

Title of Meeting:	Primary Care Commissioning Committee (PCCC)		Agenda Item: 6.1									
Date of Meeting:	28 April 2022		<table border="1"> <thead> <tr> <th colspan="2">Session (Tick)</th> </tr> </thead> <tbody> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </tbody> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)												
Public	X											
Private												
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"> <thead> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </tbody> </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: <ol style="list-style-type: none"> 1. Contract Changes 2. Additional Roles Reimbursement Scheme 3. Winter Access Fund 4. Digital 5. Support provided to Ukrainian and other refugees 6. Covid Vaccination 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												
Significant Risks to Consider		None										
Outcome of Impact Assessments completed		N/A										

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

Introduction

This report provides an overview of primary care key delivery areas.

1. GP Contract Changes

The GP contract regulations have been updated for 2022/23.

During covid there was a requirement that 25% of appointments are available for online booking this will change to make available for on-line booking, all appointments which do not require triage. Guidance will be issued on the type of appointments that are expected to be made available for online booking shortly.

GP practices will be required to respond to Access to Health Records Act (AHRA) requests for deceased patients and removes the requirement for practices to send copies of the electronic record of deceased patients to Primary Care Support England (PCSE).

There are no new additional QOF indicators when income protection ceases in March 22. The 22/23 Quality Improvement modules focus on optimising patients' access to general practice and prescription drug dependency. The Weight Management Service will continue into 22/23.

Expanding primary care capacity remains a priority through the PCN Additional Roles Reimbursement Scheme and we are on track and the funding amount has been increased to meet this ask of covering up to 15 different roles. Mental Health roles will be reimbursed on a 50:50 shared model with a broadening of the role outline to include non-clinical support for patients and an inclusion of band 4 roles.

PCN Clinical Director funding for 2022/23 has been agreed as £0.736 per head as part of a 5-year deal and PCNs will continue to be able to draw down the £1.50 per head core PCN support funding.

Within the DES there is a merger of the £1.44 per head Network Contract DES extended hours funding and the current £6 per head CCG-commissioned extended access service, to fund a combined access offer with updated requirements deliverable by PCNs which will now commence from October 2022.

The revised Extended Access DES will provide for bookable appointments outside core hours within the Enhanced Access period of 6:30pm-8:00pm weekday evenings and 9:00am-5:00pm on Saturdays, utilising the full multi-disciplinary team, and offering a range of general practice services, including 'routine' services such as screening, vaccinations, and health checks. PCNs will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient need locally and it is agreed with the commissioner.

PCN service specifications and the PCN Investment and Impact Fund (IIF) will see a limited expansion of the Cardiovascular Disease Prevention and Diagnosis service, and the Anticipatory Care and Personalised Care services will be introduced in a phased approach from April 2022.

PCNs will have an additional year to implement digitally enabled personalised care and support planning for care home residents. 2022/23 will now become a preparatory year, with implementation of the requirement required by 31 March 2024. There will be an extension of the period that PCNs have to develop their anticipatory care plans until December 2022. The Anticipatory Care service itself, (ICS led), will start in 2023/24.

Early Cancer Diagnosis service requirements will be streamlined and refocussed in 2022/23, focusing PCNs on national diagnosis priorities arising from evidence around lower than expected referral rates for prostate cancer.

Three new Investment and Impact Fund (IIF) indicators focused on Direct Oral Anticoagulants (DOAC) prescribing and FIT testing for cancer referrals will be introduced in 2022/23. These changes will help to ensure that a greater number of patients with atrial fibrillation receive anticoagulation therapy where clinically appropriate and that more patients with suspected lower gastrointestinal cancer will have their two week wait referral accompanied by a FIT test result.

The current five-year framework of GMS contract changes agreed by GPC England concludes at the end of 2023/24. The default position is that the existing GMS contract will automatically roll forward unless it is changed. The new Integrated Care Boards will be responsible for commissioning primary care services and following engagement will enable primary care to work at the heart of ICSs.

