Primary Care Commissioning Committee Part One

Tue 14 March 2023, 13:30 - 16:30

Agenda

13:30 - 13:30
0 min

1.

2023 03 14 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (1 pages)

13:30 - 13:30
0 min

2. Chair's introduction and report on any Chair's action

13:30 - 13:30
0 min

3. Apologies for absence

13:30 - 13:30
0 min

4. Declarations of Interest

2023 03 14 Item 03 Declarations of Interest.pdf (3 pages)

13:30 - 13:30
0 min

5. Review of Minutes and Action Log from the February 2023 meeting

2023 02 07 Item 04 NWICB PCCC Minutes Part One.pdf (10 pages)
2023 03 14 Item 04 Action Log Part One.pdf (8 pages)

13:30 - 13:30
0 min

6. Forward Planner

2023 03 14 Item 05 ICB PCCC workplan Part One.pdf (1 pages)
2023 03 14 Item 05 ICB PCCC Forward Planner 2023-2024 P1.pdf (2 pages)

13:30 - 13:30
0 min

7. Risk Register

2023 03 14 Monthly risk ratings combined.pdf (19 pages)

13:30 - 13:30
0 min

Service Development

13:30 - 13:30
0 min

8. Learning Disability Health Checks

2023 03 14 Item 07 LD Health Checks.pdf (8 pages)

13:30 - 13:30
0 min

9. SMI Health Checks

2023 03 14 Item 08 SMI Health Checks.pdf (3 pages)

13:30 - 13:30
0 min

10. CQC Reports

2023 03 14 Item 09 CQC Report - High Street Surgery.pdf (7 pages)

13:30 - 13:30
0 min

11. General Practice Contract Reissue Project

2023 03 14 Item 10 General Practice Contract Reissue Project.pdf (4 pages)

13:30 - 13:30
0 min

Finance & Governance

13:30 - 13:30
0 min

12. Prescribing Report

2023 03 14 Item 11 Prescribing Report.pdf (7 pages)
2023 03 14 Item 11 Meds Optimisation Nov 2022.pdf (2 pages)
2023 03 14 Item 11 Meds Optimisation Dec 2022.pdf (4 pages)

13:30 - 13:30
0 min

13. Finance Report

2023 03 14 Item 12 Finance Report.pdf (2 pages)
2023 03 14 Item 12 Finance Report.pdf (11 pages)

13:30 - 13:30
0 min

Any Other Business

13:30 - 13:30
0 min

14. Questions from the Public

Improving lives together
Norfolk and Waveney Integrated Care System

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Tuesday 14 March 2023, 13:30 Part 1
Meeting to be held via video conferencing and You Tube

Item	Time	Agenda Item	Lead
1.	13:30	**Chair's introduction and report on any Chair's action**	Chair
2.		**Apologies for absence**	Chair
3.		**Declarations of Interest** To declare any interests specific to agenda items. Declarations made by members of the Primary Care Committee are listed in the ICB's Register of Interests. *For Noting*	Chair
4.		**Review of Minutes and Action Log from the February 2023 meeting** *For approval*	Chair
5.		**Forward Planner** • **Draft Forward Planner 2023/24** *For Noting*	SP
6.	13:40	**Risk Register** *For Noting*	SP
		Service Development	
7.	13:50	**Learning Disability Health Checks** *For Noting*	SN
8.	14:00	**SMI Health Checks** *For Noting*	JD
9.	14:20	**CQC Reports** *For Noting* • High Street Surgery	SN
10.	14:30	**General Practice Contract Reissue Project** *For Noting*	FT
		Finance & Governance	
11.	14:40	**Prescribing Report** *For Noting*	MD
12.	14:50	**Finance Report** *For Noting*	JG
		Any Other Business	
13.	15:00	**Questions from the Public**	Chair

Date, time and venue of next meeting
Friday 21 April 2023, 13:30 – 16:30 – ICB PCCC
To be held by videoconference and You Tube

Any queries or items for the next agenda please contact:
sarah.webb7@nhs.net

Questions are welcomed from the public.
Please send by email: nwicb.contactus@nhs.net
For a link to the meeting in real-time
Please email: nwicb.communications@nhs.net
Glossary of Terms
https://improvinglivesnw.org.uk/about-us/website-glossary-of-terms/

NHS Norfolk and Waveney Integrated Care Board (ICB)
Register of Interests

Declared interests of the Primary Care Commissioning Committee

Name	Role	Declared Interest- (Name of the organisation and nature of business)	Type of Interest: Financial Interests	Type of Interest: Non-Financial Professional Interests	Type of Interest: Non-Financial Personal Interests	Is the interest direct or indirect?	Nature of Interest	Date of Interest: From	Date of Interest: To	Action taken to mitigate risk
James Bullion	Partner Member - Local Authority (Norfolk), Norfolk and Waveney ICB	Norfolk County Council		X		Direct	Executive Director Adult Social Services, Norfolk County Council	Ongoing		In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Skills for Care		X		Direct	Trustee of Skills for Care	Ongoing		Member prepared to leave any meeting where training and development provision might be likely awarded or recommended to be provided by skills for care
Dr Hilary Byrne	Partner Member - Primary Medical Services	Attleborough Surgeries	X			Direct	GP Partner at Attleborough Surgeries	2001	Present	To be raised at all meetings to discuss prescribing or similar subject. Risk to be discussed on an individual basis. Individual to be prepared to leave the meeting if necessary.
		MPT Healthcare Ltd	X			Direct	Director of MPT Healthcare Ltd	2020	Present	In the interests of collaboration and system working, risks will be considered by the ICB Chair, supported by the Conflicts Lead and managed in the public interest.
		Norfolk Community Health and Care Trust (NCH&C)				Indirect	Spouse is employee of NCH&C (Improvement Manager)	2021	Present	
		South Norfolk PCN				Indirect	Clinical Director of SNHIP Primary Care Network	2022	Present	
Steven Course	Executive Director of Finance, Norfolk and Waveney ICB	March Physiotherapy Clinic Limited				Indirect	Wife is a Physiotherapist for March Physiotherapy Clinic Limited	2015	Present	Will not have an active role in any decision or discussion relating to activity, delivery of services or future provision of services in regards March Physiotherapy Clinic Limited
Patricia D'Orsi	Executive Director of Nursing, Norfolk and Waveney ICB	Royal College of Nursing		X		Direct	Member of Royal College of Nursing	Ongoing		Inform Chair and will not take part in any discussions or decisions relating to RCN
Hein van den Wildenberg	Non-Executive Member, Norfolk and Waveney ICB	Lakenham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		College of West Anglia			X	Direct	Governor at College of West Anglia (Note: the College hosts the School of Nursing, in partnership with QEHKL and borough council)	2021	Present	Low risk. If there is an issue it will be raised at the time.
Norfolk and Waveney ICB Attendees										
Mark Burgis	Executive Director of Patients and Communities, Norfolk and	Drayton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice

	Waveney ICB	Castle Partnership				Indirect	Partner is a practice nurse at Castle Partnership	Ongoing		might have an interest
Shepherd Ncube	Head of Delegated Commissioning	Nothing to Declare	N/A			N/A	N/A	N/A		N/A
Sadie Parker	Director of Primary Care, Norfolk and Waveney ICB	Active Norfolk		X		Direct	Represent N&WCCG as a member of the Active Norfolk Board	2019	Ongoing	Low risk. If there is an issue it will be raised at the time
NHS England and NHS Improvement Attendee										
Fiona Theadom	Contracts Manager, NHS England and NHS Improvement	Nothing to Declare	N/A				N/A	N/A		N/A
Local Medical Committee Attendees										
Mel Benfell	Norfolk & Waveney Local Medical Committee Joint Chief Executive	N&W ICB				Indirect	Personal friend of an employee of the ICB	2015	Present	Will not take part in any discussion or decisions relating to the declared interests.
		N&W ICB				Indirect	Close relative is an employee of N&W ICB	Ongoing		Will not take part in any discussion or decisions relating to the declared interests
		Windmill Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Naomi Woodhouse	Norfolk & Waveney Local Medical Committee Joint Chief Executive	Long Stratton Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
Practice Managers drawn from General Practice Attendees										
James Foster	Member Practice Representative	St. Stephens Gate Medical Practice	X			Direct	Partner at St. Stephens Gate Medical Practice	2019	Present	Will not take part in any discussion or decisions relating to the declared interests.
		One Norwich	X			Direct	Director, One Norwich Practices Ltd (GPPO/PCN)	2019	Present	
		N2S	X			Direct	Director, N2S, Provider of day surgery in a primary care setting	2014	Present	
Rosemary Moore	Member Practice Representative	Norfolk and Waveney ICB	X			Direct	Employed by Norfolk and Waveney ICB as Senior Primary Care Resilience Manager	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		Blofield Medical Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Acle Surgery	X			Direct	Supporting the newly appointed practice manager at Acle Surgery	2022	2022	
		Norfolk and Norwich University Hospitals NHS FT (NNUHFT)			X	Direct	Chair of NNUHFT Patient Panel	2018	Present	
Health and Wellbeing Board Attendees (Norfolk and Suffolk)										
Bill Borrett	Norfolk Health & Wellbeing Board Chair	North Elmham Surgery			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice
		Norfolk County Council	X			Direct	Elected Member of Norfolk County Council, Elmham and Mattishall Division	Ongoing		Low risk. In attendance as a representative of the Local Authority. Chair will have overall responsibility for deciding whether I be excluded from any particular decision or discussion.
		Norfolk County Council	X			Direct	Cabinet Member for Adult Social Care and Public Health	Ongoing		
		Norfolk County Council	X			Direct	Chair of Norfolk Health and Wellbeing Board	Ongoing		
		Breckland District Council	X			Direct	Elected Member of Breckland District Council, Upper Wensum Ward	Ongoing		

		Norfolk County Council	X			Direct	Chair of Governance and Audit Committee	Ongoing		
		Manor Farm	X			Direct	Farmer within Dereham patch	Ongoing		Low risk. If there is an issue it will be raised at the time.
James Reeder	Suffolk Health and Wellbeing Board	Suffolk County Council	X			Direct	Cabinet Member for Children and Young People's Services	Ongoing		
		Suffolk County Council	X			Direct	Children's Services and Education Lead Members Network	Ongoing		
		East of England Government Association	X			Direct	East of England Government Association	Ongoing		
		James Paget University Hospital Trust	X			Direct	James Paget Healthcare NHS Foundation Trust Governors Council	Ongoing		
		Suffolk County Council	X			Direct	Suffolk Safeguarding Children Board	Ongoing		
		Norfolk and Suffolk NHS Foundation Trust	X			Direct	Norfolk and Suffolk Foundation Mental Health Trust – Governors Council	Ongoing		
		Suffolk and North East Essex Integrated Care Partnership	X			Direct	Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership	Ongoing		
		Suffolk Chamber of Commerce	X			Direct	Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce	Ongoing		
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing		
Healthwatch Attendees (Norfolk and Suffolk)										
Andrew Hayward	HealthWatch Norfolk Trustee	East Harling GP Practice			X	Direct	Registered patient at a Norfolk and Waveney GP Practice	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		HealthWatch Norfolk	X			Direct	Trustee and board member HeathWatch Norfolk	2020	Present	Will not take part in any discussion or decisions relating to the declared interests.
		East Harling Parish Council			X	Direct	Member, East Harling Parish Council	2020	Present	
		NHS England		X		Direct	GP appraiser, NHSE	2015	Present	
Sue Merton	HealthWatch Suffolk	Nothing to Declare	N/A				N/A	N/A		N/A

Improving lives together
Norfolk and Waveney Integrated Care System

Norfolk and Waveney Primary Care Commissioning Committee

Part One

Minutes of the Meeting held on Tuesday 7 February 2023 via video conferencing & YouTube

Voting Members - Attendees

Name	Initials	Position and Organisation
Hein Van Den Wildenberg	HW	Non Executive Member, Norfolk and Waveney ICB (Deputy Chair)
Steven Course	SC	Executive Director of Finance, Norfolk and Waveney ICB
Chris Turner	CT	Associate Director of Nursing and Quality, Patient Safety Specialist, Norfolk and Waveney ICB, deputising for Tricia D'Orsi, Executive Director of Nursing

In attendance

Name	Initials	Position and Organisation
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
Michael Dennis	MD	Associate Director of Medicines Optimisation, Norfolk and Waveney ICB
James Foster	JF	Practice Manager Committee Attendee
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk & Waveney ICB
Shepherd Ncube	SN	Associate Director of Delegated Commissioning, Norfolk and Waveney ICB
Sadie Parker	SP	Director of Primary Care, Norfolk and Waveney ICB
Cllr James Reeder	JR	Cabinet Member for Children and Young People's Services, Suffolk County Council
Fiona Theadom	FT	Deputy Head of Delegated Primary Care Commissioning
Sarah Webb	SW	Primary Care Administrator (minute taker) Norfolk & Waveney ICB

Apologies

Name	Initials	Position and Organisation
Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee
Cllr Bill Borrett	BB	Chair of the ICP and Partner Member of the ICB
James Bullion	JB	Chair, Partner Member – Local Authority (Norfolk) Norfolk & Waveney ICB
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Patricia D'Orsi	PDO	Executive Director of Nursing, Norfolk & Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
Sue Merton	SM	Healthwatch Suffolk

Rosemary Moore	RM	Senior Primary Care Resilience Manager, Norfolk and Waveney ICB

Attendees to support the meeting

Kristen Hall	KH	Communications and Engagement Manager – Primary Care, Norfolk & Waveney ICB
Paul Higham	PH	Associate Director of Estates, Norfolk & Waveney ICB

No	Item	Action owner
1	**Chair's introduction**	**Chair**
	HW welcomed everyone to the meeting. HW was chairing on behalf of JB.	
2	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	JF declared and interest on Item 6 however the Chair determined that, as the meeting was held in public and was for noting, JF would continue to remain in the meeting but would not take part in any discussion around this topic.	
4.	**Review of Minutes and Action Log from the January 2023 Committee** *For Approval*	**Chair**
	HW noted the person who asked a question in the last meeting represented a social enterprise IRISi and an action should have been captured to ensure that the response was published on the website afterwards. With that change, the minutes were then agreed to be an accurate reflection of the January 2023 Committee. **ACTION: SW to send HW signed minutes.** **Action Log:** **Action 132 – no date set - HW requested SN add a date to it to track progress.** **Matters arising:** Primary Care Committee Terms of Reference – *For Noting* FT provided an update. Responses had been collated from Committee and key stakeholders and these were reflected in the agenda pack as the final drafts of both the Terms of Reference for the Committee and the Operational Delivery groups which were proposed. Subject to any final comments from Committee members these would be presented to the ICB board for approval on 28th February 2023. Further thought would be given to the interaction between this Committee and the Operational Delivery Groups functions and this may result in changes as to how often each of the Committees and groups meet in future. FT envisaged this would be work in progress over the next 3-6 months. There being no questions HW felt this was clear and agreed that there would be learning from the delivery groups and Committee interaction going forward.	**SN**
5.	**Forward Planner** *For Noting*	**SP**

	A number of items of non urgent business were postposed due to the time constraints posed by the Committee held today and these would be brought back at a later date. SP advised that at next month's meeting draft proposed forward planners would be brought for the new Committee from April 2023.	
6.	**Providing General Practice Services in Norwich – Public Consultation** *For Noting*	**SP**
	SP advised that Kristen Hall (KH) Communications and Engagement Manager – Primary Care had been working with the team on this project. The consultation document had been included in the pack and went live on 24 January 2023 by way of a survey. Face to face engagement commenced this week along with voluntary organisations and SP asked KH to update Committee on survey responses so far. KH advised almost 1600 surveys had been completed. SP felt this was good engagement and hoped that it continued to grow. The survey runs until 26 March 2023 which meant there was plenty of time for people to engage with the links continuing to be shared on social media. SP reiterated it was a genuine consultation and that the ICB wanted to hear from people as to what they thought of the three options that had been set out and how they would like to see healthcare best suited to their needs in the future. KH commented that within the survey itself there were "free form" text options for people to provide narrative views on the options as well as specific tick boxes. Printed copies were available from the Walk in Centre and the GP practice at Rouen Road, as well as on request. Alternative versions of the survey could be requested to ensure it was accessible as possible, for example a Braille request was being worked on and there had been interest and activity on the website in terms of downloads. HW thanked SP and KH and was encouraged to hear about the response rate and given the interest HW presented the opportunity to invite member of the public present who might have a question to ask at the end to ensure the public had a chance to respond. JR was very interested in the paper and referenced the 5666 people within a particular month who had walked in and the figure of half a million appointments which had been included which provided some comparison. It was impressive to have over 5600 people who would otherwise have had to find alternative provision. JR felt that the option of the walk in centre was obviously helping with capacity issues and must take some of the strain off other surgeries in the area and thought the survey would bear this out. JR asked if it was something that might be considered further afield rather than just in one particular area as felt the numbers were impressive and had concerns where people would go if this service was no longer there. SP responded by saying that there were quite a number of services which run at the same time as the walk in centre and provided the following example. As well as the GP out of hours service, since October there had been enhanced access provision available across all primary care networks. What was proposed in option 3 and option 1 was to retain the capacity. The potential for option 3 was to design a service in response to the feedback being received by respondents and by engaging with local practices, which was potentially more distributed throughout Norwich. Referencing JR's point about	**COI**

	other areas, SP was sure that the feedback received about how people would like to access services could be combined with population health data in the future to influence our approach to developing services. This would apply across the whole of Norfolk and Waveney. Currently there were no conclusions to be drawn as the survey was still underway however there had been some fantastic feedback received. CT asked when we would we see a summary report from the consultation and asked if external partners had been engaged. KH confirmed that an engagement company had been contracted to support with the consultation and they would be providing interim reports to help inform the key themes that were emerging and to benchmark the evolution of themes overtime in order to track how responses. The company would also produce a final report as soon as possible after the close of the consultation, which would be brought to the committee. There being no further questions HW thanked both SP and KH for the update.	
7.	**Learning Disability Health Checks** *For Noting*	**SN**
	SN presented on progress made from last month and addressed matters arising from the January 2023 Committee. The comparative system performance data for ICBs in East Anglia had been included in the report as requested by Committee members last month. However, the data was up to the end of October and SN informed the Committee that there were delays in receiving the regional data from NHS England regional team. The data show that Norfolk and Waveney ICB had made progress month on month and has seen more people compared to any other system in the East of England. We had also received data from our local CRQS (Calculating and Reporting Quality System) and these data show local information for our ICB up to the end of December 2022. The data show 5% improvement compared to the last month. However, the improvements were observed to be a bit lower than expected, partly due to the festive period. This pattern was expected again in January, but we were expecting significant increases in activity for February and March. SN was concerned about a risk of complacency, due to the strong progress made to date, and work was being done with practices and colleagues to counteract this. SN noted we were on track to deliver the national target and progress towards the ambition to see more people. SN spoke about patient declines, gave specific details on some of the challenges faced by practices and some of the approaches being taken in trying to improve the uptake and quality of annual health checks. Exploratory work had been done with a practice who had reviewed all their patients and identified 16 people that had declined. There had been some dedicated resource to try and reach these people. The challenges experienced demonstrated practices were not designed to carry out this intensive work and discussions were underway within the ICB and other departments to see how best to target these people and the same sort of work was being carried out in South Norfolk. Some patients had not been seen before because of their clinical presentation and required specialist interventions.	

	SN hoped that this addressed the patient declines issue as he felt it was not straightforward and involved a qualitative intervention conversation. SN felt that improvements were being seen around the completion of health action plans with numbers improving and there had been improvements in quality and the focus on quality had increased. SN was pleased to announce that approximately £250,000 pilot funding had been successfully secured to strengthen and improve the quality and uptake of annual health checks through investing in Point of Care Testing Kits. Discussions were ongoing with the LMC about how to distribute these to practices. HW thanked SN for the update and was pleased to hear about the updates and the improvement to quality. JR asked if those not able to be reached were the most vulnerable and if it was that they just had a phobia of needles. JR was concerned that the people that were declining were not the most vulnerable and those at risk and was there any way of knowing that. JR understood the comments made about surgeries not being able to knock on doors and asked if it was necessary to put more resource into the most vulnerable people. SN felt it was both and that there had been some success in contacting some people that had not been contacted over the last 24 months. The data quality work pointed to several issues, for example some people had been given a diagnosis when they were younger and were now holding down a successful job and the group of people that had this diagnosis were not followed through. The data cleansing exercise was still needed with clinical recommendations for removal for individuals assessed as not having a diagnosis of learning disability. There was another cohort of people with very complex enduring clinical presentations, with practices sometimes not sufficiently experienced to deal with the level of clinical complexity, which required some sort of specialist type of conversation and support. One practice had identified two people that they couldn't fully support and discussions were underway on how or who was best placed to provide the checks. JR agreed it was very complex as had been described and thanked SN. HW thanked SN and felt that this closed action 0127.	
8.	**Estates Quarterly Update** *For Noting*	**PH**
	PH presented the paper to Committee as read and highlighted a few points. Wave 4B The Thetford Scheme - the business case was with NHS England and approval or otherwise was expected on 28 February 2023. Kings Lynn and Rackheath – 2-3 weeks behind schedule however that had been the case for about 3 months and had not fallen further behind and was still on target to achieve business case approval for these schemes by end of August 2023. PH noted there was still some risk associated with the programme but it was proceeding to plan at the moment.	

