

Title of Meeting:	Primary Care Commissioning Committee (PCCC)	Agenda Item: 6.1									
Date of Meeting:	21 October 2021	<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 Andrew Dangerfield Head of Primary Care Transformation									
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	
Decision	Discussion	Assurance	Information								
		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										

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

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

GP Practices and PCNs continue to manage a significant increase in demand while also experiencing staff sickness due to covid. In addition, practices have restarted Long Term Condition health checks as part of covid recovery and Extended Access Services have returned to contracted levels.

Triage first remains the preferred operating model for most practices to provide a safe service and manage demand while increasing the number of face to face appointments. Overall, the number of appointments is approximately 16% above pre covid levels. There is seasonal reduction in August due to patient and staff annual leave and it is anticipated this will rise again in September.

Practices are managing and covid symptomatic patients according to infection control guidance to minimise any risk to patients and staff. This continues to be monitored for demand and impact on practices while managing clinical safety. Alternatives models will be considered if there is a significant rise in demand.

3. COVID-19 Vaccination Programme

The Covid Vaccination programme continues to be delivered through a number of channels: GP Led local vaccinations sites (LVS); Community Pharmacy sites (CP) and large-scale Vaccination Centres (VC). Phases 1 and 2 of the programme offered 1st and 2nd doses to all adults over 18, plus specific at risk groups.

Phase 3 of the vaccination programme offers a booster dose to the over 50s plus at-risk groups and all front-line health and social care staff. This booster dose should be no sooner than 6 months from the 2nd dose. The programme also covers at risk 12-15yr olds and a single dose for healthy 16/17yr olds. It has now been extended to healthy 12-15yr olds with a single dose and a 3rd primary course vaccination for those patients classed as immunocompromised.

Across North Yorkshire there 10 LVS sites in a mix of GP Practices and non-NHS sites including Ripon Racecourse, the former Northallerton Grammar School, Tenants Auction House in Leyburn and Scarborough Rugby Club.

An additional 18 CP sites have been directly commissioned through NHS England. Details of these can be found through the National Booking Service and the CCG website.

4. Primary Care Networks

Additional Role Reimbursement Scheme (ARRS)

The most recent forecast position for the PCN ARRS scheme is below based on data available as 1st September 2021. PCNs are continuing to recruit in line with ARRS Guidance.

To date there are c69 wte staff in post with a further 47 wte planning to be recruited by and March 2022. This includes 18wte Mental Health workers as a joint programme of work with Tees Esk & Wear Valleys NHS Trust (TEWV).

Pending successful recruitment PCNs are forecasting a total of 191 staff in post buy March 2024.

Roles	Current ARRS 01/09/21	Indicative Intentions 21/22	Indicative Intentions 22/23	Indicative Intentions 23/24	Position as at March 2024
Social Prescribing Link Workers	16.55	2.15	1.00	1.00	20.70
Clinical Pharmacists	26.94	3.16	4.00	7.50	41.60
Pharmacy Technicians	11.61	-	2.00	2.00	15.61
First Contact Physiotherapists	9.80	5.51	4.00	3.00	22.30
Physician Associates	-	4.00	7.00	7.00	18.00
Occupational Therapists	-	-	1.00	-	1.00
Dieticians	-	-	2.30	-	2.30
Podiatrists	-	-	-	1.00	1.00
Health and Wellbeing Coaches	1.00	1.00	2.50	3.00	7.50
Care Co-ordinators	4.04	2.56	2.00	2.00	10.60
Paramedics	-	8.00	5.00	7.00	20.00
Nursing Associates	-	2.00	-	-	2.00
Trainee Nursing Associates	-	1.00	-	-	1.00
Mental Health Practitioners	-	18.00	7.00	3.00	28.00
Total Roles:	69.94	47.37	37.80	36.50	191.61

Recruitment to these roles is challenging with multiple channels being explored to maximise appointment of staff. This includes subcontracting to other providers in the NHS and voluntary/charity sector, use of agency staff, direct employment, shared posts across NHS providers, PCN wide and practice-based roles and part time and full time posts.

