NHS
North Yorkshire
Clinical Commissioning Group

North Yorkshire CCG

Primary Care Commissioning Committee
Primary Care Planning 2021-2022

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Headline Priorities

- Restoring and maintaining **good access to Primary Care services for all**, whilst using learning from the past year to manage demand differently
- **Reducing any backlog** around routine reviews for chronic conditions and screening work, and supporting patients waiting for hospital procedures and appointments
- Continuing to support Practice **workforce wellbeing** – both clinical and non-clinical
- Continuing to lead on delivery of the national **Covid-19 vaccination programme**
- **Supporting PCN organisational development** and strengthening partnership working
- **Advancing estates plans in Place** with local Partners to address new ways of working and growth in population and housing
- Using **Population Health Management** programmes to identify areas of inequality, disease burden, and high volume/cost pathways in order to prioritise service transformation work
- Developing a targeted programme of work to **use digital/technology to improve access** to care for our population

Primary Care Planning 2021 - 2022

NHS North Yorkshire and York Strategic Partnership

North Yorkshire

Harrogate

- Heart of Harrogate
- Knaresborough and Rural
- Ripon and Masham District
- Mowbray Square
- Yorkshire Health Network

Hambleton & Richmondshire

- Hambleton North
- Hambleton South
- Richmondshire
- (Whitby Coast & Moors)
- Heartbeat Alliance

East Coast

- Ryedale
- Scarborough Core
- Filey and Scarborough
- Stronger Communities
- (Whitby Coast & Moors)

Vale of York

Vale

- Selby Town
- Tadcaster & Rural
- Selby
- South Hambleton & Ryedale

York Health and Care Alliance

- Priory Medical Group
- York Medical Group
- West, Outer and NE York
- York City Centre
- York East
- Nimbuscare

Digital and technology

Priority 1 – Good access to Primary Care services and reducing any backlog

Priority 2 – Supporing Practice workforce wellbeing

Priority 3 – Covid-19 Vaccination Programme, winter flu campaign, Covid booster

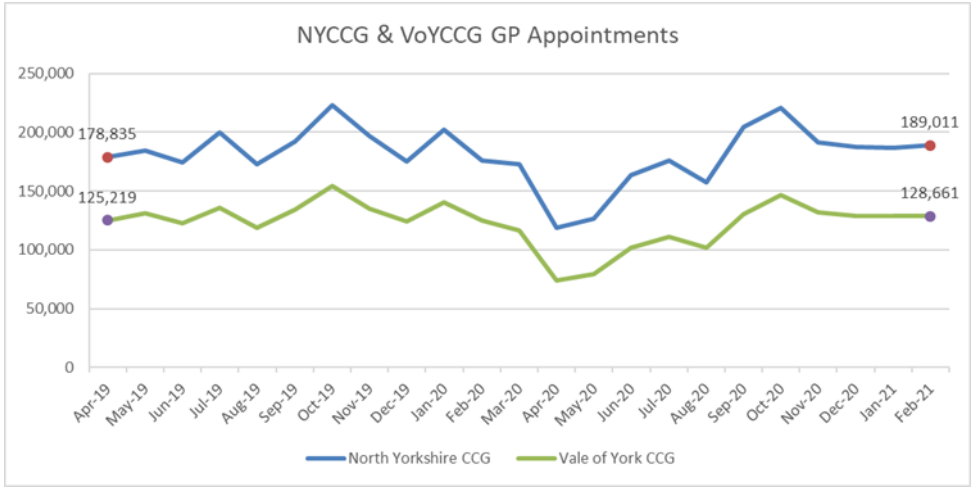
Priority 4 – PCN organisational development and partnership working