	When this report was last on the agenda, pressures on primary care were discussed and Attleborough was specifically outlined. PH presented a view of the rest of the patch in Appendix 3 and 4 within the paper which showed the formula which estimated capacity of buildings to serve future population size, by PCN and plotted on a map. PH noted the PCN graphic was potentially misleading as there were some broader issues which were not easily visible from tabular form and in a map view. However, it was transparent as to where potential problems were going to be in the next 15 years. A crude formula was being used which averaged out at 16m2 per patient and this was a target rate with some variability, depending on the size of the population. The PCN toolkit work was underway which used a more scientific approach to measure capacity and was due to complete in approximately 2 months' time. Once received we would be able to compare how Norfolk and Waveney estate capacity looked compared to the rest of the region and the rest of the country. PH indicated that the purpose of the exercise was inform the national team to pull the case together to evidence what investment was needed within primary care estate in the next spending review, but currently there were no planned capital investments above the business-as-usual allocation of £2m per year. Rent Reviews – a brief update on this was given every quarter and the last update noted that five rent reviews were approved in December. PH highlighted to Committee that from April 2023 the function would transfer through from NHS England to the ICB which would give greater control. PH had some concerns, as three individuals run this process across the East of England and would not necessarily transfer to the ICB. PH had made capacity in the team to pick this up and there were 7 weeks to transition, which was being noted as part of our overall risk. JR had a query on section 106 monies as the Lowestoft site was highlighted and asked how the ICB considered the close or combined working with local authorities in obtaining 106 monies from developers. PH responded by saying that the ICB hosts an ICS team which looked purely at planning applications and had been quite successful being able to evidence to each of the district councils the need for CIL or Section 106 money to fund health infrastructure. The team provided a single response on behalf of the ICS, including the primary care and NHS Trust views. It was not a quick process, and a successful application may mean years before the capital contribution was received. It may be a good investment now but the benefits may not be seen for years and each district council had a different process and there were also differences between S106 and CIL. HW felt it was a good point and would raise with colleagues. HW asked for clarity in the note that at the time of writing work was underway to engage with the 6 remaining PCNs on the toolkit. PH confirmed 11 from 17 PCNs were involved in the programme. There was not time to include the remaining 6 in the clinical strategy perspective as the deadline was at the end of January 2023. There was a plan under development for what estates planning could be done with those 6 PCNs to ensure future opportunities were not lost. 11 of 17 was better engagement than expected, given winter pressures and compared to the rest of the region, with the region ahead of the rest of the country for engagement with this programme. HW thanked PH for the update.	
9.	**CQC Reports**	**SN**

	For Noting • Heacham	
	SN presented the CQC report for noting. Heacham was reinspected in November 2022 as the practice had placed in special measures in March 2022. The ICB had supported the practice to turnaround from special measures to requires improvement. The practice had maintained a good rating in 'caring' for patients with the four remaining domains requiring further improvements. Good progress had been made but the leadership domain remained a further area for improvement and work was ongoing with the practice to strengthen all the key areas around leadership, governance and medicines management. SN noted that with continued support and focus, improvements would continue to be seen. HW thanked SN and invited CT in for comment. CT stated it was positive for the practice and had been recognised by the CQC. CT noted the practice would now work on embedding the improvements and this should result in a more positive inspection report when they were reinspected. There being no further comments HW thanked SN for the report.	
10.	**SMI Health Checks** *For Noting*	**JD**
	JD asked the Committee to take the report as read and presented the report to Committee for noting. JR asked for an explanation on funding for the improved health check and asked what improvement that would make and why it was needed. JD explained that the main components of the health check would remain the same and the improvement in quality would come from the use of a point of care testing kit, where this was indicated. This would mean that if a patient went for an SMI health check and they needed a blood test, this could be done immediately. Current thinking was that, whilst this test was running in the background, the health care professional would be able to conduct the rest of the health check, picking up on anything else in the appointment once blood results were obtained. This was early thinking and there remained a process of engagement to undertake with colleagues across the system and within primary care as well as the LMC. JR thanked JD for the response and asked if this would be something that would be beneficial to all patients, not just those with SMI. SN added that clinical colleagues had asked if they could use it for other things but there was a need to protect it for the current cohort during the pilot phase. HW felt it would be good to hear about the benefits that could be derived from this additional equipment once the opportunity had been taken to experience it and bring this back to Committee. HW had a request for the report for benchmarking data compared to other parts of the East of England to be added in future reporting and to add a percentage perspective.	

	HW thanked JD for the report.	
11.	**Primary Care Commissioning Committee Self-Assessment** *For Approval*	**SP**
	SP provided a brief update to Committee for approval. The self-assessment was a slightly shortened version of what was seen previously and reflected the ICB was only formed on 1 July 2022. The self-assessment had been undertaken and included as an appendix. One point was marked 'no' because the ICB had not reached the point of producing an annual report at the time of writing. The other point to note was that work was ongoing on developing a single dashboard for the Committee. SP asked if members were happy with the self-assessment as it stood and if they had any questions. It would be presented to the Board in due course along with other Committee self-assessments. There being no comments HW confirmed this was approved.	
12.	**Prescribing Report** *For Noting*	**MD**
	MD highlighted that the Prescribing Quality Scheme would be brought to Committee with approval and was currently with the LMC. As last year work was also being done on a low-cost effective switch programme which would be launched later in the year. HW referred to the outlier practices, noting the list presented was much shorter and asked if that was a result of being able to engage with practices or had there been other levers. MD confirmed that engagement had been undertaken with practices, with practices performing audits and ensuring practices were aware of the current formulary (some practices were using older formulary). MD confirmed that supportive work with the practices had been key. HW noted the significant financial consequence from no cheaper stock obtainable and asked if this had peaked. MD was unsure as December was a record month. The projections had dropped down by £50k but no figures were available until actual December usage obtained. MD said this was a national problem. HW thanked MD for the report.	
13.	**Finance Report** *For Noting*	**JG**
	JG presented his report for noting. Executive summary The position at month 9 for primary care and prescribing budgets is £3.3m adverse to budget for the ICB which represents quarters 2-4 of this financial year.	

	This did not include a £4.5m payment due from NHSE for the additional ARRS (additional roles reimbursement scheme) spend. When received in full in month 11 the actual position would be £1.2m favourable. This position included an efficiency target of just over £7.3m built into the budget. This formed part of the full year efficiency requirement of £8.4m. Through continued monitoring of the efficiency projects, month 9 was forecasted to deliver slightly below plan. The project with the highest potential underspend was the Low-Risk Cost Effective Switching project. This project was subject to greater analysis of the savings data which may result in more savings to be recognised. Financial Summary GP prescribing was £2.5m adverse to plan as at month 9. With the figures being 2 months in arears, this showed the April to October estimates cumulatively were undervalued. Efficiency savings had materialised in this period which allowed the forecast to be delivered. Efficiency savings were already within the budget. Of the £7.3m requirement for the 9 months, 7 months of actual achievement had been received. There were prior year benefits within GP Prescribing. These were critical to the 2023/24 plan which was being developed, as these benefits were non-recurrent to 2022/23 and will not be available in 2023/24.There was a prior year benefit and other positive variances within delegated primary care that has crystalised worth £1.8m year to date. Detailed Finance Analysis This showed the key drivers behind the prescribing spend on plan however there were still some key areas of risk around Continuous Glucose Monitoring and SGLT2. There was a high degree of uncertainty over the financial implications of these factors. Additional EPACT figures for DOACS, CGM and SGLT2 were received, which indicated year on year increases in these areas and they all showed large year on year increases up to month 9. Delegated Commissioning The underspend was due to the way PMS and GMS budgets were ring fenced to delegated primary care worth £3.1m and part year credits from 2021/22, most specifically around the accruals for QOF worth £1.8m. These were offset against the ARRS funding yet to be received which meant that this cost centre was underspent overall. Other areas of overspend are more minimal around QOF and list size increases. GP and Other Prescribing Detailed variances with prescribing led to the overall month 9 adverse forecast of £3.7m. There was significant movement from month 8 to month 9 (£2.5m) as more of the prescribing cost pressures materialised in month 9, and more specifically around flu prescribing and the corresponding recharges to NHSE. As previously mentioned NCSO and diabetes prescribing pushed up the forecast and could be evidenced in the year-on-year analysis the team monitors. There were some additional staff related slippages to mitigate the position slightly but overall, a significant deterioration.	

	HW referenced the stark increase in the forecast out turn for prescribing costs and when we would expect the additional allocation for ARRS and it was good to hear that this was expected soon. MB referred to the ARRS funding and wanted to emphasis the point of this arriving in month 11, was there any risk of this not arriving as it was now concluded that we were expecting that there would be no issues. JG confirmed that this was highlighted regularly when speaking to NHS England and it had been moved back, as it was originally expected in month 10. JG noted this was due to the forecast changing because they had to make that a final payment and ensure it covered all the ARRS requirements. MB thanked JG.	
14.	**Any Other Business** **Questions from the Public**	**Chair**
	HW checked if there were any questions from the public and there being none the meeting then concluded at 10:05	

Name:	Signature:	Date:
Signed on behalf of NHS Norfolk and Waveney Integrated Care System		

Code
RED Overdue
AMBER Update due for next Committee
GREEN Update given
BLUE Action Closed

Improving lives **together**
Norfolk and Waveney Integrated Care System

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One
Action Log 14 March 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0122	11-okt-22	6	CT	Risk Register - GP resilience - Primary Care Multi Profressional Forum scheduled for 2 November 2022	Forum rescheduled to February 2023. Added to forward planner 01 02 2023 Paused again CT to provide update. Action reopened for CT to provide an update	14-mar-23		14-des-22
0130	10-jan-23	6	SP	Risk register - SP to reference Interface updates within PC14 going forward and share with the LMC.	Completed and included. Propose to close action	14-mar-23		
0131	10-jan-23	8	JD	JD to set out focus on data and updates on SMI in the forward planner		07-feb-23		
0132	10-jan-23	8	SN	SN to engage with partners and consider how and when to provide an update on NHS Health checks	SN to ensure due date added for 14 March 23 Committee to ensure this is tracked	14-mar-23		
0133	07-feb-23	4	SW	January minutes to amend and get signed	Signed minutes sent to chair	14-mar-23		08-feb-23

CLOSED ACTION LOG

Code
RED Overdue
AMBER Update due for next Committee
GREEN Update given
BLUE Action Closed

Norfolk and Waveney Clinical Commissioning Group

NHS Norfolk & Waveney CCG Primary Care Commissioning Committee
Action Log 11th August 2020

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0001	19th June 2020	1	SP	SP to review Committee views of the main function and goals of the Committee to formulate forward planner for Primary Care agenda.	Included on agenda for July.	14th July 2020	CLOSED	14.07.2020
0002	19th June 2020	2	SW	SW to provide an updated Declarations of Interest register at July 2020 Committee.	Superseded. Register held by corporate team.	14th July 2020	CLOSED	14.07.2020
0003	19th June 2020	6	SP	To circulate presentation in respect of the CCG response to the COVID19 pandemic.	SW circulated slides on 22nd June 2020	14th July 2020	CLOSED	14.07.2020
0004	14th July 2020	4	PM	To update on 1 North&South Norfolk CCG Legacy Action	The paper was circulated by email to committee members. Recommend to close the action	11th August 2020		11.08.2020
0005	14th July 2020	4	SW	SW to send Part 1 Minutes to Chair for signing	Chair signed and SW filed.	11th August 2020		11.08.2020
0006	14th July 2020	9	SW	SW to add locally commissioned services to the forward planner for September for PM	SW completed.	11th August 2020		11.08.2020
0007	11th August 2020	4	SW	To send DJ amended minutes for signing	DJ signed and returned.	8th September 2020		13.08.2020
0008	11th August 2020	5	SP	To circulate Interim Risk Register to Committee members	SW circulated on 18th August 2020	8th September 2020		18.08.2020
0009	11th August 2020	5	JI	Risk register update - JI to advise on the financial risk to be included	JH provided updated financial risk which has been added to the PCCC Risk Register	8th September 2020		01.09.2020
0010	11th August 2020	5	LT	Risk register update - A focused paper on hypnotics and anxiolytics	SW to ensure item on Agenda	8th September 2020		13.08.2020
0011	11th August 2020	11	KL	Activity Report - KL to respond to LMC enquiries offline	KL sent response to LMC office - LMC yet to acknowledge receipt. (27/08/2020). SP confirmed action closed.	8th September 2020		08.09.2020
0013	8th September 2020	4	SW	Bowthorpe Care Village - to add on to the forward planner	SW added on to the forward planner	13th October 2020		09.09.2020
0014	8th September 2020	4	SW	SW to send DJ minutes for signature	DJ signed minutes	13th October 2020		09.09.2020
0015	8th September 2020	5	SP	Strategic risk for primary care Phase 3 recovery plan needs to be added to the Risk Regsiter	SW added on to the Risk Register	13th October 2020		17.09.2020
0012	11th August 2020	14	JW	General Practice Workforce Training - JW to provide details of the West Norfolk campaign to AL	SW sourced a contact, awaiting feedback from AL - AL has confirmed he will complete	13th October 2020		10.11.2020
0016	8th September 2020	6	JI/JH/JG	Finance Report - update on locums to be provided at November Committee	JG provided an update within the Finance Repor	10th November 2020		10.11.2020
0017	13th October 2020	4	SW	SW to amend minutes and send to DJ for signing	SW signed minutes on DJ behalf	10th November 2020		10.11.2020
0018	13th October 2020	4	SW	Phase 3 Plan for Primary Care -	SW to ensure added to forward planner	10th November 2020		10.11.2020
0019	13th October 2020	9	EB	Norwich PMS Funding Proposal – Enhanced Visiting Service - EB to address LMC comments offline.	EB provided a response on the 15th October 2020	10th November 2020		15.10.2020
0020	13th October 2020	11	KL	Phase 3 Plan for Primary Care - KL to circulate NHSE/I Submission to Committee members.	SW circulated NHSE/I submission to Committee members	10th November 2020		15.10.2020
0021	13th October 2020	8	AL	AL to provide an update on Training Hub within his next update to Committee in December 2020	On December 2020 Agenda	8th December 2020		24th November 2020
0022	10th November 2020	4	SW	SW to send DJ signed minutes from October 2020 Committee	SW completed	8th December 2020		11th November 2020
0023	10th November 2020	6	SP	SW to circulate up to date risk register	SW completed	8th December 2020		11th November 2020

0024	10th November 2020	6	PM	PM to investigate if there is any further information available from NHSE/I regarding LD Healthchecks	PM updated Committee	8th December 2020		9th December 2020
0025	10th November 2020	10	SW	PCN Development – South Norfolk Locality Focus - SW to circulate presentation following on from Committee.	SW completed	8th December 2020		11th November 2020
0026	8th December 2020	4	SW	SW to send DJ signed minutes from November 2020 Committee	SW completed	12th January 2021		9th December 2020
0027	8th December 2020	9	EB	Norwich PMS Business Case • Asthma checks and inhaler adherence in schools LMC sent apologies and submitted comments to Committee Members.	EB to progress comments received offline from LMC EB has written to the LMC with the appropriate responses for the queries raised on each business paper.	12th January 2021		5th January 2021
0028	8th December 2020	9	JR	Norwich PMS Business Case • Asthma checks and inhaler adherence in schools Query regarding incident reporting	JR checked with Sarah Ambrose - this being picked up as part of the pilot model. In addition, feedback from students as part of the engagement work will also be factored in for the evaluation.	12th January 2021		5th January 2021
0029	8th December 2020	13	MD	Prescribing Report Dr Mark Abrahams, Pain Consultant from Addenbrookes held a 1-hour presentation and Q&A on chronic pain Pressures and wide variation in primary care Chair to write a letter to highlight issues	SW circulated Chronic Pain document MD to draft a letter for DJ	12th January 2021		12th January 2021
0030	8th December 2020	14	SW	Question from the public	SW to progress this to resolution with Complaints and Enquiries Manager	12th January 2021		22nd December 2020
0031	12th January 2021	4	SW	SW to send DJ signed minutes from the December 2020 meeting	SW sent these on 13th January 20201	9th February 2021		13th January 2021
0033	12th January 2021	9	SW	PCN Development Review - slides to be shared	SW shared slides following January 2021 Committee	9th February 2021		13th January 2021
0032	12th January 2021	8	AB	AB to present revised Terms of Reference at February 2021 Committee	In view of February 2021 Committee being stood down revised Terms of Reference will be presented to the March 2021 Committee meeting,	9th March 2021		
0034	9th March 2021	4	SW	SW to send final version of January 2021 minutes to DJ for signature	SW sent on 10th March 2021	13th April 2021		10th March 2021
0035	9th March 2021	5	SW	Forward planner to be circulated outside the meeting	SW sent on 15th March 2021	13th April 2021		15th March 2021
0036	9th March 2021	7	JH	GPFV spend to be broken down	JH to present revised Finance Report for April Committee	13th April 2021		13th April 2021
0038	13th April 2021	4	SW	SW to send a copy of signed minutes to DJ	SW sent the minutes	14th April 2021		14th April 2021
0039	13th April 2021	6	SP	Risk Register - SP proposed to bring an update on the LCS Programme to the May 2021 Committee.		11th May 2021		
0041	13th April 2021	7	JH	Finance - JH/HW to agree the format of future prescribing and delegated co-commisioning reporting	Additional pages included within the Finance report to provide the details of the Prescribing and Delegated financial performance	11th May 2021		29th April 2021
0042	13th April 2021	8	MD	Prescribing Report - Detail on outlier practices MD agreed to obtain the list for the next meeting. An action plan would be drawn up following on from a meeting with the Quality Team.		11th May 2021		11th May 2021
0043	13th April 2021	8	MD	Prescribing Report - Update on nutritional supplements The dietetics team were working on this and MD indicated that this posed a cost pressure.		11th May 2021		11th May 2021
0045	11th May 2021	4	SW	SW to amend minutes and send signed copy to DJ	SW sent amended signed minutes to DJ	8th June 2021		12th May 2021
0047	11th May 2021	7	JH	JH agreed to check that LMC queries received had been answered.	JH agreed to check that LMC queries had been answered. - response to LMC queries sent 27th May 2021	8th June 2021		27th May 2021

0040	13th April 2021	6	SP	Learning Disability Health checks - proposed to bring final position if National Data published to May 2021 Committee	National data has not yet been published. An update will be brought as soon as data is available. Item on the agenda, propose to close	11th May 2021 8th June 2021 13th July 2021	13th July 2021
0044	13th April 2021	10	SP/HoDC	Learning Disability/Autism Health Check HW requested for May, June or July 2021 a to return to the Committee with some learning from the data cleansing and wondered if incentive schemes were the best option.	ACTION: Learnings of data cleansing, possible ways to address this going forward. SP advised a proposed update for July 2021 Committee. Item on the agenda, propose to close	8th June 2021 13th July 2021	13th July 2021
0046	11th May 2021	7	JH	Finance Report JH agreed to write a spotlight report on QoF.	JH agreed to write a spotlight report on QoF. - deferred to next meeting as finalised QoF figures not received in time to prepare paper for this meeting. Included in finance report. Propose to close	13th July 2021	13th July 2021
0048	11th May 2021	7	JH	JH agreed to a spotlight item for primary care funding.	JH agreed to a spotlight item for primary care funding - deferred so spotlight can be included in a future Finance Report	13th July 2021	13th July 2021
0049	8th June 2021	4	SW	SW to send signed copy to DJ	SW sent amended signed minutes to DJ	8th June 2021	10th June 2021
0050	8th June 2021	9	SW	Primary and Secondary Care Interface - presentation slides from Mark Lim	SW shared the slides with Committee members	8th June 2021	10th June 2021
0051	8th June 2021	11	AH	Digital Quarterly Update correlation of practices not providing an online consultation offer and the medicines costs.	AH agreed to provide MD with the names of practices who do not have an offer for him to review.	14th September 2021	14th September 2021
0052	13th July 2021	4	SW	SW to send signed minutes to DJ	SW sent DJ signed minutes	10th August 2021	14th July 2021
0053	13th July 2021	5	SW	Reference RED Item on Forward planner - PCCC self assessment - combined results	SW to circulate PCCC Self Assessment combined results to Committee for consideration in advance of August 2021 Committee - in agenda pack	10th August 2021	10th August 2021
0054	13th July 2021	5	SW	Reference RED Item on Forward planner - PCCC self assessment - combined results	SW to ensure on August 2021 agenda	10th August 2021	14th July 2021
0055	13th July 2021	6	SW	Risk Register Update	SW to add Primary and Secondary Care Interface to the forward planner for August and September 2021	10th August 2021	10th August 2021
0057	13th July 2021	7	JH	Finance Report PMS GMS reported position - clarity over the reporting lines	JH to ensure that there was clarity given over the PMS GMS reporting lines in future reports 03.08.2021 JH confirmed the finance report has been updated to consolidate these two lines (as they relate to the same thing) and hopefully remove the confusion.	10th August 2021	3rd August 2021
0060	13th July 2021	11	SW	PCN Development Update - slides	SW to share slides following on from the Committee.	10th August 2021	14th July 2021
0056	13th July 2021	7	JH/KW	Finance Report Chair asked if there were any concerns about patient safety and care around the diabetes indicator on the QOF summary given the total number of points achieved.	JH to investigate the concerns DJ raised around patient safety of patients with diabetes and provide a comprehensive response. 03.08.2021 JH queried who would pick this risk up and suggested KW. Clare Hambling attended August 2021 Committee and gave an update.	10th August 2021	10th August 2021
0058	13th July 2021	10	SP/SN	Learning Disability Healthchecks TW felt there may be some confusion about the remit of the peripetetic team and asked if this could be clarified.	SN to confirm at August Committee. SW sent TW the Peripatetic/Exemplar site Learning Disability Annual Health Check Pathway on 26th August 2021	10th August 2021 14th September 2021	26th August 2021

