

## Primary Care Co Commissioning Committee

Exception and Progress Report

August and September 2018

### Areas of significant Improvement/Progress in last two months.

#### Annual Report

As the SRCCG has fully delegated responsibility for Primary Care, the PCCCC is required to produce an Annual Report. In previous years the activity of the PCCCC has been reported through the CCG Annual report. This will continue, but in addition, a separate annual report will be made by the PCCCC. This years PCCCC annual report is attached at Annex One for information.

#### North Yorkshire County Council

A representative from NYCC presented a report which outlined what action they are taking in respect of their 2018 winter planning responsibilities, so as to inform NHS winter plans, and A&E Boards.

The report covered the:

- NYCC Health & Wellbeing Boards Winter Health Strategy
- Warm & Well Project
- Falls Prevention Programme
- NYCC / PHE Flu Vaccination Programme
- Health Protection Assurance
- Role of Adult Social Care

A summary report is attached at Annex Two, and contains weblinks to the various initiatives / projects for further information.

#### Terms of Reference

The terms of reference for the PCCCC were submitted for approval; there being only a minor change which reflected a change in title in one of the members to 'Associate Director of Corporate Affairs' to Associate Director of Primary Care.

#### Primary Care Development Group

The group has not met for some months due to practice manager resignations as a result of work load and one manager commencing maternity leave. Three new members have now been recruited and the remit of the Group has been reviewed; the new members are:

- Michaela Dennis – Central Healthcare

- Vicky Matson – SMG
- Penny Coldbeck – Ampleforth

Having refreshed its remit to ensure its purpose and activities remain relevant, the group will continue to report to future meetings of the PCCCC.

## **ETTF**

The development proposal submitted by Eastfield Practice (to upgrade facilities and expand into the former dental suite on the first floor) has now been approved by NHS England, and will commence following completion due diligence.

## **GP Resilience Programme**

Two bids were received. The bid by Scarborough Medical Group on behalf of 6 practices to provide project management support to develop primary care networks was supported to the extent of 50% of the funding required, and a MOU will be developed between NHS England and the practice to finalise the scope of the project. The bid by Derwent practice on behalf of all practices to provide centrifuges at each practice was rejected as it did not meet the criteria for this funding, but NHSE have suggested this may be better supported by a bid to the 'Business As Usual' fund.

## **Workforce Update**

Following the recent overseas recruitment process across the Humber, Coast and Vale STP, some 483 contacts had been made, with 328 applications of which 207 meet the scheme criteria. The first step of the process, once validation of qualifications and confirmation of ability to work in the UK is the validation of the candidates English language skills. An explanation was given regarding the structure of the support, learning and tests required. The first candidate is scheduled to commence work (in Scunthorpe) on 3<sup>rd</sup> September 2018.

It is hoped that a second taster weekend will take place in Scarborough with 6- 8 candidates interested in attending.

A further recruitment conference is due to take place in Palma in October 2018.

## **Procurement of Extended Access to Primary Care Services**

Work is progressing to enable a service to be in place for the 1<sup>st</sup> October 2018 for all patients across the Scarborough and Ryedale locality on a pilot basis whilst a full procurement process will commence early in 2019 once the demand and scope of services patients need are better understood. There will be two hubs and IT services will be provided in each hub to access patient notes. All appointments are to be bookable.

## **Developing Primary Care as part of a system transformation**

A Head of Primary Care has been appointed and will start her new post with SRCCG in November 2018. Interviews are scheduled for a Programme Management Officer for primary care projects.

## **Areas where standards/progress fall below the expected targets**

The quality of GP IT is reported to be of concern. It was reported that the functionality and reliability of SystmOne is having a significant impact on practice staff morale as the system is unreliable and very slow at certain times. Further work is required to better understand the root cause of the problem with speed of system.

#### **Risks to SRCCG**

The issue relating to the IT systems at GP surgeries has been added to the risk register.

