Primary Care Commissioning Committee Part One

Mon 12 June 2023, 13:30 - 16:30

Agenda

13:30 - 13:30
0 min

Agenda

Hein van den Wildenberg

2023 06 12 Item 00 ICB Primary Care Committee Agenda Pt 1.pdf (2 pages)

13:30 - 13:30
0 min

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

Information *Hein van den Wildenberg*

13:30 - 13:30
0 min

2. Apologies for absence

Information *Hein van den Wildenberg*

13:30 - 13:30
0 min

3. Declarations of Interest

Information *Hein van den Wildenberg*

2023 06 12 Item 03 Declarations of Interest.pdf (4 pages)

13:30 - 13:30
0 min

4. Review of Minutes and Action Log from the May 2023 meeting

Decision *Hein van den Wildenberg*

2023 05 09 Item 04 NWICB PCCC Minutes Part One.pdf (11 pages)
2023 06 12 Item 04 Action Log Part One.pdf (1 pages)

13:30 - 13:30
0 min

5. Forward Planner

Information *Sadie Parker*

2023 06 12 Item 05 ICB PCCC Forward Planner 2023-2024 P1.pdf (1 pages)

13:30 - 13:30
0 min

Service Development

13:30 - 13:30
0 min

6. Joint Forward Plan

Decision *Sarah Harvey*

2023 06 12 Item 06 Joint Forward Plan.pdf (2 pages)
2023 06 12 Item 06 Joint Forward Plan paper 2.pdf (7 pages)

13:30 - 13:30
0 min

7. Holt Medical Practice – Proposed Closure of Blakeney Surgery Branch Site

Information *Michaela Trett / Jonny Milne*

- 2023 06 12 Item 07 Holt Medical Practice - Proposed Closure of Blakeney Surgery Branch Site.pdf (5 pages)
- 2023 06 12 Item 07 Appendix 1 Branch Closure Process - Holt.pdf (5 pages)

13:30 - 13:30
0 min

8. Primary Care Estates Project: Attleborough – Primary Care Estate Capacity

Decision *Paul Higham*

- 2023 06 12 Item 08 Primary Care Estates Project Attleborough.pdf (5 pages)

13:30 - 13:30
0 min

9. Oral Health Needs Assessment Presentation

Information *Sally Weston Price*

Presentation will be circulated after the Committee

13:30 - 13:30
0 min

10. Severe Mental Illness Health Checks

Information *Julian Dias*

- 2023 06 12 Item 10 SMI Health Checks.pdf (4 pages)

13:30 - 13:30
0 min

11. Care Quality Commission Inspection Reports

Information *Shepherd Ncube*

- 2023 06 12 Item 11 CQC Inspection Mattishall and Lenwade.pdf (7 pages)
- 2023 06 12 Item 11 CQC Inspection Orchard Surgery.pdf (6 pages)
- 2023 06 12 Item 11 CQC Inspection Hellesdon Medical Practice.pdf (5 pages)

13:30 - 13:30
0 min

12. Estates Quarterly Report

Information *Paul Higham*

- 2023 06 12 Item 12 Estates Quarterly Report.pdf (9 pages)

13:30 - 13:30
0 min

13. Digital Quarterly Report

Information *Anne Heath*

- 2023 06 12 Item 13 Digital Quarterly Report.pdf (3 pages)

13:30 - 13:30
0 min

Finance & Governance

13:30 - 13:30
0 min

14. Annual E-declaration for GP Practices

Decision *Julian Dias*

2023 06 12 Item 14 Annual E-Declaration for GP Practices.pdf (7 pages)

13:30 - 13:30
0 min

15. Scheme of Delegation

Decision *Sadie Parker*

2023 06 12 Item 15 Scheme of Delegation.pdf (9 pages)

13:30 - 13:30
0 min

16. Prescribing Report

Information *Michael Dennis*

2023 06 12 Item 16 Prescribing Report.pdf (10 pages)

13:30 - 13:30
0 min

Any Other Business

13:30 - 13:30
0 min

17. Questions from the Public

Information *Hein van den Wildenberg*

NHS
Norfolk and Waveney
Integrated Care Board

Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee
Monday 12 June 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 May 2023 meeting** *For approval*	Chair
5.		**Forward Planner** *For Noting*	SP
		Service Development	
6.	13:35	**Joint Forward Plan** *For Approval*	SH
7.	13:45	**Holt Medical Practice – Proposed Closure of Blakeney Surgery Branch Site** *For Approval*	MT/JM
8.	13:55	**Primary Care Estates Project: Attleborough – Primary Care Estate Capacity** *For Approval*	PH
9.	14:05	**Oral Needs Health Assessment (presentation)** *For Noting*	SWP
10.	14:15	**Severe Mental Illness Health Checks** *For Noting*	JD
11.	14:20	**Care Quality Commission Inspections Reports** • **Matishall and Lenwade** • **Orchard Surgery** • **Hellesdon Medical Practice** *For Noting*	SN
12.	14:25	**Estates Quarterly Report** *For Noting*	PH
13.	14:30	**Digital Quarterly Report** *For Noting*	AH
		Finance & Governance	
14.	14:35	**Annual E-declaration for GP Practices** *For Approval*	JD
15.	14:40	**Scheme of Delegation** *For Approval*	SP
16.	14:50	**Prescribing Report** *For Noting*	MD
		Any Other Business	
17.	15:00	**Questions from the Public**	Chair

Date, time and venue of next meeting
Tuesday 11 July 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

Item	Time	Agenda Item	Lead
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			Is the interest direct or indirect?	Nature of Interest	Date of Interest		Action taken to mitigate risk
			Financial Interests	Non-Financial Professional Interests	Non-Financial Personal Interests			From	To	
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 Waveney ICB	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 might have an interest
		Castle Partnership				Indirect	Partner is a practice nurse at Castle Partnership	Ongoing		
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	May 2023	
		N2S	X			Direct	Director, N2S, Provider of day surgery in a primary care setting	2014	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		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.
		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		
		High Street Surgery, Lowestoft			X	Direct	Patient at a Norfolk and Waveney GP Surgery	Ongoing		Withdrawal from any discussions and decision making in which the Practice might have an interest
		Northfields St Nicholas Primary Academy			X	Direct	Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust.	Ongoing		Low risk. If there is an issue it will be raised at the time.
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
Other Primary Care Members										
Andrew Bell	Vice-Chairman Norfolk Local Dental Committee General Dental Practitioner in Norfolk and Waveney	Dental Practices	X			Direct	Partner within a group of Dental Practices within Norfolk and Waveney (John G Plummer and Associates)	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy
		General Dental Practice Committee		X		Direct	Vice-Chair Norfolk LDC,	Ongoing		
Deborah Daplyn	Chair, Norfolk & Waveney Local Optical Committee Optical Contractor working within ICB boundaries	Integrated Care Board	X			Direct	Receipt of fees and honorarium for attendance at meetings with ICB and other interested parties	Apr-23	Onoing	Non-voting member - risks will be taken in accordance with COI Policy
		General Optical Services	X			Direct	Own a practice which works within primary care and receives money under a General Optical Services Contract	Apr-23	Ongoing	
Tony Dean	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as "Community Pharmacy Norfolk"	CO of the LPC		x		Direct	CO of the LPC- the statutory representative body for community pharmacy Contractors	2005	Present	Non-voting member - risks will be taken in accordance with COI Policy
		Docking & Great Massingham Surgeries			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
Tania Barrow	Chief Officer of Community Pharmacy Suffolk representing Waveney contractors	Community Pharmacies		X		Direct	Local Representative body for Community Pharmacies involved in negotiation and support for local Community Pharmacy services	Nov-15	Present	Non-voting member - risks will be taken in accordance with COI Policy
Lauren Seamons	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)	Norfolk LPC	X			Direct	Employed by Norfolk LPC	Ongoing		Non-voting member - risks will be taken in accordance with COI Policy

		The Hollies, Downham Market			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
Jason Stokes	Secretary Norfolk Local Dental Committee (LDC)	National Health Service	X				I have an NHS GDS Contract	2007	Present	I would exclude myself from any discussions particular to my own GDS contract. I would exclude myself from any section of a meeting that ICB members
		British Dental Association		X			I am a member of the British Dental Association (BDA) Principal Executive Committee (PEC) – board of directors	2015	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		Associate Dental Postgraduate		X			I am Associate Dental Postgraduate Dean for Early Years (Health Education England)	2022	Present	This is unlikely to impact on working with the ICB. I would exclude myself from any section of a meeting that ICB members felt appropriate.
		St Stephens Gate, Norwich			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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney Primary Care Commissioning Committee

Part One

Minutes of the Meeting held on Tuesday 9 May 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
Karen Watts	KW	Director of Nursing and Quality (deputising for PD'O)

In attendance

Name	Initials	Position and Organisation
Andrew Bell	AB	Vice-Chairman Norfolk Local Dental Committee, General Dental Practitioner in Norfolk and Waveney
Dr Hilary Byrne	HB	ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB
Tony Dean	TD	Chief Officer, Norfolk Local Pharmaceutical Committee (now known as "Community Pharmacy Norfolk")
Michael Dennis	MD	Associate Director of Medicines Optimisation, Norfolk and Waveney ICB
James Foster	JF	Practice Manager Committee Attendee
Sharon Gardner	SG	Community Pharmacy Clinical Lead, Norfolk and Waveney ICB
Carl Gosling	CG	Senior Delegated Commissioning Manager – Primary Care, Norfolk & Waveney ICB
Joni Graham	JGr	Executive Officer (Estates, Digital, Pharmacy & Prescribing) Norfolk and Waveney Local Medical Committee.
James Grainger	JG	Senior Finance Manager – Primary Care, Norfolk and Waveney ICB
Sarah Harvey	SH	Head of Primary and Community Care Strategic Planning. NHS Norfolk and Waveney ICB
Andrew Hayward	AH	Trustee of Healthwatch Norfolk
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
Jayde Robinson	JRo	Head of Primary Care Workforce Transformation, Norfolk and Waveney ICB
Jason Stokes	JS	Secretary Norfolk Local Dental Committee (LDC)
Clare Sutton	CS	Commissioning Support Administrator, Norfolk and Waveney ICB – minute taker

Fiona Theadom	FT	Head of Primary Care Commissioning
Ian Wilson	IW	Executive Officer, Norfolk & Waveney Local Medical Committee

Apologies

Name	Initials	Position and Organisation
Mel Benfell	MBe	Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee
Mark Burgis	MB	Executive Director of Patients and Communities, Norfolk & Waveney ICB
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
Patricia D'Orsi	PD'O	Executive Director of Nursing, Norfolk & Waveney ICB
Lauren Seamons	LS	Deputy Chief Officer, Norfolk LPC (Community Pharmacy Norfolk)