0059	13th July 2021	11	FT	PCN Development Report PCN Assessments	FT to update on PCN assessment to September 2021 Committee.	14th September 2021		14th September 2021
0061	13th July 2021	11	FT	KB requested an update specifically on what the training hub was doing around support and supervision for new roles in primary care as new starters may find it different from their previous experience.	FT to update at August Committee. Fellowship roles are being recruited by TH to provide peer support; further work is required to develop a framework of support for all ARRS roles. SW circulated a response from FT on 8th September 2021	10th August 2021 9th November 2021		8th September 2021
0065	13th July 2021	14	SW	There was a question asked at the last Committee about the Interpretation Service and the response will be shared following August 2021 Committee.	SW to ensure the details around the Interpretation Service were shared following August 2021 Committee:	10th August 2021		10th August 2021
0066	10th August 2021	4	SW	Minutes of the last meeting - Signed minutes	SW sent DJ signed minutes	14th September 2021		11th August 2021
0068	10th August 2021	8	FT/KR	Workforce and Training Hub Report Training Hub and Workforce Implementation Group (TWIG) Terms of Reference for approval	TWIG ToR updated to include details around finance lead	14th September 2021		23rd August 2021
0069	10th August 2021	9	EB	PCN Development Norwich Spotlight Error in the report - CQC rating listed incorrectly	EB apologised for the error and updated the report following the Committee.	14th September 2021		11th August 2021
0070	10th August 2021	10	MB	Locally Commissioned Services - MB to check with SP that Norfolk County Council commissioned LCS	MB confirmed that NCC would continue in the same format as this year and further updates would be bought later in the year.	14th September 2021		14th September 2021
0071	10th August 2021	11	FT	GP Access / Patient Survey Question received from HealthWatch regarding concerns over accessing primary care services	Response posted on to public facing CCG website and emailed response by SW	14th September 2021		17th August 2021
0073	10th August 2021	11	FT	GP Access / Patient Survey Patient Survey Key Outcomes to September Committee DJ felt that in future it would be helpful for locality directors to comment on any work the PCN had done based on the survey outcomes and in the sharing of learning across the CCG area. .	Spotlight reports from individual localities will include an update on survey outcomes and actions/learning. Locality teams advised.	14th September 2021		17th August 2021
0063	13th July 2021	11	FT/SB	PCN Development North Norfolk Spotlight - primary care access data comparison	An update to be provided in the next North Norfolk Locality Spotlight update - FT/SB FT advised that Locality teams have been asked to include updates on survey outcomes in their Spotlight reports	14th December 2021		4th October 2021
0072	10th August 2021	11	FT	GP Access / Patient Survey Patient Survey Key Outcomes to September Committee - this relates to patient access	FT to share update at September 2021 Committee - The full survey was circulated with papers at the August meeting. Item deferred until October 2021 FT advised Locality teams have been asked to include updates on survey outcomes in their Spotlight reports	14th September 2021 12th October 2021		4th October 2021
0074	14th September 2021	4	SW	SW to provide signed minutes to DJ	SW sent signed minutes to DJ	12th October 2021		15th September 2021
0075	14th September 2021	7	SP/SW	KB reported that a shortage of blood bottles and test tubes had been discussed at the Quality and Performance Committee and it had been raised as a RED risk and a request had been made for it to be placed on the GBAF and felt it should be a risk shared across the two Committees.	GBAF risk to be added to Primary Care Risk Register in respect of shortage of test tubes. 4.10.2021 SP to discuss with KW as no need for duplication. Discussed at 12/10/2021 Committee and it was agreed to close as duplication was not advised and remain on QPRR.	12th October 2021		12th October 2021
0076	14th September 2021	9	SW	LCS Paper for October Committee	SW to ensure on Agenda	12th October 2021		20th September 2021

0077	14th September 2021	10	SW	Primary Care Network Development slide deck	SW to share slides following on Committee	12th October 2021		15th September 2021
0078	14th September 2021	11	SC/SN	LD Health checks - JI questioned the ambition of meeting the target of 75% and those left without a health check and the prioritisation given to LD patients	SC to check with SN SN confirmed at 12/10/21 Committee the PCN commitment to offer every patient a LDHC and meet the 75% target	12th October 2021		12th October 2021
0079	14th September 2021	15	JI/MD	Prescribing Updatge - JI had received an update regarding the inhousing of the CSU and committed to providing MD with an update	JI to link in with MD offline JI confirmed discharged offline and to close 12 October 2021	12th October 2021		12th October 2021
0037	9th March 2021	9	AB	AB to present revised Terms of Reference to Governing Body and ensure final signed off version sent to SW	GB agreed the amended ToR on 27 April 2021 and to send to NHSEI for approval. Approximate date July 2021 for the ToR to come back to PCCC. AB indicated this will now be September 2021. AB provided an update whereby TOR would be presented to CoM in September 2021 and then be passed to NHSEI. Now expected November 2021 13/10/21 AB advised that these would be 2022 in view of the fact the ToR are being written for the new constitution.	13th April 2021 9th November 2021 Now 2022		14th October 2021 DJ & SP agreed to close and remove this from the action log and add to the forward planner which SW has done.
0062	13th July 2021	11	FT/SB	PCN Development North Norfolk Spotlight - Healthwatch engagement with North Norfolk	SB/AH to link up	14th December 2021		
0064	13th July 2021	13	CG/SN	Coltishall CQC Report The breach of regulations JI requested the provider must ensure that the care and treatment is provided in a safe way to patients and wondered what, in practical terms, the risk was and wanted assurance that actions are in place.	CG to ensure appropriate actions associated with the breach of regulations were carried out in a timely manner. SW asked for an update 13/10/21 Contained within November PAR report. Closed	14th September 2021		Closed off 2/11/2021
0067	10th August 2021	8	FT/KR	Workforce and Training Hub Report DJ asked for clarity as to where the Training Hub was on the maturity matrix and asked to be included in the next update.	Maturity Matrix to be featured in next Committee update.	9th November 2021		Closed off 2/11/2021
0080	12th October 2021	4	SW	SW to send DJ amended signed minutes	SW sent to DJ 13 October 2021	9th November 2021		
0081	12th October 2021	6	SN	JI requested the Learning Disability /Autism Health check 6 monthly be bought to Committee more frequently in future.	SW has updated the forward planner to reflect change	9th November 2021		14th October 20201
0082	12th October 2021	9	SW	Access in Primary Care - FT shared slides with the Committee and agreed to share these with Committee members.	SW circulated slides to Committee members	9th November 2021		14th October 20201
0083	12th October 2021	10	FT	HW referenced use of a consultancy firm across North Norfolk and wanted further detail. FT to establish the situation around consultancy use.	FT provided a response to HW. SW then circulated to Committee members	9th November 2021		9th November 2021
0084	9th November 2021	4	SW	SW to send amended signed minutes to DJ	SW sent DJ signed minutes	7th December 2021		10th November 2021
0085	9th November 2021	6	SP	Risk Register update - reimposed restrictions for visitors and the impact of communications between patients, families and carers.	The visiting restrictions currently in place across the three Trusts do allow visitors for particularly vulnerable patients and this can be agreed in advance. In many cases, COVID is transmitted to patients and staff as a result of visitors, so reducing footfall is necessary. Even when visiting is not restricted, there will still be impact of covid that may mean some visitors are not able to easily get to the hospitals.	7th December 2021		24th November 2021

0086	9th November 2021	7	MB	Director Primary Care Update - confusion around the vaccination programme - MB committed to liaise with the Comms Teams	MB confirmed that this had been actioned and could be closed.	7th December 2021		7th December 2021
0087	9th November 2021	10	BH	Spotlight Great Yarmouth and Waveney SN/BH to discuss patient feedback relative to learning disabilities and mental health patients	SN confirmed that this had been actioned and could be closed.	7th December 2021		7th December 2021
0088	9th November 2021	12	JA	Prescribing Report - HW submitted comments offline to JA. JA committed to respond to these.	SW sent HW comments for approval - awaiting update. SW circulated update - 8.12.21	7th December 2021		8th December 2021
0089	7th December 2021	4	SW	SW to send amended signed minutes to DJ	SW sent DJ signed minutes	11th January 2022		8th December 2021
0090	7th December 2021	6	SP	Risk register - SP to link in with quality team to ensure primary care element of ambulance waits added to relevant risk registers	SP advised dealt with and closed - SP linked in	8th February 2022		08-feb-22
0091	7th December 2021	6	SP	Risk register - SP to link in with MB to discuss PC14 in more detail	SP advised dealt with and closed - risk updated	8th February 2022		08-feb-22
0092	7th December 2021	12	CG	CQC Report High Street CG to update JI outside the meeting to address concerns JI raised around the significantly poor rating.	SW resent to JI. This had been previously circulated to all relevant Committee Members	8th February 2022		08-feb-22
0093	8th February 2022	4	SW	Minutes of December 2021 meeting	SW sent DJ signed minutes	8th March 2022	`	8th March 2022
0094	8th February 2022	5	SP	SP & PH to link in over queries regarding PC15 as it was felt that risk needed to be ree-evaluated	Completed and revised score included in this month's risk update	8th March 2022		8th March 2022
0095	8th March 2022	4	SW	SW to send signed minutes	Minutes sent	8th March 2022		9th March 2022
0096	8th March 2022	5	SW	HW requested that a forward planner for items to be heard for April, May and June 2022 to be presented at April 2022 Committee.	SW added to Forward Planner	12th April 2022		12th April 2022
0097	8th March 2022	6	SW	Wave 4B Primary Care Hubs – loss of capital funding. HW highlighted an increase in the exposure of this risk. JI asked for an update to be heard at the next Committee	SW added to April 2022 Agenda	12th April 2022		12th April 2022
0098	8th March 2022	6	SW	Interface risk – Red risk. JI wanted to better understand the gaps in control and the risk. SP confirmed the interface group continued to meet. The interface policy had not yet been approved across all providers as it had only just been implemented. The main issues were the referral route in and access policy. This was being monitored in the main meeting and some issues had been encountered. HW requested that LT attend next meeting for an update.	SW added to April 2022 Agenda	12th April 2022		12th April 2022
0100	8th March 2022	8	DJ	CQC Summary Reflect positive compliments heard and provide positive feedback to the CQC.	Letter has been drafted by SN. Sent 6/4/2022	12th April 2022		12th April 2022
0101	8th March 2022	9	AH	Health Overview Scrutiny Committee – improving access BSL Report - digital interface - AH to reflect comments made in next digital update.	Paper included on the agenda. Action completed.	12th April 2022		12th April 2022
0102	8th March 2022	9	SP	Health Overview Scrutiny Committee – improving access BSL Report HW asked if a briefing note which reflected the conversation be given to CCG representatives attending HOSC and asked for feedback to made available from HOSC and BSL. SP to brief CCG representatives attending HOSC.	This was completed prior to the HOSC meeting and an update is included on the agenda for this meeting. Action completed	12th April 2022		12th April 2022
0099	8th March 2022	7	SN	LD Healthchecks Prepare a paper for May 2022 Committee to reflect request for patient user experience along with any positive outcomes for this vulnerable group of people.	SW to add to May 2022 Agenda	10th May 2022		10th May 2022
0103	12th April 2022	4	SW	Send Deputy Chair signed March Committee minutes	SW sent to HW	10th May 2022		12th April 2022
0104	12th April 2022	6	PH	Risk register update - an update to be provided on PC15		10th May 2022		10th May 2022
0105	12th April 2022	6	MD	Risk register update - Medicines management update to reflect useful feedback received from CT		10th May 2022		10th May 2022
0107	10th May 2022	4	SW	Minutes - to add signature and send to Chair	Signed minutes sent to Chair	14th June 2022		11th May 2022
0108	10th May 2022	6	SN	Risk Register update SN to approach Estates team to review PC2		12th July 2022		14th June 2022
0106	12th April 2022	12	SW	Interface Update - schedule an update on July 2022 agenda	Added to forward planner, recommend close action	12th July 2022		14th June 2022

0110	14th June 2022	4	SW	Minutes - to add signature and send to Chair	Signed minutes sent to Chair	12th July 2022		14th June 2022
0111	14th June 2022	5	SP/SW	Forward plan to be reviewed in advance of implementation of ICB in July 2022	Forward plan updated and included in papers	12th July 2022		14th June 2022
0112	12th July 2022	4	SW	Minutes - to add signature and send to Chair	Signed minutes sent to Chair	9th August 2022		19th July 2022
0109	14th June 2022 (10th May 2022 meeting)	8	JD	Added on in June 2022, should have been May 2022 - SMI Healthchecks Item - Financial Implications need resolution	JD provided finance modelling by email to SW on 19th July 2022. SW forwarded to Part One members 20th July 2022	12th July 2022 9th August 2022		20th July 2022
0113	12th July 2022	10	MB	Interface Update - MBe asked about an email the LMC had sent querying a QIR and MB committed to responding to it.	Completed	9th August 2022		9th August 2022
0114	12th July 2022	12	PH	Wave 4b Primary Care Hubs Programme Business Case - PH committed to providing an update within his regular quarterly update at August 2022 Committee.	Scheduled update on August 2022 Agenda	9th August 2022		19th July 2022
0115	12th July 2022	14	JA/MD	Prescribing Report Mbe had a query around the QIPP scheme - JA to provide an update	The QIPP scheme had been clinically signed off by CEC and financially by EMT, it will be included as an appendix in the August Prescribing report for information	9th August 2022		9th August 2022
0116	12th July 2022	14	JA/MD	JA to provide an update to Committee on the PQS	Meeting with OptimiseRx and EMIS practice to be held on Mon 1 August, a verbal update will be included with the Prescribing report at the August meeting	9th August 2022		9th August 2022
0117	12th July 2022	16	SW	Committee requested a list of Committee attendees and organisations they work for in light of new Membership for ICB PCCC.	Completed	9th August 2022		9th August 2022
0118	12th July 2022	16	SW	SW to ensure Agenda Pack had page numbers in future	Completed	9th August 2022		9th August 2022
0119	09-aug-22	4	SW	Signed minutes to chair	Signed minutes sent to chair	13-sep-22		25-aug-22
0121	11-okt-22	4	SW	Signed minutes to chair	Signed minutes sent to chair	08-nov-22		12-okt-22
0123	08-nov-22	4	SW	SW to send JB signed minutes	SW sent JB signed minuted	13-des-22		9th November 2022
0124	08-nov-22	11	SW	Restoring Routine Care for Diabetes. SW to add to forward planner for Committee March 2023.	SW added to forward plan and will add to relevant agenda	14-feb-23		9th November 2022
0120	13-sep-22	5	FT	Enhanced Access - SC requested he could be fully sighted on the financial risk	FT advised still under discussion with NNUH (Nov 2022) 13.12.22 FT advised this was with the contracts team to take forward.	13-des-22		14-des-22
0125	13-des-22	4	SW	SW to amend minutes and send signed copy to Chair	SW sent signed copy of minutes to Chair	10-jan-23		13-des-22
0126	13-des-22	6	MB	Director of Patient and Communities Report - MB to action further communications to be produced for patients in support of primary care.	MB confirmed that this was underway and continued to progress through various channels.	07-feb-23		10-jan-23
0128	13-des-22	8	JD	JD to provide information on benchmarking within his next Severe Mental Illness health checks report and provide Committee with oversight of the learning from the annual health checks meeting (that look at SMI, LD, Diabetes etc.)	Benchmarking included in the report.	10-jan-23		10-jan-23
0129	10-jan-23	4	SW	Signed December 2022 minutes to chair	Signed minutes sent to chair	07-feb-23		10-jan-23
0127	13-des-22	7	SN	SN to complete deep dive into declines and provide more context within his next Learning Disabilities Health Checks update.	Underway, propose to bring to February 2023 meeting. Update provided at 7 February 2023 Committee.	07-feb-23		07-feb-23
0133	07-feb-23	15	SW	Questions from the Public - SW to ensure question answered and response published on public facing website	Response provided and published on website	07-feb-23		06-feb-23
0134	07-feb-23	4	SW	SW to send signed January 2023 minutes to HW for safekeeping	SW sent signed minutes	07-feb-23		07-feb-23

Norfolk and Waveney ICB – Primary Care Committee – 2022/23 PART ONE

	Proposed date:	July 12th	August 9th	September 13th	October 11th	November 8th	December 13th	Jan 10th	Feb 7th	March 14th
Standing items:	Risk Register	Y		Y		Y		Y		Y
	Monthly Finance Report	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Estates Quarterly		Y			Y			Y	
	Digital Quarterly		Y			Y			Y	
	Prescribing Report	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Workforce and Training			Y	Y			Y		
	PCN DES			Y				Y		
	CQC Inspections Report	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Director of Patients and Communities report		Y		Y		Y		Y	
Spotlight items:	Annual or Bi Annual Report on Delegation	TBC								
	Terms of Reference Review	Y					Y	Y		
	Learning Disability /Autism Health checks	Y	Y	Y	Y	Y	Y	Y	Y	Y
	PCCC Self Assessment								Y	
	Severe Mental Illness Health checks	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Enhanced Access			Y			Y			Y
	Restoring Diabetes Care								Y	
Items noted without a date:										
Notes:										
01.08.22 - GP Patient Survey results report to September committee				Y						
05.09.22 Workforce and Training deferred to October committee										
05.09.2022 No CQC inspections published since the last committee										
13.09.2022 Following the death of Her Majesty the Queen, the public session of the primary care committee was cancelled in line with national mourning guidance received. A small number of time critical items were heard by voting members. 1) Branch closures advice note. 2) Additional roles and PCN DES appendix and PCN development funding focussed. 3) Enhanced access.										
11.10.22 workforce plans going to part 2 meeting										
11.10.22 SMI - No changes to update from previous month										
08.11.22 SMI will be a verbal update										
06.12.2022 Revised timeline for TORs review - now due in New Year to align with NHSE transition and other committees										
06.12.2022 Enhanced access paper, no new information to report										
07.02.2023 3 non-urgent items postponed due to time limits from rearranging meeting										

Norfolk and Waveney ICB – Primary Care Committee – 2023/24 PART ONE

		April	May	June	July	August	September	October	November	December
	Proposed date:	21st	9th	13th	11th	8th	12th	10th	14th	12th
Standing items:	Risk Register		Y		Y		Y		Y	
	Monthly Finance Report	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Estates Quarterly		Y			Y			Y	
	Digital Quarterly			Y			Y			Y
	Prescribing Report	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Workforce and Training	Y			Y			Y		
	PCN DES		Y				Y			
	CQC Inspections Report	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Director of Patients and Communities report	Y		Y		Y		Y		Y
Spotlight items:	Annual or Bi Annual Report on Delegation tbc	TBC								
	Terms of Reference Review tbc									
	Learning Disability /Autism Health checks	Y		Y		Y		Y		Y
	PCCC Self Assessment tbc									
	Severe Mental Illness Health checks		Y			Y			Y	
Items noted without a date:										
No finance report as M01										
	Please note this is subject to change once the delivery groups are established and once pharmacy, optometry and dental commissioning has been transferred									

January	February	March
9th	6th	5th
Y		Y
Y	Y	Y
	Y	
		Y
Y	Y	Y
Y		
Y		
Y	Y	Y
	Y	
TBC		
	Y	
TBC		
	Y	

Ref	Risk description	Month risk rating											
		1	2	3	4	5	6	7	8	9	10	11	12
PC1	General Practice – Workforce (GPs and nurses)				12	12	12	12	12	12	12	12	12
PC6	Learning Disability Annual Physical Health Checks				12	12	12	12	12	12	12	12	12
PC9	Hypnotics and anxiolytics prescribing				16	16	16	16	12	12	12	12	12
PC10	Gabapentinoids prescribing in primary care				9	9	9	9	9	9	9	9	6
PC 14 BAF16	The resilience of general practice				12	12	16	16	16	16	16	16	16
PC15	Wave 4B Primary Care Hubs – loss of capital funding				8	8	8	8	8	8	8	8	8
PC16	Severe Mental Illness (SMI) Annual Physical Health Checks				12	12	12	12	12	12	12	12	12
PC17	General Practice – Allied Health Professionals Workforce including PCN Additional Roles				12	12	12	12	12	12	12	12	12
PC18	Transition and delegation of Primary Care Services (Dentistry, Optometry and Community Pharmacy)								16	16	16	16	12

NHS Norfolk and Waveney ICB – Primary Care Commissioning Committee Assurance Framework

PC1	
Risk Title	General Practice – Workforce (GPs and Nurses)
Risk Description	Lack of general practice GPs and Nurse workforce due to vacancies and impending staff retirements. The impact on the service delivery to patients.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Committee Commissioning (PCCC)	Jayde Robinson	01.06.2020	31.03.2025

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated**		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	4	8

