

Item: 8.5

Report to:	Primary Care Commissioning Committee
Date of Meeting:	23 rd April 2021
Title of Report:	Operational Plan 2021/22
Presented by:	Phil Davis, Strategic Lead - Primary Care, NHS Hull CCG
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STATUS OF THE REPORT:			
To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to provide an update on the Primary Care specific section of the Humber Coast and Vale Operational Plan 2021/22.
RECOMMENDATIONS:
It is recommended that the Primary Care Commissioning Committee consider the contents of the plan.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No

Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.

Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.

The updates in this report address a number of priorities within the NHS Long Term Plan and the commissioning of services to meet the reasonable needs of the people of Hull.

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Financial implications where relevant are covered within the report.
HR	HR implications where relevant are covered in the report.
Quality	Quality implications where relevant are covered within the report
Safety	Safety implications where relevant are covered within the report.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

Engagement took place across the 4 Humber CCGs and with the Humber PCN Clinical Directors.

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

OPERATIONAL PLAN 2021/22

1. INTRODUCTION

The purpose of this report is to provide an update on the Primary Care specific section of the Humber Coast and Vale Operational Plan 2021/22.

2. BACKGROUND

The 2021/22 priorities and operational planning guidance was published on 25th March 2021. Following publication work has been undertaken to develop the primary care section of the plan reflecting national requirements and local priorities.

3. INFORMATION

The four Primary Care Leads within the Humber CCGs have worked collaboratively to develop the plan which covers the following areas:

- Workforce
- COVID-19 Vaccination Programme
- Restoration/reinstatement of Primary Care Medical Services
- Extended Access
- Enhanced Health in Care Homes
- Early Diagnosis of Cancer
- Structured Medication review and Medicines Optimisation
- Health Inequalities
- Infrastructure

Work is underway to develop and implement specific plans for these areas both at individual CCG area as well as across the Humber or Humber Coast and Vale footprint.

System name:	Humber, Coast and Vale
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D1 Restoring and increasing access to primary care services

Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the LTP objectives below

Getting practice appointment levels to appropriate pre-pandemic levels

NY&Y

Key Priorities

- Restoring and maintaining good access to Primary Care services for all, whilst using learning from the past year to manage demand differently. GP appointments already at or above 19/20 levels and demand is rising. The CCGs will support practices and PCNs to understand capacity and demand and how this can be better managed. This will include patient education and behaviour change that puts demand in the right places at the right times.
- Referrals into secondary care have returned to pre-covid levels
- Practices will target support at those most in need in order to restore consistent and resilient 'foundations' across General Practice and encourage PCNs to focus on mutual support and resilience and pooling resource
- 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. Also Supporting the establishment of the COVID oximetry@home model.

Humber

The work of the Humber Geographical Partnership aligns to the ICS Primary Care Strategy with the planning activities detailed below forming part of that overarching context.

Whilst there are a number of priorities for Primary Care specifically, and in support of other sectors, the main focus for 2021-22 are detailed below and align to the Humber General Practice share of the ICS' £120m of additional funding:

1. Workforce
2. Continued delivery of the Covid-19 vaccination programme (including potential need for Booster jab and / or 'Young Covid' jab)
3. Restoration / Reinstatement of Primary Care services
4. Sustainability of 2020-21 Direct Enhanced Service (DES) specifications and implementation of 2021-22 DES
5. Reducing / Mitigating health inequalities
6. Infrastructure requirements to support the above.

1. Workforce

Please see section A for details relating to workforce. PCNs continue to work on expanding and diversifying their workforce based on the Population Health needs of their local communities, with plans to recruit an additional 258.7 FTE roles by the end of the year (including 20 GPs (not evenly spread), primarily utilising ARRS roles to relieve pressure on existing workforce, deliver care and to enable restoration of services (81%).