Priority 5 – Estates plans and local partnerships

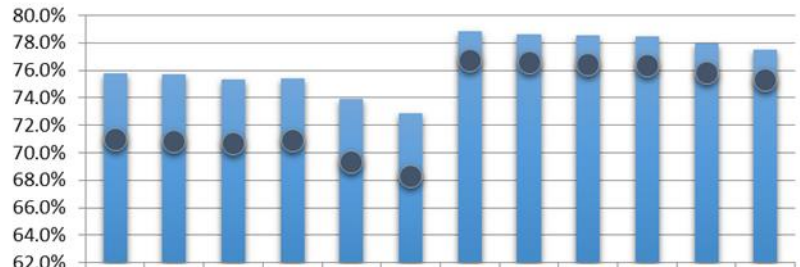
Population Health Management

National Planning	The 7 Key asks	Local Priorities
Restoring and increasing access to primary care services: Getting practice appointment levels to appropriate pre-pandemic levels Make progress on the delivery of annual health checks and improve the accuracy of GP Learning Disability registers	Increasing GP numbers and capacity	Improve patient access to Primary Care services – and develop better operational intelligence to help manage and shape Practice demand
	Supporting the establishment of the simple COVID oximetry@home model	Workforce wellbeing
	First steps in identifying and supporting patients with Long COVID	Covid-19 vaccination programme, winter flu campaign, Covid booster
	Offering backfill for staff absences where this is agreed by the CCG, and the individual is not able to work remotely	
Implementing population health management and personalised care approaches to support prevention initiatives, improve health outcomes and address health inequalities: Expansion of NHS digital weight management services Expansion of smoking cessation services Improved uptake of the NHS diabetes prevention programme Progress on CVD prevention Progress against the LTP high impact actions to support stroke, cardiac and respiratory care	Continuing to support clinically extremely vulnerable patients and maintain shielding list	PCN organisational development and partnership working
	On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021	Place based estates planning with local partners
		Population Health Management
	Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations	Use of digital and technology to improve access to services and share information across care professionals to enable more joined-up care

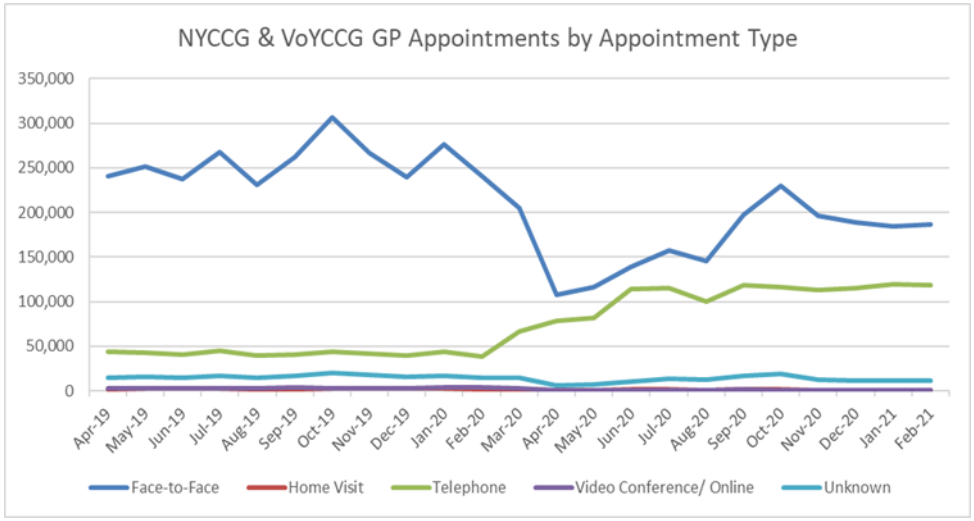
Trends across NY&Y - Activity



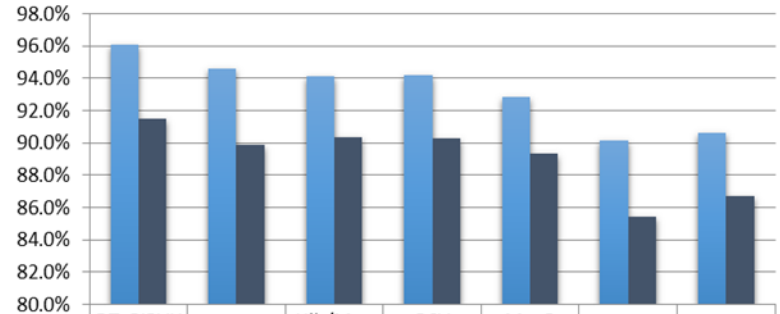
Cervical Screening Coverage (%) by age group