Controls	Assurances on controls
• Workforce plans in place at system level. • Primary Care Workforce Transformation team expanded to support workforce development working within ICS workforce team. • Training hub supported by clinical leadership with two clinical roles recruited to support Placement and Quality of Learning Organisations and Educators. • Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS) to provide a multi-disciplinary approach to patient care • National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). • Wide range of initiatives in place to support GP retention • Advanced Practice Forum established • Workforce strategy updated to reflect PCN development updates and post pandemic environment	**Internal:** Reporting to Primary Care Commissioning Committee (PCCC) and the People Board. **External**: NHSEI returns monthly as part of the General Practice Transformation implementation and assurance meetings with Health Education England (HEE) and NHSE/I

Gaps in controls or assurances

- Lack of national or regional plans to increase GPs and Nurses in training
- ICS level working required to support Nurse recruitment and retention throughout their career pathway from Trainee Nurse Associates to senior level roles.
- General Practice workforce plans need to be refreshed and updated at local level
- Understanding general practice resilience as work refocuses from pandemic response towards business as usual may lead to higher numbers of the workforce leaving/retiring during 2022 and 2023.
- Cost of Living crisis impact on workforce yet to be fully understood.
- Ability to attract new workforce to Norfolk and Waveney and can be mitigated by system level action
- Awaiting the Expansion Lead to start during March 2023 to support Quality Lead roles

Updates on actions and progress

Date	Action	RAG	Target completion
September 2022	To support retention: Wide range of initiatives in place. Continue to increase Schwartz Rounds participation and to develop system wide round with the ICS workforce team. Outline CPD plan for 2022-23 submitted; further engagement sought within Norfolk and Waveney to finalise by September. Education Plan submitted to HEE. To increase placement capacity, continue to increase the number of Learning Organisations and educators through active engagement by Quality Leads. The Deep End Project launched on 29/7/2022: aims to support GP practices within the most deprived communities, reduce health inequalities and support 12 sites to become learning organisations. Evaluation of project to be undertaken. Quality leads to link in with ICB workforce team regarding placement expansion work across the system To develop system level approach to Nurse recruitment and retention. To continue to expand the newly established Advanced Practice forum		March 2023
October 2022	Learning Organisations and educators through active engagement has increased uptake across the system. Since March a 2% increase has been seen including a 6% increase for Tier 3 placements. Plans are being developed to further support GPST placements for August 2023, as currently there are more students' placements available than learning organisations across N&W. It has been recognised that an incentive and support programme should be put in place as result. Plans have been submitted to EOE for GP Fellowships and GPN Fellowships as part of our recruitment plans, which we are awaiting approval on. 16 Training Nurse Associates are currently enrolled for the programme and 15 have expressed an interest. It is anticipated this will increase given the introduction of the TNA role which can be claimed under ARRS. A review of all the workforce retention and training packages, health & wellbeing is now underway which will be driven by placement capacity, demand through appointment activity and Core20plus requirements. An updated position on each PCN workforce vacancy levels, retirement and retention challenges will be part of this localised approach for succession planning.		December 2022
December 2022	Latest HEE workforce data illustrates the following: • 2.6% growth in Nursing workforce roles across N&W during the period of Oct 21 vs Oct 22. 445 FTE are in place across the system. • 0.4% decline in GP workforce roles (excluding training GPs) during the same period. 519 FTE are in place across the system. A contributing factor in the decline is the loss of GP Partners (18 FTE during this period). • 8.1% growth in GP Trainees across N&W during the same period. 128 FTE are in place across the system. New programmes are being scoped to attract "First 5 GPs" local offer and also to enhance the national model of "New to GP partnership scheme" with a local context. International Nurse recruitment pilot programme has now been launched to support recruitment in areas of deprivation. Several practices have expressed support in this area. PCN Learning organisation programme launched to attract GP practices to become a training practice by August 2023 and Tier 3 educators. 34 practices across N&W are not currently receiving		Feb 2023

	student placements, which is not sufficient to meet the future demand. A total of 118 students will need to be found placements during 2023 and 2024.		
February 2023	Latest HEE workforce data illustrates the following: • 1.5% growth in Nursing workforce roles across N&W during the period of Dec 21 vs Dec 22. 449 WTE are in place across the system. • -5.2% decline in GP workforce roles (excluding training GPs) during the same period. 513 WTE are in place across the system. A contributing factor in the decline is the loss of GP Partners (8 WTE in the last quarter). 158 WTE GP salaried, • 12.9% growth in GP Trainees across N&W during the same period. 130 FTE are in place across the system. New pilot programmes launched to attract "New to GP partnership scheme" with a local context. 5 new GP partners have been signed since January 2023, with 5 new GP partners likely to sign up by March 23. A full evaluation of the pilot will be carried out to determine if the programme should continue in the new financial year. International Nurse recruitment pilot programme launched to support two practices with recruitment in areas of deprivation. 8 Primary Care Networks have agreed to take part in the 12-month project for "PCN Learning organisations" to support GP practices to become a training practice by August 2023 and increase their Tier 3 educators and student placements across their network. Expansion of training practices and educators has increase in the last quarter, which is shown below: • Tier 3 educators: 6% increase • Tier 2B educators: 8% increase • 1 new GP practice approved as a Learning Organisation • 1 reapproval of a GP practice fallow Learning Organisation • 5 reapprovals of GP practices as Learning Organisations New programme being scoped to encourage ST3's who have trained in the area to stay within Norfolk & Waveney once qualified.		March 2023

Visual Risk Score Tracker (ICB July 2022 onwards)												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				12	12	12	12	12	12	12	12	12
change				→	→	→	→	→	→	→	→	→

	PC6
Risk Title	Learning Disability Annual Physical Health Checks
Risk Description	The ICB is at risk of failing to meet its commitment to improve health and wellbeing for people with a learning disability if the quality and uptake of the annual physical health checks are not completed in line with the NHS national guidance. Access to an annual physical health check is intended to help reduce this risk, however, there are variable rates of uptake across Norfolk & Waveney GP practices. The ICB will not be able to fully meet its commitment to transform the lives of people with Learning Disabilities. National delivery targets to improve the uptake and quality of annual health checks for people aged 14 and over with a learning disability have been set for commissioners. All GP practices in Norfolk and Waveney have voluntarily signed up to the national Directed Enhanced Service (DES) which does not set a target for achievement, but requires practices to identify all registered patients, aged 14 years and over, with a learning disability, with the aim of reducing their health inequalities. The contract specification requires the practice to 'invite patients on the health check learning disabilities register for an annual health check.' Practices may resign from the DES at any time by giving not less than 1 months' notice.
ICB priority	

Risk Owner	**Responsible Committee**	**Operational Lead**	**Date Risk Identified**	**Target Delivery Date**
Sadie Parker	Primary Care Commissioning Committee	Shepherd Ncube	01.07.2022	31.03.2023

Risk Scores

Unmitigated			**Mitigated**			**Tolerated**		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	3	6

Controls	**Assurances on controls**
• Plan in place to increase uptake of LD health checks across practices • All practices signed up to the LD DES (bar 1 - UEA as they feel their student population does not meet the criteria) • Regular monitoring by Norfolk Health Overview and Scrutiny Committee • CQC inspections usually include review of LD health checks performance • Transformation funding secured for a small peripatetic team, this will help support practices that are behind their trajectory. • Peripatetic team and GP with a special interest are now in post and their first pilot area to improve LD health checks was in the Norwich PCN, moving on to South Norfolk in 2022/23. • Regular assurance reports to NHSE/I & PCCC	**Internal:** Primary Care Commissioning Committee **External**: NHSE Checkpoint and Assurance Framework, Health Overview and Scrutiny Committee Reports to NHSE/I

Gaps in controls or assurances

LDAHCs are now being undertaken face to face.

Updates on actions and progress

Date	**Action**	**RAG**	**Target completion**
Jan 2023	An internal bid has been made to fund increased clinical capacity, otherwise no significant changes to report since risk was last reviewed at PCCC in November 2022. Full update included in separate paper.		28.2.23

March 2023	The ICB remains on track to meet the national requirements for annual health. However, a drop in activity has been observed in the December and January, and the drivers for this are related to the holiday season and related winter pressures. Activity is expected to increase in February and March period. While the target date for this risk has now completed, it is suggested the risk is extended for a further year to enable this to embed.		31.3.23

Visual Risk Score Tracker									
ICB 2022/23 (months July 2022 – March 2023)									
Month	07	08	09	10	11	12	01	02	03
Score	12	12	12	12	12	12	12	12	12
Change	→	→	→	→	→	→	→	→	→

PC9	
Risk Title	Hypnotics and anxiolytics prescribing
Risk Description	High prescribing rate of hypnotics and anxiolytics in primary care - 3rd nationally on volume per 1,000 patients. These medications have negative side effects on patients and should not routinely be used long term.
ICB priority	

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	Primary Care Commissioning Committee (PCCC)	Michael Dennis	28.07.2020	31.3.2023

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	4	3	12	3	3	9

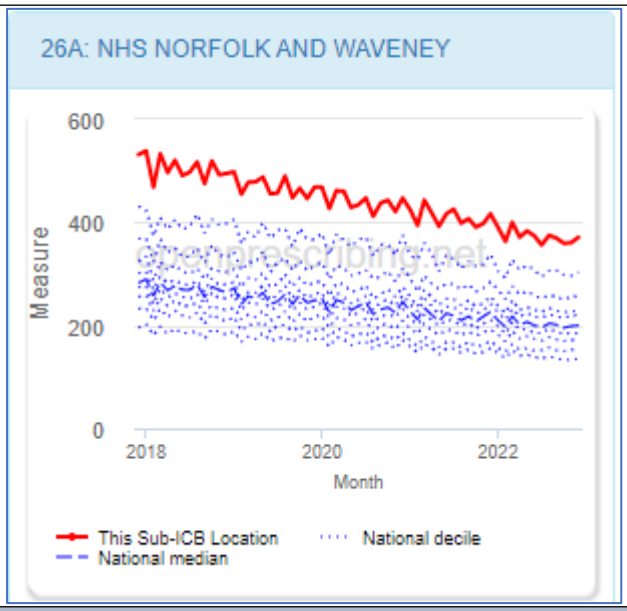
Controls	Assurances on controls
Practices have been encouraged to review their use of hypnotics/anxiolytics however not all practices have taken decisive action to reduce this. This years' Prescribing Quality Scheme (PQS) incentivises work to reduce prescribing.	**Internal:** Review Open Prescribing data each month, report progress to PCCC. Identify practices with the highest prescribing rates. **External**: NHS England

Gaps in controls or assurances

The Prescribing Team are moving back to Quality Innovation Productivity and Prevention (QIPP) delivery and Business As Usual (BAU) alongside ongoing Covid vaccination work. The CSU team joined the ICB team on 1st July 2022 and we are seeking to recruit to vacancies.

Updates on actions and progress

Date	Action	RAG	Target completion
Dec 2022	Sept 22 data = ADQ/1000 patients = 369.229 97th percentile (30 days this month) Rate per day = 12.31, overall trend continues to be downwards and at a greater rate than national average (see below chart)		
Jan 2023	Oct 22 data = ADQ/1000 patients = 359.179 98th percentile (31 days this month) Rate per day = 11.59, overall trend continues to be downwards and still at a greater rate than national average (see chart below)		
Mar 2023	Dec 22 data = ADQ/1000 patients = 371.118 97th percentile (31 days this month) Rate per day = 11.97.		



Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	16	16	16	16	16	12	12	12	12	12	12	12
change	→	→	→	→	→	↓	→	→	→	→	→	→

PC10	
Risk Title	Gabapentinoids prescribing in primary care
Risk Description	High prescribing of gabapentinoids in primary care - 28th nationally on volume per 1,000 patients. These medications have negative side effects on patients, their use should be regularly reviewed and they should be used in caution with opioids/hypnotics.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Dr Frankie Swords	Primary Care Commissioning Committee (PCCC)	Michael Dennis	28.07.2020	31.03.2023

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated**		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	3	12	3	3	6	2	3	6

Controls	Assurances on controls
Practices have been encouraged to review their use of gabapentinoids however not all practices have taken decisive action to reduce this. Outlier practices are encouraged to audit their use of all DFM's	**Internal:** Review Open Prescribing data each month, report progress to PCCC. Identify practices with the highest prescribing rates. **External**: NHS England

Gaps in controls or assurances
The CSU team have been in-housed by the ICB and vacancies that they have been carrying will be advertised to improve team resilience. Practice engagement is occasionally an issue.

Updates on actions and progress

Date	Action	RAG	Target completion
Nov 2022	August ePact data shows only minor change in national ranked position at 73rd percentile. If this remains below 75th percentile for a further couple of months then we should consider retiring this risk		31.12.22
Dec 2022	September ePact data, this ICB is now 29th and at 73rd percentile		31.1.23
Jan 2023	October ePact data, ICB remains at this position, consideration should be given to retiring it from the risk register as it is likely we will be able to reduce the risk score		28.2.23
Mar 2023	December ePact data, ICB remains at 29th and at 73rd percentile. In line with the target delivery date and the continued stable performance, it is recommended this risk is now closed. Monitoring will continue through the Prescribing Leads group and the prescribing report to PCCC.		31.3.23

Visual Risk Score Tracker

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score	9	9	9	9	9	9	9	9	9	9	9	6
change	→	→	→	→	→	→	→	→	→	→	→	↓

PC 14 BAF16	
Risk Title	The resilience of general practice
Risk Description	There is a risk to the resilience of general practice due to several factors including the ongoing Covid-19 pandemic, workforce pressures and increasing workload (including workload associated with secondary care interface issues). There is also evidence of increasing poor behaviour from patients towards practice staff. Individual practices could see their ability to deliver care to patients impacted through lack of capacity and the infrastructure to provide safe and responsive services will be compromised. This will have a wider impact as neighbouring practices and other health services take on additional workload which in turn affects their resilience. This may lead to delays in accessing care, increased clinical harm because of delays in accessing services, failure to deliver the recovery of services adversely affected, and poor outcomes for patients due to pressured general practice services.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Mark Burgis	Primary Care	Sadie Parker	01/09/2020	31/03/2024

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	4	16	3	4	12

Controls	Assurances on controls
• Locality teams and strategic primary care teams prioritised around supporting the resilience of general practice, dedicated resource to support the Covid vaccination programme. All practices have previously been supported to review business continuity plans • PCN ARRS (additional roles reimbursement scheme) funding has increased again in 2022/23 • Primary care workforce and training team working closely with locality teams to identify clinical and volunteer workforce and to ensure training available to support practices and PCNs in setting up and maintaining services • Resilience funding process has been completed earlier this year (Q2) to provide practices with more opportunity to bid and respond • Interface group with representation from primary, community and secondary care system partners • Standard contract requirements on interface – gap analysis and action plans, including monitoring being reviewed by contracts team	**Internal:** Executive Management Team, Senior Management Team, workforce steering group, primary care strategic planning meetings **External**: Primary Care Commissioning Committee, NHS England via delegation agreement, Health Education England, Norfolk and Waveney Local Medical Committee

Gaps in controls or assurances

- Practice visit programme, CQC inspections focused on where there is a significant risk or concern
- Unplanned risk associated with Covid and flu outbreaks or positive cases, as well as higher levels of sickness absence in general
- Impact of ambulance delays diverting practice teams from routine and urgent care to respond to emergencies
- Continued reports of poor patient behaviour across practices, decrease in patient satisfaction with general practice through GP patient survey, consistent with national position
- Progress on interface action planning process across Trusts impacted by ongoing winter pressures

- Reporting process for inappropriate transfers of workload from community and secondary care providers to general practice not yet fully worked through
- Workforce and capacity shortages across community pharmacy and dental practices, and ongoing drug shortages, are having an impact on general practice and the rest of the system

Updates on actions and progress

Date	Action	RAG	Target completion
29.12.22	No change in risk score. Practices reporting increasing pressures, compounded by sickness and workforce challenges in the context of the system being in a level 2 critical incident. Rising costs for practices also impacting ability to increase capacity. Comms campaign underway with further planning to raise awareness and understanding of clinical triage and the varied roles in general practice. Agreement with LMC for local discretionary support for practices to enable clinicians in practices to clinically prioritise services for patients on the balance of risk – this will focus on QOF and IIF. Further measures being considered for discussion with the LMC in the New Year.		31.1.23
16.2.23	Nationally, routine CQC inspections have been suspended. Practice plans submitted to access local discretionary support contained a number of resilience themes: • Recruitment and retention issues, mainly for GPs, nursing staff, receptionists and clinical pharmacists • High levels of staff sickness • Pressures on estates capacity as a result of increasing PCN ARRS roles • Increased and unsustainable winter demand, eg suspected and actual Strep A cases, flu and Covid • Impact on their ability to manage patients in the community and continue to provide services due to ambulance delays • Inability to undertaken phlebotomy on Saturdays as part of enhanced access Colleagues from workforce, digital and estates have been linking in with individual practices accordingly. Additional £150k funding for each locality is now in place until end of March and ARI hubs have all been established to provide additional capacity. Resilience 'handbook' under development to signpost practices to support available. Additional interim capacity from within the ICB has been identified to support the PID inbox process to enable practices to report interface issues. The LMC office is also lending support to analysing themes reported.		31.3.23

Visual Risk Score Tracker

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score						16	16	16	16	16	16	16
change				→	→	↑	→	→	→	→	→	→

PC15	
Risk Title	Wave 4B Primary Care Hubs – loss of capital funding
Risk Description	There is a risk that there could be a loss of £25m capital funding if the Wave 4b Primary Care Hubs are not operational by March 2024. The Programme Business Case was revised and resubmitted June 2022, following NHSE feedback, reducing the programme from 5 schemes to 4. Programme Business Case was approved September 2022, Full Business Cases to be approved by Spring 2023.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Commissioning Committee (PCCC)	Paul Higham	31.03.2021	31.03.2024

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	2	4	8	2	2	4

Controls	Assurances on controls
The Wave 4b Primary Care Hub Programme is managed by the Wave 4b Programme Board which includes representatives from the ICB, NHSE, NHSPS, NorLife and the LMC. Below this: 1. NHSPS have teams in place to develop the FBCs for 2 of the 4 schemes. 2. NorLife (existing landlord) are developing the FBC for 1 scheme. 3. PHP (existing landlord) are developing the FBC for 1 scheme. All schemes report into the programme board for ICB oversight.	INTERNAL: Wave 4B Programme Board, Primary Care Estates Team, PCN Teams, PCCC, ICB EMT. EXTERNAL: NHSE/I, LMC, Provider Trusts, Third Party developers (tbd), County, City and District Councils

Gaps in controls or assurances

Programme plan monitored by Programme Board. Feedback awaited from NHSE around approval process which could put the delivery of the programme at risk.

Updates on actions and progress

Date	Action	RAG	Target completion
December 2022	Discussions continue with NHSE in terms of funding arrangements for the two new build premises – next meeting 17.01.23. Business case for Thetford scheme expected for submission January 2023.		28.02.23
February 2023	Business case for Thetford scheme submitted in January and has undergone initial NHSE review. Decision expected following National Business Case Review Panel 28.02.23. NHSE advised policy allowing transfer of new build premises from NHSPS to ICB had been withdrawn.		31.03.23
March 2023	NHSE regional team approved the Thetford SFBC on 23/02/2023. The case was due to be reviewed by the national team on the 28/02/2023 but the item was rescheduled for 14/03/2023. The delay in committee has no impact on programme. ICB EMT reviewed approaches to ownership model on 27/02/2023. Additional legal advice and further work to explore potential additional revenue costs of NHSPS ownership model has been requested by EMT.		31.03.23

Score	1	2	3	4	5	6	7	8	9	10	11	12
change				8	8	8	8	8	8	8	8	8
				→	→	→	→	→	→	→	→	→

PC16	
Risk Title	Severe Mental Illness (SMI) Annual Physical Health Checks
Risk Description	1. The ICB is at risk of failing to meet its commissioning commitment to meet the needs of its SMI population which leads to a **clinical risk** that patients with SMI will experience significant health inequalities and a 15-20% higher mortality when compared to their peers. 2. There is also a **performance risk** identified with regards to delivering the national target of the Norfolk and Waveney system delivering 60% of SMI health checks. 3. Out of a total of 9,463 patients, 3,398 checks were done or 35.9% (according to Q4 2021-22 data). 4. Access to a SMI annual health check is recommended to reduce this risk, however there are variable rates of patient uptake across GP practices.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Commissioning Committee	Shepherd Ncube	10/05/2022	31.03.2024

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated**		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	3	6

Controls	Assurances on controls
• Plan in place to increase uptake of SMI checks across N&W reviewed by PCCC and MH boards. • A 2-year improvement trajectory has been agreed with NHS England. • Monthly steering group has been established with input from Mental Health and Locality colleagues. • All practices signed up to the SMI LCS; letter to be sent to practices highlighting end of year position and plan for improvement by June 2022. • Funding from Mental health for additional clinical capacity has been secured to trial a small clinical team to provide checks across a PCN. The resource is expected to start from Quarter 3. This will help support practices that are behind their trajectory. • Regular assurance reports to NHSE/I & PCCC	**Internal:** Primary Care Commissioning Committee, monthly steering group **External**: NHSE Checkpoint and Assurance Framework, Health Overview and Scrutiny Committee Reports to NHSE/I.

Gaps in controls or assurances
• Planned additional resources are not expected to have an impact until Quarter 3 (22-23).