5. GP Digital – key updates

GP Appointment Data (GPAD)

NHS England and Improvement, in partnership with NHS Digital, introduced a new set of GP appointment categories to better capture general practice workload and demand. These new GP appointment categories are a superset of the existing 'slot type' fields. Practices were asked to undertake an exercise to map each slot type it uses to one of the new national categories.

In 2021/22, the Network Contract Directed Enhanced Service (DES) Investment and Impact Fund (IIF) includes a new indicator ACC-01, under which PCNs are able to earn 27 points if they provide "Confirmation that, by 31 July, all practices in the PCN have mapped all active appointment slot types to the new set of national appointment categories and are complying with the August 2020 guidance on recording of appointments".

Following consideration of each PCN's declaration, the results of the analysis provided by NHSE and updates from the NECs data quality team it was decided that all PCNs in NYCCG satisfied the requirements of ACC-01

Payments in respect of ACC-01 are due to be paid to its PCN nominated payees, in line with local payment arrangements, by the 31 October 2021.

Online Consultations

The recent Amendment of the National Health Service GMS Regulations (released October 2021) confirm that practices contractor must offer and promote an online consultation tool to its registered patients. The CCG is working with practices to ensure best use of the on-line consultation facility and to manage demand and capacity.

Video consultations

GP Practices are required to provide a video consultation facility. The national allocation for online consultations is £0.26 per patient per practice.

Initially there were CCG wide contracts in place from 2018 however from the start of the financial year 2020/21 the funding was passed directly to practices in Scarborough and Ryedale locality and Hambleton, Richmondshire and Whitby in order that they could select and commission their provider of choice directly. These practices use a mixture of different providers.

Harrogate and Rural District locality all use a separately commissioned contract that was put in place through West Yorkshire & Harrogate ICS. This contract ends in December 2021 and practices have instructed the GP Federation, Yorkshire Health Network (YHN) to work with providers to enter contract negotiations at scale rather than by individual practices.

The CCG have advised practices that it would be sensible for PCN practices to be on the same system/provider as the rest of their PCN however this is not mandated, and each practice can choose their own provider. A final decision on this is expected shortly.

NHSEI have indicated that funding for on-line consultations is guaranteed until 31.03.23.

Flexible Staffing Pool Pilot

As part of an NHS England and Improvement pilot scheme, each integrated care system (ICS) can receive up to £120,000 to implement or augment virtual staffing pool arrangements at pace.

The ambition is for flexible staff pools to support groups of primary care networks (PCNs), to increase capacity in general practice and create a new offer for local GPs wanting to work flexibly. It is expected that practices and PCNs will benefit from reduced burden in accessing temporary staff, and potential to build better relationships with pool members. GPs supported through the pool arrangement could have access to the flexibility of a locum role, with the additional benefits of a salaried position.

The ICS wide funding for the programme has already been allocated with a total of £240k (£120k from 20/21 and £120k from 21/22) available.

A formal contract award has been made following a procurement exercise with Lantum. This company is well known to primary care for providing locum staff.

The contract can accommodate up to 101 practice licences to secure the best price per licence. It would therefore cover all 51 Practices (and PCNs) in North Yorkshire with the ability to onboard Practices from other CCGs over the life of the contract if there was interest.

In the event more than 101 Practices signed up the contract could be varied. There may also be opportunities to extend the contract to look at supporting extended access hubs and Community Pharmacy.

An objective of this pilot is to provide additional, easily accessible staff to primary care including clinical and non-clinical roles. It is expected that the pilot will commence in November 2021.