Observer

Brian Robertson	BR	Observer (Local Dental Committee)

No	Item	Action owner
1.	**Chair's introduction**	**Chair**
	HW welcomed everyone to the meeting. JB had sent his apologies however he may join later. HW welcomed all of the new members and attendees as he was conscious that had been an oversight at the previous committee.	
2.	**Apologies for absence**	**Chair**
	Noted above.	
3.	**Declarations of Interest** *For Noting*	**Chair**
	JB and HB were conflicted for items 8,9,10. HW determined that, as JB and HB were not voting members and as this was a meeting held in public there was no need for anyone to step out, however they should not participate in the discussion.	
4.	**Review of Minutes and Action Log from the April 2023 Committee** *For Approval*	**Chair**
	The minutes were agreed to be an accurate reflection of the April 2023 Committee and minutes would be sent to the Chair for signing. **ACTION: SW to send HW minutes for signing.** **Action Log:** 137, SP had linked in with individual risk owners around target dates and this had been completed. SP advised that there had been a new Board Assurance	**SW**

	Framework Forum established internally in the ICB to manage risks consistently. SP proposed to close this action. 138, Risk Register tolerance for PC14. SP and MB had discussed the risk. SP proposed to close in view of the new forum, which would bring a consistent approach to risk management. 141, SN suggested this be brought to the next meeting as the national figures for all systems had not yet been received. 142, 143, 144, 145 were agreed as closed.	
5.	**Forward Planner** *For Noting*	**SP**
	Two items had been deferred until the next meeting, both of which had been for noting. This was due to capacity on the agenda: • Quarterly estates report • The Primary Care Network Contract - Directed Enhanced Service commissioned from all 17 Primary Care Networks	
6.	**Risk Register** *For Approval*	**SP**
	SP presented the risk register to Committee for approval and focused on the highest risks and those with proposed changes. Risk PC6, Learning Disability Health Checks - proposed to reduce the risk score to 9. The rationale was because actions were embedded and the overall 75% target had been reached for the first time in Norfolk and Waveney. Two localities had not achieved the 75% target. In the case of West Norfolk, the practices had made strong progress and had started from a lower baseline. In the case of Norwich, SN and his team were exploring the data further as the practices had previously met the target overall and performed consistently well. PC14 which also sits on the Board Assurance Framework as BAF16 around the resilience of general practice. SP highlighted two documents published by the National Team. *The Delivery Plan for Recovering Access in General Practice* and the *Better Together* document, which was around the interface between primary and secondary care. SP proposed to bring a fuller update to a future Committee. **ACTION: SN and SH to bring an update on the Delivery Plan for Recovering Access in General practice and the Better Together document to a future Committee.** PC18 Transition and delegation of Primary Care Services (Board Assurance Framework as BAF18) - SP apologised that this showed as a red rated risk, however the March 2023 Committee had agreed to reduce to a score of 12. The Executive Team had discussed this risk and following a successful transition suggested this risk to be refocused on specific dental risks such as quality, access, and workforce. SP asked if the Committee were happy to confirm their approval for the risk to be refocused.	

	HW thanked SP for the update and agreed that the documents would be brought to a future Committee. HW was interested to see the difficulty in counting ARRS recruitment numbers and this could be picked up by Jayde Robinson as part of her report. HW noted the risk scoring for PC18 and the change of focus toward Dentistry. Committee approved the report and the proposed changes.	
7.	**Workforce and Training Report** *For Approval*	**JRo**
	JRo presented the paper to the Committee for approval and highlighted the Executive Summary of the activities so far within 2022/2023. JRo presented the Primary Care Workforce Strategy and Communication and Engagement Strategy for approval. HW asked about the process for incorporating the newly added responsibilities around pharmacy, ophthalmology, dentistry would be later this month. He asked if it was her intention for this document to cover those areas or to come back to a future Committee. JRo responded by saying she proposed to bring the strategy back at the end of quarter two to allow time to look at the report and consider our response. JR thanked JRo and asked what the ideal numbers of staffing would be across the patch. The data showed 513 whole time equivalents and asked whether this was ideal. JR also asked about the GPs in training and when it was expected that these 30 be added to the 513. JRo responded that a piece of work had be done around demand and capacity forecasting. Scoping work had been done which looked at long-term conditions and population growth to understand what the forecast needs were in Norfolk and Waveney to ensure the population was being served and which matched with the workforce supply trajectory. Trainees, our future pipeline, age demographics of the current workforce and a retention programme had been mapped out and this was our 12-month forecast plan. JR asked for clarity around the GPs in training as he felt there was a disparity in the numbers projected to qualify. JRo responded by saying GPs usually qualify during the period from March through to the following year. JRo advised that a programme had been launched in Norfolk and Waveney to attract newly qualified GPs to work and stay within the region. Work had been done with higher education units and our practices that were training students. The numbers of qualified GPs fluctuate throughout the year. HB thanked JRo and acknowledged there had been good work done to attract additional roles. She reflected that GPs had acquired more work through the need to supervise additional roles, newly qualified GPs, and trainees and this all added to the workload. HB had a question about planning as she was concerned it was not sustainable for GPs to provide a supervisory role and to continue to see the same number	

	of patients. She asked what was being done to support established GPs who had thought of reducing their hours or leaving their role. JRo responded by saying that work was being done to increase educators across Norfolk and Waveney through a localised incentive scheme being offered. Support had been given through Tier3 Educators which would increase the supply across Norfolk and Waveney, and this had proven successful in the last six months with an increase of 35%. JRo went on to say that a coaching and mentoring support programme was being run with established experienced GPs supporting the development of these new mentors. JRo confirmed that this work would continue through the placement expansion and retention programme that was in place. HW suggested that as HB still had concerns JRo return to a Committee later in the year to address these. **Action: JRo to incorporate further information into next workforce report** KW thanked JRo and wanted to know what would be done in terms of the attrition of staff as she was conscious of the age demographics amongst health professionals, particularly GPs and nurses. She asked what more could be done to ensure that people were engaged to continue supporting new people and how flexible working patterns would be offered. KW commented about working conditions and how these could be improved, acknowledging the reports of bullying and harassment. HW confirmed the paper had been noted and that Committee had been asked to approve the Primary Care Workforce Strategy and Communication and Engagement Strategy and noting there would be a further update later in the year. The Committee members approved these.	**JRo**
8.	**Winter Resilience Schemes 2022/2023** *For Noting*	**SH**
	SH presented the Winter Resilience Schemes 2022/2023 to Committee for noting and provided a high-level summary and highlights for Committee's attention. HW was pleased to note that more data was going to be collected as it appeared there was quite a difference in what was presented for West Norfolk and Great Yarmouth and Waveney, compared to the central localities. HW asked for more data from the other localities and asked how learning between those localities would be shared. He noted a more strategic approach seems to have been taken in Great Yarmouth and Waveney so that others could take note and learn from it. SH reflected the approach related to the maturity of PCNs and the variation of issues across the system, SH thought there had been good use of how the funding had been used strategically and she would work with Great Yarmouth and Waveney to take away their key points of learning and link across the system with the other PCNs. If they felt that there was additional support required there would need to be some thought about how this would be facilitated. HW thanked SH for the update.	

9.	**Five Locally Commissioned Services** *For Noting*	**SN**
	SN outlined the next steps and confirmed the funding for this year was still to be confirmed. Once this had been received the service specifications would be shared with practices and it was hoped this would be before the end of this month. SN offered to take questions. KW asked whether there were any areas that SN was concerned about and if there was anything that could be done differently to help improve the situation or if it was just a slower rate of improvement being seen. SN did not have any significant concerns about the LCS'. There was some wider work which was needed to improve services for the local population to meet their health needs and improve outcomes. HW thanked SN for his report and the update on progress.	
10.	**Enhanced Access** *For Noting*	**CG**
	CG presented the report to Committee for noting and provided an update with regard to progress made. HW thanked CG for the progress update.	
11.	**Resilience Funding for Community Pharmacy Integration** *For Approval*	**SG**
	SG introduced herself to Committee as a new member of the primary care team. SG asked the report to be taken as read and highlighted some key areas for the Committee to consider. The main area was to approve the agreement of the distribution of the funds received from NHS England to pharmacy contractors as part of the resilience support for primary care. SG offered to take questions. HW thanked SG for her report and welcomed her into her new role. HW asked if the funding had been evenly split amongst contracted pharmacies (as with dentistry) or was this a different approach. SG was unsure of the previous approaches but for community pharmacy, but updated on the work which had been undertaken with key stakeholders to understand what the best output was. This had been confirmed as an even split between contractors. HW welcomed this and thanked SG for the clarification. HB noted recruitment and retention in community pharmacies was quite challenged and there was high level of short notice pharmacy closures. HB was concerned there would be a disconnect between what had been shared within the paper, what we want to deliver and whether we had the people on the ground to deliver this.	

	SG responded by saying that six or seven candidates applied for the community pharmacy Lead Pilot. SG thought this showed that there were people that did have capacity to engage and had some good examples of were community pharmacy engagement with local stakeholders, despite the pressures in many areas. HW thanked SG. KW had a question about workforce as she had concerns about the retention and recruitment of pharmacists in general. KW asked how we would train more people and attract more people to come and work in Norfolk and Waveney and to have a more meaningful career. SG noted JRo touched on this in the workforce plan and understood that the STAR programme was already in place and work was being done with the UEA around retention in Norfolk. SG thought we should continue to place emphasis on keeping students when they qualify. SG reflected that there was not a lack of willingness to take on additional services. MD highlighted the team had a stand at the Clinical Pharmacy Congress to showcase that Norfolk and Waveney was a great place to work in community pharmacy. TD thanked SG and noted that the LPC supported the proposal. TD reflected that the workforce problems in community pharmacy had come about over seven years of cuts and competition for roles in other sectors. He thought that getting the basics right for better communications for practices and pharmacies and PCNs and pharmacies was important. TD thought, now community pharmacy commissioning was under local control, there was an opportunity for a reset with communication between pharmacies and GP practices. TD felt that the recent funding would not solve the immediate problems but would go towards strengthening services are awarded to community pharmacy. JR followed on from comments made about profiling and the good work in Norfolk and Waveney and asked whether engagement had taken place with local authorities to demonstrate what local facilities there were to attract people to the local area. SP acknowledged the point and noted workforce recruitment and retention issues were not unique to health. The ICS has a workforce group, the ICB has an Executive Director of People and across all sectors consideration was being given on how to work together to consistently advertise the Norfolk and Waveney area as the best place to work, in line with the ICS ambition. SP did not have all the detail and would provide this once she has had an opportunity to discuss with JRo outside the meeting. **ACTION: SP/JRo to discuss workforce recruitment and retention.**	**SP/JRo**