Updates on actions and progress			
Date	**Action**	**RAG**	**Target completion**
October 2022	• Positive improvements in uptake have been observed in Q2. We have completed approximately 350 checks more in Q2 than the previous quarter. • Good progress is being made in our **Norwich pilot, Swaffham and Downham Pilot. The plan is for a dedicated staff to deliver SMI checks (similar approach delivering the LD annual checks)** • Steady progress is being made both with actions and with data on delivery that is coming through.		31.12.2022

	• Link to QOF usually sees an increase in Q4 • NSFT leadership post has now been agreed and advert to go out this week. This post will bring internal leadership across the 7 Assistant Practitioner posts who were funded to provide the SMI PHC across NSFT community teams • System connection and development within the system i.e. to support the introduction of GPES collection (moving from ICB submission to NHSE direction extraction of data from Primary Care system ONLY)		
December 2022	• Q2 data shows ongoing progress in terms of checks delivered. • Both pilots in Norwich and Swaffham and Downham Pilots have experienced delays due to staffing vacancy and recruitment challenges which are impacting their ability to launch this concept. • Further to request from PCCC to share learning from LD annual health check project to improve uptake in SMI, under discussion.		31/01/2023
March 2023	• The ICS is on track to deliver against its recovery trajectory submitted to NHSE. A small drop in activity in December was expected due to the holiday season and winter pressures. • Activity patterns are expected to normalise in Q4 The SMI improvement board is collaborating with the mental health teams to launch specific clinical coding training for SMI; dedicated website resources for staff training, and patient roadshows which should see a continued rise in activity delivered. • It is recommended this risk is extended for a further year to enable our processes and progress to embed		30.4.23

Visual Risk Score Tracker												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				12	12	12	12	12	12	12	12	12
change				→	→	→	→	→	→	→	→	→

PC17	
Risk Title	General Practice – Allied Health Professionals Workforce including PCN Additional Roles
Risk Description	Lack of general practice (GP) Additional Roles (ARRS) and Direct Patient Care roles in the workforce due to vacancies and recruitment and retention challenges. The impact on the service delivery to patients.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Sadie Parker	Primary Care Committee (PCC)	Jayde Robinson	30.06.2022	31.03.2024

Risk Scores

Unmitigated			Mitigated			Tolerated		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
4	4	16	3	4	12	2	4	8

Controls	Assurances on controls
• Workforce team recruited in ICB structure. • Training hub supported by clinical leadership via 5 Ambassador roles. • Primary Care Networks (PCNs) supported to develop and implement workforce trajectories in support of the Additional Roles Recruitment Scheme (ARRS). • PCN ARRS Workforce Templates – online portal for 2022/23 for PCNs to update to NHSE to inform Training Hub spending. • National workforce reporting service - Practices report monthly, PCNs report quarterly, contractual requirement as part of General Medical Services (GMS) and PCN Directed Enhanced Services (DES). • New ICS Social Prescribing Lead recruited • Workforce strategy updated to reflect PCN development updates and post pandemic environment	**Internal:** Reporting to Primary Care Commissioning Committee (PCC). **External**: NHSEI returns monthly as part of the General Practice Transformation implementation and quarterly assurance meetings with Health Education England (HEE) and NHSE

Gaps in controls or assurances

- Recruitment of community pharmacists and technicians remains challenging. Similar roles recruited into PCNs from community pharmacy
- System approach for paramedic rotational roles agreed approach subject to national and regional review.
- Understanding general practice resilience as work challenges increase may lead to higher numbers of the workforce leaving/retiring during 2022 and 2023
- Ability to attract new workforce to Norfolk and Waveney and may be mitigated by system level action
- Some geographical areas facing greater challenges in recruitment, e.g. West and East
- Challenges of recruitment, retention and integration can only be addressed if PCNs and commissioning bodies can understand the huge values the additional roles can bring.

Updates on actions and progress

Date	Action	RAG	Target completion

Dec 22	Latest HEE workforce data illustrates the following: • 7.3% growth in Direct Patient Care workforce roles across N&W during the period of Oct 21 vs Oct 22. 589 FTE are in place across the system. Additional Roles across Norfolk Waveney has seen an increase to 462.9 WTE during the month of November 2022, which is utilising 86% of the budget. The notifiable increase has been shown across all clinical and non-clinical roles. The clinical ambassador roles are now working directly with ARRS staff and PCN's to understand recruitment, mentoring and training support needs. Succession planning through student placements, recruitment drives and exploring joint roles between general practice, community pharmacy and acute providers. An updated position on each PCN workforce vacancy levels, retirement and retention challenges will be part of this localised approach for succession planning.		February 23
Feb 23	Latest HEE workforce data illustrates the following: • 9.6% growth in Direct Patient Care workforce roles across N&W during the period of Dec 21 vs Dec 22. • 600 WTE are in place across the system. • 26.1% (157 WTE) are over the aged of 55 years Additional Roles across Norfolk Waveney has seen an increase to 501.5 WTE during the month of December 2022. Four roles that have seen the highest increased during this period include: • Clinical Pharmacist by 15% • Training Nurse Associates by 64% • General Practice Assistant by 100% and • Care Coordinators by 20%. An updated position on each PCN workforce vacancy and recruiting intentions has been completed until the end of March 23. Norfolk and Waveney will show a utilisation of 93% of the ARRS budget into primary care. Succession planning through student placements, recruitment drives and exploring joint roles between general practice, community pharmacy and acute providers will continue to be developed. Non-clinical roles are being supported through confidential coaching support and training requirements. These roles have increased from Q1 to Q3 within the system by 184 WTE. A further review of what support is needed will be identified through our Training Needs Analysis, which commenced in February 2023.		March 2023

Visual Risk Score Tracker (ICB July 2022 onwards)												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Score				12	12	12	12	12	12	12	12	12
change				→	→	→	→	→	→	→	→	→

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07/03/2023 16:11:59

PC18	
Risk Title	Transition and delegation of Primary Care Services (Dentistry, Optometry and Community Pharmacy) including complaints service and potential transition of Contact Centre for these areas.
Risk Description	Primary Care Services will become the responsibility of the Integrated Care Board from 1st April 2023, the risk is there will be a lack of additional capacity, resources and finance to effectively commission these services within existing ICB teams (Finance, Complaints, Quality, Workforce, Contracts and Delegated Commissioning) during and following the transition process, leading to a poor patient experience for our local population.

Risk Owner	Responsible Committee	Operational Lead	Date Risk Identified	Target Delivery Date
Andrew Palmer	Primary Care	Sadie Parker	31/10/22	31/10/2023

Risk Scores								
Unmitigated			**Mitigated**			**Tolerated**		
Likelihood	Consequence	Total	Likelihood	Consequence	Total	Likelihood	Consequence	Total
5	4	20	4	4	12	3	2	6

Controls	Assurances on controls
• Dental staff to be aligned to ICB's • Single ICB host agreed for the region for community pharmacy and optometry contracting • Pre-delegation assurance framework (PDAF) and safe delegation checklist (SDC) published in draft to support transition work. • Weekly regional task and finish group in place to support the transition and share workload • Regular regional primary care directors and finance directors meetings in place • CSU Medicines Optimisation Team already have working relationships with Community Pharmacies around quality. • Proposal for complaints/Contact Centre transition to be delayed to April 2024.	**Internal:** ICB Task and Finish Group, ICB Finance and Primary Care Directors meetings, EMT, Primary Care Commissioning Committee **External:** NHS England, Norfolk and Waveney LDC

Gaps in controls or assurances

- Visibility, decision and agreement on transfer of budget from regional team to ICB.
- Alignment of staff members from region to ICB to be agreed, with focus on contracting only.
- Lack of dental staff transferring to ICB
- Pharmacy and Optometry services to be aligned to ICB's hosted by HWE ICB
- Lack of resource to support management of finance.
- The level of the unmet need for Dentistry and the associated financial consequence of this once addressed (if possible) given the transfer for funds are to be based on 2022-23 current expenditure which per NHSEI forecasts are also below budget (suggesting a growing unmet need). Non-clinical financial pressures are also likely to arise in relation to resourcing costs given the loss of the economies of scale held in the current model for which the ICB are not funded adding pressure to their Running Costs control target.
- Concern around the financial consequences due to Dental contracts currently being returned or removed from providers, resulting in temporary and more expensive contracts with reduced activity and higher UDA (Unit of Dental Activity).
- Lack of resource to support management of clinical quality, safety and patient experience for these services and for the governance of these functions i.e. managing complaints quality visits and specialist advice and support for providers.
- Access to NHS dentistry services has consistently been an area of quality concern that the local system has escalated to NHSE. This impacts on some of our most vulnerable patient groups.
- Significant workforce shortfalls across dentistry, optometry and community pharmacy.

- Hosting arrangements for pharmacy and optometry services are not yet confirmed, drafting of memorandum of understanding is underway.
- Final versions of PDAF and SDC not yet available.
- The ICB has not been provided with sufficient information to fully complete the PDAF and SDC prior to submission of initial draft in September.
- No confirmation yet as to whether NHSE Contact Centre work/staff to be transferred to ICBs and no data as to staff numbers/workload this would bring. Concern break-up of regional/national team will lead to inefficiencies, remove economies of working to scale and concern there will not be team resilience due to small numbers of staff transferred.
- No data on the complaints service such as numbers of staff and activity levels for complaints work leaving little time to ensure an effective transition of services.
- Unclear decision-making process for transition of complaints with infrequent regional meetings and currently no access to the project group who will be making the recommendation for transfer of complaints service to December Board for approval.

Updates on actions and progress

Date opened	Action / Update	BRAG	Target completion
Jan 2023	Internal governance established Board paper November 2022. Further submission to Board in February 2023 PDAF submitted to NHSE Sept 2023. Safe Delegation checklist updated and submitted to NHSE in Sept and Dec. Final submission due 8/2/23 Terms of Reference for Primary Care Commissioning Committee and proposal for a Scheme of Delegation and establishment of two Operational Delivery Groups for medical and dental services to PCCC Jan 2023 for agreement. To Board in February for approval Complaints model – decision made to delegate to ICBs from April 2023, staff to transfer July 2023. Complaints data has been shared. NHSE ContactUs will be delegated from July 2023, with risk of unknown activity and workload. Memorandum of Understanding with HWE for hosting Pharmacy & Optometry services final draft available for ICB EMT agreement Jan 2023 Understanding of financial risk has improved through information sharing and assurance has improved Regional oversight & decision making provided by ICB PC Directors (fortnightly meetings) Multiple task and finish groups (NHSE and ICBs in region) in place re Finance, Quality, IG & Digital; also weekly General mtg for ICB leads, to discuss concerns and issues, share learning and information NHSE has arranged multiple masterclasses to share learning with ICB teams and will continue		28/02/23
Mar 2023	Final submission of Safe Delegation Checklist on 8 Feb with a deep dive meeting with NHSE on 21 Feb to discuss progress and concerns. Task and Finish Group with NHSE and ICBs has facilitated shared learning and discussion about concerns and agree resolution or escalation as appropriate, has been beneficial. Audit Committee and Board have received detailed reports in February on progress, risks and mitigations being taken. Governance arrangements through Primary Care Commissioning Committee approved by the Board Finance team continue to work with NHSE team to understand financial controls and budgets. Access to payment and contracting systems to be enabled for ICB staff from 1 April 2023		30/06/2023

	TUPE process for staff transfer to ICB confirmed. Vacancies being recruited where no staff being transferred including Finance, Quality, Complaints and Primary Care Commissioning teams. The ICB has secured a contract with Primary Care Contracting to provide expert advice, guidance and training during 2023/24. Delays to national data migration process is resulting in interim arrangements being agreed for continued access to NHSE data with a Data Protection Impact Assessment and updated Data Sharing Agreement to be completed. Complaints model to be completed by July 2023, discussions underway to agree how this will happen. Staff will be aligned from April 2023. Engagement with key stakeholders in each of the professions (pharmacy, optometry and dental) has commenced with regular meetings in place.		

Visual Risk Score Tracker – 2022/23

Month	1	2	3	4	5	6	7	8	9	10	11	12
Score								16	16	16	16	12
change								New	→	→	→	↓

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**Learning Disability Annual Health Checks progress update**
Presented by:	**Shepherd Ncube Associate Director of Primary Care Commissioning.**
Prepared by:	**Shepherd Ncube Associate Director of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**14 March 2023**

Purpose of paper:

To provide an update on progress being made to improve the uptake of learning disability annual health checks (AHC) across Norfolk and Waveney for 2022/23. The report is based on data taken from the national Clinical Quality Reporting System (CQRS) data.

1. Background

- National delivery targets to improve the uptake and quality of annual health checks for people aged 14 and over with a learning disability have been set for commissioners. All GP practices in Norfolk and Waveney have voluntarily signed up to the national Directed Enhanced Service (DES) which does not set a target for achievement, but requires practices to identify all registered patients, aged 14 years and over, with a learning disability, with the aim of reducing their health inequalities. The contract specification requires the practice to 'invite patients on the health check learning disabilities register for an annual health check.' Practices may resign from the DES at any time by giving not less than 1 months' notice.
- NHS England has shared uptake data from the Calculating Quality Reporting System (CQRS) showing delivery of learning disability health checks from April-January 2023.
- To support the implementation of Norfolk and Waveney system and primary care LD health check improvements, the below initiatives were put in place:
  - Implementation of LD Microsoft Teams channel. This has provided support to GP Practices and delivered a mechanism for practices to share best practice and support with issues around LD. This has also provided an avenue for the ICB LD leads to provide guidance and key comms to practices.
  - Implementation of 'LD Delivery and Improvement group'. This has enabled monthly meetings to discuss issues, plans and areas of improvement.

- Additional support and training are available to practices if required via our nursing directorate colleagues. This support has been provided to boost uptake in South Norfolk, Norwich locality, West Norfolk and Great Yarmouth and Waveney Locality. This support is also offered to challenged practices going through CQC improvement plans.

2.1 2023/4 Planned Quarterly Trajectory

LD Annual Health Delivery and Improvement Plans			
Quarterly	**2021/22 (%)**	**2022/3 (%)**	**2023/4 (%)**
Q1	8	14	10
Q2	13	18	15
Q3	18	31	25
Q4	30	30	25
Total	68	75	75

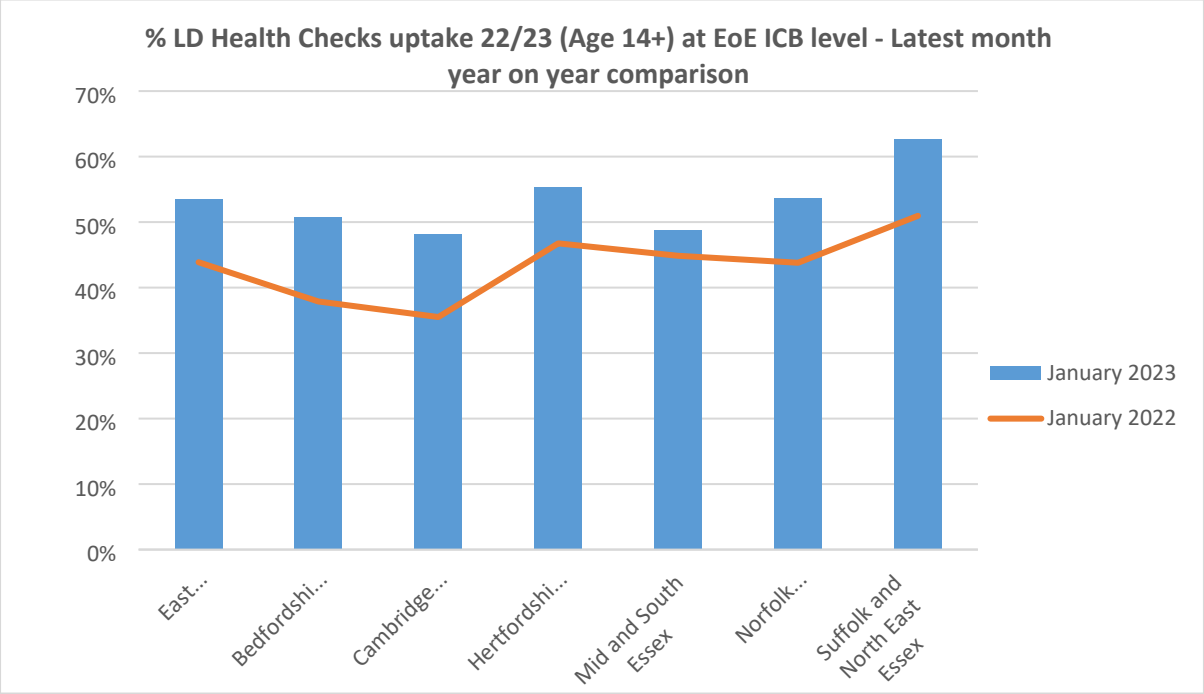
- The above planning figures for 2023/24 have been submitted to NHS England for agreement.
- We are working with practices to improve the distribution of health checks throughout the year instead doing most of the checks in the last quarter of the year (Q4.)
- Practices are being encouraged to consider implementing the birthday recalling system.
- We anticipate reductions in activity during festive period, summer holidays and during winter period due system patient pathways pressure.

2.3 England National Position Update-Learning disability AHC activity to-date

England Region	Register size	Completed Health Checks	% completed Checks
London	**40,020**	**25,852**	**64.6%**
South West	**32,364**	**17,358**	**53.6%**
South East	**43,200**	**23,887**	**55.3%**
Midlands	**60,200**	**34,114**	**56.7%**
East of England	**34,780**	**18,628**	**53.6%**
North West	**38,888**	**22,353**	**57.5%**
North East and Yorkshire	**54,533**	**32,527**	**59.6%**

End of January Position

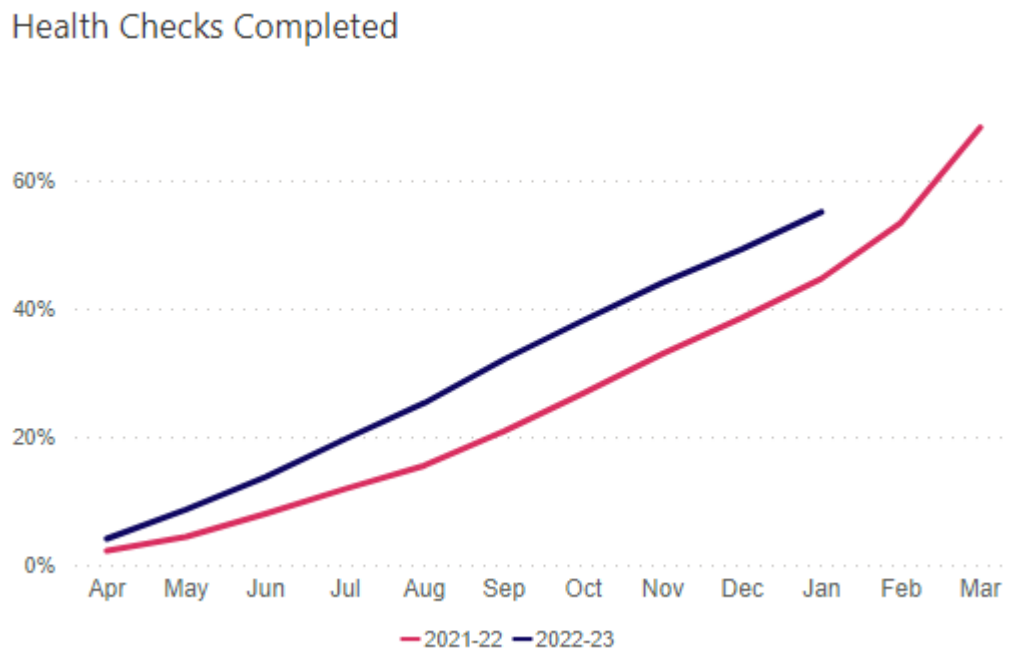
2.4 East of England regional Update

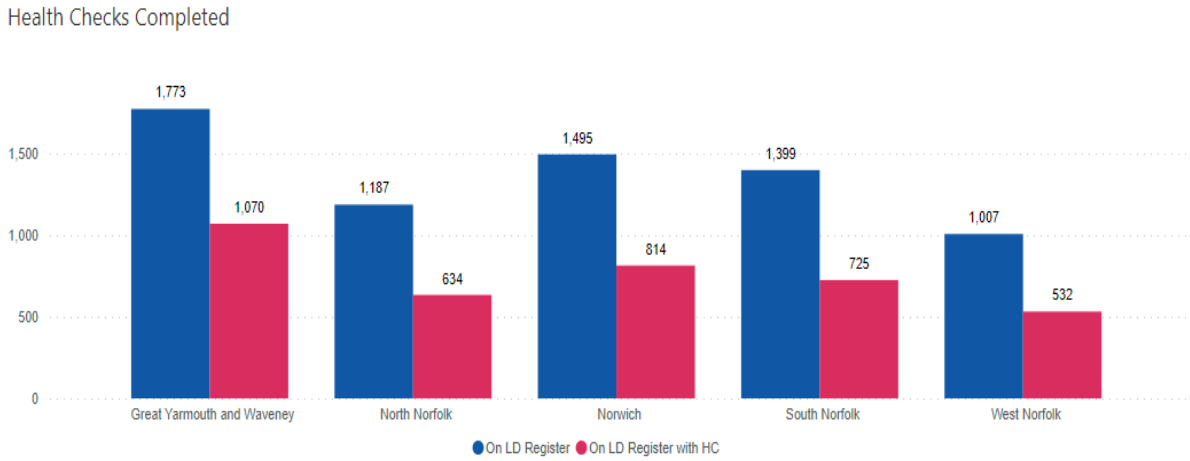


Commentary

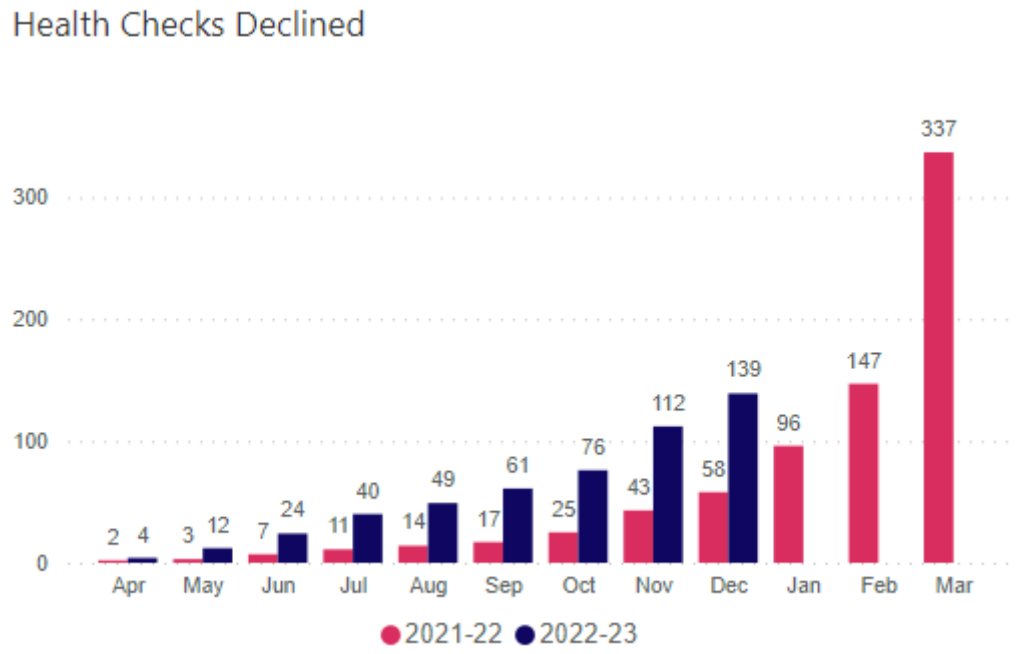
- Regionally performance has improved by 6% to 53.6%. Approximately 20 000 checks were done by the end of January.
- Uptake has increased compared to the same period last year.
- Some practices in the region are yet to deliver a single health check- none in Norfolk and Waveney.
- We have seen an increase in activity in Suffolk and North Essex and Hertfordshire and conversations are taking place to share learning.

