

**NORTH YORKSHIRE CLINICAL COMMISSIONING GROUP
(NYCCG)
Primary Care Commissioning Committee (PCCC)**

**27 January 2022
14:00 – 16:00**

Via Microsoft Teams

Present (Voting Members)	
Wendy Balmain	Director of Strategy and Integration, North Yorkshire CCG
Dr Peter Billingsley	North Yorkshire CCG Governing Body GP
Jane Hawkard (part)	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
Kate Kennady	Governing Body Lay Member, North Yorkshire CCG
Sue Peckitt (part)	Chief Nurse, North Yorkshire CCG
Sheenagh Powell	Governing Body Lay Member, North Yorkshire CCG, Chair
Dr Bruce Willoughby	North Yorkshire CCG Governing Body GP

In Attendance (Non-Voting Members)	
Andrew Dangerfield	Head of Primary Care Transformation, North Yorkshire CCG
Sharon Gent	Secretariat (attendance)
Ashley Green	Chief Executive, Healthwatch
Dr Omnia Hefni	NYCCG GP
Cathy Tobin	Secretariat (minutes)

In Attendance	
Martin Braidwood on behalf of David Iley	Primary Care Manager, NHSE/I
Olivia Crispin	Graduate Management Trainee, NYCCG
Tim Readman	Senior Communications Officer, NYCCG
Georgina Sayers	Communications and Engagement Manager, NYCCG
Sasha Sencier (part)	Board Secretary and Senior Governance Manager, NYCCG

Apologies	
Dr Sally Tyrer	GP and LMC representative
Public Health	North Yorkshire County Council

1.0 Apologies for Absence and Quorum

The Chair welcomed the Committee members and apologies were noted as above.

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

The Primary Care Commissioning Committee:

Noted the attendance and apologies. The Chair confirmed that 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 Clinical Commissioning Group (NYCCG).

No declarations of interests were declared in relation to the business of the meeting.

Declarations declared by members of the Primary Care Commissioning Committee are listed on the CCG website: <https://www.northyorkshireccg.nhs.uk/home/about-us/publications/conflicts-of-interest/>

The Primary Care Commissioning Committee:

Noted that no declarations of interests were declared in relation to the business of the meeting.

3.0 Questions from Members of the Public

The Chair advised that no members of the public had requested to join the meeting and no questions had been submitted.

The Primary Care Commissioning Committee:

Noted that no members of the public had requested to join the meeting and no questions had been submitted.

4.0 Minutes and matters arising

4.1 Minutes from the Meeting held on Thursday 21 October 2021

Minutes of the meeting held on Thursday 21 October 2021 were reviewed by the Primary Care Commissioning Committee for accuracy and a true record of the meeting.

Sheenagh Powell queried agenda item 5.2 'Internal Audit Report on Primary Care Commissioning and Contracting', Commissioning and Procurement of Services and the two recommendations that stated: *Refresh of guidance and recirculation and sign from the Extended Access contract variation to extend the term for the Harrogate and Rural District locality services.*

Andrew Dangerfield confirmed that the guidance had not been updated and Jane Hawkard confirmed that the extended access contract variations had been signed off. Therefore, there were no outstanding actions.

The Primary Care Commissioning Committee:

Noted and accepted the minutes as an accurate and true record of the meeting.

4.2 Action log

The action log was reviewed by the Primary Care Commissioning Committee and updated accordingly.

The Primary Care Commissioning Committee:

Noted the above and the action log was updated accordingly.

5.0 Governance

5.1 Significant Risks

Sasha Sencier presented the Significant Risks report and confirmed it was the same report that was presented to the previous meeting. Sasha informed the Committee that a deep dive exercise of all risks was currently taking place and that an updated position will be reported to the next meeting.

Action: Sasha informed the Committee that a deep dive exercise of all risks was currently taking place and that an updated position will be reported to the next meeting.

The Primary Care Commissioning Committee:

Noted the Significant Risks Report and was assured that an updated position will be presented to the next meeting.

5.2 Draft PCCC Committee Annual Report & Annual Review of Effectiveness

Sasha presented the PCCC Committee Annual Report and Annual Review of Effectiveness Report for approval and confirmed that the report will be updated with attendance / conflicts of interest following the PCCC meeting.

The Primary Care Commissioning Committee:

Approved the PCCC Committee Annual Report and Annual Review of Effectiveness Report and was assured the report will be updated with attendance / conflict of interests following the PCCC meeting.

5.3 PCCC Forward Plan

Sheenagh Powell stated that future PCCC Committee meeting dates have been set up.

Wendy Balmain presented the PCCC Forward Plan but stated it may change once the ICS is established on 1 July 2022.

The Primary Care Commissioning Committee:

Noted the PCCC Forward Plan.