#### **Corrective actions**

The concerns relating to GP IT systems will be raised with the provider.

#### **Recommendations to the Governing Body**

To note the report

#### **Other notes/comments that Governing Body should be aware of.**

The LMC representative had not attended the meeting but has requested that the LMC be made aware of any items on future Agendas that particularly require attendance.

Name: Andy Hudson  
Title: Lay Member & Chair

**Primary Care Commissioning Committee**  
**Chair's Annual Report**  
**1 April 2017 to 31 March 2018**

**1. Introduction**

- 1.1 The purpose of this report is to update Board members with the progress of the work of the Primary Care Commissioning Committee for the period April 2017 - March 2018. For the purposes of this report the term 'the Committee' will be used.
- 1.2 Since April 2015 the CCG has operated at Level 3, fully delegated commissioning, of primary medical care services. The new Terms of Reference of the Primary Care Commissioning Committee reflecting this change came into effect from April 2015.
- 1.3 The Committee has continued to manage conflicts of interest robustly and in line with the CCG Conflicts of Interest policy.

**2. Role and Membership of the Primary Care Commissioning Committee**

- 2.1 The role of the Committee includes the following:
- GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract);
  - Newly designed enhanced services ("Local Enhanced Services" and "Directed Enhanced Services");
  - Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF);
  - Decision making on whether to establish new GP practices in an area;
  - Approving practice mergers;
  - Making decisions on 'discretionary' payment (e.g., returner/retainer schemes).
  - Currently commissioned extended primary care medical services;
  - Newly designed services to be commissioned from primary care.
- 2.2 The Lay Member for Patient and Public Engagement has acted as Chair with the CCG Lay Member as Vice Chair. The full membership is attached as Appendix 1.
- 2.3 6 out of 6 meetings have been quorate and, in the main, core members have consistently attended or sent a deputy. Voting member attendance was as follows.

Committee Member	Job Role	No of meetings attended	% of meetings attended
Andy Hudson	Chair- Lay member for Patient and Public Engagement	6	100
Ken Readshaw	Vice Chair - Lay Member	4	67
Philip Hewitson	Lay member for Audit and Governance	5	83
Dr Phil Garnett	GP	4	67
Dr Kath Halloran	GP Scarborough	6	100
Dr Greg Black	GP Ryedale	3	50
Carolyn Liddle	Primary Care Manager and Lead	5	83
Simon Cox	Chief Officer	5	83
Richard Mellor	Chief Finance Officer	5	83
Carrie Wollerton	Executive Nurse	5	83
Sally Brown	Associate Director of Corporate Affairs	6	100
Sarah Rigg	Nurse Primary Care representative	4	67

2.4 The agendas of the meeting are managed under discrete areas as follows:

- Quality
- Workforce
- Transformation
- Service Development
- Finance and Contracting

3.0

3.1 During 2017/18 the key areas of work of the Primary Care Co-Commissioning Committee were:

- To undertake reviews of primary [medical] care services in Scarborough and Ryedale CCG
- To co-ordinate a common approach to the commissioning of primary care services
- To receive reports on service providers
- To manage the budget for commissioning of primary medical care services in the CCG

- Carry out the functions relating to the commissioning of primary medical services under Section 83 of the NHS Act
- Overseeing the work of the Primary Care Development Group
- Supporting practices wanting to work at scale
- Approving submissions to NHSE for capital investment in primary care
- Reviewing GGP Patient Satisfaction surveys results.
- Overseeing delivery of NHS England's General Practice Forward View Plan