Norfolk and Waveney ICB position-April to January 2023





- Steady and positive progress has been made month on month, seeing 5% increase in activity from last month report.
- Significant improvement (10%) in performance compared to same period last year.
- Please refer to appendix 1 for a rolling total of health checks over the past year.



- Declined numbers includes all people who were offered an appointment but were unable to attend or expressed their wish is not seen.
- The number of checks declined have increased each month, we have started some qualitative work with some practices to target individuals who have not had checks in the past 18 months.
- A different approach is required to reach out to this group of people, further work is being done to explore ways to improve this position.

Key Opportunities and challenges

- The ICB is continuously exploring opportunities and new ways to strengthen and improve the uptake and quality of LD/SMI annual health. We have successful secured additional funding to improve the quality of health checks. Detailed discussions are taking place with all key stakeholders to agree on how this resource is going to be utilised effectively.
- Capacity and balancing competing clinical priorities remains a challenge in general practice. Our performance data from last year and our forecast for this year shows indicates practices would require additional administrative and clinical to support the ICB to meet its national target of 75% for the uptake of health action plans (albeit the health action plan is a requirement of the DES). Further work is required to strengthen delivery working practices or PCN arrangements and third sector and voluntary sector organisations.
- A drop in activity has been observed in the month of December and January. Similar patterns were also observed same period last year. This partly to do with competing clinical priorities and less capacity during the festive season.

3 Next steps

- Reach out to all practices via the GP newsletter to encourage, support and accelerate uptake in the next 12 weeks.
- Continue to monitor progress and delivery risk via the Improvement and Delivery Group meeting every 2 weeks.
- Pro-actively contact practices with less than 50% uptake to check if additional support is required.
- ICB Quality team to continue working with South Norfolk practices to support with the process, making appointments, contacting patients, cleansing LD registers, and undertaking physical health checks worked well.
- Data will continue to be shared with PCNs and practices to enable situational analysis at a local level monthly basis.

Recommendation to the Committee:

Members are invited to note the update, progress and current challenges. Further progress reports will be brought to future meetings in line with the forward plan

Key Risks	
Clinical and Quality:	Annual health checks are a proactive and evidence-based way of supporting people with a learning disability with new and existing health care requirements.
Finance and Performance:	Annual health checks for people with a learning disability are to be undertaken as per the specification within the national Directed Enhanced Service (DES) for GPs, the Quality Outcome Framework (QOF) and the Investment and Impact Fund (IIF).
Impact Assessment (environmental and equalities):	N/A
Reputation:	Health inequalities
Legal:	N/A
Information Governance:	N/A
Resource Required:	Business Intelligence team Children's and Young Peoples' team Delegated Commissioning team Locality teams Quality in Care team
Reference document(s):	The NHS Long Term Plan
NHS Constitution:	1. The NHS provides a comprehensive service, available to all 3. The NHS aspires to the highest standards of excellence and professionalism 4. The patient will be at the heart of everything the NHS does

	5. The NHS works across organisational boundaries 7. The NHS is accountable to the public, communities and patients that it serves
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	PC6

Governance

Process/Board approval with date(s) (as appropriate)	

Appendix 1

Rolling total of annual health checks year-on-year

Sum of YearToDateValues	Column Labels																					
	2021										2022											Grand Total
Row Labels	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	
Great Yarmouth and Waveney	34	87	160	238	315	414	521	634	758	864	989	1178	66	201	307	455	596	688	822	934	1010	11271
North Norfolk	11	29	70	99	131	219	299	391	460	527	627	879	37	65	111	137	201	298	370	437	548	5946
Norwich	30	68	163	251	331	446	524	595	679	768	871	1013	21	84	168	250	349	470	555	667	734	9037
South Norfolk	57	85	110	148	184	213	299	379	430	527	702	904	54	96	166	275	349	490	561	603	653	7285
West Norfolk	10	34	45	73	106	138	193	251	313	374	507	675	79	133	189	232	247	271	342	411	455	5078
Grand Total	**142**	**303**	**548**	**809**	**1067**	**1430**	**1836**	**2250**	**2640**	**3060**	**3696**	**4649**	**257**	**579**	**941**	**1349**	**1742**	**2217**	**2650**	**3052**	**3400**	**38617**

Actual HCs completed in month	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Great Yarmouth and Waveney	34	53	73	78	77	99	107	113	124	106	125	189	66	135	106	148	141	92	134	112	76
North Norfolk	11	18	41	29	32	88	80	92	69	67	100	252	37	28	46	26	64	97	72	67	111
Norwich	30	38	95	88	80	115	78	71	84	89	103	142	21	63	84	82	99	121	85	112	67
South Norfolk	57	28	25	38	36	29	86	80	51	97	175	202	54	42	70	109	74	141	71	42	50
West Norfolk	10	24	11	28	33	32	55	58	62	61	133	168	79	54	56	43	15	24	71	69	44
Norfolk And Waveney	**142**	**161**	**245**	**261**	**258**	**363**	**406**	**414**	**390**	**420**	**636**	**953**	**257**	**322**	**362**	**408**	**393**	**475**	**433**	**402**	**348**

Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**SMI Health Checks- Monthly Update**
Presented by:	**Shepherd Ncube, Associate Director of Primary Care Commissioning**
Prepared by:	**Julian Dias, Deputy Senior Delegated Commissioning Manager**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**14 March 2023**

Purpose of paper:

To update members on plans and progress to-date to for patients with Severe Mental Illness (SMI).

1. Background

NHS England (NHSE) set out the ambition for annual physical health checks for those living with an SMI in the NHS Long Term Plan. The national metric for ICB performance is set by NHSE, and was previously given as a percentage of the SMI population, given in table 1:

Table 1: SMI PHC ambition for Norfolk and Waveney	2021/22	2022/23	2023/24
NHSE set minimum number of people with SMI receiving APHC	5,184	5,939	6,695
% of the SMI population (based on 2021/22 Q4 QOF register size (9,134)) (note QOF register size varies each quarter)	57%	65%	73%

Note: QOF is the Quality and Outcomes Framework, which is a voluntary framework that incentivises practices to deliver care according to nationally negotiated indicators.

2. Data Overview:

The Data for SMI is provided to all ICBs by NHS England on quarterly basis. Some work is underway at a national level to provide this data on a monthly basis, but ICBs have been advised this will take some time for this to happen. This is largely to do with the current data information flows and reporting arrangements, which are complex to navigate through. The expected timeline to have access to a focused

reporting dashboard for SMI giving a real time snapshot of performance for SMI is 1-2 years.

We anticipate quarter 4 data to be released (post validation) by May/June 2023, however in summary, using quarter 3 data for SMI health checks provided:

- N&W practices carried out 4,051 from a possible 9,664 checks = **42.5% (427 checks more than quarter 2).**
- NSFT carried out 342 from a possible 3,314 checks = **10.4% (42 checks more than quarter 2).**
- Combined 4,393 from a possible 9,664 checks = **46.1% (469 checks more than quarter 2).**

3. Progress Plans Update since February 2023 report:

- The SMI working group in conjunction with the Mental Health Commissioning teams have offered further support to GP practices to assist with data cleansing of SMI registers.
- Following sharing of good practice in Cambridge and Peterborough; there is real benefit in ensuring up to date patient registers through data validation.
- Drop-in sessions have been scheduled for practice managers to attend and ask any questions as required. The sessions will be provided by a trained SMI nurse.
- Codes for patients who are in remission will be applied, thus making the SMI registers up to date and accurate.
- We will then be able to ensure the register sizes are up to date and reflective of current SMI patients- ensuring a focus on prioritising patients who have not had their annual health check.

4. Recommendation to the Committee:

Committee members are requested to note the report and consider a quarterly submission of this report due to the availability of data.

Key Risks	
Clinical and Quality:	Improving the care and treatment of people with a serious mental illness is one of the top clinical priorities in the NHS Long term plan. The clinical risk is that if the annual health checks are not completed, the risk of premature death for this population group remains high.
Finance and Performance:	

	• Risk to delivery of service due to potential disruption caused by winter pressures. • Long term clinical additional resources will be required to be able to make significant and sustainable improvements with the uptake and quality of checks.
Impact Assessment (environmental and equalities):	N/A
Reputation:	ICB is at risk of failing to meet its commissioning responsibility in line with NHS Constitution and the national drive to address health inequalities within systems.
Legal:	N/A
Information Governance:	N/A
Resource Required:	Business Intelligence team Delegated Commissioning team Locality teams Quality in Care team NSFT Mental Health Commissioning team
Reference document(s):	The NHS Long Term Plan
NHS Constitution:	1. The NHS provides a comprehensive service, available to all 3. The NHS aspires to the highest standards of excellence and professionalism 4. The patient will be at the heart of everything the NHS does 5. The NHS works across organisational boundaries 7. The NHS is accountable to the public, communities and patients that it serves
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	PC16

Governance

Process/Committee approval with date(s) (as appropriate)	

Improving lives together
Norfolk and Waveney Integrated Care System

Agenda item: 09

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection- High Street Surgery**
Presented by:	**Shepherd Ncube – Associate Director of Primary Care Commissioning**
Prepared by:	**Julian Dias– Deputy Sr. Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**14 March 2023**

Purpose of paper:

For Information - To provide an update to PCCC members on the Care Quality Commission inspection of the following practice which recently had a CQC inspection report published:

- High Street Surgery

Executive Summary:

PCCC members will be regularly updated with Care Quality Commission (CQC) inspection reports where the GP Practice has been rated or previously rated as Requires Improvement or Inadequate. The CQC inspects against five key areas as follows:

Safe
Effective
Caring
Responsive
Well Led

The following practice was inspected, and the report findings are summarised below:

GP Practice	Locality	Date of Inspection/ Re-inspection	Previous Rating/Year	New Overall Rating
High Street Surgery 12,435 actual list size 27/01/2023	Great Yarmouth & Waveney (Lowestoft PCN)	16th January 2023	Requires Improvement	Requires Improvement

Report

Background

The Care Quality Commission (CQC) is the independent regulator of health and social care in England, this includes GP practices.

The CQC inspection is based on five key questions asked of all services being inspected. These are:

- **Is it safe?** Are you protected from abuse and avoidable harm?
- **Is it effective?** Does your care, treatment and support achieve good results and help you maintain your quality of life, and is it based on the best available evidence?
- **Is it caring?** Do staff involve you and treat you with compassion, kindness, dignity and respect?
- **Is it responsive?** Are services organised so that they can meet your needs?
- **Is it well-led?** Does the leadership of the organisation make sure that it's providing high-quality care that's based around your needs? And does it encourage learning and innovation and promote an open and fair culture?

The inspection and evidence obtained by the CQC against the five above questions will lead to an individual and an overall rating, which is either, **outstanding, good, requires improvement or inadequate.**

If practices fall short of the standards the CQC has the power to fine a practice, enforce an action plan or where there are very serious findings immediately close a practice.

High Street Surgery Great Yarmouth & Waveney Locality – Inspected: 16th January 2023 **Overall rating: Requires Improvement**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Requires Improvement	Requires Improvement	Good	Requires Improvement	Inadequate

The CQC carried out an announced inspection of High Street Surgery on 21 September 2022. Overall, the practice was rated as requires improvement. As a

result of the concerns identified in relation to a breach of Regulation 12 Safe Care and Treatment; a Section 29 warning notice was issued on 13 October 2022.

The practice underwent a focused inspection on 16 January 2023 to ensure the issues raised in the warning notice were addressed and met the necessary legal requirements. At the inspection, the CQC found that the improvements had been made and an action plan was developed.

Overall, the practice is rated as **requires improvement**.

Safe - Requires improvement

Effective -0Requires improvement

Caring - Good

Responsive - Requires improvement

Well-led - Inadequate

This inspection was to review in detail the actions taken by the provider following the issue of the Section 29 warning notice and to confirm whether legal requirements were now being met.

The focus of this inspection included:

- Checking that the practice had addressed the issues in the warning notice and now met the legal requirements- this would not lead to any changes in overall practice ratings.
- The follow up of areas where the provider ‘should’ improve identified in the previous inspection.

The inspection was carried out in a way which enabled the CQC to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice’s patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.

- Requesting evidence from the provider.

CQC findings

The CQC based their judgement of the quality of care at this service on a combination of:

- What they found when they inspected
- Information from ongoing monitoring of data about services and
- Information from the provider, patients, the public and other organisations.

The CQC has rated this practice as Requires Improvement overall.

The CQC found that:

- Following the inspection in September 2022, the provider engaged with the Integrated Care Board (October 2022) and with an external clinical and management support team (December 2022) to develop an action plan to implement, embed and monitor the improvements and performance.
- The practice partners were engaged in the improvement plan and had taken more clinical ownership, leadership and oversight of the concerns identified and the improvements required.
- Some systems and processes had been implemented to ensure all patients were prescribed all medicines safely. However, some of these systems were newly implemented and therefore not fully embedded or monitored to ensure they would be sustained.

The CQC found a breach of regulation- Regulation 17 HSCA (RA) Regulations 2014 good governance.

The provider must:

- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.

Background to High Street Surgery:

High Street Surgery is located in Lowestoft at:

The Surgery

High Street

Lowestoft

NR32 1JE

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury and surgical procedures.

The practice is situated within the Norfolk and Waveney Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 12,435. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices in the Lowestoft Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the second lowest decile (two of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 1.2% Asian, 97.1% White, 0.4% Black,1.1% Mixed, and 0.2% Other.

The age distribution of the practice population closely mirrors the local and national averages. There are more male patients registered at the practice compared to females.

There is a team of three GP partners and two salaried GPs. The practice has a team of four advance nurse practitioners and three nurses who provide nurse led clinics for long-term conditions, the practice has two health care assistants and

An emergency care practitioner. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager provide managerial oversight.

The practice is open between 8am and 6:30pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours appointments are available at the practice from 7am to 8am on Mondays and Tuesdays.

Extended access is provided locally by Lowestoft Primary Care Network (PCN), where late evening and weekend appointments are available. Out of hours services are provided by Integrated Care 24 (IC24) and accessed via the NHS 111 service.

Download full report

High Street Surgery- Full CQC report

Download evidence table

High Street Surgery- Evidence Table

Following issuing of the Section 29 warning notice, the ICB's Primary Care, GY&W Locality, Quality and Medicines Optimisation teams have been working closely to support the practice to develop an action plan to address the required improvements and provide advice and guidance to support the work going forward.

Since the report has been published the practice has demonstrated engagement in the turnaround work and continues to engage with additional managerial and clinical support from a third party source.

Weekly meetings are currently in place between the practice, CQC and ICB support team to review progress to ensure that the areas highlighted by the CQC are addressed.

Key Risks	
Clinical and Quality:	The concerns identified by the CQC which lead to a poor rating may put patients at risk
Finance and Performance:	Practice income could be affected as they invest in implementing identified improvements.
Impact Assessment (environmental and equalities):	Improving the health of the population
Reputation:	A poor rating may affect the practice's reputation
Legal:	GMS Contractual Obligations
Information Governance:	N/A
Resource Required:	This forms part of the delegated commissioning team's portfolio
Reference document(s):	CQC inspection framework and published reports
NHS Constitution:	N/A
Conflicts of Interest:	GP practice members may be conflicted
Reference to relevant risk on the Governing Body Assurance Framework	An interim risk register is currently being developed for the PCCC. CQC inspections will form part of a wider risk on the resilience of general practice

GOVERNANCE

Process/Board approval with date(s) *(as appropriate)*	A regular report on CQC inspections is brought to PCCC for noting, along with reports as practice inspections are published.

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**Contract Re-issue Project for general practice contracts**
Presented by:	**Fiona Theadom**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**14 March 2023**

Purpose of paper:

To inform Committee members about the general practice Contract Reissue project, work taken by NHS England up to November 2022 and handover to individual ICBs to complete.

Members are asked to note the steps being taken and the funding support agreed with the Local Medical Committee for additional administrative workload for individual practices.

Executive Summary:

As a consequence of the decision to delegate responsibility for primary medical care services to ICBs, NHS East of England (NHSE) embarked on a contract reissue project to ensure that all primary medical care contracts and ophthalmology contracts were up to date and to ensure handover of a portfolio of contemporaneous contracts and provider data.

NHSE engaged with multiple stakeholders, including Local Medical Committees (LMC) across the region, to agree the process for undertaking this work.

General Practice contracts were broken down into 2 cohorts. Cohort one is where NHSE had all data required to populate the contract or no more than three missing fields and Cohort two are those contracts where significant contract information is missing.

NHSE engaged a third party provider to undertake the project for a year from October 2021. Work relating to the validation and reissue of contracts in Cohort one was completed within that period, and in November 2022 the remaining work was handed over to ICBs to complete.

This paper outlines the work required by Norfolk and Waveney ICB to complete the contract reissue project to ensure general practice contracts are up to date and accurate.

Ophthalmology contracts will continue to be completed by NHSE staff who are transferring under the TUPE regulations to Hertfordshire and West Essex ICB.

Report

As a consequence of the decision to delegate responsibility for primary medical care services to ICBs from July 2022, NHS East of England (NHSE) embarked on a contract reissue project to ensure that all primary medical care contracts and also ophthalmology contracts were up to date.

A third party provider was commissioned for a year to complete this work however the amount of work involved was not fully understood at the beginning of the project. This is due to several reasons including a number of legacy arrangements, digitisation of contracts and paper records being kept, or not received in 2013, along with disparity across the region on issuing national contract variations.

General Practice contracts were broken down into 2 cohorts. Cohort one is where NHSE had all data or no more than three missing fields required to populate the contract documents and Cohort two are those contracts where significant contract information is missing.

Work to complete Cohort one ended in October and ICBs have been asked to complete the work for Cohort one providers to chase up outstanding contracts for signature. The work required to complete Cohort two was handed over to the ICBs in November 2022 with a handover document, including templates to use.

NHSE also highlighted that the majority of boundary maps were either non-existent or not clear and the ICB will therefore need to agree how they wish to proceed with redrawing the maps for insertion into the contracts. These need to be replicated on the practice website and within the practice leaflet. A holding statement has been placed in each contract in Cohort one (and the template for Cohort two) until each ICB has validated their practice boundaries for each provider.

Following concerns raised by ICBs about the lack of resources available to undertake this project, NHSE has since agreed to commission the CSU to support ICBs in the region to complete the remaining work and resources will be available for six months from the date of delegation of responsibility to the ICB. N&W ICB has requested 0.4 B5/6 WTE resource who will be managed by the ICB Primary Care Commissioning team.

