

Title of Meeting	: Primary Car Committee	e Commissio	Agenda Item: 6.2						
Date of Meeting	24 September	er 2020	Session (Tick)						
Paper Title:	Primary Care	e Update	Public X Private						
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Responsible PC Name - Wendy B		a	David Iley	or and Job Title					
Title – Director of		egration	Primary Care Assistant Contracts Manage						
Purpose									
(this paper if for)	ecision [Discussion	Assurance						
				X					
Has the report (or variation of it) been presented to another Committee / Meeting?									
If yes, state the Committee / Meeting: No									
Executive Sumn	nary								
Summary from NHS England North of standard items (including contracts, planning, finance									
and transformation) that fall under the delegated commissioning agenda.									
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Recommendations									
The Primary Care Commissioning Committee is being asking to:									
Note the contents of the paper.									
Monitoring	· · · · · · · · · · · · · · · · · · ·								
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N/A									
Any statutory / regulatory / legal									
/ NHS Constituti	on implications								
Management of	Conflicts of	No conflicts	s of interest h	ave been identified prior to the					
Interest		meeting.	· •						
Communication / Public &		N/A							
Patient Engager	nent								
Financial / resource implications		s N/A							
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Outcome of Imp		N/A							

Name – David lley Title – Primary Care Assistant Contracts Manager



North Yorkshire CCG Delegated Commissioning Primary Care Update September 2020

Prepared by David Iley Primary Care Assistant Contracts Manager NHS England and NHS Improvement – (NE and Yorkshire) 15th September 2020

1.0 Covid-19

1.1 Third Phase of NHS Response to Covid-19

The letter and supporting documents relating to the thirds phase of the NHS response to Covid-19 can be found through the following weblink. https://www.england.nhs.uk/coronavirus/publication/third-phase-response/ Areas particular to Primary Care are as follows:

- General practice, community and optometry services should restore activity to usual levels where clinically appropriate and reach out proactively to clinically vulnerable patients and those whose care may have been delayed.
- In restoring services, GP practices need to make rapid progress in addressing
 the backlog of childhood immunisations and cervical screening through specific
 catch-up initiatives and additional capacity and deliver through their Primary Care
 Network (PCN) the service requirements coming into effect on 1 October as part
 of the Network Contract DES.
- GPs, primary care networks and community health services should build on the enhanced support they are providing to care homes and begin a programme of structured medication reviews.
- CCGs should work with GP practices to expand the range of services to which
 patients can self-refer, freeing-up clinical time. All GP practices must offer face to
 face appointments at their surgeries as well as continuing to use remote triage
 and video, online and telephone consultation wherever appropriate whilst also
 considering those who are unable to access or engage with digital services.

1.2 Covid-19 Support Fund for General Practice

On the 4th August 2020, a letter was published in relation to the COVID-19 support fund. This contains guidance around what is and what is not reimbursable. A copy of the letter can be found in the web link below.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0651-covid-support-fund-letter-aug-2020.pdf

1.3 Changes to the General Medical Services Contract for 202/21

This letter and guidance document provide an update on the arrangements for the Quality and Outcomes Framework (QOF) for the remainder of 2020/21 and the Dispensary Services Quality Scheme (DSQS) which was reinstated from 1 August 2020 as previously announced.

https://www.england.nhs.uk/publication/changes-to-the-general-medical-services-contract-for-2020-21/

1.4 Pharmacy Home Delivery Service

NHS England & NHS Improvement (NHSE&I) commissioned the Community Pharmacy Home Delivery Service during the COVID-19 outbreak. This service was designed to support shielded patients in England to access their prescribed medicines and appliances while they are self-isolating at home during the pandemic period. The service went live from 9 April 2020 and ceased on 31July 2020.

The agreed fee was £5 plus VAT per delivery for shielded patients only and was paid via NHS E/I national funding. A summary of claims for NY CCG patients is detailed below: -

	April	May	June	July	August	Total
Total Number of Deliveries	2,510	2,511	4,046	3,942	4,072	17,081
Total Cost of Deliveries	£12,550	£12,555	£20,230	£19,710	£20,360	£85,405

2.0 Workforce

2.1 Additional Roles Reimbursement Scheme (ARRS)

PCNs were required to complete a workforce planning template asking them to confirm their plans for this financial year as well as intentions for future years. Those submissions were made to the CCG who were required to submit an aggregated CCG wide workforce plan to NHS England and NHS Improvement.

The plan suggested that across North Yorkshire PCNs expect to have recruited an additional 96 Full Time Equivalent members of staff by 31st March 2021 under the ARRS with an underspend on the budget available to them.

By 31st October 2020 PCNs are required to provide details of indicative recruitment intentions through to 2023/24 as well as providing any updates to their plans for 20/21 on an ongoing basis.

2.2 Expanding the Primary Care Workforce in 2020/21

NHS England and NHS Improvement have written to Systems to remind them of the need to expand and develop the primary care workforce. The letter included details on supporting the expansion of the GP workforce including details of the New to Partnership Payment Scheme, the GP Fellowship Scheme and GP Mentors Scheme. The letter also encouraged PCNs to utilise as much of their Additional Roles Reimbursement Scheme funding as possible. A copy of the letter can be found through the following weblink.

https://www.england.nhs.uk/publication/expanding-and-transforming-the-primary-care-workforce/

2.3 Accelerating the recruitment of social prescribing link workers

Recognising the important role of Social Prescribing Link Workers (SPLW) in the response to Covid-19 NHS England and NHS Improvement are funding a time limited support offer to cover recruitment and induction costs for additional SPLWs employed by Primary Care Networks. Further details are included in the following weblink.

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0656_PCN-SPLW-recruitment-support-Covid-19_31-July.pdf

2.4 GP Retention Scheme

The National GP Retention Scheme is a package of financial and educational support to help eligible doctors, who might otherwise leave the profession, remain in clinical general practice. The scheme supports both the retained GP (RGP) and the practice employing them by offering financial support in recognition of the fact that this role is different to a 'regular' part-time salaried GP post, offering greater flexibility and educational support.

Further information can be found via the following link: https://www.yorksandhumberdeanery.nhs.uk/general_practice/recruitment-and-retention/gp-retention-scheme

Health Education England are looking to expand the network of practices and supervisors supporting these Doctors to support retention across the region, particularly in under doctored areas. Practices in North Yorkshire have been made aware of the programme and have been advised how to submit an expression of interest if they're interested in employing a GP under the Retention Scheme.

2.5 Workforce Minimum Data Set

The next GP and PCN Workforce data extraction will be taken via the National Workforce Reporting System (NWRS) on 30 September 2020.

This information is used to support workforce planning at local, system and national level and will be used to inform conversations about how to improve the career support and development offer for those working in primary care, as well as how to support recruitment activity and development of the multi-disciplinary team.

3.0 Primary Care Data Gathering

Humber, Coast and Vale ICS is involved in Wave 2 of a national estates programme being undertaken by NHSE in order to learn more about GP practice premises. This data is key to evidence and identify areas of need, opportunities for investment and demonstrate PCN cases for change.

CCG representatives are currently working with Community Health Partnerships, who are managing the programme on behalf of NHSE nationally, and both Shared Agenda and Community Ventures locally, gathering as much data centrally as we can from existing sources of information, including internal databases CMRs, DV reports. There may however be gaps in the information we hold, at which point practices would be contacted to provide any outstanding data in order to complete the template. Formal comms will be issued by NHSE soon.

The Committee is asked to note the updates in the paper