### 3.2 The Key achievements of the Committee in 2017/18

- Received reports on the good progress made against the General Practice Forward View action plan
- Approved the first draft of the primary care dashboard
- Received reports and presentations on progress against the digital agenda
- Received reports on developments in capital investment and improvements to primary care facilities
- Supported and approved the merger of four practices so as to work at scale
- Approval of policies and procedures to support Primary Care commissioning
- Continues to strengthen and embed processes for the management of primary care contracts with support from NHS England
- Received the patient satisfaction survey
- Three CCG facilitated Protected Time for Learning events have been held during 2017/18, which included 19 sessions and 21 topics. Each event was attended by over 300 GP practice staff
- Delegated the decision making process on the Procurement of Extended Access to Primary Care to the Procurement Committee
- Addressing Challenges facing Primary Care workforce

## 4. Summary

The Primary Care Commissioning Committee can confirm from evidence provided throughout the year and in this annual report that the CCG Board can be assured that the Committee has fulfilled its functions as set out in the terms of reference for the Committee.

**Andy Hudson**

**Chair**

Primary Care Commissioning Committee 2017-18

August 2018

## APPENDIX 1

### MEMBERSHIP OF PRIMARY CARE COMMISSIONING COMMITTEE

The membership will meet the requirements of NHS Scarborough and Ryedale Clinical Commissioning Group's constitution.

The Chair of the Committee shall be a Lay Representative of the NHS Scarborough and Ryedale CCG Governing Body.

The Vice Chair of the Committee shall be a Lay Representative of the NHS Scarborough and Ryedale CCG Governing Body.

Membership of the Committee is determined and approved by NHS Hull CCG governing body and will comprise:

#### Member (Voting)

##### *NHS Scarborough and Ryedale CCG*

- Lay member for Patient and Public Engagement
- Lay Member
- Lay Member for Audit and Governance
- GP Member
- GP Member - Scarborough
- GP Member - Ryedale
- Primary Care Manager and Lead
- Chief Officer
- Chief Finance Officer
- Executive Nurse
- Associate Director of Corporate Affairs
- Nurse Primary Care Member

#### Non-voting attendees

- NHS England Representative, Senior Commissioning Manager, Primary care (or immediate deputy)
- North Yorkshire County Council Representative
- Healthwatch Representative
- LMC Representative

#### In attendance as and when required

- Commissioning Support Representatives
- Other Officers of the CCG
- Other Officers of NHS England



## **Update report for Scarborough and Ryedale CCG Primary Care Co-Commissioning Committee**

### **Information to support NHS winter planning: NYCC winter health activities 2018**

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The following paper outlines activity North Yorkshire County Council is delivering as part of their winter health responsibilities, to inform NHS Winter Plans and A&E Boards. It provides information on:

- The North Yorkshire Winter Health Strategy
- The Warm and Well Project
- Falls prevention programme
- NYCC staff flu vaccination programme
- Winter communications plans
- The NHSE / PHE flu vaccination programme
- Health protection assurance
- The role of adult social care

#### **1. North Yorkshire Health & Wellbeing Board's Winter Health Strategy 2015-20**

The strategy is available at <http://hub.datanorthyorkshire.org/dataset/2cb529f6-4715-4c2d-9364-a770deb03472/resource/570f88a0-9caf-40ba-b5e4-d893c80d4929/download/final-winter-health-strategy.pdf>

A new two year action plan will be written following the October event focusing on the five areas NICE identify contribute to reducing excess winter deaths: flu vaccination, falls prevention, NHS winter planning, awareness raising and cold homes and fuel poverty.

A multi-agency steering group meets quarterly to review progress against the strategy and take forward identified priorities. For more information about the group contact [HASBusinessSupportCH@northyorks.gov.uk](mailto:HASBusinessSupportCH@northyorks.gov.uk)

#### **2. North Yorkshire Winter health coordinator and Warm and Well single point of contact**

In order to support the implementation of the North Yorkshire winter health strategy, the NYCC public health grant has provided funding of £50,000 per annum until September 2020. This grant funds:

- A coordinator for the delivery of winter health programmes
- A single point of contact service.

##### **2.1 Winter health co-ordinator**

This post builds on the work already begun as part of the North Yorkshire Winter Health Strategic Partnership.