During discussions between NHSE and LMCs, it was suggested that funding should be made available to individual practices for the additional unplanned administrative workload that practices will have to undertake in responding to the request for contract information and the data validation. Following discussion with the Norfolk

and Waveney LMC, the ICB has agreed to make a payment of £75 to each practice in Cohort one and £150 to each practice in Cohort two.

In Norfolk and Waveney, 31 GMS contracts fell into Cohort one and the majority, 74 contracts, fall into Cohort two. Cohort two includes 59 GMS, 8 PMS and 7 APMS contracts and there will be additional work required to reference the new and old clauses in each of the non-standard PMS Agreements.

The significant majority of contracts in Cohort one have been completed and are with the ICB for signing, the remainder continue to be chased.

The ICB's Primary Care Commissioning team have sought guidance from the Contracts and Procurement team and will continue to liaise with them whilst completing the work.

Risks of not completing the project

It is important for the ICB to hold contemporaneous accurate contracts and they are critical in the event of a dispute or contractual action for both the commissioner and the provider to be able to refer to. There is also a risk to the ICB if the work is not completed that contracts cannot be updated or amended in the future as references will not align.

Next steps

The ICB has received a handover document with key templates to use and will work with the CSU team to complete the project over the next six months.

A process for agreeing practice boundaries will also need to form part of this project and discussed with the LMC before going out to practices.

Recommendation to the Committee:

The Committee is asked to note the report, steps being taken to complete the work and to note the small payment to practices.

Key Risks	
Clinical and Quality:	A contemporaneous accurate contract will reflect the latest regulations in terms of clinical governance and quality improvement requirements
Finance and Performance:	A contemporaneous accurate contract will reflect the latest regulations and reference to any national payment amendments
Impact Assessment (environmental and equalities):	N/A
Reputation:	Ability to take contractual action may be limited without contemporaneous accurate contracts

Legal:	GMS Regulations, PMS Regulations and APMS Regulations
Information Governance:	N/A
Resource Required:	Primary Care Commissioning and CSU
Reference document(s):	NHS England Contract Reissue Project Handover Nov 2022
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

Process/Committee approval with date(s) (as appropriate)	

Improving lives together
Norfolk and Waveney Integrated Care System

Agenda item: 11

Subject:	**Prescribing team report**
Presented by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Prepared by:	**Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**14 March 2023**

Purpose of paper:

Information

Executive Summary:

Progress on quality and spend indicators are outlined and some of our current projects are highlighted.

Also attached is our guidance and processes to deal with medicines shortages for information and comment. This has been agreed with both the LMC and LPC.

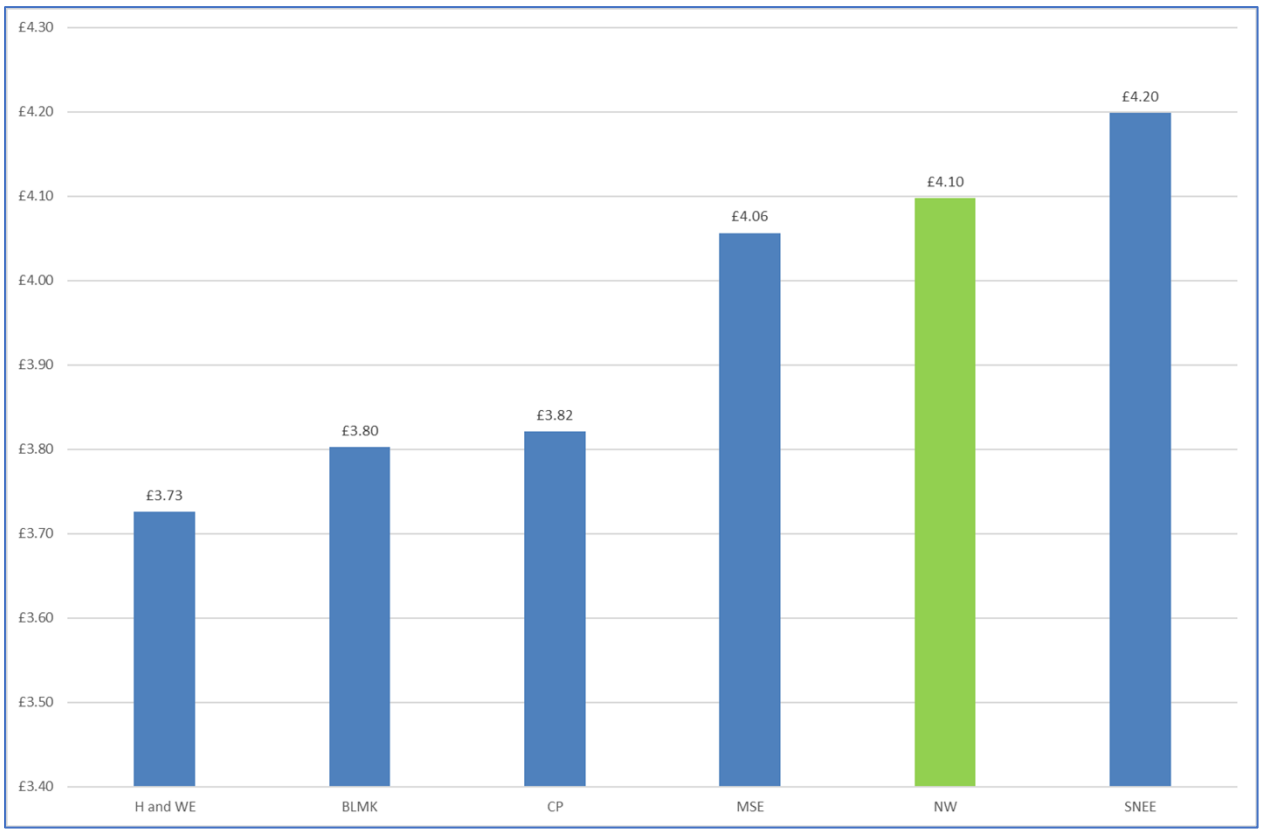
1. Prescribing team focus areas

1.1 The prescribing team have worked up ideas for next year's prescribing quality scheme and potentially an additional switch scheme.

1.2 The prescribing quality scheme has facilitated some improvement in indicators (see below). The team continue to meet practices to facilitate implementation.

2. ICB Prescribing Performance

2.1 Net ingredient cost (NIC) per AstroPU (an attempt to normalise practice demographics) below is a proxy measure of relative cost-effectiveness. However, this does not take account of deprivation which is a key driver of prescribing spend. In the new ICB configurations Norfolk and Waveney have moved from 3rd out of 6 to 2nd out of 6 in October mainly due to very high flu costs, November data below puts the ICB closer to being back to 3rd.The available deprivations score can be accessed here (registration required).



2.4 An explanation on retained margin (Category M) is below.

The community pharmacy sector will receive £2.592bn per year from 2019/20 to 2023/24. Of the annual sum, £800m is to be delivered as retained buying margin i.e., the profit pharmacies can earn on dispensing drugs through cost effective purchasing.

The £800m retained margin element is a target that the Department of Health and Social Care (DHSC) aim to deliver by adjusting the reimbursement prices of drugs in Category M of the Drug Tariff.

Where the delivery rate of margin to community pharmacy will be under or over deliver on the £800m target, the DHSC will re-calibrate Category M Drug Tariff prices to bring the margin delivery rate back on track. This is the CAT-M reimbursement adjustments.

NCSO

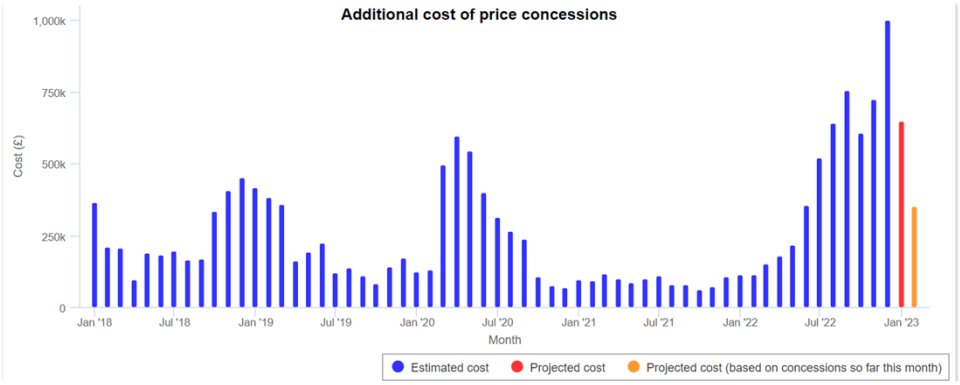
No cheaper stock obtainable (NCSO) is a price concession agreed by the Department of Health when a product cannot be sourced at the drug tariff price. There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact year to date and projected for the following 2 months.

Table 1. Cost Pressure Report February 2023, December 2022 data

	YTD April-Dec	Projected Jan*	Projected Feb**
NCSO and other price concessions	£5,256,938	£603,601	£450,000
Back into DT at increased prices	£964,363	£372,202	£300,000 est
Increase In cat M from Q3	£286,390	£344,588	£344,624***
Total	£6,507,691	£1,320,391	£1,094,624

* Projected figures are estimated but are based on price concessions announced
** based on price concessions announced to date, some are agreed after month end.
*** will continue at this level in Feb and March

Table 2. Bar chart of NCSO additional costs over time



Some drugs have grown in costs due to an increase in the number of indications for their use e.g., SGLT 2's. This is expected to continue since whereas they had previously only been used in patients with diabetes they are now also used in patients with cardiovascular and renal disease. Freestyle Libre 2 costs are increasing significantly due to the implementation of the NICE guidance.

3 Dependence forming medicines (DFMs)

3.1 As previously reported the ICB has made marked improvements to its position as a national outlier on its use of high dose opiates in chronic pain. Our high use of hypnotics (and anxiolytics) is also improving but remains a concern.

3.2 The national indicators for DFMs for December 2022 are below. This was out of the 134 organisations on OpenPrescribing with position 1 being the highest

(usually worst). Since April there are only 106 organisations listed due to further mergers of ICB's.

- High dose opiates – a decrease in use to 86th (82nd previously (out of 106 organisations) 20th percentile (previously 22nd) on high dose opiate items as percentage of regular opiates
- Gabapentinoids – changed to 29th ,73rd percentile (30th, 72nd percentile previously) on defined daily doses of gabapentin and pregabalin
- Hypnotics and anxiolytics – stayed at 4th nationally 97th percentile (previously 3rd nationally 98th percentile) volume per 1000 patients – the trend (below) is however an improving one (yellow dotted line is Norfolk and Waveney performance and trend respectively)

The second chart compares NWICB performance with national percentiles (NW is the red line and national average is the blue line)

Table 4. Anxiolytics and hypnotics volume trend over time by top prescribing ICB's nationally

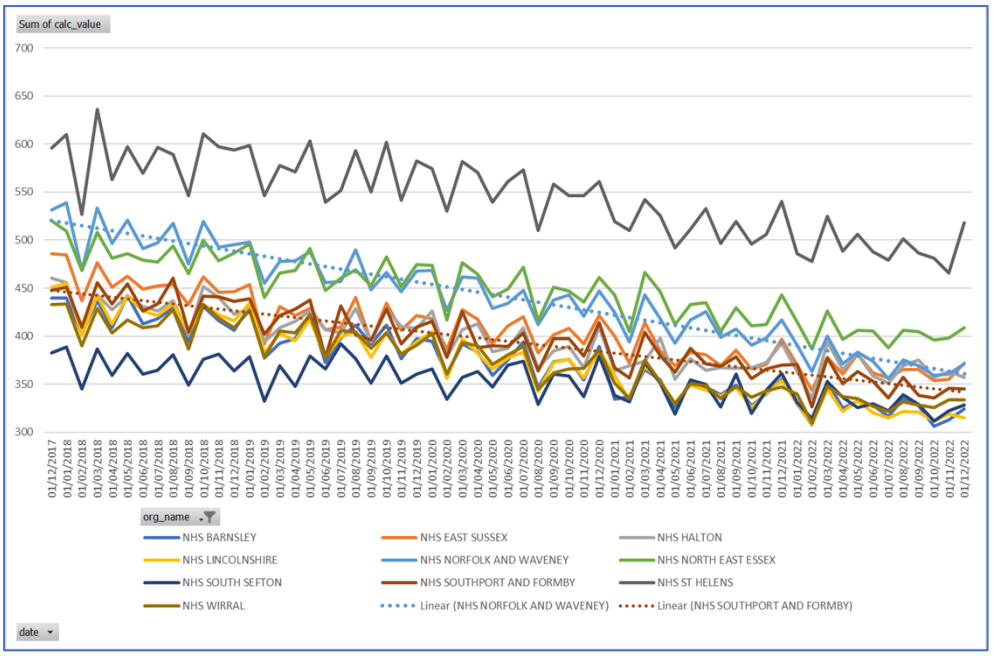
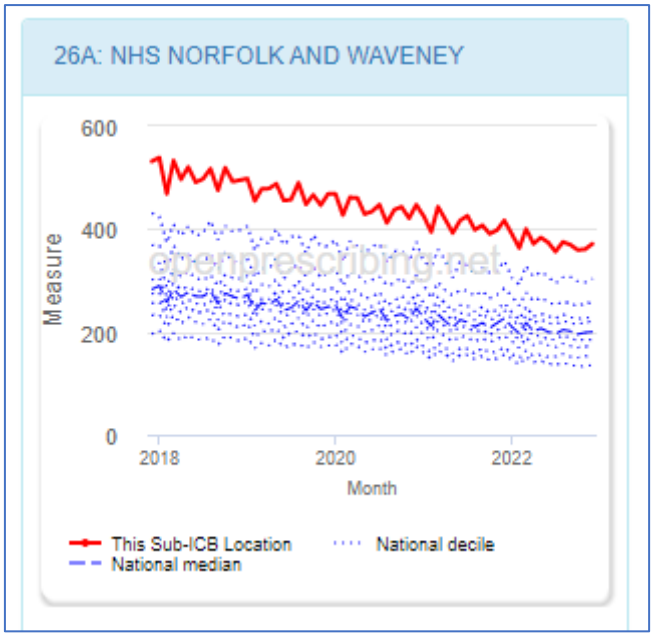


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



3.3 We are working with NSFT colleagues to ensure that discharge summaries reflect actual usage of PRN (as required) sedation.

4 Antibiotic Prescribing

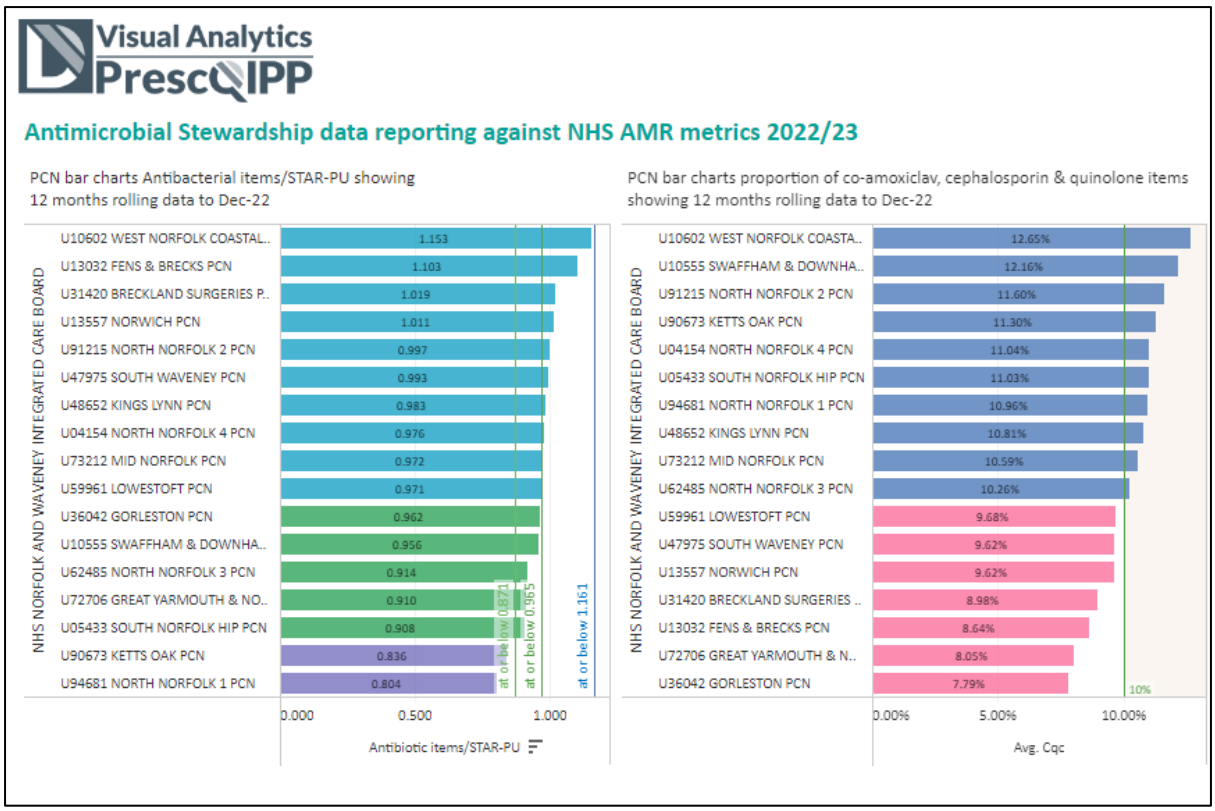
4.1.0 NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2022-23 remain the same as 2021-22. The antibiotic volumes target is 0.871 or less antibacterial items per STAR-PU which aligns with the UK AMR National Action Plan ambition to reduce community antibiotic prescribing by 25% by 2024. The national target for percentage of broad-spectrum antibiotic prescriptions as a total of overall antimicrobial prescriptions is at or below 10%.

4.1.1 National AMS leads advise that targets will not be amended despite the recent uprise in antimicrobial prescribing, due to the National Action Plan ambition being a five-year plan from 2019-2024.

4.1.2 Antibiotic volumes, the bar chart on the left shows the volume of antibiotic prescribing by PCN's. Norfolk and Waveney are now above the second volume target of 0.965 with a value of 1.008 antibacterial items per STAR-PU in the 12 months to December 22.

4.2 Percentage of broad-spectrum antibiotics, the bar chart on the right shows the percentage by PCN. Norfolk and Waveney ICB are currently above the national target of no more than 10% of all antibiotics at 10.13% (reduction of 0.25%) in the 12 months to December 2022.

Table 6. PCN bar charts – Antimicrobial prescribing 12 months to end December 2022



4.3 Our outlier practices (above 14%) that are driving the higher percentage of Broad-spectrum antibiotics in October data are shown in Table 9. The number of practices above this threshold has reduced again significantly this month with only one practice above 14%.

Table 7: Outlier Practices for prescribing Broad Spectrum Antibiotics

Row Labels	Sum of percentile	Percentage of broad spectrum antibiotics
BURNHAM SURGERY	99.67	18.11%
MUNDESLEY MEDICAL CENTRE	98.82	13.63%
LITCHAM HEALTH CENTRE	98.76	13.50%

Recommendation to Governing Body/ Committee:

The committee is asked to note this report

Webb Sarah 07/03/2023 16:11:59

Key Risks	
Clinical and Quality:	Some key quality areas need focus and outlier performance needs addressing. Mitigated through the prescribing quality scheme
Finance and Performance:	Risks highlighted in report
Impact Assessment (environmental and equalities):	Not applicable
Reputation:	ICB practices remain outliers for hypnotics and anxiolytics as highlighted in the report
Legal:	Not applicable
Information Governance:	Not applicable
Resource Required:	Medicines management team support to practices
Reference document(s):	Not applicable
NHS Constitution:	N/A
Conflicts of Interest:	GP dispensing practices may be conflicted with competing financial interests associated with dispensing costs
Reference to relevant risk on the Governing Body Assurance Framework	Prescribing cost risk noted on register

GOVERNANCE

Process/Committee approval with date(s) *(as appropriate)*	Monthly report to PCCC

Medicines Optimisation
Key Messages – *Bulletin 46*

Improving lives together
Norfolk and Waveney Integrated Care System

Medicines Availability and Ongoing Supply Issues

KEY MESSAGE:

Medicines availability and on-going supply issues

The basis of the NHS payment system for drugs, obtained via community pharmacies, relies upon most medicines being available and at a reasonable cost. Due to the global nature of the drugs market, there are now a significant number of occasions where these two factors do not apply. As a result, the payment system is no longer considered fit for purpose by the leading pharmacy bodies. This is echoed on the ground by community pharmacies who are facing numerous challenges. They cannot afford to absorb all the discrepancies and remain in business.
In a rural area such as Norfolk & Waveney a further reduction in community pharmacy services would have considerable impact on all primary care services and the public. The ICB, LMC and LPC are working on local solutions to what is a national problem.

Only until further guidance is released, please could all settings:

- Make sure there is awareness of the problem by all relevant staff
- Approach it in an understanding and empathetic way whilst keeping patient care central & work together to do what's best overall in a difficult situation
- Pharmacies are asked to only raise issues where the item is 'not in stock' or there are significant price differences
- Prescribers are asked to consider making short term changes where an item is out of stock, or the pharmacy reports a significant price difference
- Both prescribers and pharmacies can refer to the SPS Medicines Supply Tool for up-to-date information SPS Medicines Supply Tool

Due to the nature of the payment system if the purchase price of the alternative drug is cheaper than current purchase price of the prescribed drug this will potentially, in most cases, result in an overall cost saving.