	HW thought it was wider than primary care and used the opportunity to clarify with members what actions had been undertaken. Members were asked to support the distribution of the integration funding as outlined in the paper. Members were happy to approve. HW thanked SG for a good paper.	
12.	**Norwich Walk In Centre** *For Approval*	**SP**
	HW confirmed the report was published on Friday 5th May 2023 with the recommendation made by the ICB Team. HW would ask SP to introduce the paper and then invite members to ask questions or comments and wanted to offer an opportunity for members, attendees or members of the public to ask any questions. SP confirmed that the report was published following the end of the pre-election period and a consultation had taken place for two months from the end of January to the end of March 2023. There had been fantastic response to the consultation with over 3,000 surveys completed, there has been interest from local media, local politicians and local stakeholders. In analysing the responses to the survey from patients who use the walk-in centre, local stakeholders who work in the local health and care system and the wider public that the walk in centre service was widely valued and that they wished for it to remain open. SP went on to say that the factors most important for service users included accessing appointments and the ability to access healthcare when needed, whether through same day walk in or booking appointments in advance or less urgent need. In view of feedback received the recommendation is to support option one - to keep the walk-in centre open and retain the GP practice and Vulnerable Adults Service in their current form, commissioning a new contract when the service expires in April 2024. This recommendation has already been considered by the Executive Management Team and the Executive Management Team have asked if this decision can be made at the ICB Board Meeting on 30th May 2023, due to the level of interest in the consultation. SP asked Committee members to note that, but also to recommend that the ICB Board approve the recommendation made. From feedback received it was clear that an increase in capacity to the walk-in centre would be welcomed and in order to facilitate this within the financial envelope of the service, there was a recommendation to investigate the option to release capacity at the GP Practice which is co-located at Rouen Road to release any resource into the walk in centre provision. The GP practice at Rouen Road currently operates longer opening hours than other GP Practices in Norfolk and Waveney. Normal GP Practice hours are 08.00 till 18.30 Monday to Friday, the Rouen Road GP Practice is open 08.00 to 20.00 Monday to Sunday. Any savings created from adjusting the opening hours, if eventually approved, would be recycled into additional Walk in Centre capacity.	**DOI**

In order to do this exploratory piece of work we believe that a further 3-month extension would be required to this contract. It maybe that a slightly longer extension would be requested in future should there be any significant concerns raised as part of the engagement process.

To summarise the recommendations:-

- We are inviting members to consider the report and its findings, taking into account the volume of public and provider feedback received and existing system pressures.
- We are asking members to support the recommendation to commission a new contract in line with option one of the consultation - for the walk in centre, the Vulnerable Adults Services and GP Practice co-located at Rouen Road when the current contract expires.
- We are also asking that we recommend to the ICB Board on 30th May 2023 that they make the decision and that they support the recommendation that was considered today.

If the recommendation is supported and in order to review what capacity might be released at the Practice at Rouen Road to create additional Primary Medical Care Services through the Walk in Centre, then a period of engagement would be undertaken with the registered with the patients at Rouen Road Practice.

Data on the usage of the practice would also be reviewed to support any recommendation to the Primary Care Commissioning Committee once the period of engagement had been completed.

HW invited members to ask questions or make comments.

KW was pleased to hear that option 1 had been recommended, KW suggested that quality impact assessments were made available for those patients on the waiting list who maybe impacted by having lesser availability and lesser accessibility to the service. KW offered the help of her team. SP felt that would be helpful.

JR thought it had been reported that the consultation was about closing the centre and asked if that was the case or if it was a case of how to proceed in the future with that facility. It may have been the way it was communicated, and JR suggested that this was a negative rather than a positive.

SP noted there had been significant coverage in the media and clarified there were three options consulted on. The first option which was being recommended following the consultation report, was to continue to commission the three elements of the service as we had previously. The second option was to close the walk-in centre although that was not put forward as a preferred option, the third option was to change the provision of the walk-in centre and potentially provide the capacity differently.

AH reflected that the over whelming view of the public was in favour of keeping the walk-in centre opened as it was to be deemed as valued.

AH reflected on comments received, there had a feeling of inequality between Norwich and the rest of the county as to the rest of the provision and wondered if this would be an opportunity to address the integration of out of hours care

	as he was unsure that the service provided through 111 and IC 24 had been thought through. It does put confusion in the public mind how they get out of hours care from whom when and where. SP acknowledged the point and reflected on feedback received during the consultation, which demonstrated there may have been confusion about which service had been used, given the out of hours service, the practice and the walk-in centre were co-located in the same building. One of the aims in future would be to simplify how to access services. HW thanked AH, SP and invited other questions or comments from other members of the committee. HW gave an opportunity to other members of the public and other attendants to raise questions or comments, of which there were none. In view of the three recommendations made, HW asked if members agreed and members confirmed they were in support of all three recommendations. SP added the Health Overview Scrutiny Committee at Norfolk County Council will be reviewing a report at their meeting on Thursday 1st June 2023. HW thanked SP and the wider team for the significant work involved in the consultation and was encouraged by the scale of the feedback on the consultation.	
13.	**Finance Report** *For Noting*	**JG**
	JG presented month 9 of the ICB accounts to Committee for noting. JG had updated his original report to include a replaced slide four - The Financial Summary - and this had been included in the agenda pack. HW was pleased to see the totals in regards of the small overspend. HW thanked JG for his report.	
14.	**Prescribing Report** *For Noting*	**MD**
	MD confirmed that this report was for noting and highlighted key spend, cost pressures and quality indicators. For next month MD would provide a focus on the prescribing quality scheme and the medicines switch scheme which will highlight top line figures, lessons learned and key points for noting. MD offered to take questions. HW highlighted table 2 and asked why the peak in December occurred and for an overview of what the drivers were. MD responded by saying that it was hard to say, however antibiotics contributed heavily in December, related to the Strep A situation and winter illnesses. MB thought was cyclical and some shortages with key medicines and antibiotics led to the peak.	

	MD noted the overall trajectory was downward at the moment, and this was welcomed. HD thank MD for his report.	
15.	**Any Other Business** **Questions from the public**	**Chair**
	HW noted this would have been JB's last meeting as Chair of this Committee before he moves into his interim role as Chief Inspector of the CQC. HD asked that thanks be recorded on behalf of the Committee and HW would pass these on. There being no further business, the Committee closed at 14.50.	

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

NHS
Norfolk and Waveney
Integrated Care Board

Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One
Action Log 12 June 2023

No	Meeting date added	Agenda Item	Owner	Action Required	Action Undertaken / Progress	Due date	Status	Date Closed
0141	21-Apr-23	7	SN	LD Health Checks JR requested LD Health checks figures for SNEE at a future Committee.		12th June 2023		
0147	09-May-23	4	SW	Signed minutes to Chair	SW sent signed minutes to Chair	12-Jun-23		09-May-23
0148	09-May-23	6	SN/SH	Risk register - PC14 the resilience of general practice. SN and SH to bring a joint update on the Delivery Plan for Recovering Access in General Practice and the Better together document to a future Committee.		11-Jul-23		
0149	09-May-23	7	JRo	Workforce and Training report - JRo to provide an update in the next workforce report around planning in her next update	We have increase of Educators and Supervisors across the system as part of an incentive within primary care by another 25%. We now have 91 GP Trainers (Tier 3) educators and 46 (Tier 2) educators in the system.	10-Oct-23		
0150	09-May-23	11	JRo/SP	Resilience Funding for Community Pharmacy Integration - JRo/SP to discuss workforce recruitment and retention.	Exploring a Virtual Careers Office within the People Directorate to support recruitment and retention programmes for the ICS.	10-Oct-23		

Webb,Sarah
12/06/2023 09:16:08

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

		April	May	June	July	August	September	October	November	December	January	February	March
	Proposed date:	21st	9th	12th	11th	8th	12th	10th	14th	12th	9th	6th	5th
Standing items:	Risk Register		Y		Y		Y		Y		Y		Y
	Monthly Finance Report	Y	Y	-	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Estates Quarterly		Y	Y		Y	Y		Y	Y		Y	Y
	Digital Quarterly			Y			Y			Y			Y
	Prescribing Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
	Workforce and Training	Y	Y		Y			Y			Y		
	PCN DES		Y	Y	Y		Y				Y		
	CQC Inspections Report	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Spotlight items:	Annual or Bi Annual Report on Delegation tbc	TBC											
	Terms of Reference Review tbc							Y			TBC		
	Learning Disability /Autism Health checks	Y		Y		Y		Y		Y		Y	
	PCCC Self Assessment tbc										TBC		
	Severe Mental Illness Health checks			Y			Y			Y			Y
	Healthcheck Stocktake report					Y							
	Dental Short Term Plan							Y					
	Dental Strategy and Workforce Plan												Y
	Oral Health Needs Assessment			Y									
	Place development and interface with PCCC						Y						
Items noted without a date:													
Workforce and training no time critical items - deferred													
Estates brought forward one month	*Please note this is subject to change once the delivery groups are established and once pharmacy, optometry and dental commissioning has been transferred*												
PCN DES brought forward two months													
No M01 Finance update (June 2023)													

Norfolk and Waveney
Integrated Care Board

Agenda item: 06

Subject:	**Draft Joint Forward Plan – Primary Care**
Presented by:	**Sarah Harvey, Head of Primary and Community Care Strategic Planning**
Prepared by:	**Sarah Harvey, Head of Primary and Community Care Strategic Planning** **Fiona Theadom, Deputy Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

The purpose of this paper is to seek approval of the Joint Forward Plan narrative for Primary Care which will be included within the ICS Joint Forward Plan for final publication on 30 June 2023.

Executive Summary:

The Joint Forward Plan (JFP) is a shared delivery plan for the recently published transitional Integrated Care Strategy for Norfolk and Waveney and Norfolk's Joint Health and Wellbeing Strategy. The plan is for the whole system that will outline our strategic direction for the next five years and will be considered by the ICB Board; the primary care section is included here for Primary Care Committee consideration. The JFP will be subject to an annual refresh, so we can build on it incrementally and in-year as we develop our Primary Care Strategy for April 2024.

A previous early draft version of the Joint Forward Plan was presented to the February PCCC in private and was approved. There has been further refinement to the format and content of the Joint Forward Plan following feedback from the draft version submitted to NHS England at the end of March.

Local engagement has taken place throughout the development of the plan and the final version is now presented for approval.

Recommendation to the Primary Care Commissioning Committee:

PCCC is asked to approve the Joint Forward Plan narrative for Primary Care.

Key Risks	
Clinical and Quality:	The JFP outlines the ambitions to improve clinical outcomes and quality of patient care through local partnerships and collaborative working and to ensure safe patient care
Finance and Performance:	Delivery of the objectives outlined within the Joint Forward Plan is subject to final confirmation of budget allocations.
Impact Assessment (environmental and equalities):	The JFP aims to support commissioning for health inequalities and to consider any environmental factors in the solution
Reputation:	Failure to plan adequate care for patients in primary care or ensure general practice resilience will impact on the ICB's reputation and patient care
Legal:	Delegation Agreement with NHS England for primary medical services, pharmaceutical, dental and optometry services
Information Governance:	N/A
Resource Required:	This is system wide piece of work requiring resource from all system priority teams and enabling functions.
Reference document(s):	The next steps for integrating primary care: Fuller stocktake report, 2023/24 priorities and operations planning guidance, NHS Long Term Plan
NHS Constitution:	N/A
Conflicts of Interest:	N/A
Reference to relevant risk on the Board Assurance Framework	The resilience of general practice and the transition of dental services.

Governance

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

Ambition 4 Primary Care Resilience & Transformation

<placeholder>

"The aim is to integrate primary care services to deliver improved access to a wider range of services from a multi-disciplinary team. This will deliver more proactive care, preventing illness and improving outcomes, for local communities closer to home."

Our objectives

1. Developing our vision for providing a wider range of services closer to home, improving patient outcomes and experience.
2. Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years.

What would you like to see in our five-year plan for health and care services? What matters most to you?
Recent JFP consultation feedback: "Primary care needs to be top of the list. People are attending A&E because they cannot see a GP, that needs transforming first. It's been the same for years". "Preventing and managing ill health starts in primary care." "NHS dentistry should be a priority within the primary care focus". "For me personally, primary care and specifically the GP surgery is the key priority. I believe that all the other priorities are heavily dependent on the performance of GP surgeries."

Why we chose these objectives
Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care is an umbrella term which includes general practice, community pharmacy, dentistry, and optometry (eye health) services.

Nationally, all primary care services are facing greater challenges than ever due to workforce shortages, alongside an increasingly complex workload. Norfolk and Waveney have an ageing workforce within general practice with approximately 30% of staff being over the age of 55. In the last 10 years, the number of dentists has declined in our area compared to the East of England region and the whole of England. This decline has a greater impact in Norfolk and Waveney due to higher levels of need, areas of deprivation and a higher number of residents in later life. Poor oral health is widely considered to be an important aspect of our general health and wellbeing and is largely preventable and can have a significant impact on quality of life, such as eating, speaking, discomfort and cause an increase in days lost from work and school.

Our ambition aligns with The next steps for integrating primary care: Fuller stocktake report which outlines the new vision for integrating primary care services to improve access, experience and outcomes for our patients and communities. NHS England has recently published the Delivery plan for recovering access to primary care which focuses on the need to streamline access to care and advice, reducing the number of people struggling to contact their practice and so that patients know how their request will be managed, on the day they contact their practice. The plan also outlines the ambition for expanding community pharmacy services to make them the first port of call for minor common conditions, supporting better integration in line with the vision set out in the Fuller stocktake report.

We will

- empower people to understand and manage their health and wellbeing through coordinated care and support networks and, as far as possible, people will be able to manage their health and wellbeing where they live, in their homes and communities.
- make care more personalised; providing individuals with support tailored to their needs, rather than a one-size-fits-all approach which can lead to inequalities in access and health outcomes.

Who we are going to be working with to deliver this	**This primary care ambition is aligned with existing strategies and plans across the ICS in Norfolk and Waveney. In particular it is aligned with our partners in these areas:**
Primary Care Networks (PCNs) General Practices and general practice teams, including Additional Roles Dentists and dental care professionals Community Pharmacists Optometrists Local Medical Committee Local Dental Committees Local Dental Professional Network and Managed Clinical Networks Local Pharmaceutical Committees Local Optical Committee Our local population Norfolk & Norwich Hospital James Paget Hospital Queen Elizabeth Hospital Norfolk Community Health & Care East Coast Community Healthcare CiC VCFSE sector District Councils County Councils Care Homes Place Boards and HWP's NHS England	PCNs have identified the top three priorities as: • increasing the workforce and building resilience, • improved interface between primary and secondary care and supporting care closer to home, • Better managing complex need and frailty at home. To support this PCNs are • Ensuring the right staff are in the right place to meet health and care needs, • Addressing organisational barriers so we make decisions and implement at pace, • Empowering our people to test opportunities through collaboration and working differently together. Developing integrated neighbourhood teams, services closer to home, improving patient outcomes and experience and stabilising dental services by building a local resilient multi-skilled professional workforce links to **Better Together for Norfolk**, Norfolk County Council's high level strategic priority of ***Healthy, fulfilling, independent lives -levelling up health, living well and better local services*****.** Developing integrated neighbourhood teams to provide a wider range of services closer to home, improving patient outcomes and experience aligns with the **Promoting Independence strategy, Connecting Communities Programme,** and **Home Care Support strategy** core ambitions of Adult Social Services and **Ready to Act, Ready to Change** Public Health Strategy, based on

	improving accessibility to services allows people to live healthier, more fulfilling, independent lives. Increasing joint working in communities so more families are able to get the support they need in the places and spaces that they already visit, or in their homes is part of **Flourish** Children and Young Peoples Strategy. This ambition links to *Our Ambitions for Suffolk*, Suffolk County Council's objectives as set out in its Corporate Strategy 2022-26. In particular, this priority links to the Council's objective of promoting and supporting the health and wellbeing of all people in Suffolk, through which the Council will: • Work with the NHS, district and borough councils, and other partners to prioritise the physical and mental health of all people in Suffolk. • Enable residents to lead healthier, active lives and address health inequalities, including working to combat isolation and loneliness and tackling obesity. • Continue, through its services, to prioritise vulnerable older people and adults, as well as young people and children needing extra support. This JFP ambition also links to Suffolk's transitional *Joint Health and Wellbeing Strategy 2022-23*, Preparing for the Future. This recognises the importance of greater collaboration and system-working as a cross-cutting issue. Its guiding principles also cite the importance of collaborative leadership, of ceding power and resources to make a difference, and of aligning planning and developing shared priorities and outcomes.

Objective 4a Developing our vision for providing a wider range of services closer to home, improving patient outcomes and experience.

- Mental Health Transformation
- Improving Urgent & Emergency Care
- Elective Recovery & Improvement
- Primary Care Resilience & Transformation
- Improving Productivity & Efficiency
- PHM reducing inequalities & Supporting Prevention
- Improving Services for Babies, Children, Young People & Maternity
- Transforming Care in later life

What are we going to do?

First, we will develop overarching principles and our strategic vision for future primary care delivery supporting our ambition to deliver cohesive primary and community care services across Norfolk and Waveney.

We will build on this to develop a detailed general practice and dental strategy which we will begin to implement across the second year of this plan.

We will develop our local delivery plan for the existing East of England Partnership Strategy for Community Pharmacy, recognising that this strongly supports the Fuller Stocktake vision for integrating primary care.

We will develop our plans for implementing the referral pathway for NHS 111 and urgent care providers to the Community Pharmacist Consultation Service to reduce the need for patients to attend their GP practice when their needs can be met by a pharmacy.

We will develop our plans for implementing the Pharmacy First approach, which is planned to be launched by NHS England by the end of 2023 to support pharmacies to provide treatment for seven common health conditions (sinusitis, sore throat, earache, infected insect bite, impetigo, shingles, and uncomplicated urinary tract infections in women) without the need to visit a GP.

We will also develop our strategy for Optometry services alongside the on-going system Eye Health transformation.

Currently, our PCNs work as groups of general practices to deliver care to their population. Our next step is to provide our Community Pharmacy PCN Leads with the support, training and mentorship to develop the skills they need to integrate local community pharmacies into Primary Care Network planning and development activities.

What are the key dates for delivery?

Year 1 April 2023 – Sep 2023

- Develop an outline for key milestones for strategy development including which stakeholders we will engage with and by when.
- Review population health data to identify key priorities and need within each Place.
- Develop local definition of an Integrated Neighbourhood Team.

Year 1 Oct 2023 – Mar 2024

- Overarching Primary care strategy vision and principles developed.
- Engagement with our local population and system partners.
- General Practice Strategy developed.
- Dental strategy developed.

Year 2 April 2024 – Mar 2025

- Implement the first stage of the General Practice and Dental strategy.
- Develop the delivery model for Integrated Neighbourhood Teams at Place and PCN level.
- Local delivery plan for the East of England Community Pharmacy Partnership strategy developed.
- Develop strategy for Primary Optometry services alongside the system ICS Eye Health Transformation programme.

Year 3 to 5 April 2025 – Mar 2028

- Continue to implement the new strategy with frequent monitoring of outcomes.

	Going further, our vision is to create Integrated Neighbourhood Teams that will deliver joined up primary and community care in a model that is closer to patients' homes. Specific delivery models will be designed locally by our Place teams where they will decide which services are needed and how this will improve patient outcomes and experiences. We will deliver services at scale where most appropriate and at PCN level where more targeted local services are required. **How are we going to do it?** We will support our Community Pharmacy PCN Lead roles to engage with the Integrating Community Pharmacy into Primary Care Networks programme. We will agree a local definition of an Integrated Neighbourhood Team and how we will approach new ways of working. We will use population health data to identify the priorities for developing new models to meet local population health and care needs. We will work collaboratively and in partnership with our partners in secondary care, community services, VCFSE and wider groups to support a blended model of care that not only focusses on a patient's health needs, but also their socio-economic needs providing more holistic and joined up care, including management of clinical risk. **How are we going to afford to do this?** We will work with our partners to agree how new pathways of care will be resourced and funded from within the current funding allocations across the system.	**We will begin to see our approach is working because we will begin to be able to measure** We will have published the first stage of our overarching vision and our strategy for general practice and dentistry by March 2024, informed by strong public engagement and using data to meet the needs of our population.

Objective 4b Stabilise dental services through increasing dental capacity short term and setting a strategic direction for the next five years

Mental Health Transformation

Improving Urgent & Emergency Care

Elective Recovery & Improvement

Primary Care Resilience & Transformation

Improving Productivity & Efficiency

PHM reducing inequalities & Supporting Prevention

Improving Services for Babies, Children, Young People & Maternity

Transforming Care in later life

What are we going to do?

Develop a near term plan to identify and prioritise populations in the greatest need of access to NHS dental services using data from the renewed Oral Health Needs Assessment (OHNA) and Public Health data for Norfolk and Waveney. This will ensure we can deliver short term interventions and begin to improve access to NHS dental services by Autumn 2023.