The post holder coordinates partnership activity across North Yorkshire on the topic of winter health and retains oversight of the development; monitoring and evaluation of the partnership implementation plan; identifying and co-ordinating joint funding bids; partnership working and developing relationship with energy providers and implementing a communication and marketing plan.

An annual conference is delivered, which this year will be held on Thursday 11<sup>th</sup> October in Harrogate. The workshops will focus on five key areas of work that evidence shows can reduce excess winter deaths (cold homes and fuel poverty, flu vaccination, falls prevention, NHS winter planning and awareness raising). The purpose of the event is to facilitate discussion and ideas, and agree a two year action plan.

To find out more information or register your interest please contact [projects@northyorkslca.org.uk](mailto:projects@northyorkslca.org.uk)

## **2.2 The Warm and Well single point of contact**

The Warm and Well single point of contact (SPOC) helps people who live in cold homes by providing access via the internet and telephone to help North Yorkshire residents living in or at risk of a cold home, fuel poverty, struggling to afford their energy bills, or worried about winter. Referrals can be made either by professionals or by individual householders.

The service helps North Yorkshire residents in the following eligible groups:

- people with long term conditions (particularly cardiovascular conditions and respiratory conditions (in particular, chronic obstructive pulmonary disease and childhood asthma)
- people with mental health conditions
- people with disabilities
- older people (75 and older)
- households with young children (from new-born to school age)
- pregnant women
- people on a low income or in receipt of benefits
- people who cannot afford bills or have fuel debts
- people who are homeless or sleeping rough
- people who live in emergency accommodation

The SPOC provides an effective and appropriate referral mechanism to relevant national and local services including:

- Housing insulation and heating improvement programmes and grants.
- Advice on managing energy effectively in the home and securing the most appropriate fuel tariff and billing system (including collective purchasing schemes, if available).
- Help to ensure all due benefits are being claimed, as people receiving certain benefits may be entitled to additional help with home improvements – and may get help to manage their fuel bills and any debt.
- Registration on priority services registers (for energy supply and distribution companies) to ensure vulnerable households get tailored support from these companies.
- Advice on how to avoid the health risks of living in a cold home. This includes information about what these health risks are.
- Access to, and coordination of, services that address common barriers to tackling cold homes.
- Short-term emergency support in times of crisis (for instance, room heaters if the central heating breaks down or access to short-term credit).

The service is delivered by Citizens Advice Mid North Yorkshire for the whole of North Yorkshire.

In the first year of the service, 259 referrals have been received from across the county. It is expected that this number will increase over the next few months as more agencies are aware of the service. Most people have received face-to-face or telephone energy advice, with other clients receiving practical measures installed in their homes via a local Home Improvement Agency or the ECO scheme.

Scarborough and Ryedale are above the national and regional average for fuel poverty as highlighted in appendix one. Referrals to warm and well between October 2017 and June 2018 from this area are as follows:

Scarborough: 34

Ryedale: 23

Contact:

Warm and Well by phone 01609 767 555, email [wnw@northyorkslca.org.uk](mailto:wnw@northyorkslca.org.uk) or visit the website for more information [www.warmandwell.org.uk/](http://www.warmandwell.org.uk/)

### **3. Falls prevention: Strong and Steady**

Strong and Steady is a Public Health funded programme aimed at people over the age of 65 who are at risk of, or who have had, a fall. The programme is managed by North Yorkshire Sport across the county with sessions in each of the Districts, delivered by local, trained and experienced professionals. Classes are year round and people can join at any time for a 12 week period, at the end of which they are supported to either access activity in the community or repeat the programme dependant on need. Classes are designed to: reduce injury due to falls, improve balance & strength, increase confidence & independence, improve ability in everyday tasks, improve stamina & energy levels and improve cognition.

