

Title of Meeting:	Primary Care Commissioning Committee (PCCC)	Agenda Item: 6.1									
Date of Meeting:	27 January 2022	<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 24% above the same period last year and face to face appointments have increased by 33%. Further detail is included in the Integrated Quality Performance Report.

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).

Phase 3 of the vaccination programme initially offered a booster dose to the over 50s plus at-risk groups and all front-line health and social care staff. This was expanded in December 2020 to all adults over 18 with an objective to vaccinate all eligible patients by end of December 2021.

As at 17.01.22 80.01% of the HCV population have received two doses and of those 80.6% have received a booster. In NY 83.6% have received two doses and of those 84% have received a booster dose.

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)

Primary Care Networks (PCNs) continue to recruit to ARRS roles in line with national guidance. To date there are 85 WTE staff in post, which represents an increase of 15 WTE since the last update. There are plans to increase the current workforce by the end of the current financial year, March 2022

Pending successful recruitment, PCNs are forecasting a total of ~195 WTE staff in post by the end of March 2024.

The most recent position for the PCN ARRS scheme is below based on data available at 01 November 2021:

Roles	Current ARRS 01/11/21	Indicative Intentions 21/22	Indicative Intentions 22/23	Indicative Intentions 23/24	Position as at March 2024
Social Prescribing Link Workers	13.70	5.00	1.00	1.00	20.70
Clinical Pharmacists	28.51	1.59	4.00	7.50	41.60
Pharmacy Technicians	10.11	1.50	2.00	2.00	15.61
First Contact Practitioners	14.49	0.81	4.00	3.00	22.30
Physician Associates	3.00	1.00	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	3.00	-	2.50	3.00	8.50
Care Co-ordinators	6.68	-	2.00	2.00	10.68
Paramedics	1.00	7.00	5.00	7.00	20.00
Nursing Associates	1.20	0.80	-	-	2.00
Trainee Nursing Associates	2.80	-	-	-	2.80
Mental Health Practitioners	-	18.00	7.00	3.00	28.00
Total Roles:	84.49	35.70	37.80	36.50	194.49

Recruitment to ARRS roles remains challenging. The aim for the remaining months of the current financial year is to recruit 36 WTE staff. Half of this recruitment (18 WTE) is led by Tees, Esk and Wear Valleys NHS FT for the Mental Health Practitioner roles. The interviews for these roles are imminent. The remaining roles are at various stages of the recruitment process and NY CCG is in regular dialogue with PCN colleagues to help support the claims process once roles are recruited to.

5. GP Digital – key updates

Online/Video Consultations/SMS Capabilities:

The CCG continues to work with practices to ensure best use of the on-line consultation facility and to manage demand and capacity.

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

Initially there were CCG contracts in place from 2018. For the financial year 2020/21 the funding was passed directly to practices in the Scarborough & Ryedale and Hambleton, Richmondshire & Whitby localities in order that they could select and commission their

own provider of choice. These practices use a mixture of different providers including Klinik, Engage Consult, Footfall; but with majority of provision through AccuRx.

Harrogate and Rural District locality practices use a separately commissioned contract that was put in place through West Yorkshire & Harrogate ICS. This contract ended in December 2021 and practices instructed the GP Federation, Yorkshire Heath Network (YHN) to work with providers and 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. The current position is not fully finalised, but it is anticipated that there will be two providers across this locality, those being E-Consult and AccuRx. All practices do have on-line consultations available currently and have extended some existing contracts where appropriate.

NHSE/I have indicated that funding for on-line consultations is guaranteed until 31.03.23.

It should also be noted that many of these Online & Video consultation platform products are actually wider engagement products in nature and as such come with SMS capabilities. A significant trend can be seen in the increased uptake of SMS communications with patients across a number of use cases (i.e. messaging patients test results, batch messaging of patients for health campaigns, messaging & web completion of patient questionnaires). This does afford the opportunity to further explore the abilities to communicate with patients via this means to support the management of demand.

North Yorkshire Digital Health Checks Pilot

Within Q3 21/22 the CCG had notification that North Yorkshire County Council (NYCC) had been successful in its submission into the Office for Health Inequalities/Disparities (OHID – formerly Public Health England) to become part of the national pilot scheme for digitising the NHS Health Check. The CCG supported this submission.

The national pilot sites are being asked to trial a digital tool (Evergreen) both within practices (to support eligible cohort identification and health checks results integration) and with eligible patients (via the Evergreen Life App to complete the Digital Health Check). North Yorkshire County Council Public Health are working to select 3 x practices to be part of the pilot, with the pilot ideally beginning in March 2022. 2 x practices are confirmed at this point with those being Hackness Road Surgery and Brook Square. The national pilot will be subject to a full academic evaluation which is being led by Staffordshire University.

The appropriate Information Governance and Technology tasks are on track, supported by NECS. All clinical safety work is being led by Rose Hand of HealthTek Consulting who are commissioned by the CCG to support clinical safety standards in the deployment of new digital solutions.