Key PCN funding is outlined below:

- 0.736 per registered patient for PCN Clinical Director Funding
- £1.50 per head Core Funding
- £0.720 by the registered list size for Extended Access Funding - This was originally £1.44
- £3.7654 multiplied by the PCN's Adjusted Population for Enhanced Access Funding
- An increase in the ARRS budget
- A share of £62.4m of the funding allocated to the suspended IFF indicators via a PCN support payment. This is to be paid on a weighted patient basis, subject confirmation the PCN will be reinvesting into services or workforce.
- £120 Care Home Premium (Per Bed)
- The Leadership and Management funds is £0.699 multiplied by the PCN's Adjusted Population, the IIF has been uplifted from £150m to £260m to reflect the planned uplift of £75m, plus an additional £35m agreed for specific purposes. The value of an IIF point will remain at £200.

2. Additional Role Reimbursement Scheme (ARRS)

Primary Care Networks (PCNs) continue to recruit to ARRS roles in line with national guidance. To the Year Ending 31 March 2022 there are forecast to be 127.18 WTE staff in post. This represents an increase of almost 56 WTE since Quarter 1, June 2021 which highlights the significant progress made by PCN's during the financial year 2021/22 despite the continued impact of the covid pandemic and the support PCNs have provided to the covid vaccination programme.

A position statement showing the increase throughout the financial year is included below. To note, the position to March 2022 is a forecast as at the time of writing, subject to final returns from the PCNs.

	Actual	Actual	Actual	Forecast
ARRS Role	end of June 2021	end of September 2021	end of December 2021	end of March 2022
Advanced Practitioner	-	1.71	1.71	2.71
Care Coordinator	4.40	4.04	11.56	20.18
Clinical Pharmacist	25.53	27.35	28.49	32.24
First Contact Physiotherapist	12.81	12.84	13.39	17.83
Health and Wellbeing Coach	2.00	2.00	3.00	2.00
Mental Health Practitioner Band 6	-	1.99	4.97	6.97
Nursing associate	-	-	0.99	0.99
Occupational therapist				1.80
Paramedic	-	1.00	3.00	3.00
Pharmacy Technician	6.91	10.01	11.91	14.70
Physician Associate	1.00	1.00	3.00	3.00
Social Prescribing Link Worker	17.56	14.61	15.70	16.96
Trainee nursing associate	1.00	1.80	2.81	4.80
Grand Total	71.21	78.34	100.52	127.18

Recruitment to ARRS roles remains challenging with difficulties recruiting to most roles. The CCG will be seeking a forecast for 2022/23 once 2022/23 financial envelopes are confirmed. Estates pressures remain an issue to recruitment, with some PCN's indicating that this is a limiting factor in their recruitment process. This has been noted and NY CCG primary care commissioning colleagues are involved in dialogue with PCN representatives to try to mitigate this risk to allow recruitment to continue.

3. Winter Access Funding

Winter Access funding was made available to NY CCG in December 2021. The initial allocation was just over £1.3m plus slippage from HCV ICS schemes of £124k. The total funding of £1.5m was committed to a variety of schemes across North Yorkshire including additional Extended Access capacity, phlebotomy services, funding for locums to cover covid sickness and training for existing clinicians to release GP time for face to face appointments.

Three 3rd party providers have also been contracted to deliver circa 20,000 additional remote appointments across general practice of which 50% of the appointments have been delivered to date with the remaining being delivered after April to support bank holiday demand.

In addition to remote consultations other schemes covering NY CCG include purchasing of Ardens Manager which gives primary care access to numerous dashboards such as:

- QOF Case Finders
Identify patients who may not have had a QOF-related condition coded correctly. For example, a patient who is on insulin but has not been coded as diabetic. By correcting these coding errors practices will ensure that not only are patients receiving appropriate care, but also reporting chronic disease prevalence correctly and this will increase the financial value of your QOF points.
- PCN DES
The PCN DES dashboard includes reports relating to cancer care, care home activity, structured medication reviews, and the Investment and Impact Fund. Activity and performance can be benchmarked and monitored at practice and PCN level.