The county wide telephone number for referrers and individuals interested in the service is (01423) 226303. The programme launches as follows:

- Ryedale – 9/18 Malton Leisure Centre
- Scarborough – 6/9/18 The Coliseum Whitby, Scarborough Age UK and Filey Age UK

Running alongside Strong and Steady is a signposting service to encourage anyone within the post 65 age category to be more physically active, highlighting what is available in the community.

### **4. NYCC staff vaccinations programme**

An annual internal flu vaccination programme is run by NYCC, funded through the public health grant. The programme offers flu vaccinations free of charge to eligible front line adult social care workers. This group is identified as a priority group for vaccination in the national annual flu plan, to reduce risk of transmission to vulnerable clients, primarily within residential care settings.

The service is currently delivered through a contract with community pharmacies. Eligible NYCC staff are required to download and print a voucher which they present at eligible pharmacies, who then claim back the cost of the vaccination to the council.

An internal communications campaign will begin in September and will include intranet posts, messages in Key Messages (a weekly email that goes to all staff), management briefings, team meetings visits and direct emails to eligible staff. Leaders within the council, such as senior managers, also have their flu vaccinations and have their photo taken to increase staff buy in.

There are approximately 2,500 staff in Health and Adult Services (HAS) who have been identified as being front line and therefore recommended the influenza vaccine. The uptake of influenza vaccines through pharmacies was as follows:

2015/16 = 55 members of staff

2016/17 = 155 members of staff

2017/18 = 122 members of staff

27 pharmacies signed up to the scheme last year and had to produce their own PGD to enable them to do this.

However in 2017/18 Health and Social Care workers became eligible as part of the national influenza vaccination scheme entitling them to receive vaccine through their GP. Data systems did not record staff accessing vaccination via their GP. A decision is awaited on whether health and social care workers will be eligible again this year.

This year NYCC are exploring the feasibility and effectiveness by piloting onsite flu vaccination for HAS staff.

## **5. Communications**

NYCC Public Health team support the national NHS 'Stay Well This Winter' communications campaign. The national NHS resources and branding are used and promoted to ensure consistency. The campaign encompasses a range of winter health messages including flu vaccination, stocking up on medication before Christmas, checking home temperatures and visiting your pharmacist. The team draft press releases, send messages through social media and share resources with other partners. NYCC sits on the NYY flu group that will be planning joint campaigns. NYCC's emergency planning team will also be promoting winter health messages through their communication channels.

## **6. Flu vaccination programme**

NHSE / PHE are responsible for administering the broader seasonal flu vaccination programme. Contact: Dr Philip Kirby, Screening and Immunisation Lead (North Yorkshire and Humber), NHS England – North (Yorkshire and the Humber), email [phil.kirby1@nhs.net](mailto:phil.kirby1@nhs.net)

## **7. DPH health protection assurance role**

Dr Lincoln Sargeant chairs the North Yorkshire and York Health Protection Assurance Group which meets six monthly. One of the functions of this group is to review the effectiveness of local immunisation and vaccination programmes including seasonal flu. CCGs are represented by HRW CCG's Lead Nurse.

## **8. NYCC Resilience and Emergencies Team**

The health link for the NYSS RET team is Tim Townsend, email: [tim.townsend@northyorks.gov.uk](mailto:tim.townsend@northyorks.gov.uk)

## **9. Health and Adult Services social care team**

Social care ensures business continuity plans are in place to manage pressure throughout the winter months and indeed all year round. This includes if required, daily resilience calls internally in NYCC and with NHS colleagues, to ensure people are supported particularly in relation to transfers of care. Daily planning of cases continues to try and ensure capacity is available where most needed, as well as working with families and carers to support people at home, particularly when the weather is very adverse. Social care commissioning staff are also in daily contact with the externally commissioned provider service to market capacity and hotspots. The Improved Better Care Fund has also been invited proactively in areas where there is pressure and challenges with workforce availability.

Appendix one:

