

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	
Session (Tick)												
Public	X											
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Development Session												
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 if 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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		X										
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"> • Covid Recovery • The Covid Vaccination Programme • GP Digital Workstreams 												
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												
Significant Risks to Consider	None											
Outcome of Impact Assessments completed	N/A											

1. Introduction

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

2. COVID-19 Response

Practices remain extremely busy responding to increased patient demand, reflected across the whole of the health and social care system. The move to Step 4 in the national roadmap is expected to result in a further increase in covid infection rates. Infection Protection and Control (IPC) advice has not changed and the CCG has issued guidance to all practices reminding them of the national guidance and to support them in asking staff and patients to follow the IPC guidance. In addition, posters and public facing messages have been distributed for use by GP Practices to support conversations with patients. Further media communications are being used with the public to reinforce the messages that face masks and social distancing within healthcare settings is important to prevent the spread of Covid among patients and staff. Practices have been asked to ensure their IPC remains robust, with support given on public messaging about the continuation of mask wearing.

Practices have also been requested to ensure that their pulse oximetry@home pathways are current and that any additional pulse oximeters are requested so that patients with normal oxygen saturations can be managed at home.

3. COVID-19 Vaccination Programme

The vaccination programme continues to progress, and all North Yorkshire patients will have been offered a vaccination by 19 July in line with the national guidance. As at 12 July 89.2% of NY population had received a 1st dose and 74.8% had received a 2nd dose. The Enhanced service contract has now been extended to 31 October 2021 to enable all sites to complete the 2nd dose programme.

Phase 3

The Covid Vaccination Programme Phase 3 specification was published on 14 July and has been circulated to practices and PCNs. PCNs and Practices are asked to express an interest in delivering Phase 3 by 28 July.

The phase 3 service specification seeks to implement interim advice from Joint Committee on Vaccination & Immunisations (JCVI) on the potential COVID-19 booster programme. This advice suggests that the COVID-19 booster vaccines should be offered in two stages from September, starting with those most at risk from serious disease in stage 1, and to a second group of patients in stage 2, and that the seasonal flu vaccine could be offered alongside the booster dose of the COVID-19 vaccine.

The NHS will continue to deliver COVID-19 vaccination second doses at an 8-week interval to those who have received their first dose and continues to offer first and second 2 dose of the COVID-19 vaccine to all eligible patients (the “evergreen offer”), continuing to tackle inequalities, including through roving models and pop-up clinics.

Further JCVI guidance is expected to confirm which vaccines will be used and advise on the co-administration of the COVID-19 and flu vaccines. PCN Groupings must therefore

be able to receive, store, prepare and transport (where appropriate) the vaccines which are currently approved, as well as any new vaccines which may be approved in future.

Given the expected further advice, the Enhanced Service Specification may be updated with further details once these are known.

The service specification for phase 3 is based on the current Enhanced Service Specification for phases 1 and 2. The service specification for phase 3 has been developed to incorporate lessons learned from engagement with providers, local systems and patient insight work on phases 1 and 2 of the COVID-19 vaccination programme.

In order to allow PCN Groupings to offer further vaccinations to adults in England, it is the intention (subject to appropriate engagement) that the 2020/21 enhanced service delivering phase 1 and 2 will be extended to 31 October 2021, but PCN Groupings will need to sign up to Phase 3 Enhanced Service contract to deliver the booster programme.

4. Primary Care Networks

Additional Role Reimbursement Scheme (ARRS)

The most recent forecast position for the ARRS scheme is below, this was as of November 2020. PCNS have been asked to submit an updated position on recruitment to the CCG by end of July.

Roles	Current ARRS 01/04/21	Indicative Intentions 21/22	Indicative Intentions 22/23	Indicative Intentions 23/24	Position as at March 2024
Social Prescribing Link Workers	15.7	3.0	1.0	1.0	20.7
Clinical Pharmacists	26.5	3.6	4.0	7.5	41.6
Pharmacy Technicians	7.1	2.5	2.0	2.0	13.6
First Contact Physiotherapists	10.3	5.0	4.0	3.0	22.3
Physician Associates	1.0	3.0	7.0	7.0	18.0
Occupational Therapists	0.0	0.0	1.0	0.0	1.0
Dieticians	0.0	0.0	2.3	0.0	2.3
Podiatrists	0.0	0.0	0.0	1.0	1.0
Health and Wellbeing Coaches	2.0	0.0	2.5	3.0	7.5
Care Co-ordinators	4.6	2.0	2.0	2.0	10.6
Paramedics	0.0	8.0	5.0	7.0	20.0
Nursing Associates	0.0	2.0	0.0	0.0	2.0
Trainee Nursing Associates	1.0	0.0	0.0	0.0	1.0
Mental Health Practitioners	0.0	18.0	7.0	3.0	28.0
Total Roles:	68.1	47.1	37.8	36.5	189.5

5. Population Health Management (PHM)

The learning from the Optum Programme is being embedded in the development of a PHM programme across North Yorkshire and York. The two pilot sites are continuing to deliver the interventions to the cohorts identified.

6. GP Digital – key updates

GP Appointment Data (GPAD)

GPAD is covered in the NHS England North update report. As part of this work the CCG GP IT provider (NECS) is working with practices to support the completion of this piece of work by the end of July.

Online Consultations

The funding for online consultations is devolved through the Humber Coast & Vale (HCV) ICS and equates to 26p per patient per year.

The contracts for Hambleton, Richmondshire and Whitby (HRW) and Scarborough and Ryedale (SR) localities came to an end in March 2021, and it was agreed that rather than going back out to procurement, Practices would have the option of selecting their own online consultation system with a reimbursement of 26p per patient. In taking up this option practices had to select a product from the current NHSE framework. Any costs over and above 26p per patient would need to be funded by practices.

Harrogate and Rural District (HaRD) locality are still under contract with their current provider until January 2022 however practices have indicated a desire to have their fair share too (26p per patient for the remainder of the year pro-rata) in order that they can also select their own online consultation system. NHSE have confirmed that there is funding available for them to do this from August 2021 (and we have given notice to the current provider). Practices are currently reviewing the products available and will advise the CCG when they have chosen their provider of choice.

N365 – Microsoft Office 365 for the NHS

NECS have reported that good progress is being made in upgrading all devices to N365. The number of devices outstanding is reducing on a daily basis and NECS, VoY CCG and NY CCG are working together on a common approach to ensure that any outstanding devices are upgraded.

Yorkshire and Humber Care Record (YHCR)

The YHCR is a portal that enables data consumer organisations (practices) to view patient/person information from data providing organisations (this could be NHS Trusts, local authority, mental health providers, etc). No data exists in the YHCR - The data provider is the organisation that holds the patient/person information which another YHCR organisation is looking to view/consume.

HC&V ICS are looking to pilot the YHCR with the Heart of Harrogate Primary Care Network (PCN) in the first instance before rolling this out more widely. A series of engagement workshops/meetings have already taken place with a view to the first phase pilot starting in September 2021 (with additional PCNs to follow from October 2021).

7. Extended Access Update

Extended Access providers continue to deliver EA services across North Yorkshire. As agreed with the CCG, providers are allocating some of the EA resource to support the COVID vaccination programme. PCNs are aware of the shift of the Extended Hours and Extended Access into the PCN DES contract from April 2022 and have been encouraged to start thinking about what these commissioning arrangements might look like on a PCN

footprint, in order to deliver the service optimally, and at scale, to align with patient needs in each locality.

8. Recommendations

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