6.0 Strategy and Planning

6.1 Primary Care Report

Wendy informed the Committee that PCCC meetings will continue until the ICS is established in July 2022 and that discussions are taking place about the governance arrangements for delegated commissioning from that date. She further outlined the current NHS Planning Guidance for 2022 - 2023 which for primary care has a focus on the following:

- Primary Care Networks (PCNs) - to continue work with the PCNs and Community Service Workforce to enhance integration and access.
- Ensuring that business as usual primary care, including access to chronic health condition checks, and learning disability annual health checks are available.
- Digital Primary Care - to work with practices to ensure best use of the on-line consultation facility, to encourage all patients to use the NHS App.

Bruce Willoughby also highlighted the following key areas of the report:

- Omicron surge – letters were sent from NHS England to practices in December about prioritising the vaccination booster target / programme. Since the New Year demands of the vaccine programme have reduced. Discussions are taking place about routine work and getting back to some normality.
- Yorkshire & Humber Care Record (YHCR) – this is a portal that allows different organisations / individuals to see a patient's record. The Heart of Harrogate PCN practices have been piloting the portal.
- Winter Access Fund – the fund is to improve and support patient access to general practice over winter and work is underway to roll out to the practices most at need. The roll-out of the scheme commenced in January 2022.

A discussion took place about the NHS app and Ashley Green informed the Committee that Healthwatch had received some funding and were in discussions with communications about promoting the NHS App.

Georgina Sayers joined the meeting and informed the committee about a survey that had been issued to patients the previous year including information on the different roles within practices, a zero-tolerance policy for patient behaviour and it was well received. Georgina and the Communications Team continue to work alongside practices.

The Primary Care Commissioning Committee:

Noted the updates in the Primary Care Report.

6.2 Report from NHS England / NHS Improvement

Martin Braidwood attended the meeting on behalf of David Iley and presented the report for the committee to note, not approve.

Martin raised awareness to the Committee about the updated guidance in relation to item 1.5 General Practice Access Routes campaign resources which is about resources, guidance and practices communicating with patients.

The Primary Care Commissioning Committee:

Noted the report and update from NHS England / NHS Improvement.

6.3 Public Health Update

Public Health were not present at the meeting, therefore the report will be deferred to the next meeting. Wendy stressed the significant operational pressures in the system.

The Primary Care Commissioning Committee:

Public Health were not present at the meeting therefore the report will be deferred to the next meeting.

6.4 Practice Changes and Rent Reviews

Andrew Dangerfield presented the Practice Change and Rent Review Report and informed the committee that the PMS Contract and Novation of Contract (Harewood Medical practice) was to note, not approve. Due to the surge with the vaccination programme, Committee meetings were stood down during December, therefore the contract was approved virtually in December 2021.

Andrew outlined details of the application from Harewood Medical practice to novate the Primary Medical Services contract to Heartbeat Alliance GP Federation, trading as Hambleton, Richmondshire and Whitby GP Alliance Ltd (HBA) with effect from 1 April 2022. Andrew confirmed that NHSE are supporting the process.

Andrew informed the Committee about the Dr Moss & Partners rent review. The branch surgery in Killinghall has been re-valued following a district valuer report as a result of a new lease with the landlord due to the lease expiring. The valuation and rent have both increased and the Committee is asked to reimburse the additional rent of £2,220.83.

The Primary Care Commissioning Committee:

Noted the PMS Contract and Novation of Contract (Harewood Medical practice) to novate to Heartbeat Alliance GP Federation.

Approved the additional increased rent of £2,220.83 for the Dr Moss & Partners rent review for the branch surgery in Killinghall, Harrogate.

Decision: Approved the additional increased rent of £2,220.83 for the Dr Moss & Partners rent review for the branch surgery in Killinghall.

6.5 LES Report

Jane Hawkard presented the Review of Local Enhanced Services (LES) report and highlighted the following key areas.

A review has been conducted by finance and clinical leads to understand the contracts, costs and specification differences. The report is broken down into three different types of LES Schemes (Local Enhanced Service).

- i. Type 1 – where all three previous CCGs had the same/very similar LES with some different pricing structures and providers.
- ii. Type 2 – where similar LES contracts existed in 2 of the previous CCGs with some differences in specifications and pricing structure.
- iii. Type 3 – a number of LES contracts which are very different across the 3 former CCGs.

Jane confirmed that the paper had been presented to the Clinical Executive Committee and the Executive Directors with the recommendations being to harmonise the LES contracts for types 1 & 2 and to offer a harmonised contract to all practices across North Yorkshire.

This recommendation would require further work on harmonising specifications. No recommendations have been made in terms of the type 3 contracts. Views differ in terms of the need to harmonise balanced against the need for local areas to decide how resources are used based on the needs of their specific populations. Any significant changes would need to involve engagement with the LMC (Local Medical Council).

The Executive Directors Group received and supported the recommendations for type 1 and 2 LES contracts and agreed to plan for this over the next year if possible depending on the availability of funds. It was recognised that this initiative would need to be prioritised against other spending priorities and could not be finalised until allocations and planning had taken place.

In preparing for organisational change the Governing Body has agreed to extend the current LES contracts for a further year. Any subsequent recommendations to make any changes to LESs will be considered as part of CCG planning for 2022/23 once allocations are known and will be properly engaged upon.