Next, we will develop a Norfolk and Waveney strategy to improve the oral health of our population and explain our approach to build resilience across all our NHS dental services including our local workforce plan. This five year strategy will be ready for implementation from April 2024.

Working with key stakeholders and system partners to develop solutions for securing access to NHS dental care for the whole population.

How are we going to do this?

We will develop a plan for the near term to address immediate needs:

- We will use all available data to understand and prioritise the immediate dental need. This may be a clinical need or a geographical need.
- We will seek interest from current dental providers to increase the number appointments they are able to offer on a short term basis.
- We will monitor the impact these actions have to improve access to dentistry and build this information into our next part of the objective – to develop a dental strategy for Norfolk and Waveney.

Next, we will develop a five year dental strategy for Norfolk and Waveney:

- Establish a 'Dental Taskforce' to hear about the challenges faced by the profession and work collaboratively to find solutions to improve access to dental care.
- To listen to our patients and hear their lived experiences, and to ensure our local population has access to oral health prevention advice, working with local authorities and the voluntary sector in Norfolk and Suffolk.

What are the key dates for delivery?

Year 1 April 2023 – Sep 2023

- Updates to the OHNA published in Spring 2023 and updated in Summer 2023.
- Develop plan for short term interventions based on updates to the Oral Health Needs Assessment targeting the areas requiring the greatest interventions.

Year 1 Oct 2023 – Mar 2024

- Develop a Dental Strategy to outline our commissioning intentions for the next three to five years, our strategic approach to commissioning and how we plan to build resilience across all our NHS dental services alongside the development of our local workforce plan for Norfolk and Waveney.

Year 2 April 2024 – Mar 2025

- Implement the first stage of the dental strategy.

Year 3 to 5 April 2025 – Mar 2028

- Continue to implement the new strategy with frequent monitoring of outcomes.

How will we know we are achieving our objective?

	• Use our population health data, OHNA we will ensure our strategy is evidence based, balanced to meet the needs of residents, and reduces health inequalities. • Identify steps to retain, grow and develop our local dental workforce to meet our patients' needs. We will work with our local providers to begin to build multi-skilled dental teams, including roles such as Dentists, Dental Nurses, Dental Hygienists and Dental Therapists. • We will implement this strategy by April 2024. **How are we going to afford to do this?** We will utilise our existing dental funding allocation to commission services with flexibility to meet the needs from the Oral Health Needs Assessment published in 2023. We will work with partners, such as NHS England, to ensure their funding is invested appropriately across Norfolk and Waveney and to meet our workforce development and training needs.	We will have published our strategy for dentistry by March 2024, informed by strong public engagement and using data to meet the needs of our population.

Norfolk and Waveney
Integrated Care Board

Agenda item: 07

Subject:	**Holt Medical Practice – application to close Blakeney Surgery branch site**
Presented by:	**Jonny Milne, Commissioning Manager** **Michaela Trett, Primary Care Estates Manager**
Prepared by:	**Michaela Trett, Primary Care Estates Manager**
Submitted to:	**Norfolk and Waveney ICB Primary Care Commissioning Committee (Part 1)**
Date:	**12 June 2023**

Purpose of paper:

To request that PCCC:

1. Notes that in line with the branch closure process (Appendix 1) preliminary discussions between the practice and the ICB's estates and delegated commissioning teams have taken place and that in line with stage two of the process the practice have made an initial closure request in writing to the ICB. The letter received included the practices rationale for the request, a short options appraisal and the patient feedback the practice had already received noting that a full patient and stakeholder consultation would be carried out in stage 3 of the process.
2. Notes that Holt Medical Practice wishes to progress to the public consultation stage in their application to close their Blakeney branch surgery.
3. Notes that the practice will have to consult their patient population and local stakeholders and detail this process, including any mitigating actions for patient access, if they do progress to the next stage of a formal application via the PCCC.
4. Notes the practice will now move to the next stage of the process, namely to initiate the consultation process following this meeting in line with policy.
5. Notes the branch closure process (Appendix 1) will be followed in considering this application. We are currently at stage 2 of the process, recommending we proceed to stage 3.

Background

1. Holt Medical Practice, and its branch surgeries at Blakeney and Melton Constable are in NN1 PCN in North Norfolk. Holt Medical Practice has a registered list size of 14,338 (source: NHS Digital January 2023, via SHAPE). Patients are registered with the practice with no distinction between the three sites.

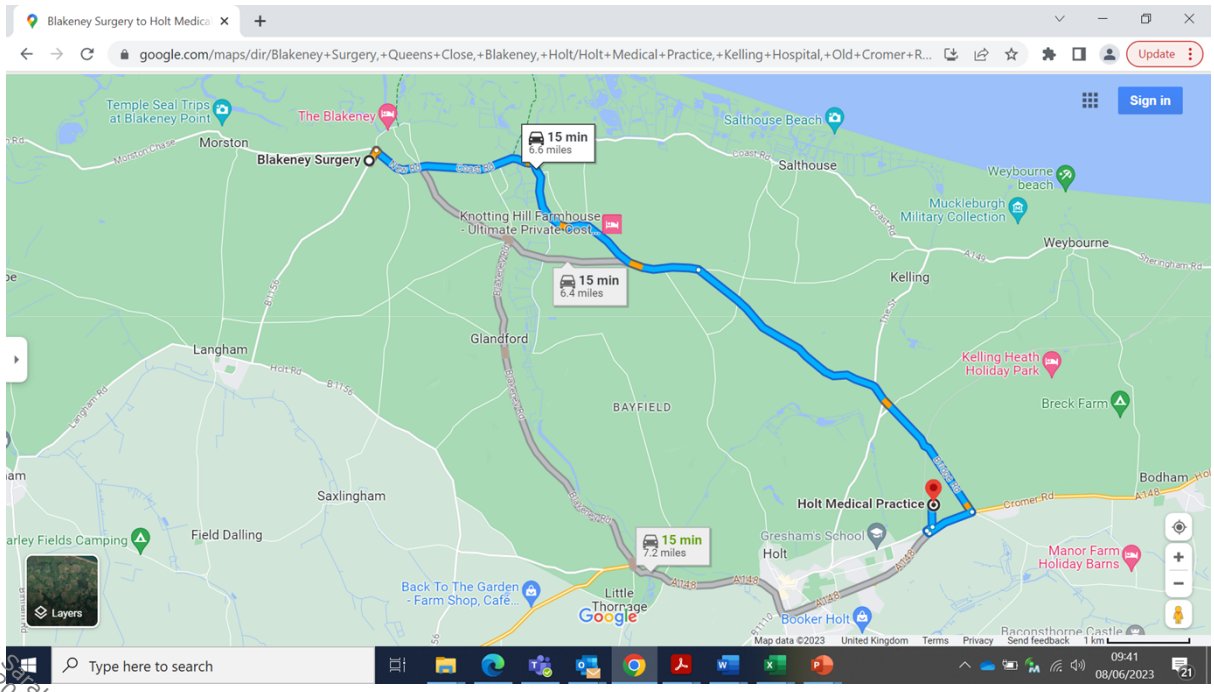
2. The branch surgery at Blakeney comprises:-

- Reception/office
- Waiting room

- Dispensary
- Patient W.C.
- Staff W.C.
- 1 x consulting room
- 1 x treatment room
- Store room

3. Holt Medical Practice receives notional rent reimbursement of £9,000 per annum for its branch site at Blakeney.

Google maps image of Blakeney branch site



4. The Blakeney branch surgery is approximately between 6.4 and 7.2 miles away from Holt Medical Practice depending on which route you take but all routes take approximately

15 minutes travelling by car according to google maps as shown above. The issue of public transport and travel more widely will be addressed during the engagement phase of the process and all feedback will be taken on board.

5. As part of the consultation process and options appraisal stage, the practice would need to focus on how patients in Blakeney would be supported to access services. The practice would need to take health inequalities into consideration such as transport, rurality, site accessibility, whether any reasonable adjustments would need to be made, vulnerable patients, health inclusion etc. and set out how the practice could support them if an application to close Blakeney branch surgery was progressed.

6. Prior to submitting a formal application for closure to the ICB, a period of patient engagement would need to be carried out ahead of any formal application to close, with assurance given that:

a. Norfolk's Health Overview and Scrutiny Committee, Local Medical Committee and Healthwatch had been consulted

b. There were alternative and suitable primary medical services arrangements in place for patients

c. A period of consultation had taken place and any issues relating to patient travel/access to services had been considered

d. All feedback had been reviewed and discussed before the application was progressed.

7. The process is estimated to take 3 months, which includes the consultation period.

8. The ICB's Communications and Engagement Team are aware of the proposal.

9. Concerns have been raised by the local MP, Duncan Baker and from Blakeney Parish Council as to the practice's proposal. Jointly they have written to the ICB to formally register those concerns. Timeline of correspondence as below:-

- Various email correspondence between Holt Medical Practice and the Parish Council.
- 23.02.23 Duncan Baker, MP letter to the director of primary care
- 15.03.23 Response letter from the director of primary care to Duncan Baker MP and Blakeney Parish Council
- 04.04.23 Blakeney Parish Council letter to the director of primary care
- 18.04.23 Response letter from the director of primary care to Blakeney Parish Council
- 18.04.23 Duncan Baker MP – open letter to local residents on his Facebook page inviting residents to participate in an online survey to register concerns and comments.
- 18.04.23 Blakeney Parish Council letter to Holt Medical Practice to advise they have applied to North Norfolk District Council to have Blakeney surgery added to the Community Asset Register.

All of these stakeholders would be invited to form part of the consultation period and any correspondence already received would be included in the overall consultation.

Recommendation to PCCC:

PCCC members are invited to:

1. Note that in line with stage 2 of the branch closure process (Appendix 1) that the practice have made an initial branch closure request in writing to the ICB including the practices rationale for the closure request, a brief options appraisal and any patient feedback that has already been received.
2. Notes Holt Medical Practice will now move to progress to the consultation stage 3 of the process (Appendix 1) to consider closing their Blakeney branch surgery.
3. Note that the practice will have to consult their patient population and other stakeholders, and detail this process, including any mitigating actions for patient access, as part of any formal application.
4. Note that the consultation period would be initiated in line with our agreed process (Appendix 1).