ARRS roles	Hull CCG				ERY CCG				NEL CCG				N	
	At Mar 21	Forecast 21/22	Forecast 22/23	Forecast 23/24	At Mar 21	Forecast 21/22	Forecast 22/23	Forecast 23/24	At Mar 21	Forecast 21/22	Forecast 22/23	Forecast 23/24	At Mar 22	Forecast 21/22
Clinical Pharmacists	8.18	4.7	3	3	9.56	6	2	1	6.4	4	3	2	18.1	
Nurse Associates	0	2	0	0	0	0	0	0	2	2	2	0	2	
Trainee Nurse Associates	1	3	0	0	2	0	0	0	0	0	1	0	4	
SPLWs	9.07	3.1	3	3	4.83	11	1	3	0	1.75	0	0	16	
FCPs	2.6	2	1	1	1.667	6	3	3	1	1	0	1	12.5	
Physician Associates	4	10	3	3	0	0	3	2	0	1	1	1	0	
Pharmacy Technicians	1.28	5	0	0	4.647	2	1	2	2	3	1	1	3	
Community Paramedics	0	15	6	1	0	16	4	1	0	5	4	3	2	
OTs	0	0	0	0	0	0	1	0	0	0	0	0	0	
Dieticians	0	0	0	0	0	3	2	0	0.8	0	0	0	0	
Podiatrists	0	4	0	0	0	1	0	0	0	0	0	0	0	
Health & Wellbeing coaches	3	7	4	6	0	3	4	0	0.75	1	0	1.3	0	
Care Co-ordinators	7.37	16.4	4	7	4.56	8	1	0	9.62	11	3	2	3	
MH Practitioners	0	18	16	7	0	6	3	1	0	3	2.8	2	0	
Total roles per Place per year	36.50	90.20	40.00	31.00	27.26	62.00	25.00	13.00	22.57	32.75	17.80	13.30	60.60	24.0
Total roles per Place	197.7				127.26				86.42				1	
Total roles for the Humber Geographical Partnership	538.48													

The ARRS roles will help spread the workload of general practice. Pre-pandemic, local LMC data showed that 73% of GP's felt they had insufficient time to spend with patients and 47% would like to access support for burnout. It is recognised that we are only having circa 10% of the need coming forward in terms of demand with the true need being hidden. Humberside LMCs have been providing dedicated wellbeing support for GPs through their mentoring and coaching programme, focusing on resilience and dealing with stress and burnout. During the pandemic period 29 mentoring sessions have been delivered to our GPs. In addition to this programme the LMC is providing high intensity support for eight GPs with performance, wellbeing and dispute matters - more than at any other time.

In addition, the new roles will facilitate more senior clinical staff spending more time with people who have had care interrupted over the last year. The backloaded profile of recruitment inevitably results in delayed impact on service restoration and performance. Data suggests that access in Primary Care is above pre covid levels with a March 2021 figure demonstrating that across the Humber we are running at 110% of March 20 levels. Across the

Humber it has been agreed to work to 105% of 2019-20 levels. This reduction takes into account the continuation of the roll out of covid vaccinations, rest and recuperation and the restoration of services for Long Term Conditions, etc. may require longer appointment slots. The following provides further specifics regarding appointment levels and, importantly, how these will be deployed to meet our priorities.

- Work is ongoing to support improved access working with the Time for Care team to work in neighbourhoods that are particularly challenged to facilitate improvements.
- GP Community Pharmacy Consultation Scheme (CPCS) is being rolled out across the ICS to enable patients with minor conditions who are contacting the GP Practice to be redirected electronically to the Community Pharmacy.
- Humber continue to support Minor Ailment Schemes with Community Pharmacy to enable patients to access care at the appropriate place for minor conditions, reducing the need for patients to access general practice.
- Recruitment - Continue to support PCNs to recruit to ARRS roles to enable further appointments to be made available in primary care.
- International Recruitment – continue to benefit from the International Recruitment GP programme to recruit GPs into Primary Care from Europe. HCV are also working with the National Team to support refugees who reside in HCV to be able to secure roles in Primary Care to support access.
- HCV is piloting a Comms and Engagement Programme to inform patients on the digital approaches available to access Primary Care
- Electronic Repeat Dispensing – continue to promote the use of eRD to enable patients who are on stable medication to be signed up for eRD reducing the need for multiple requests for prescriptions as these can then be stored on the spine allows the community pharmacy to draw the script down without the need for the practice to issue another individual prescription. This approach will provide greater efficiencies within the practice and may be support patient access.
- Work with local teams to encourage practices to mobilise EPS to enable prescriptions to be sent to the community pharmacy electronically improving efficiency across General practice and community pharmacy and support improved access as more capacity will be created through working more efficiently.