If you cannot resolve an issue locally, please contact either the LMC, LPC or ICB using the contact details below who will support where possible:

LPC – Local Pharmaceutical Committee *info@norfolkpharmacies.co.uk*
LMC – Local Medical Committee *enquiries@norfolkwaveneylmc.org.uk*
ICB – Norfolk Medicines Queries *nwicb.medsqueries@nhs.net*

Title	KEY MESSAGES Bulletin: Medicines Availability and Ongoing Supply Issues
Description of policy	*To inform healthcare professionals*
Scope	*Generic Items above drug tariff price only*
Prepared by	Prescribing & Medicines Management Team
Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: *A. based on national research-based evidence and is considered best evidence* ***B. mix of national and local consensus*** *C. based on local good practice and consensus in the absence of national research based information.*
Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
Approved by	
Authorised by	*Norfolk and Waveney Prescribing Reference Group Oct 2022*
Review date and by whom	30 January 2023 Medicines Optimisation Team
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Version	Date	Author	Status	Comment
0.1	Oct 2022	Medicines Optimisation Team *(EM)*	Draft	
1.0	21 Nov 2022	Medicines Optimisation Team *(EM)*	FINAL	

Medicines Optimisation
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Community Pharmacy & Medicine Supply Issues

KEY MESSAGE:

Stock issues continue to cause disruption, to the medicines supply chain, in primary care. Unsustainable price increases and widespread unavailability continue to be the most commonly experienced reasons for the disruption.

'Out of stock medicines' are frequently attributed to global influences. This situation is further complicated as different pharmacies use different wholesalers, may have supplies restricted via quota mechanisms and operate different buying policies. Therefore, an item may show as in stock online at a wholesaler, but this does not always mean a pharmacy is able to procure the item.

'Price increases' - the NHS pricing system is designed to accommodate some discrepancy however it is widely understood that it no longer adequately accounts for the numbers of drugs affected and the size of the price differences. This continues to cause significant financial concern for pharmacies. Aripiprazole 10mg tablets is an example where a pharmacy could pay approximately £57 for the item (prices change frequently), but the NHS would re-imburse the pharmacy only £1.44 (November Drug tariff- no concession granted).

The issues are national and complex therefore it is difficult to locally find a "one size fits all" solution to the problem.

Please continue to communicate and support each other as pro-actively as possible to minimise patient disruption.

*The stepwise guide below sets out the steps for **both** pharmacies and prescribers to consider in the case of stock or significant price issues. Due to the number of variables at play it is not intended as a panacea for all occasions but may be a useful tool to ensure each occurrence is dealt with as appropriately as possible.*

STEPWISE GUIDE TO ADDRESS MEDICINE SUPPLY ISSUES

GREEN – Pharmacies **BLUE – Prescribing Practices & Pharmacies**

1. CHECK

- Check with your wholesalers & directly with suppliers to see if stock is available or there is a due date
- Check SPS medicines supply tool for shortages & further information
- Check for any current serious shortage protocols (SSP's) which may allow alternatives without returning to the prescriber

2. REPORT

- Out of stocks AND price issues must be reported to PSNC via reporting tool
- PSNC reporting tool: https://psnc.org.uk/dispensing-and-supply/supply-chain/medicine-shortages/
- Report unresolved or continuing issues to *nwicb.medsqueries@nhs.net* so they can consider further local guidance or actions e.g change optimise Rx.

3. OPTIONS

- Where appropriate e.g out of stocks, the patient may be directed to use a pharmacy which has stock on their shelves or uses different wholesalers.
- Where price is the issue please ensure you check with other pharmacies before referring.
- If stock is found return EPS to spine and provide patient with a token or for paper FP10 return to patient. If part dispensing prevents this please go to step 4.
- Consider the alternatives and their availability and relative price - different strengths, formulations, alternative drugs so you can suggest viable options to a prescriber.

4. CONTACT PRESCRIBER

- Approach practice, confirm steps taken & discuss the options available.
- Clarity must be given as to whether the issue is price or stock or both
- Record the agreed decision making.
- Confirm who will advise the patient of any changes. In most cases this will be the pharmacy unless there are clinical reasons to prevent this.

5. NEXT STEPS

- If an alternative is agreed the pharmacy should return EPS script to the spine or paper script to surgery with cancelled written on it
- Prescriber to issue the alternative prescription. In the case of repeat medication this will usually be as a one off change or until further notice

6. NO ALTERNATIVES?

- In the case of an out of stock this may require a wider patient review or referral back into primary care
- When the supply is due to issues with price only the pharmacy may be reapproached to consider dispensing
- In the case no resolution can be found please contact the ICB at *nwicb.medsqueries@nhs.net*
- Alternatively you may contact the Local Pharmaceutical Committee or Local Medical Committee for non- clinical support

Further information & support can be found at:

- PSNC Price concession fact sheet *https://psnc.org.uk/wp-content/uploads/2022/08/Price-concession-briefing-August-2022.pdf*
- Price concession webinar https://psnc.org.uk/our-news/price-concessions-webinar-now-available-on-demand/
- Patient factsheet – medicines supply https://psnc.org.uk/wp-content/uploads/2022/07/PSNC-Medicines-Supply-Information-Leaflet-July-2022.pdf
- Local Pharmaceutical Committee info@norfolkpharmacies.co.uk
- Local Medical Committee enquiries@norfolkwaveneylmc.org.uk
- Norfolk and Waveney Integrated Care Board nwicb.medsqueries@nhs.net

Title	KEY MESSAGES Bulletin: Community Pharmacy & Medicine Supply Issues
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Impact Assessment (Equalities and Environmental)	*Please indicate impact assessment outcome:* *Positive impact* *Adverse impact - low - action plan completed as per guidance* *Adverse impact - medium - action plan completed as per guidance* *Adverse impact - high - action plan completed as per guidance* *No impact* ***No policy will be approved without a completed equality impact assessment***
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Dissemination	Is there any reason why any part of this document should not be available on the public web site? ☐ Yes / No ☒
Approved by	
Authorised by	*Norfolk & Waveney Prescribing Reference Group Dec 2022*
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0.1	Nov 2022	Medicines Optimisation Team *(EM)*	Draft	
1.0	05 Dec 2022	Medicines Optimisation Team *(EM)*		

Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**Spotlight on Primary Care expenditure**
Presented by:	**James Grainger, Head of Finance**
Prepared by:	**Emma Kriehn-Morris, Associate Director of Finance** **James Grainger, Head of Finance**
Submitted to:	**ICB Finance Committee**
Date:	**14th March 2023**

Purpose of paper:

To present an update to the ICB Finance Committee on the financial, operational and efficiency performance within the Primary Care portfolio for January 23.

Executive Summary:

Primary Care Financial Summary:

As at Month 10, the 9 months forecast spend is £321.7m as against a plan of £315.6m leading to a total overspend of £6m for Primary Care and Prescribing in combination (excluding ARRS allocation due).

Details of the major areas of variance for Primary Care are reported in section 3.0 Detailed Variance Analysis.

The paper highlights the schemes currently identified and actions as a Prescribing Efficiencies Group that are being undertaken.

Co-working between finance and clinical Medicines Management colleagues continues and results are starting to be seen supporting governance, internal audit recommendations, project progression and efficiency delivery. Projects details and progress are shown within the report.

Report

Recommendation to the Board:

This report is presented for information only.

Key Risks	
Clinical and Quality:	None
Finance and Performance:	Achievement of Financial plan
Impact Assessment (environmental and equalities):	None
Reputation:	The achievement of the plan impacts the ICB's reputation with NHSE/I
Legal:	None
Information Governance:	None
Resource Required:	None
Reference document(s):	NHSE/I guidance and communications
NHS Constitution:	None
Conflicts of Interest:	None
Reference to relevant risk on the Board Assurance Framework	Delivering Financial Plan

Governance

Process/Committee approval with date(s) (as appropriate)	

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Norfolk and Waveney Integrated Care System

2022/23 Primary Care Commissioning Committee

Finance Report Norfolk & Waveney ICB

January 2022

Primary Care Commissioning Committee 14th March 2023

Contents

1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M10 (January-23) of the ICB accounts. Since the ICB (Integrated Care Board) was formed July 2022 the forecast included is for the ICB for 9 months from July-March 2023.

- The 2022-23 budgets for the ICB are from July – March 2023 and are based upon the final financial plans as submitted on the 20th June 2022

- The current efficiency requirement within the Primary Care and Prescribing directorate is £7.3m this is within the GP Prescribing sub-directorate and for the 9 months from July-March 2023. Efficiency target of £2.5m included in Forecast for remaining months from December –March.

- As at Month 10 (January), the 9 months forecast spend is £321.7m as against a plan of £315.6m leading to a total overspend of £6m for Primary Care and Prescribing in combination (excluding ARRS allocation due £4.5m if included then £1.5m overspend).

- Details of the major areas of variance for Primary Care are reported in section 3.0 Detailed Variance Analysis.

2.0 Financial Summary

Primary Care: Financial Summary	9 months ICB Budget £m	Year to Date (January) Budget £m	Year to Date (January) Actual £ m	Year to Date (January) Variance (Fav)Adv £m	Forecast 10 Months (ICB) Actual £m	Forecast 10 Months (ICB) Variance (Fav) Adv £m	Forecast at Month (December) Actual £m	Forecast at Month (December) Movement (Fav) Adv £m	Comments on material Movement between December and January	*Detailed Variance Analysis*
GP & Other Prescribing	144.1	111.2	116.3	5.1	149.3	5.2	146.8	2.4	The No Cheaper Stock Obtainable (NCSO) cost pressures and increase in Sodium glucose cotransporter 2 (SGLT2) prescriptions have resulted in an increase in FOT at M10	*3.1*
Primary Care										
System Development Fund	3.5	2.3	2.1	(0.2)	3.2	(0.2)	2.9	0.4	New Allocation in M10	
Local Enhanced Services	12.4	9.8	9.8	0.0	12.4	0.0	12.4	0.0		
Other Primary Care	2.2	1.6	1.3	(0.2)	1.9	(0.3)	1.9	(0.0)		
Primary Care Delegated Co-Commissioning	147.4	117.6	113.6	(3.9)	149.1	1.7	147.6	1.5	Higher Dispensing fees	*3.2*
Primary Care IT	6.1	3.6	3.2	(0.3)	5.8	(0.3)	5.3	0.5	New Allocation in M10	
Total Primary Care	171.6	134.7	130.0	(4.7)	172.4	0.8	170.0	2.4		
Total Directorate	315.7	245.9	246.4	0.5	321.7	6.0	316.9	4.8		
Variance as a % of Budget				*0.2%*		*1.9%*		*1.5%*		
Retrospective ARRS allocation to be received	0.0	0.0	0.0	0.0	-4.5	-4.5	-4.5	0.0		
Total Primary Care	315.7	245.9	246.4	0.5	317.2	1.5	312.4	4.8		

Variance Signage: (Favourable)/Adverse

The detailed explanations are provided in 3.0 Detailed variance analysis.

3.0 Detailed Variance Analysis

Primary Care: Detailed Variance Analysis		9 months Budget ICB	Year to Date (January)			9 Months Forecast (ICB)			Narrative
		Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance	Variance (Fav)Adv	
		£m	£m	£ m	£m	£m	£m	%	
3.1	GP and Other Prescribing	144.1	111.2	116.3	5.1	149.3	5.2	3.6%	The GP Prescribing costs are reported nationally 2 months in arrears, hence actuals from July to November and estimates for December and January are considered in the Year to Date (YTD) position, and Forecast Outturn (FOT) considers July to November actuals and estimates from December to March. The YTD is is overspent by £5.1m and FOT is overspent by £5.2m. This is driven by cost pressures of No Cheaper Stock Obtainable (NCSO) due to supply chain issues and increase in SGLT2 prescriptions mitigated by prior year benefits. An efficiency target of £(2.5)m is included in the FOT position for remaining months. It is assumed the efficiency savings are delivered as per revised plan. Analysis of the savings achieved to date validates this position.
3.2	Primary Care Delegated Co-Commissioning	147.4	117.6	113.6	(3.9)	149.1	1.7	1.1%	The YTD underspend here is due to prior year release and Forecast is adverse due to higher dispensing fees

4.0 System Development Fund

Primary Care: System Development Fund	9months Budget ICB Budget £m	Year To Date(January) Budget £m	Actual £ m	Variance (Fav) Adv £m	9 months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
GP Retention	0.2	0.0	0.0	0.0	0.2	-0.0
Training Hubs	0.2	0.1	0.1	0.0	0.2	0.0
Online Consultation	0.2	0.2	0.2	0.0	0.2	0.0
Flexible Pool	0.1	0.1	0.1	0.0	0.1	0.0
Infrastructure & Resilience	0.2	0.1	0.1	0.0	0.2	0.0
GP Fellowship	0.5	0.2	0.1	(0.0)	0.5	-0.0
Improved Access	1.8	1.8	1.7	(0.2)	1.5	-0.3
Practice Resilience	0.1	0.1	0.1	(0.0)	0.1	-0.0
Transformational Support	0.0	0.0	0.0	0.0	0.0	0.0
Supporting Mentor	0.1	0.0	0.0	0.0	0.1	0.0
Nurse Fellows	0.1	0.0	-0.0	(0.0)	0.1	-0.0
GP Accelerate Programme	0.0	0.0	0.0	0.0	0.0	0.0
ARI Hubs	0.4	0.0	0.0	0.0	0.4	0.0
Others	(0.5)	-0.4	-0.4	0.0	-0.4	0.1
	3.5	**2.3**	**2.1**	**(0.2)**	**3.2**	**(0.2)**
Variance as a % of Budget				*-7.1%*		*-6.1%*

Variance Signage: (Favourable)/Adverse

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- The above table details the schemes within the System Development Fund (SDF). The Year to Date and Forecast spend matches the plan in all areas bar some small immaterial differences.

5.0 Delegated Co Commissioning Analysis

Primary Care: Delegated Co Commissioning	9months Budget ICB £m	Year to Date (January) Budget £m	Actual £ m	Variance (Fav)Adv £m	9 Months Forecast (ICB) Actual £m	Variance (Fav) Adv £m
Contractual	94.0	73.1	73.4	0.3	94.5	0.5
QOF	11.9	9.3	9.3	0.0	11.9	0.0
Premises cost reimbursemen	11.1	8.7	8.9	0.2	11.4	0.2
Other - GP Services	10.7	8.5	8.5	0.0	11.3	0.7
Enhanced services	6.9	4.8	4.8	0.1	7.0	0.1
CCG Spend	0.3	0.3	0.2	(0.0)	0.3	(0.0)
PCN ARRS Staff	9.3	10.6	10.6	(0.0)	14.8	5.5
PMS to GMS	3.1	2.4	0.0	(2.4)	0.0	(3.1)
Prior Year	0.0	0.0	-2.1	(2.1)	-2.1	(2.1)
Total	**147.4**	**117.6**	**113.6**	**(3.9)**	**149.1**	**1.7**
Variance as a % of Budget				*-3.3%*		*1.1%*

The above table details the category of expenditure within Delegated Co Commissioning

Areas of material forecast variances:

- **Contractual:** The major overspend is due to the Impact and Investment Fund (IIF), being funded to a level set by NHSE there is a prudent argument to increase this creating a cost pressure.
- **PMS to GMS:** Budgets held within Delegated PC as per NHSE guidance costs shown in Locally Commissioned Scheme.
- **PCN ARRS Staff:** This is due to Primary Care Networks (PCN's) using tranche 2 allocation which has not yet been received
- **Other GP Services:** This is due to overspend in Locum and Dispensing Fees.

6.0 GP And Other Prescribing

22/23 Primary Care: GP And Other Prescribing	9months Budget CCG	Year to Date(January)			10 months Forecast (ICB)		Forecast as at December		Comments on material Movement in Forecast Outturn (FOT) between December and January
	Budget	Budget	Actual	Variance (Fav)Adv	Actual	Variance (Fav)Adv	Actual	Movement in FOT (Fav)Adv	
	£m	£m	£ m	£m	£ m	£m	£ m	£m	
GP Prescribing Costs	135.7	105.2	111.9	6.7	142.7	7.0	140.1	2.6	The difference between between November actuals and estimate excluding flu recharges was £0.7m. The NCSO cost pressures and SGLT2 increased usage continue and hence the revised forecast is £2.6m more than previous month's forecast.NCSO cost pressures from April to November was £4.2m
Recharges to Local Authorities & NHS England	(3.9)	(3.1)	(4.2)	(1.1)	(4.6)	(0.7)	(3.8)	(0.8)	November Flu Rebates higher than estimate
Rebates from pharmaceutical companies	(2.2)	(1.7)	(1.7)	(0.0)	(2.4)	(0.2)	(3.4)	1.0	Q2 Edoxaban rebates from NHSE came in as allocation to ICB and hence forecast reduced
GP Prescribing Subtotal	**129.6**	**100.3**	**105.9**	**5.6**	**135.7**	**6.1**	**132.9**	**2.8**	
Central Drugs	3.6	2.8	3.0	0.2	3.8	0.2	3.8	0.0	No Movement.
Dressings & wound care	4.4	3.4	3.4	(0.1)	4.3	(0.1)	4.3	0.0	
Others (Medicine Management, Oxygen, incentives etc.)	6.5	4.7	4.1	(0.6)	5.4	(1.1)	5.8	(0.4)	Release of additional staffing costs expected as POD project has a delayed start and other expenses which are lower than estimates
Total Spend	**144.1**	**111.2**	**116.3**	**5.1**	**149.3**	**5.2**	**146.8**	**2.4**	
Variance as a % of Budget				*4.6%*		*3.6%*		*1.7%*	

9 months budget is the 9 months plan for 22/23

Variance Signage: (Favourable)/Adverse

The above table details the categories of expenditure within GP and Other Prescribing.

7.0 Financial risks

Risk	Mitigation
2022/23 outturn position deteriorates from the current forecast	There is robust management and oversight arrangements, detailed review of underlying position, via monthly review of actual expenditure compared to plan and specific mitigations agreed with budget managers.
New NICE Guidelines	Due to new NICE guidance which was published in March-22 there may be additional costs in the 2022/23 expenditure as a result of Continuous Glucose Monitoring (CGM) and prescribing of Sodium-glucose Cotransporter-2 (SGLT2) inhibitors. The potential mitigation is that these new drugs and therapies will not be suitable for all diabetic patients and will take time to roll out deferring the cost beyond 2022/23
Non delivery or under delivery of £2.5m Transformation Savings assumed in the financial position for Prescribing (Up to M10).	Practice Level Prescribing budgets, based on a scientific process to include deprivation, care home beds and list size has been calculated. Actual spend is being compared on a monthly basis to understand the outlying practices and take corrective steps. Theirs is an oversight group also setup to monitor and take corrective action.
Increased number of prescriptions for anti depressants and pain killers due to the large Elective surgery waiting list.	Regular monitoring by Prescribing Team should identify the trend and take corrective steps.

7.0 Financial risks (Continued)

Risk	Mitigation
Volatile prescribing costs, that can fluctuate and are exacerbated by the macro-economic climate, supply issues and interest rates. In addition the CAT M and NCSO (No Cheaper Stock Obtainable) costs are inherently volatile.	Robust management and oversight, through collaborative working between finance and medicines management to understand trends, variances and cost
Financially unstable practices	There are practices which are receiving resilience support from the ICB. The mitigation of this potential risk is to ensure continued surveillance. We are also in receipt of allocation from NHSE/I which can be paid to practices “at risk”.
Additional costs due to existing estates costs, e.g. rent rate reviews, and new estates costs as a result of practice premises and expansion (e.g. additional revenue costs due to expansion of premises)	The ICB cannot mitigate existing establishment rates changes, but can look to be assured by close liaison with the District Valuer. Continued oversight so that estates growth is matched by annual increases in delegated budgets
Delegated financial position and the inability to control the spend within the ICB due to nationally mandated expenditure.	Negotiation with NHS England and Improvement and involvement in national allocation working groups. Look to cease or defer non mandated expenditure where possible.

Appendix 1

POD DELEGATION - NW Month 10 Summary	Total Indicative Allocation	Total YTD Actual	Total Forecast Outturn	Variance Allocation vs Forecast Outturn
Primary Dental	42,443,112	30,364,054	36,928,172	5,514,940
Community Dental	4,062,420	2,726,188	3,253,058	809,363
Secondary Dental	9,180,412	7,623,160	9,134,596	45,816
Pharmacy	20,983,483	14,856,682	22,375,529	(1,392,045)
Optom	10,528,278	7,982,049	9,631,390	896,888
	86,865	**63,552,134**	**81,322,744**	**5,874,962**

- The Pharmacy FOT at month 10 has reduced due to no transition payment costs being expected in month 11 and 12. The total reduction for NW is £752k.
- Dental PCR is lower than in 2019/20 which is giving an adverse FOT variance to allocation, this is expected to be non-recurring, this pressure is being mitigated by a non-recurring benefit via abatements. Please note that the allocation excluded the netting down for clawback, so the full contractual commitment was funded, this also contributes towards the under performance against allocation
- Ophthalmology underperformance is due to activity being lower when compared to 2019/20 during the first half of this financial year.