- SMI Health Checks
The SMI Health Check dashboard allows monitoring and benchmarking of quarterly SMI activity, including physical health checks, interventions, and screening.
- NHS Health Checks
The NHS Health Checks dashboard allows NHS Health Check activity to be monitored including health checks done (by age, ethnicity and gender), findings and outcomes.

In addition to the North Yorkshire schemes, PCN specific schemes have been commissioned which will improve access for patients and reduce time spent in clinic, examples include.

- Local Winter ailments helpline number for patient access
- Phlebotomy training for staff
- ECG machines
- Spirometers and air purifier machines for spirometry clinics
- Contribution to the HaRD locality Proactive Care Team which visit housebound elderly patients to carry out a common geriatric assessment (CGA) and develop advanced care plans
- Doppler Scanners for diagnosing leg ulcers
- BP & Pulse Booths which reduces nursing time and feeds results directly into S1
- Feno Asthma Diagnostic Tools to avoid patients attending secondary care
- Care Navigator training to support patients with the appropriate service
- Pathology Go Workflow Arm to reduce manual administrator coding
- Women's Health Clinics for cervical screening to reduce waiting lists.

4. GP Digital – key updates

Online/Video Consultations/SMS Capabilities

The CCG continues to work with practices to ensure best use of online consultation facilities in order to support the management of demand and capacity for appointments.

GP Practices are required to provide online as well as video consultation facilities and there has been an agreed 28 pence per patient per practice allocation for online consultations for the 22/23 FY (up until 31.03.23). This allocation was set via the available funding from our NHSE/I regional team and has been received at the CCG and transacted to Practices.

The CCG now have all localities funded via the above mechanism following the end of the Harrogate & Rural District locality coverage within the West Yorkshire ICS contract.

North Yorkshire CCG has a mixed economy of online consultation solutions, the majority of practice use the AccuRx product. There has been minimal change in solution providers across Practices and we have 3 Practices migrating to AccuRx from Engage Consult.

The locality summary position is as follows:

- Hambleton, Richmondshire & Whitby
21 Practices AccuRx
1 Engage Consult (migrating to AccuRx).

- Harrogate & Rural District
10 Practices AccuRx
7 Practices E-Consult
- Scarborough & Ryedale
6 Practices AccuRx
3 Practices Engage Consult (2 migrating to AccuRx)
2 Practices Klinik
1 Practice Footfall

The CCG continue to advise practices that it would be sensible for practices to be on the same system/provider as the rest of their PCN however this is not mandated. Many of the Online Consultation solution providers have developed, or are developing, PCN Hub versions of their products that facilitate cross-PCN working and flow, and as such having a standardised solution across PCN allows for this potential opportunity to be exploited.

Across the Humber & North Yorkshire ICS footprint a contract is retained with AccuRx for Video Consultations as well as 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 patient 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.

Data Quality/Optimisation Tools

All North Yorkshire practices utilise Ardens to support with best practice clinical data recording, data quality and referral templates. The funding for this was secured via Humber & North Yorkshire Digital First Primary Care Programme to fund Ardens licencing costs for Practices up to 31.03.22.

Subsequently, via a further Humber & North Yorkshire ICS bid to NHSE/I funding has been secured to provide Ardens Pro licencing costs for all Practices through to 31.03.23.

In addition to the above, via Winter Access Funding, the CCG has also managed to support investment in Ardens Manager for the 22/23 FY which will support Practices & PCN's in having access to greater intelligence and support optimising reports against national and regional contract initiatives. The final scope of commercial arrangements and Ardens Manager coverage is being worked through with PCN's and Ardens.

Care Homes Digitisation

In recognition of the criticality of the Care Home care setting as a point of healthcare delivery (and especially so for Primary Care) we have continued to work across the ICB to strengthen the Digital support offer for Care Homes. The CCG has been successful in securing over £300k in funding (via national and regional funding streams) that has been transacted to NYCC to support a programme of technical and digital improvements across Care Homes within North Yorkshire.

The appropriate governance and delivery processes are being established and we are working in close partnership with the Vale of York CCG. This funding will enable better connectivity between care homes and Primary Care, as well as improving Digital Maturity within Care Homes, from staff skills to use of Digital record systems for residents/patients.