2. Covid Vaccination Programme

The Humber is on target to offer a first dose vaccination to the adult population by the end of July 2021. This is being delivered through implementation of mixed models of vaccine delivery through vaccination mass sites, but with the vast majority still be delivered through local vaccination PCN sites, General Practice and community pharmacy capacity. Within the Humber there are;

- 2 Mass Vaccination Sites (Hull and North Lincolnshire)
- 19 PCN Local Vaccination Sites (LVS)
- 16 Community Pharmacy sites

Within the East Riding, working with the Local Authority and Public Health colleagues, a Roaming Model has been commissioned to take the vaccine to those harder to reach groups, including the traveller, homeless and rough sleeper populations. It is anticipated that a minimum of 2,000 additional vaccines will be delivered to people in areas of high deprivation including Bridlington, Holderness and Goole. Similarly, in Hull and North and North East Lincolnshire, plans are being made to take the vaccine out to hard to reach groups or wards (e.g. East Marsh, Frodingham Road). For example factories due to their workforce being made up of groups that are likely to have lower uptake (e.g. migrant workers, shift workers, etc.) and, the Asylum Seeker population who are currently placed in hotels. Other hard to reach groups have been targeted with pop up clinics at local Mosques and Sikh Temples, along with leaflet drops to areas that intelligence shows have low uptake of the vaccine. In Hull, a call centre pilot project is currently underway to make contact with those individuals who have not taken up the offer of a vaccine within Cohort 6.

CCGs are undertaking a joint approach with Local Authorities, particularly ensuring that a targeted and planned approach has been taken to vaccination of care homes residents and social care staff. In North Lincolnshire the local Mind organisation has been working with the

CCG and Local Authority to undertake a project to increase vaccine uptake amongst our Learning Disability population.

PCNs retain an important role in the COVID-19 vaccination programme, with 17 out of 19 PCNs taking up the option to vaccinate cohorts 10 -12, although this is under constant review as pressures on fulfilment to meet the requirements of the GMS contract with the restoration of services and on the estate become more prevalent. As of 11/05/21, within JCVI Cohorts 10-12, a total of 51,306 (63%) first dose vaccinations have been administered. It continues to be the plan that all adults across the Humber receive their 2nd dose vaccine by autumn 2021.

All PCNs are gearing up to be prepared for a COVID19 re-vaccination programme from autumn, alongside expected high uptake ambitions for seasonal flu vaccinations. Long COVID assessment clinics and Home Oximetry services are established and CCGs are actively working with general practice to support the health and wellbeing of staff to reduce burn out (ref section on Workforce).

3. Restoration / Reinstatement of Primary Care Services

In addition to general practice, system partners play a vital role in the delivery of restoring services. Work is ongoing with Public Health England and NHS England Screening and Immunisation teams to understand performance to support practices address backlogs. This includes use of the Clinical Decision Support Tools (Ardens) to systematically understand scale of any backlogs, allowing the available workforce to catch up on screening and vaccination programmes including LD health-checks and immunisation, by Joint funding of ARRS roles to deliver a service for patients. As noted in the Workforce section previously, the recruitment of ARRS is backloaded meaning any impact on services and performance is equally so.

For any of the priorities for Primary Care to be successful, it is recognised that we need to provide time away from clinical work and create the capacity within Primary Care to understand and plan reinstatement, particularly if this is initially targeted at particular cohorts of areas of deprivation to mitigate worsening inequality. It is essential that foundations are strong in general practice and PCNs, particularly the latter where management and clinical infrastructure remains mostly embryonic. Key actions are:

- Continuing to support PCNs to reach greater maturity and progress through the PCN Maturity Matrix. This includes supporting development through a series of Protected Time for Learning (PTL) events for the PCN across the year. Auditing across Q1 clinical coding across practices to inform QoF development and baseline assessment of restoration of services with a view to meeting the commitment to enable all patients who have been due an ongoing review to have received that review by 30th September 2021 and any patients due a vaccination and immunisation have been offered an appointment to receive one by 30th September 2021.
- Undertaking first steps in identifying and supporting patients with Long COVID
- Continuing to support clinically extremely vulnerable patients and maintain the shielding list
- Supporting PCNs to recruit and to retain ARRS roles. Increasing the understanding of the roles and services provided by provider organisations to meet the needs and ensuring the best use possible of all the skills available. Encouraging all Humber PCNs to make full use of their ARRS entitlements as soon as possible, including the 50:50 mental health roles
- Continuing to support the overseas International GP recruitment scheme to increase the resilience in the East riding/Humber and to support practices with hosting potential new international GPs

- Working with PCNs/ practices to increase the number of primary care appointments available via extended access, ARRS recruitment and using digital solutions to navigate patients.
- Baseline assessment of current LTC delivery to be established over Q1 with targeted plans to address in quarter 2
- Promoting digital solutions including the use of on-line consultation requests, Electronic Repeat Dispensing, Digital Primary Care triage and ensuring that the shared learning and best practice are considered in the long term planning.
- Use digital solutions to improve Primary Care access and to support the establishment and delivery of a COVID oximetry@home model. Initial pilot underway in one practice in the ER with 10 patients to date.
- Flu vaccinations – build on most successful flu campaign to, at minimum match/increase 20/21 uptake in >65 year old cohort of 75%. To focus on improving uptake in specific cohorts / areas of deprivation to reduce inequalities e.g. move from 53% in clinically vulnerable group to 60% in South Holderness, Goole (South) and Bridlington South
- Using Population Health Management programmes to identify areas of inequality, disease burden and high volume/ cost pathways to prioritise service transformation works. Working with Local Authority and Public Health colleagues, data packs are being produced to inform local priorities and deployment of resource (e.g. ARRS)
- Supporting the health and wellbeing of staff in tandem with the Humber LMC to establish scale of the need and work with primary care on a package of support.
- Deliver H1 trajectories for SMI health checks (ref Mental Health section)

Place	2020-21 Baseline (%)	H1 Target (%)
East Riding	13.3	28.9
Hull	14.8	29.8

North East Lincolnshire	10.1	26.7
North Lincolnshire	6.3	24.2

- Deliver H1 trajectories for LD health checks (ref LD/Autism section)
- Sustainability of 2020-21 Direct Enhanced Service (DES) specifications and implementation of 2021-22 DES

Extended Access

2021-22 will see the transition from CCG to PCN commissioned services for Extended Access. Extended Services have been used to support pandemic response over the last year, including the delivery of the COVID vaccination model and will continue to be in the short term. By July 2021 this will cease and capacity will be available for Primary Care. The transfer of funding from the CCG to PCN will now take place in April 2022 and the CCG is making local arrangements for a transition of services and funding to the PCNs before this point.

Enhanced Health in Care Homes

- All care homes have an aligned PCN and a named lead clinician
- Weekly check-ins and MDTs taking place supported by ARRS roles e.g. care co-ordinators, paramedics
- Digital technology being utilised to support delivery and enable multi-disciplinary input
- PCNs working with local authority, out-of-hospital and frailty services at a local/CCG level to ensure joined up approach and access to specialist support (e.g. geriatrician input for complex cases)
- PCNs using development time/PTLs to develop the teams of staff supporting care homes and delivering the enhanced model of care

- Training by Frailty Service being rolled out to care home staff to support anticipatory care by detecting signs of deterioration
- Frailty training package also being delivered to multi-disciplinary PCN staff supporting care homes
- Nurse led virtual care home MDT model being rolled out including the development of an audit tool with read codes to access and review care home resident data, with wrap around coaching and support provided to Advanced Nurse Practitioners and GPs in each of the PCNs across the North Lincolnshire area.
- The model will build on the proactive EHCH MDT framework and will support existing PCN staff, including Social prescribers, Community pharmacists, and Physiotherapists, to enable the joint review and improved health provision of care home residents, using a Comprehensive Geriatric Assessment (CGA)