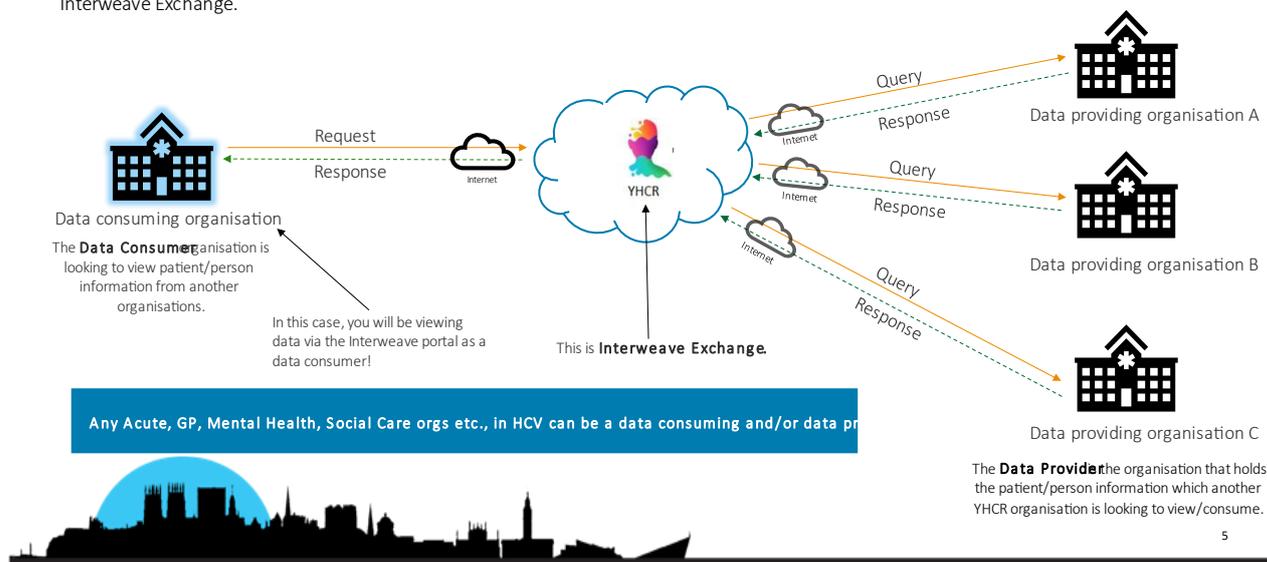
Yorkshire & Humber Care Record (YHCR)

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 persists 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 PCN practices. All 4 practices went live with the YHCR Portal during October and November 2021 with the initial data available being patients and clinical documents from York & Scarborough FT. Further data provision is expected to be live within Q4 including data from North Yorkshire County Council, Humber FT and Harrogate District FT. It should be noted that these 4 practices commitment and engagement has been excellent especially given the challenging wider circumstances.

There is a plan of further phases that will see the YHCR Portal deployed to all North Yorkshire practices which initially looks as follows:

- All practices currently using the Leeds Care Record (LCR) Portal will be moved to the YHCR Portal (our Scarborough & Ryedale locality) by 31.03.22.
- Remaining Harrogate & Rural District practices – indicative Q1 22/23
- All Hambleton, Richmondshire & Whitby practices – Q2/Q3 22/23

It should be noted that the GP Connect Dataset (clinical data from GP practices) is available to provider organisations who are using the YHCR Portal i.e., North Yorkshire County Council. It is hoped this will bring whole system benefits and potentially lead to a reduction of professional to professional queries for Primary Care.

The Head of Digital also acts as the Sponsor for YHCR across North Yorkshire & York and continues to work on engagement from City of York Council and Tees, Esk & Wear Valley FT (TEWV). TEWV are now actively engaged and working with the YHCR delivery team to plan for both providing and consuming YHCR (delivery date to be confirmed). The Head of Digital has also raised with the YHCR Programme Director about ways to bridge the data sharing gaps with South Tees Hospitals FT and County Durham & Darlington FT who are part of the Great North Care Record (GNCR).

Core Clinical Systems:

Funding support for clinical system migrations has continued which will see a further two practices migrate from EMIS to System 1 (Lambert Medical Centre & Thirsk Doctors

Surgery), with a further practice having also expressed an intention to make this change (funding options are being reviewed).

It should be noted that the wider GP IT Futures Framework contracts expire nationally at the end of September 2022, thus triggering a re-procurement exercise. Further engagement will take place with Primary Care and within the CCG as final details of next steps are confirmed by NHS Digital and NHSE/I.

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:

- 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.

Across North Yorkshire we have commissioned an additional c18 000 remote consultation appointments with two providers to provide additional capacity to practices throughout the winter period and beyond. The first practices went live in January 2022 and the service is being rolled out in January and February. The CCG is working closely to support practices to go-live and with the providers to ensure capacity is used appropriately. Weekly activity reports will be provided along with monthly quality information including DNAs and consultation outcomes.

In addition, a number of local schemes are being supported to increase face to face provision, expand extended access capacity and increased phlebotomy.

7. Recommendations

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