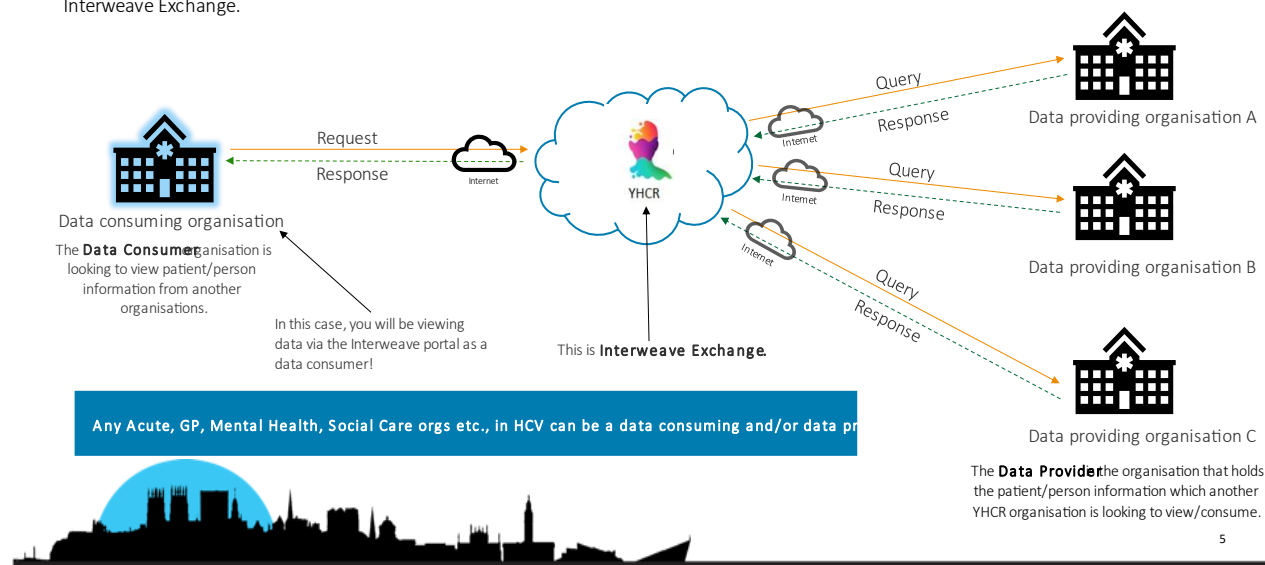
Yorkshire and Humber Care Record (YHCR)

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.

The YHCR portal works as follows:

Interweave Portal Introduction

The retrieval of data into consuming organisations is satisfied by an on-demand request into the Exchange, which results in querying various data-providing organisations who are connected to the Exchange. The query will only return a result if they hold data on the person that the consuming organisation has searched for. The YHCR is a platform for viewing data and no data is stored within the Interweave Exchange.



Humber Coast & Vale ICS are piloting 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 and the first phase pilot starting in October 2021 with Dr Moss and Partners in Harrogate. The remaining Heart of Harrogate PCN practices will follow shortly, and there are plans in place to roll out the portal to the rest of the PCNs in NYCCG.

6. Improving Access for Patients and Supporting General Practice

NHS England published the plan for supporting general practice on 14 October 2021. This plan outlines funding of £250m across England to improve and support patient access to general practice over winter (November – March). The previous Covid Expansion Fund provided £120m of funding across England for April to September 2022. This has been extended with a further £10m for October 2022.

The plan includes a £250m Winter Access Fund to:

- Help patients with urgent care needs to be seen quickly.
- Increase same day primary care capacity
- Expand UTC capacity and/or provide primary care hubs (RSV)

All systems must develop and submit a plan, by Thursday 28 October, assured by the ICS board, in line with a simple standard template

NHS England will enable and drive full adoption of cloud-based telephony across all practices, as rapidly as possible. This could include – subject to value for money – a short-term national solution available for all practices to deploy by the end of the year.

To support core general practice capacity and avoid disruption to existing service provision over the winter period, the planned transfer of current CCG-commissioned extended access services to PCNs will now be postponed until October 2022.

Practice-level review of levels of face-to-face care with an expectation that all practices will have completed such an exercise by the end of October, as part of ongoing reflection on professional practice and surgery management arrangements

The Plan aims to:

- I. **Ensure all practices achieve at least pre-pandemic activity levels for the equivalent period** (excluding COVID-19 vaccinations)
- II. **Increase overall appointment volumes in general practice and ensure appointment levels reflect the full deployment of ARRS staff**
- III. **increase the proportion of face-to-face appointments with GPs in the system**

7. Recommendations

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