Early Diagnosis of Cancer

- All CCG areas are part of HCV Cancer Alliance Primary Care working group and sharing good practice through the group
- Data packs available to PCNs
- PCNs continue to work with constituent practices to meet the service specification including peer to peer learning
- Clinical Decision Support tool being used to identify patients and support safety netting
- Lung Heath Check programme recommenced in Hull with revised activity profile
- CCGs collaborating on a Yorkshire Cancer Research application to extend the programme
- Public Health England teams working to support practices/PCNs review national screening programme uptake
- Focus on cervical smears including invitations in languages other than English
- CRUK supporting PCNs including through Protected Time for Learning

Structured Medication Review and Medicines Optimisation

SMR DES stood down to support the C-19 effort. As such, implementation of this will need to be re-energised as part of restoration of services.

- ARRS Clinical pharmacists and Pharmacy Technician staff supporting capacity for delivery of SMRs
- NECS Medicines Optimisation Team supporting practices to create capacity for SMRs
- Clinical Decision Support systems being used to help identify and prioritise suitable patients for SMRs

SMRs undertaken for new residents as part of comprehensive geriatric assessment as part of enhanced care in care homes service

4. Reducing / Mitigating health inequalities

Note that reference to mitigating / reducing health inequalities is also covered extensively in other sections, notably D2. Key points in addition to D2 are:

- Targeted c-19 vaccination uptake as referenced previously in this section
- Targeted flu vaccination uptake as referenced previously in this section
- Meeting trajectories for LD and SMI Health Checks
- Resume Lung Health check programme
- Targeted smoking cessation, smoking in pregnancy across the Humber (e.g. 20-25% of Goole women having deliveries at NLAG) with nuanced approach per population (e.g. 28% smoking rates in male, manual workers in Bridlington; North Lincolnshire where performance is in the worst quartile).
- Expansion of targeted >40 years Health Checks (Bridlington South, East Marsh, West Marsh, etc.)

- Range of initiatives to reduce weight / obesity including self management / digital tools, identification of 'pre-diabetic' / diabetic patients and onward referral to National Diabetes Prevention Programme (NDDP), including focus on BAME communities – Bridlington South, North Lincolnshire, etc. Increased numbers through Health Optimisation Programme, Live Well and Exercise on Referral initiatives. In NEL, Tier 2 weight management service being commissioned by PH, and extension of remit for the existing Tier 3 weight with PCNs re targeting the those in the most deprived areas.
- Improvements to Pulmonary Rehab / COPD services including increase to 20% baseline of people with COPD being referred to Pulmonary Rehab. Proactive case finding in Primary Care to support:
 - Early identification and diagnosis of respiratory problems
 - Increase spirometry diagnostic testing in primary care
 - Increase number of staff in primary care trained and accredited in undertaking spirometry tests.
 - Increase number of patients with COPD who access digital support platforms. E.g MyCOPD.

5. Infrastructure requirements to support the above.

IT

Improve Access

- Pilot scheme for communication campaign to increase the number of online consultations offered to patients, ensuring digital exclusion is mitigated.
- Digital inclusion
 - Digital Maturity - development, pilot and evaluation of a patient portal at the Roxton Practice (NEL) to capture an improved understanding of Digital Maturity and support total triage by evaluating digital readiness of patient cohorts.
 - Orcha – apps for people with some level of digital maturity

- Community Hubs – To pilot a new way of working where video consultations with care professionals can take place in community facilities, e.g. libraries, bringing the benefits and accessibility of agile care to patients who may have been previously excluded.
Bridlington first area for kiosks in customer service centres for remote consultation with secondary care
- MHabitat Scheme - how to best utilise the social prescribing and link worker roles to promote digital inclusion and also to look to have a succinct strategy in place to reduce the digital divide during 2021/22.
- Digital Hub pilot (NEL) is also being trialled to ensure equity of access to digital equipment in local centres, with a focus on areas of deprivation and those in rural areas
- (Digital) Health Hubs – Humber-wide initiative led by the VCS and funded partly through Personalised Care Transformation to improve knowledge, skills and confidence of local people with an objective to mitigate digital exclusion. H1 Plan noted below by Place.