Supporting Primary Care Resilience & Agility

In order to support Primary Care in these challenging times the CCG has managed to continue to provide 810 additional Covid Laptops with GP practices to support with practice resilience and mobile working. The support costs for these laptops were funded by the CCG for 2021/22 and will continue to be funded via the CCG for 2022/23.

The CCG has also been able to provide a software tool known as 'Use Your Own Device' (UYOD) solution. This provides secure access to a full virtual desktop for the staff member from any device (i.e. a personal device) allowing them to access clinical systems with suitable data prot. 50 licences are in use across North Yorkshire practices with another 250 funded and available. This UYOD tool continues to be promoted via North Yorkshire GP IT Digital Counsel forums.

A number of laptops have also been deployed to PCN Additional Roles with support costs funded via the CCG throughout 21/22. Funding has been secured via a bid to NHSE/I regional underspends to support the current PCN Additional Roles laptop stock across the 22/23 FY. The Head of Digital continues to work with the Primary Care Team on additional roles forecasting to enable bids for additional kit to be made to 22/23 FY GP IT Capital.

Improving/Upgrading Primary Care Connectivity (Full Fibre)

Throughout 21/22 there has been a rolling programme of upgrading a number of general practices premises to full fibre connectivity. These upgrades mean practices have significantly improved broadband speeds which support quality performance of digital tools within practices, but also allows for further future deployment of more digital technologies without compromising on the performance of these tools. This rolling programme has resulted in just 36 Practice sites remaining without full fibre.

Through a funding bid to the NECS reinvestment fund the CCG has been successful in securing funding to upgrade all remaining sites to full fibre across the 22/23 FY. This will not just bring better connectivity to all sites but has a wider social and economic value by taking full fibre connectivity closer to remote schools, village halls and Care Homes who can then take advantage of this capability at much lower infrastructural costs.

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, 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 with 3 practices (Hackness Road Surgery, Brook Square & Leeds Road Practice) as part of this pilot with the pilot. The pilot is due to commence in early May 2022. The national pilot will be subject to a full academic evaluation 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 HealthTek Consulting who are commissioned by the CCG to support clinical safety standards in the deployment of new digital solutions.

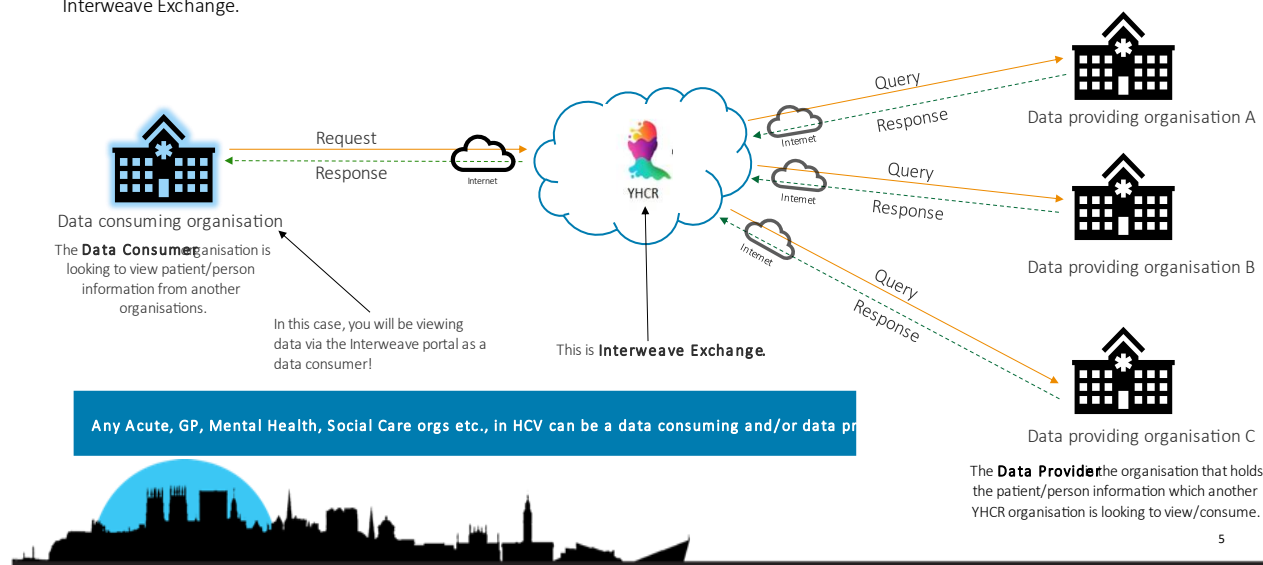
Yorkshire & Humber Care Record (YHCR)

