulfilling the commitment to complete by the end of March 2021.

11. Extended Access Update

Whilst the transfer of funding for Extended Access into PCNs has been delayed for 12 months until April 2022, there is still a requirement for CCGs to commission a service in the interim period.

There are 5 contract holders of Extended Access services in North Yorkshire CCG – 2 GP Federation providers and 3 General Practice providers. The majority of practices across North Yorkshire have some input into the operational delivery of these contracts, whether through provision of staff or premises, and there is 100% population coverage for patients.

All 5 providers have provisionally agreed to extend their current contracts for a further 12 months, which will give a quality assured continuity of service to patients and allow PCNs another year to work on their new model, noting that guidance on this topic is not yet published. The CCG Primary Care team is in the process of formalising these contract extensions and has arranged annual contract review meetings with each provider as part of light touch governance.

12. Recommendations

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

References

Supporting General Practice in 2021-22

<..\NHSE letters\2021\C1054 Supporting General Practice in 2021-22 - 21.01.21.pdf>

Enhanced Service (ES) Specification COVID-19 vaccination programme

<..\NHSE letters\2021\C0991-Covid-19-Enhanced-Service-ES-Specification-v.4-22-February-2021.pdf>