Key Risks	
Clinical and Quality:	No risks are known at this stage, but the ICB would work closely with the practice to identify issues arising from the consultation on any proposed closure. The practice will be required to produce an Equality Impact Assessment and a Quality Impact Assessment
Finance and Performance:	None known.
Impact Assessment (environmental and equalities):	No risks are known, but the ICB would work closely with the practice to identify issues arising from the consultation on any proposed closure.
Reputation:	The ICB Communications and Engagement Team are aware of the proposal and will be kept informed if, following PCCC's review of this paper, the consultation proceeds. There is the potential for reputational risk given the level of interest from local stakeholders
Legal:	ICB branch closure note and NHSE Policy Guidance Manual
Information Governance:	None known.
Resource Required:	ICB officer time to support the practice and process.
Reference document(s):	ICB branch closure note and NHSE Policy Guidance Manual
NHS Constitution:	N/A
Conflicts of Interest:	None identified.
Reference to relevant risk on the Governing Body Assurance Framework	BAF16 – the resilience of general practice

GOVERNANCE

Process/Committee approval with date(s) *(as appropriate)*	N/A

Referenced document	Document Date	
Advice Note 3: Procedure for requests to close branch surgeries	September 2022	Appendix 1
Primary Medical Care Policy and Guidance Manual (PGM) (v3)	May 2022	Appendix 2 https://www.england.nhs.uk/publication/primary-medical-care-policy-and-guidance-manual-pgm/

Item 07

Norfolk & Waveney Primary Care Estates Team **Advice Note 3: Procedure for requests to close branch surgeries**	This advice note aims to provide guidance for practices who want to apply to close a branch surgery The Primary Care Estates Team are happy to discuss queries directly and can be contacted via nwccg.pcestates@nhs.net

Norfolk and Waveney Integrated Care Board (ICB) will support practices in the process for making applications for branch closures and has delegated authority in determining the applications.

All applications must be considered in accordance with NHS Regulations and NHS England policy.

Branch closure applications must be considered in accordance with the NHS England Primary Medical Care Policy and Guidance. Sections 7.15.10-7.15.29 apply, but reference to the live document must be made. For this reason, sections of the guidance are not replicated here. Adhering to the process ensures that any changes reflect and comply with national regulations and legislation to maintain robust contracts.

The ICB will work with the contractor throughout the process offering support and guidance where appropriate and necessary.

The closure of a branch surgery is a contractual matter and the ICB Primary Care Team will lead the process, supported by the Primary Care Estates Team.

Stage 1 – Preliminary discussions

The contractor should have a preliminary discussion with the Primary Care Team and Estates Team to include consideration of the areas outlined in the Guidance and any other relevant issues. The ICB will make a record of the discussion. Practices are also encouraged to seek guidance from LMC.

Stage 2 – Initial Request

After the preliminary discussions, the contractor makes an initial request in writing to the ICB.

This letter should set out:

- The rationale for the closure request
- A short options appraisal demonstrating the options that the contractor has considered and who has been involved in the options appraisal – see template attached
- Patient feedback already received, for example, the Patient Participation Group.

PCCC will receive a paper from the Primary Care Team at this stage to indicate there will be an application to close asking them to note the request.

Stage 3 – Involvement of patients and key stakeholders

The contractor is required to follow The Patient and Public Participation Policy, The Statement of Arrangements & Guidance on Patient and Public Participation in Commissioning, and The Framework for Patient and Public Participation in Primary Care Commissioning. In addition the ICB has legal duties as set out in Section 14Z (2) NHS Act 2006 which must be adhered to.

The ICB Communications and Engagement Team will provide support and advice to the contractor as appropriate.

The preferred approach to patient engagement will be discussed and agreed between the contractor and the ICB; in some circumstances it may be appropriate for the ICB to offer appropriate support. The contractor remains responsible for informing the registered patients and key stakeholders of the proposed changes. It is the ICB's responsibility to ensure that involvement activities have met legal requirements.

The ICB will help the practice develop an engagement and communications plan, including identifying key stakeholders and key dates within the consultation/engagement period. The standard period for engagement is four to six weeks, but there may be circumstances where this period should be extended.

The following describes who must be engaged with and the lead for each group:

a. Patients of both the main and branch surgery	Contractor
b. Neighbouring practices in the PCN	Contractor
c. Neighbouring ICB's (where affected)	ICB – Primary Care Team
d. Patient Participation Group;	Contractor
e. Local Medical Committee (LMC)	ICB – Primary Care Team
f. Healthwatch	ICB – Primary Care Team
g. Local Pharmaceutical Committee (LPC)	ICB – Primary Care Team
h. Local Community Groups e.g. Parish Councils	Contractor
i. Any identified groups within the community that may be particularly affected by the proposals	Contractor
j. Health Overview and Scrutiny Committee	ICB – Primary Care Team
k. Local MPs and local Councillors	ICB – Primary Care Team

The practice must be able to demonstrate that everyone affected has had sight of information on the consultation. The methods of communication and approach taken should be proportionate to the change in delivery of medical services to patients and may include:

a. Letters to each household

b. Texts/email

c. Practice led drop in sessions

d. Practice led consultation/engagement meetings which vary in times to ensure access for all groups

e. Information included on prescriptions

f. Website – including CCG website if appropriate

g. Posters

h. 'Seldom heard' patients – including information in alternative formats or identifying groups and

ensuring efforts are made to engage in ways which are appropriate for that group

i. Attendance at local Community Forum(s).

The ICB is committed to fulfil its obligations under the Equality Act 2010, and to ensure services commissioned by the ICB are non-discriminatory on the grounds of any protected characteristics. The practice will be required to consider health inequalities into consideration such as transport, rurality, site accessibility, whether any reasonable adjustments need to be made, vulnerable patients, health inclusion, etc and carry out an Equality Impact Assessment, which includes consideration of health inequalities. The ICB will be able to offer guidance on the completion of the Equality Impact Assessment. It may be helpful to consider drafting the Equality Impact Assessment at the outset and then adding to it throughout the engagement.

The ICB will provide advice and guidance to the contractor in respect of any media interest.

The contractor will meet all reasonable costs associated with the consultation and application, for example, postage costs.

Stage 4 – Formal Application

Once the consultation period comes to an end the contractor should submit a formal application to close the branch surgery.

The application form at appendix Annex 14A of the NHS England Primary Medical Care Policy and Guidance must be used and can be requested from the ICB [email address] or found online.

As much detail as possible should be included and it must include an analysis of the consultation feedback, the Equality Impact Assessment along with copies of the information sent or used to communicate the proposed closure to all key stakeholders.

Stage 5 – Assessment of the application by the ICB

The Primary Care Team will assess the application and will make a recommendation via a report to the Primary Care Commissioning Committee (PCCC) whether to approve or reject the branch closure request.

PCCC may request any additional information and a practice representative from the practice will be required to attend if requested.

Stage 6 – Primary Care Commissioning Committee (PCCC)

The application will be presented to the next available monthly meeting of PCCC and will include a recommendation from the Primary Care Team.

The Primary Care Team, supported by the Estates Team, will draft all papers to Committee providing sufficient information for a decision to be made.

If PCCC refuses the application the contractor will be notified within 28 days. The contractor has the right to appeal and should refer to the NHS Dispute Resolution Process.

Stage 7 – Notification

The contractor will be responsible for notifying all registered patients of the closure to includedetails of how to re-register elsewhere if a patient did not wish to transfer to the main surgery. This can be done in several ways, which should be proportionate depending on the size of practice and the likeliness of patients wishing to register elsewhere.It could be via a letter to each household, text message, email message, posters, ringing households etc. The contractor will be responsible for all costs incurred.

The contractor should provide patients with a telephone helpline number and named contact.The

contractor must also make sure they notify external organisations such as CQC, Primary Care Support England. They must amend their website, NHS Choices and practice leaflet and cancel any contracts such as telephony, waste collections.

The contractor will consider how best to engage with vulnerable patients, those with complex needs and other patients who may require more support in understanding the change in service provision.

Stage 8 - Varying the GMS Contract

The ICB Primary Care Team will issue a variation to the GMS/PMS/APMS contract to remove the registered address of the branch surgery, effective from the agreed date.

Stage 9 – Additional steps

The contractor remains responsible for ensuring the transfer of patient records (electronic and paper Lloyd George notes) and confidential information to the main surgery, having full regard to confidentiality and data protection requirements, Records Management: NHS Codeof Practice guidance and any relevant guidance from the Health & Social Care Information Centre or the Information Commissioner's Office. Where a third party contractor is being used to handle records, they must be vetted and appropriate contractual arrangements put in place.

The ICB will retrieve all NHS owned assets from the premises and will de-commission the branch link. The contractor will make arrangements with the landlord to admit the ICB within a reasonable amount of time after the provision of medical services ceases.

Rent reimbursement payments in respect of branch surgery will cease.

OPTIONS APPRAISAL	Option 1	Option 2	Option 3	Option 4
	Do nothing	Maintain current premises but re-configureservices	Consolidate to1 site (existing main site)	Consolidate to 1site (existing branch)
ENVIRONMENT Sufficient space				
ENVIRONMENT Patient safety Services Accessibility				
Workforce				
Financial considerations				
Lease position				
Overall rating				

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 08

Subject:	**Primary Care Estates Project:** **Attleborough – Primary Care Estate Capacity**
Prepared by:	**Primary Care Estates Team**
Submitted to:	**Part 1 Norfolk & Waveney Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

1. To provide an update to PCCC on plans for primary care estate capacity for Attleborough.

2. To seek PCCC approval to formally engage the market for third party capital investment to design and deliver a long-term solution for the town.

Report:

Introduction

Primary medical services are delivered to the population of Attleborough via two GP owned premises within the town; one located at Station Road and the other at Queen's Square. The combined footprint of both sites gives a total Net Internal Area (NIA) of 943m². Using NHS space calculations, the ICB estimates existing premises are 119m² too small to deliver core general medical services (GMS) for the existing population of c.20k patients. This shortfall is based upon current premises standards of 16m² consultation rooms. The majority of existing consultation rooms within Attleborough sites are smaller than this standard, which means current capacity shortfall will in reality likely be less than the calculated 119m² for GMS services.

It is important to note that although most of the consultation rooms are smaller than current recommended standards, they remain compliant with premises guidelines. Their size is reflective of historic recommended sizes and is common within older premises across the country. It is also important to note that space calculations only reflect core GMS and not additional demands for space from other NHS users of the building or the expanding number of PCN additional roles reimbursement scheme (ARRS) roles.

Looking forward, Attleborough has a large urban housing development planned which will see up to an additional c.10k patient registrations, of which approximately 6k registrations are expected before 2036. Existing premises for the town will be unable to serve this level of population growth and therefore additional estate capacity is required.

As a town, Attleborough has an active health focused community group called ATTCARE and the local Member of Parliament, George Freeman, is proactive at promoting the health

needs for the area. There is also a conflict of interest to manage in ICB decision making with Dr Hilary Byrne, a GP partner in Attleborough Surgeries, also being an ICB board member and primary care committee attendee.