East Riding

- Hornsea – combined group Hornsea Men in Sheds and Hornsea Crafters. Identifying needs (skills/confidence and equipment) with anticipated start date of end of May for initial face to face session
- Flamborough – Flamborough WI (in partnership with ERVAS). Needs identified (connectivity and equipment). Due to start June 2021

Development of the 'Village Halls as Digital Hubs' project:

- Digital Skills training: Eastrington Village Hall
- Requiring connectivity: Sancton, Old Church Rooms North Newbald, Swanland
- Investigation of connectivity: Little Weighton Village Hall

- The following halls have newly joined the project and are yet to have their needs identified: North Frodingham Social Centre, Millington Village Hall, Nafferton Village Hall, Market Weighton Community Hall, Ellerton Village Hall

Hull:

- Hull Homeless Community Project - Ready with facilitators, delivering predominantly one to one but also in small groups. Includes tablets for outreach work. Providing support materials to deliver and train the trainers. Aiming for June 17th Start date.
- Hull Communities – working in partnership with North Bank Forum, Hull City Council and CHCP. Bring together identified community spaces (Riverside Housing, Unity in Community, Ings Plus, Spring Bank Community Centre) some known to be delivering digital skills before Covid. Identifying current needs (Kit, equipment, skills)

North East Lincolnshire:

- Grimsby - Working with mHabitat, introduced Roxby GP Practice to NEL Social Prescribing and Centre 4 (Digital Skills delivery). Creating a model whereby digital skills needs identified by the GP can be responded to whilst dealing with needs identified through social prescribing. Aiming for 5 patients to be involved in the project. Next review date end May.

North Lincolnshire:

- Aiming to develop a 'Village Halls as Digital Hubs' project through the Northern Lincolnshire Village Halls network.
- Working with North Lincolnshire Council in the initial stages of developing a Place Based working group looking at Digital Inclusion
 - Unplanned and emergency care – ability to book from 111 into primary care and ED.
'Any service' booking & Clinical messaging coming on board

Sharing Records

- Version 1 software for Real time record sharing between primary and acute by September 2021
- GPIT equipment refresh – e.g. replacement programme for PCs to allow flexible working, etc.
- 4 Priority use cases are being developed to further sharing via YHCR
 - Real time cancer, frailty, Profound and Multiple LD, CYP
- Hand-held records integration – links to patient knows best via an NHS APP front door

Data Quality improvements

- Electronic Palliative Care Coordination System (EPaCCS) work sharing key information about individuals' preferences for care at the end of life – including preferred place of care and death, including how to capture ReSPECT – initial focus on palliative and end of life care for adults, then to be extended to include children and young people, and then for long term conditions.
- Improved reporting & Data Quality – help with baselining, understanding the gaps and planning

Improve Efficiency within Primary Care

- Embedding new COVID tools with business change resource
- Population Health
 - Integrating social and primary care records through Y&H Care Records
- Improved SMS utilisation
- Digitalisation of paper records/ create space within practices
 - Working with NHSE
- AI – pilot in two PCNs in NL – online consultation and automatic referrals – GP out of hours

- Re-procure all of the clinical systems over the next 18 months – every GP practice

Primary Care Estate

Working with partnership organisations PCNs are working to agree and create a One Public Estate Strategy

- PCNs working with City-Care Health to fully understanding all existing estate and available capacity (Not just GP estate)
- Consider the impact of potential digital solutions
- Determine the most appropriate setting for each service identified by the clinical strategy
- Space for ARRS roles
- Lloyd George – re-purposing space from the digitisation of medical records to increase the space available that can be used to support Additional Roles
- Explore the option of remote working for MDT staff
- Better utilisation of clinical rooms 8 till 8, seven days a week

4. RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee consider the contents of the plan.