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 & North Yorkshire ICS have piloted the YHCR Portal 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 Q1 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) within Q1 22/23. However, it should be noted that Leeds Care Record access has ceased as of 31.03.22. Following risk review no further risks have been identified as part of this loss of access due to the very limited set of data available and very limited usage of the LCR Portal.
- Remaining Harrogate & Rural District practices – indicative Q1/Q2 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 SRO for YHCR across North Yorkshire & York and there is now a confirmed engagement in place with 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). There is also additional engagement planned with all hospices caring for North Yorkshire & York patients as well as Defence Medical Services as a potential enabler to joined up care within CICC. 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 has seen a further two practices migrate from EMIS to System 1 (Lambert Medical Centre & Thirsk Doctors Surgery), with a further practice (Topcliffe Surgery) to be migrated early Q2.

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.

5. Support provided to Ukrainian and other refugees

During 2021/22 NY practices have supported a number of Afghan nationals as part of the Afghan Relocation scheme and other refugees. This has seen over 300 people, in family groups, being placed in bridging accommodation in Scarborough. These residents can be in hotels for at least 3 months, often longer and with further families arriving once an initial family receives a permanent placement.

Two GP practices, Castle Health Centre and Haxby Group Scarborough, have proactively registered these families and undertaken comprehensive health checks, TB and other screening, medication reviews and treatments including onward referrals where needed. This has been a significant additional programme of work to support vulnerable families and individuals in very difficult circumstances.

The recent establishment of the Homes for Ukraine Scheme will see further families entering North Yorkshire to be hosted by families as part of this scheme. As of 10 April, some 257 UK hosts had registered from within North Yorkshire with approximately 50-60 Ukrainians having arrived.

As with previous refugees there is a multi-agency group established, led by North Yorkshire County Council (NYCC), to ensure all the necessary support is available for health, education, employment and benefits as well as safeguarding and well-being. The committee will be aware that each host will be paid a grant of £350 per month towards cost but will not be able to charge rent. All Ukrainians that are part of this scheme will have free access to all NHS services, child education and can claim Universal Credit. Hosts will be DBS checked and NYCC are carrying out both home checks and child safeguarding checks. Follow up visits by NYCC will be carried out when the families arrive to provide any further support.

Families will be able to register with a local GP and information is available via the NYCC website for both Ukrainians and hosts with information about education, the health service including dental and optometrist services and covid vaccinations, benefits and employment services.

The scheme is live so it is expected that additional hosts and families will be identified over the next few weeks.

6. COVID-19 Vaccination Programme

The Covid vaccination programme continues with the main focus currently on the spring booster programme for over 75 year olds, older care home residents and at risk groups, and the healthy 5-11 year old cohort. Across NY some GP sites have withdrawn from the vaccination programme to focus on primary care services while some larger sites continue alongside community pharmacy sites. The spring booster programme is expected to continue until June when a further review of sites will be undertaken to ensure the 'evergreen offer' is still available to all cohorts including anyone who has not yet had a first or second dose.

No decisions have yet been made in relation to a potential autumn booster programme and some vaccination will be paused to match capacity with demand and they can then be re-opened when appropriate.

Of the total eligible population, including 5-11 year olds, 83.3% have received a first vaccination and 75.4% a first booster dose.

The programme continues to ensure access for hard to reach groups with the use of mobile and pop-up clinics, closer to those groups plus targeted media and communications and translation services where English is not the first language.

7. Recommendations

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