There is a long history of proposed health care developments to secure the future estate capacity for the town, which have all been unsuccessful for various reasons. The long history has led to a feeling in the community that Attleborough is not a priority for the various commissioning organisations that have been in place over this period. Historic reasons for non-delivery include a range of factors: finance, timing, system working and complexity of proposals. With a long history it does mean there is a lot of existing work that can be reused to explore estate requirements which will help with delivery.

The most recent attempt to secure estate capacity for the town was the proposed Wave 4b scheme, which was withdrawn from the programme in 2022 due to late Department of Health and Social Care funding rule confirmation and time limited funding pressures for delivery. Following removal from the programme, the ICB committed to work with Attleborough Surgeries on both a short-term and a long-term plan for the town. Good progress has been made with the short-term plan and initial discussions have been held regarding a long-term plan. A summary of the progress made on both plans are outlined below.

Short Term Plan

The ICB and Attleborough Surgeries have been in dialogue with Portakabin to explore ways of increasing the existing capacity on site at Station Road temporarily, with “temporary” being 3-5 years. Plans for a modular would see 6 new consultation rooms added to existing capacity in a unit with 94m² total floor area. The current Station Road premises layout is shown below and has 11 consultation rooms so an additional 6 consultation rooms would make a great difference to the practice. Practice modelling suggests that all 6 additional consultation rooms will be fully utilised by the end of 2024. The unit would be located to the side of the building but be linked to the existing premises. The unit needs planning permission before it can be installed. Subject to approval, the aim is to have the unit installed at the end of the summer 2023.

Total costs for a 3-year contract are £283k (inc. VAT) or £94k (inc. VAT) per year. This cost includes all enabling works, rental costs and a discount for paying the full contract value upfront. At the end of the 3-year contract there would be the option to renew or exit with the modular removed. If renewing, ICB experience with a similar unit in situ at Acle suggests approx. 50% discount upon renewal. Portakabin are yet to be formally appointed by the practice while they review contract terms, but the ICB have confirmed funding arrangements for the proposed contract.

Figure 1: Station Road Floorplan

Long term plan

Figure 2: Station Road site, Attleborough

Station Road surgery sits on a wider site alongside an NCHC owned Health Centre and the neighbouring Connaught Hall which is owned by a charitable trust and for the last couple of years has been used as a vaccination site. The overall site, both in terms of size and location, lends itself to becoming a health campus for the town. Securing the whole site would enable a number of options to be potentially delivered, including the ability to either extend or replace existing facilities. This only works if the trustees of the charity are prepared to sell their existing asset which at the moment, they are prepared to do subject to price and their ability to secure a new facility elsewhere in the town. The ICB does not have sufficient NHS capital to fund a scheme for the town so alternative capital funding will be required to deliver a scheme. There is c.£2m of Section 106 contributions which could be allocated to the scheme, and potentially be used to secure the site, but on its own would not be sufficient to deliver a new facility for the town.

In terms of securing non-NHS capital funding the ICB has held exploratory conversations with Breckland District Council (BDC). The purpose being to see if they would be interested in replicating proposed schemes in Hethersett and Taverham, where the district council are acting as developer and landlord for the schemes. This conversation has reached a point where BDC are supportive of a scheme for the town but currently do not see the development and owning of a health site as part of their strategy. However, if the ICB were unable to make alternative funding viable they would be prepared to reconsider this position.

This leaves a position with insufficient public sector capital available to fund a build which means external private funding will be required to develop a premises. This is not unusual with approximately 5% of GP premises within Norfolk & Waveney owned by an NHS organisation. The ICB have held informal talks with some developers to gauge potential interest in a scheme in Attleborough, which has confirmed there is interest from the private sector.

The practice has flagged if long term estate needs are not planned, then to deliver safe care to its patients and provide a safe environment for its staff, the practice would have to consider closing its list to new registrations.

To engage formally with the market and progress the scheme we need to be clear what we are asking the market to deliver. This paper therefore requests approval for the ICB to formally approach the market and instruct a development partner to:
Deliver a health campus at Station Road, Attleborough in a staged approach. Stage 1 being to secure primary care estate capacity on the site. Stage 2 being for future NHS Trust requirements to be developed once known and quantified.

Recommendation to the Board:

To approve the formal approach to the market to seek third party capital for the development of a health campus for the town.

Key Risks	
Clinical and Quality:	No risks identified in relation to the work described in this report. The ICB Infection Prevention and Control Team will be sighted on the proposals and plans for the temporary capacity.
Finance and Performance:	No risks identified in relation to this report. The ICB Finance Team have included the financial impact within the ICB medium term financial plan.
Impact Assessment (environmental and equalities):	No risks identified in relation to this report. Environmental assessments and equalities and health impact assessment will be undertaken as part of the business case.
Reputation:	As noted in report: There have been a number of proposed health care developments in Attleborough, including the withdrawal of the Wave 4b scheme in 2022. There is a need for a clear plan to address the demand and capacity issues identified.
Legal:	No risks identified in relation to this report.
Information Governance:	No risks identified in relation to this report.
Resource Required:	ICB Primary Care Estates Team time already committed.
Reference document(s):	N/A
NHS Constitution:	N/A

Conflicts of Interest:	As noted in report: Dr Hilary Byrne, a GP partner in Attleborough Surgeries is an ICB board member and a primary care committee attendee.
Reference to relevant risk on the Board Assurance Framework	N/A

Governance

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

Norfolk and Waveney
Integrated Care Board

Agenda item: 10

Subject:	**SMI Health Checks - Monthly Update**
Presented by:	**Julian Dias, Deputy Senior Delegated Commissioning Manager**
Prepared by:	**Julian Dias, Deputy Senior Delegated Commissioning Manager**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

To update PCCC on plans and progress to-date for the delivery of health checks for people 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%	60%	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. Q4 2022-23 SMI performance and year-end review:

Quarter 4 reflects the hard work undertake by general practice, NSFT (Norfolk and Suffolk NHS Foundation Trust) and ICB colleagues; with the highest number of SMI checks delivered, even pre-COVID.

A new service specification for SMI health checks was implemented in 2022/23 which recognised the funding already contained within QOF for the mandatory elements of the health check and provided funding to undertake the remaining elements. It also funded increased administrative time for working with people with an SMI to encourage them to engage with their health checks. This locally commissioned service has been commissioned again for 2023/24.

Against the former national target of 60% compliance:

- N&W GP practices carried out 4,924 from a possible 9,474 checks = **52.0%**
- NSFT carried out 309 from a possible 3,293 checks = **9.4%**
- Combined **5,233** from a possible 9,474 checks. = **55.2%**

The teams are focused on ensuring this performance is maintained as we go into 2023-24 and will be closely monitoring Q1 Data when it is released. However, the below table further illustrates the quarter-by-quarter improvement made in the delivery of these checks:

Combined SMI Improvement 2022-23			
Quarter 1	**Quarter 2**	**Quarter 3**	**Quarter 4**
3,588 checks (38.2%)	3,924 checks (40.6%)	4,393 checks (46.1%)	**5,233 checks (55.2%)**

A summary of the actions that can explain this improvement are included below:

- Monthly stakeholder group that monitors performance and problem solves/
- videos being made to support engagement / awareness - both with patient and clinician.
- roadshows - one per locality
- self-serve option - working through with ARDENS (a clinical template provider) and how we link this into systems
- data webinars with clinical coding sessions

3. SMI Roadshows (Mental Health Commissioning Teams):

- During March-April 2023, the mental health commissioning team have set up SMI specific roadshows across Norfolk and Waveney and in each of the localities.
- The roadshows were a truly multi-disciplinary team approach with partners from the ICB, Norfolk Integrated Housing and Community Support Service and the charity Together. Additionally, they also had representation from community partners who helped to provide food, giveaways etc.
- Members of the public were invited to understand the different health checks they can partake in, engage in myth busting sessions, and get support for physical and mental wellbeing.

4. Recommendation to the Committee:

Committee members are asked to note these improvements with the next update provided to the Medical Operational Delivery Group, subject to approval of item 15 on the agenda. SMI risk reporting to committee will continue.

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)	

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection Mattishall and Lenwade Surgery**
Presented by:	**Shepherd Ncube – Associate Director of Primary Care Commissioning**
Prepared by:	**Gemma Claridge Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

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

- Mattishall and Lenwade Surgeries - Dr Jones and Partners

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
Mattishall & Lenwade Surgeries (Practice list size as at 1.4.2023 – 8,693)	South	17 April 2023	Inadequate December 2022	Inadequate

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.

Mattishall and Lenwade Surgeries, South Locality – Inspected: 17th April 2023 **Overall rating: Inadequate**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Inadequate	Inadequate	Not inspected	Not inspected	Inadequate

Following the CQC's previous announced comprehensive inspection at the practice on 13 December 2022. The practice was rated as inadequate overall and placed into special measures. As a result of the concerns identified, the CQC issued the practice with a warning notice relating to a breach of Regulation 12, Safe Care and Treatment on 15 December 2023.

Overall, the practice was rated as inadequate

The ratings for each key question were:

- Safe – Inadequate
- Effective – Inadequate
- Caring – Not inspected
- Responsive – Not inspected
- Well-led – Inadequate

The CQC undertook a further focused review on 17 April 2023 to verify that the practice had addressed the issues in the warning notice and now meet the legal requirements. This report only covers our findings in relation to those requirements and will not change the ratings.

At the inspection, it was found that the provider had made some improvements to mitigate some of the risks identified in the warning notice.

This review was carried out without an onsite visit.

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 advised that the rating remains the same as Inadequate overall.

CQC found that:

- The provider had made improvements to mitigate some of the risks identified in the warning notice. For example:
- Processes for monitoring patients with long-term conditions had improved, however, the systems and processes needed further embedding and monitoring to be fully effective and to ensure they would be sustained.
- Whilst the number of open tasks had been reduced, there were still multiple open tasks which required completing. The CQC therefore could not be assured that all tasks were managed effectively.
- DBS checks had been carried out for all staff members.
- The practice had improved their oversight of staff immunisations however this had not yet been fully completed.
- Whilst a supervision policy had been written, the practice had not implemented the policy and no supervisions were taking place.
- The fire risk assessment for both sites had been recently completed and an action plan written, yet the legionella risk assessment had not been satisfactorily completed.
- Improvements had been made to the dispensary at the Lenwade Surgery

CQC found breaches of regulations. The provider must:

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

The provider should:

• Continue to monitor and embed the new systems and processes which have been implemented to ensure they continue to be effective and are sustained.

• Review the monitoring of the temperature of the refrigerators and implement any actions from the significant event raised as a result of an increased fridge temperature.