	25-49 years						50-64 years					
	2019/20				2020/21		2019/20				2020/21	
	Q1	Q2	Q3	Q4	Q1	Q2	Q1	Q2	Q3	Q4	Q1	Q2
NY & VoY CCG	75.8%	75.7%	75.3%	75.4%	73.9%	72.9%	78.8%	78.6%	78.5%	78.5%	78.0%	77.5%
England	71.0%	70.8%	70.7%	70.9%	69.4%	68.3%	76.7%	76.6%	76.4%	76.4%	75.8%	75.3%



Uptake of Childhood Immunisations by age 1, 2 & 5 years, 2020/21 Q3



	12 Months		24 Months			5 Years	
	DTaPIPVHibHepB	Rota	Hib/MenC	PCV Booster	MenB Booster	DTaPIPV	MMR2
NY & VoY CCG	96.0%	94.6%	94.1%	94.2%	92.8%	90.2%	90.6%
ENGLAND	91.5%	89.9%	90.3%	90.3%	89.3%	85.4%	86.7%

Key objectives

0-6 Months	6 month +
Starting to use operational intelligence to help Practices to manage and shape demand – not simply increase access/capacity, e.g. patent demand and case-mix, Practice capacity and skill-mix, urgent vs routine demand	Mature PCN's supporting the development of Place through partnership working
Better access to Mental Health services in Primary Care through additional roles	System working at Place – across health, care and voluntary sector Providers
Supporting the wider system with management of patients waiting for hospital procedures/appointments	Sustainable workforce and staff retention and development opportunities
Use Population Health Management programmes to identify areas of inequality, and high volume / high cost pathways in order to prioritise service transformation work to reduce inequalities, improve patient outcomes, and deliver safe and cost-effective services. Pilots in Scarborough, Selby, York.	Use digital/technology to improve access to care for people, to provide information and support to better enable people to self-manage their needs/conditions, and to electronically share information and care plans between care professionals to facilitate more joined-up care.

Delivering Our Priorities

Project	Case for Change	Project Scope	Transformation outcomes
PCN Development (DES & OD)	Legislative proposals rely on PCNs as a building block of the new NHS architecture. Need to start to line Practices and PCN's up for the post-CCG world – with Provider-led service transformation	Work with CD's to create a roadmap – 0-6 months / 6-12 months - which moves them to taking more responsibility/accountability for transforming services for their populations	PCNs enabled to grow organically, focus on local priorities, mature, and develop a true sense of local ownership
Ensuring primary care workforce welling and sustainability	Significant pressure on all staff for last 12 months. Risk of burn out and staff opting to leave/retire once vaccination programme completed	Building on ARRS and developing integration and relationships with partners at place level. Maximising recruitment opportunities and support at locally.	Sustainable multidisciplinary workforce that is less GP reliant
Restore BAU and Improve patient access	Need to maintain an 'even keel' and manage demand differently as well as restore service	Target support at those most in need in order to restore consistent and resilient 'foundations' across General Practice. Encourage PCNs to focus on mutual support and resilience and pooling resource	Cleared backlogs Patient education and behaviour change puts demand in the right places at the right times
Delivery the vaccination programme	Primary care has taken ownership of the programme and wants to complete it for their population. Flu programme widened to 50 – 64s and potential Covid booster not yet clear	CCG continues to support the LVS sites and any future programmes as we move it to BAU	90% of all cohorts vaccinated and achievement of flu vaccination targets

Delivering Our Priorities

Project	Case for Change	Project Scope	Transformation outcomes
Reviewing primary care and public sector estate in each place	Work with system Partners across health and care on estates requirements to accommodate ARRS and facilitate integration and MDT working	Place based public estate review and feasibility to understand current need, availability and options	Fit for the future estate from which to deliver high quality, modern, technologically enabled care
Roll out of PHM to focus priorities and reduce inequalities	An enabler to focus clinical services where most needed and reduce inequalities	Enable Practices/PCNs to take more action around inequalities and more ownership of the agenda – supported by population health intelligence and risk stratification tools	Health and care interventions are targeted. Best value is gained out of delivering focussed interventions
Developing a clear Digital Programme to support clinical services	Disparate use of digital solutions. Projects focussed on implementing technology rather than improving clinical services for patients and clinicians	Develop digital inclusion plans alongside LA and VCS to ensure that all patients have equitable access to digital care services Equip Practice staff with IT that enables them to work effectively and supports resilience in the workforce and more flexible/attractive working patterns	Assists with demand management and is inclusive for all patients and staff Creates efficiency and enables information sharing