The Primary Care Commissioning Committee:

Noted the LES Report.

7.0 Finance and Performance

7.1 Finance Report

Jane presented the Finance Report and provided the following highlights:

The Primary Care co-commissioning budget is forecast to be overspent by £497k by the year end (assuming additional ARRS (Additional Roles Reimbursement Scheme) funding of £661k is received). This position would need to be balanced off against underspends in the CCG overall position.

Prescribing – has improved with an overspend of £715k year to date.

Winter Access Fund - The objective of the Winter Access Funds (WAF) is to increase the number of appointments offered to patients across primary care, including face to face appointments. The funding received is £7.59m across the ICS and the plans include a number of 'at scale' initiatives across the ICS £1.89m and Place based initiatives of £5.7m. Consequently, there has been a significant number of additional appointments recruited to.

The Primary Care Commissioning Committee:

Noted the Finance Report.

7.2 Integrated Quality Performance Report

Andrew Dangerfield presented the Integrated Quality Performance Report and highlighted the following key areas:

Central Healthcare, Scarborough is now known as Haxby Group, Scarborough. Following a CQC inspection the practice has been upgraded as 'good', the previous rating was 'inadequate'. This is a significant achievement. Andrew confirmed that all practices within the CCG are now rated as 'good'.

There had been a delay with some of the GP indicator data, but Andrew assured the committee that they will be included within the next report.

Flu - vaccinations are higher than previous years, with no recorded flu around at present.

Cervical screening – the CCG is now above national average.

NHS App – over a third of the population have now downloaded the app.

GP Appointments – 24% above the same period last year.

Face to face appointments – up by 33%.

Georgina Sayers joined the meeting and informed the Committee that the CCG have been working with NYCC (North Yorkshire County Council) for adults with learning disabilities and an activity pack will be distributed shortly.

The Primary Care Commissioning Committee:

Was assured with the Integrated Quality Performance Report.

8.0 Investment Decisions

There were no investment decisions to approve.

The Primary Care Commissioning Committee:

Noted that there were no investment decisions to approve.

9.0 Minutes and Key Messages to the Governing Body

Sheenagh Powell noted the pressures in the system and the management of risks and noted that minutes and key messages would follow.

The Primary Care Commissioning Committee:

Noted that the highlights of the minutes and the key messages to the Governing Body would follow.

10. Any Other Business

There was no other business to discuss.

The Primary Care Commissioning Committee:

Noted that there was no other business to discuss.

11. Meeting Reflection

Sheenagh Powell thanked all for their contributions.

The Primary Care Commissioning Committee:

Noted the above.

12. Next Meeting

The Chair noted that the next meeting would take place on Thursday 28 April 2022 14:00 – 16:00.

The Primary Care Commissioning Committee:

Noted the date of the next meeting.

The meeting closed at 15:15.

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 the significant risks report which highlighted two risks that had a score of 12 which are below the GB highlighted risk level. No change in risk or scoring was noted from the last meeting and the committee were assured they continue to be managed appropriately

The Committee approved the PCCC draft Annual Report and Annual Review of Effectiveness Report for 2021/22 and agreed any final amendments could be agreed by the responsible Executive Director, Director of Governance and Committee Chair.

A detailed Primary Care Report was well received and discussed. This gave an update on the Covid recovery, the COVID vaccination programme and GP digital workstreams.

A report was received from NHSE/I providing links to the latest Primary Contract and guidance updates

The Committee noted the approval of the transfer and novation Harewood Practice PMS contract to Heartbeat Alliance GP Federation.

The Committee approved the rent increase of £2,220.83 to Moss and Partners for the Killinghall branch surgery as recommended by the DV.

A report was received on Local Enhanced Service (LES) contracts which provided detail on the work to review and harmonise the LES schemes across the North Yorkshire (and York). It also confirmed that approval had been given by the Governing Body to continue the existing schemes into 2022/23 in the meantime.

A Finance report to December 2021 was received detailing the forecast overspend of £497,000 on Primary Care Services, details of the winter access funding totalling £7.59m to increase appointments in Primary Care across the ICS area and an update on prescribing spend, which is currently overspending by £715,000. Overspends are expected to be offset by underspends in other CCG budgets. In addition, the Committee received a detail Primary Care Performance report which provided assurance of a generally improving position.

Item 4.2 Appendix A

North Yorkshire Clinical Commissioning Group Actions from the Primary Care Commissioning Committee on 27 January 2022

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
27 January 2022	5.1 Significant Risks	Sasha informed the Committee that a deep dive exercise of all risks was currently taking place and that an updated position will be reported to the next meeting.	SC	28 April 2022

**North Yorkshire Clinical Commissioning Group
Closed actions from the Primary Care Commissioning Committee**

Meeting Date	Item	Action	Responsibility	Action Completed / Due to be Completed (as applicable)
27 May 2021	7.1 Internal Audit Report	<p>LES Report to be brought to a future committee.</p> <p>22.07.21 – Andrew Dangerfield confirmed that the report was not ready but will be presented to the next meeting.</p>	AD / JH	27 January 2022