Background to High Street Surgery

Dr. Jones and Partners is located in Dereham at:
15 Dereham Road
Mattishall
Dereham
Norfolk
NR20 3QA.

There is a hybrid dispensary/pharmacy at this site. The CQC inspected the dispensary service.

The practice has a branch surgery in the nearby village of Lenwade, which also has a dispensary, at:

Lenwade Surgery
The Street,
Lenwade,
Norwich,
Norfolk,
NR9 5SD

Both of these sites were inspected as part of this inspection.

Patients can access services at either surgery.

The provider is registered with CQC to deliver the Regulated Activities:

• Diagnostic and screening procedures

• Maternity and midwifery services

• Treatment of disease, disorder or injury

• Surgical procedures

• Family planning services.

The practice is situated within the Norfolk and Waveney Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 8,650. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices Mid Norfolk Primary Care Network (PCN).

Information published by Public Health England shows that deprivation within the practice population group is in the seventh lowest decile (7 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 99% White and 1% Mixed.

There is a team of 3 GPs partners and 4 salaried GP's who provide cover at both sites. The practice has a team of nurses who provide nurse led clinics for long-term conditions at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager is based at the main location to provide managerial oversight. There is also a team of dispensary staff.

The practice at 15 Dereham Road is open between 8.30am to 6pm Monday to Friday with late opening on a Thursday until 8pm. Lenwade surgery is open on Mondays between 8.30am and 1pm and between 2pm and 6pm, and onTuesdays, Thursdays and Fridays between 8.30am and midday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the PCN. Dr Jones & Partners contribute to this extended access, opening until 8pm on a Thursday and is rostered to provide services on Friday evenings and weekends. Out of hours services are provided by IC24.

Download full report

Full Report

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Evidence Table

Following the inspection and the continued CQC rating of Inadequate the ICB's Primary Care, South Locality, Quality and Medicines Optimisation teams will continue to work closely to support the practice to address the required improvements and provide advice and guidance to support the work going forward.

Monthly meetings will continue between the practice, CQC and ICB support team to review progress to ensure that the areas highlighted by the CQC are addressed.

The CQC have issued the practice with a requirement notice advising of the legal requirements that are not being met. The practice must send CQC a report that's says what action they are going to take to meet these requirements.

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	A risk register is in place. CQC inspections 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: 11

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection**
Presented by:	**Shepherd Ncube – Associate Director of Delegated Primary Care Commissioning**
Prepared by:	**Gemma Claridge– Delegated Commissioning Manager Primary Care**
Submitted to:	**NHS Norfolk and Waveney Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

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

- **Orchard 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
Orchard Surgery (11,152 actual list size 1/4/2022)	South Norfolk	4 May 2023	Inadequate June 2022	Good

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.

Orchard Surgery, South Norfolk Locality – Inspected: 4 May 2023 **Overall rating: Good**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Good	Good	Good	Good	Good

Following our previous inspection on 14 June 2022, the practice was rated inadequate overall and for providing safe, effective and well-led services, requires improvement for providing responsive services and good for providing caring services. The practice was placed into special measures and issued with conditions relating to a breach of regulations.

The CQC carried out an announced comprehensive inspection as the practice was in special measures and had had conditions imposed on their registration. This inspection was to review in detail the actions taken by the provider to improve the quality of care and to confirm whether legal requirements were now being met. The focus of this inspection included:

• The key questions of safe, effective, caring, responsive and well led.

• The follow up of areas where the provider 'should' improve identified in our previous inspection.

The ratings for each key question were:

- Safe - Good
- Effective – Good
- Caring - Good
- Responsive – Good
- Well-led – Good

Throughout the pandemic CQC has continued to regulate and respond to risk. However, taking into account the circumstances arising as a result of the pandemic, and in order to reduce risk, the CQC have conducted their inspections differently.

This inspection was carried out in a way which enabled the CQC to spend a minimum amount of time on site. This was with consent from the provider and in line with data protection and information governance requirements.

This included:

- Conducting staff interviews using video conferencing
- Completing clinical searches on the practice's patient records system and discussing findings with the provider
- Reviewing patient records to identify issues and clarify actions taken by the provider
- Requesting evidence from the provider
- A short site visit.

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 Good overall.

CQC found that:

• Significant improvements had been made to the leadership in the practice and the leaders had worked well together and with the Integrated Care Board (ICB) to effect change and improvement in the practice.

• The practice now provided care in a way that kept patients safe and protected them from avoidable harm.

• Patients received effective care and treatment that met their needs.

• Staff dealt with patients with kindness and respect and involved them in decisions about their care.

• Patients could access care and treatment in a timely way.

• The way the practice was led and managed now promoted the delivery of high-quality, person-centre care.

The practice had fully engaged with the findings of the CQC last report, had worked comprehensively together and with the ICB and an external team, and had identified a recovery plan, made significant changes, monitored and ensured those improvements had been sustained. Feedback from staff was positive about the changes and the future.

Whilst the CQC found no breaches of regulations. The provider should:

• Continue to monitor and improve the management of long-term conditions for example diabetes and asthma.
• Continue to monitor and improve the identification of carers in the practice.
• Continue to encourage the uptake of cervical screening

The CQC are taking this service out of special measures and the conditions that were imposed on the practice will be removed.

This recognises the significant improvements which have been made to the quality of care provided by this service.

Background to Orchard Surgery

Orchard Surgery is located in Dereham at:

Commercial Road
East Dereham
Norfolk
NR19 1AE

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

The practice is situated within the Norfolk and Waveney Integrated Care Board (ICB) and delivers General Medical Services (GMS) to a patient population of about 11,000. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices which make up the Mid Norfolk Primary Care Network (PCN)

Information published by Public Health England shows that deprivation within the practice population group is in the sixth highest decile (6 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 98% White, 1% Asian and 1% Mixed. The age distribution of the practice population mirrors the local and national averages.

There is a team of 3 GP partners who provide cover at the practice. The practice has a team of 5 nurses who provide nurse led clinics. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and operations manager are based at the practice location to provide managerial oversight.

The practice is open between 8am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided by the practice with early morning appointments available on Thursdays. Out of hours services are provided by Integrated Care 24 (IC24) and accessed by calling the NHS 111 service.

Download full report

Orchard Surgery CQC Report

Download evidence table

Orchard Surgery Evidence Table

Next steps:

Following the inspection and the new CQC rating of Good, the team will continue to offer support to the practice as appropriate.

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.

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 11

Subject:	**Briefing - Recent Care Quality Commission (CQC) inspection Hellesdon Medical Practice**
Presented by:	**Shepherd Ncube – Associate Director of Primary Care Commissioning**
Prepared by:	**Jonathan Milne Delegated Commissioning Manager – Primary Care**
Submitted to:	**NHS Norfolk and Waveney ICB Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

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

- Hellesdon Medical Practice- Dr I P Tolley and Partners

Executive Summary:

PCCC members will be regularly updated with Care Quality Commission (CQC) inspection reports.

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
Hellesdon Medical Practice (Practice List size 10,925 as at 01/04/2023)	Norwich	19th April 2023	Good November 2018	Good

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.

Hellesdon Medical Practice, Norwich Locality – Inspected: 19th April 2023 **Overall rating: Good**					
	Are services safe?	**Are services effective?**	**Are services caring?**	**Are services responsive to people's needs?**	**Are services well-led?**
Rating	Good	Good	Good	Good	Good

Following the CQCs previous inspection in November 2018, the practice was rated good and for all key questions.

The CQC carried out a further announced focused inspection at Hellesdon Medical Practice on 19th April 2023, following concerns reported to the CQC.

The inspection focused on all 5 of the key CQC areas.

Overall, the practice was rated Good, with all of the domains also rated as Good.

This 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.
• A short site visit.
• Staff questionnaires.

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 our ongoing monitoring of data about services and

• information from the provider, patients, the public and other organisations.

They found that:

• The practice provided care in a way that kept patients safe and protected them from avoidable harm.

• Patients received effective care and treatment that met their needs. The practice was aware of a back log of annual reviews that had developed during the COVID-19 pandemic. The action plan they were working with ensured the backlog was being addressed appropriately and within a timely manner.

• The practice undertook regular quality improvements audits such as ensuring patients with a learning disability received appropriate proactive care to live healthier lives.

• Staff dealt with patients with kindness and respect and involved them in decisions about their care.

• Patients could access care and treatment in a timely way.

• The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

The CQC has rated this practice as Good overall.

Whilst the CQC found no breaches of regulations, the provider should:

- Monitor risk assessments to take actions as required to mitigate risks to patients and staff.
- Continue to monitor the systems in place including the coding of medical conditions to ensure all patients receive appropriate reviews in the appropriate timeframes.
- Implement a system to formally record the reflective learning sessions to evidence that supervision and oversight of non-clinical medical prescribers is in place. In addition, monitor the plan to implement whole team meetings to discuss and review significant events and complaints and to share any learning outcome and actions taken.
- Continue to monitor and reduce the backlog of medical records to fully summarise.

CQC found no breaches of regulations.

Background to Hellesdon Medical Practice

Dr I P Tolley and Partners (known as Hellesdon Medical Practice) is located in Hellesdon at:

343 Reepham Road

Hellesdon

Norwich

Norfolk

NR6 5QJ

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 10,916. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices called One Norwich Practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second highest decile (9 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 1.3% Asian, 97.2% White, 0.4% Black, 0.9% Mixed, and 0.2% Other.

The age distribution of the practice population shows a higher number of older people and a lower number of working age and younger people compared to local and national averages.

There is a team of 5 GP partners (3 female and 2 male), the practice is a training practice and at the time of the inspection had 5 GP registrars. There is a clinical team consisting of an advanced nurse practitioner, advanced paramedic practitioner, 2 practice nurses and 2 health care assistants. There is a practice manager and office manager and a support team consisting of a care co-ordinator and reception/administration/secretarial staff.

The practice is open between 8.30am to 6pm Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Hellesdon Medical Partnership is participating in an NHS England funded improved access scheme to provide some additional GP, nurse practitioner and nurse appointments for patients. For patients registered at the practice, these appointments are offered from a nearby medical practice.

Out of hours services are provided by GP Out of Hours Service and are accessed via the NHS 111 service.

Download full report

https://api.cqc.org.uk/public/v1/reports/9d040f1f-3d4a-431d-b6d8-93afbb129d0d?20230523070046

Download evidence table

https://s3-eu-west-1.amazonaws.com/dpub.evidence/NGRS8VH975U2W8/NGRS8VH975U2W8-EA.pdf

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.

NHS
Norfolk and Waveney
Integrated Care Board

Agenda item: 12

Subject:	**Primary Care Estates – quarterly update**
Prepared by:	**Primary Care Estates Team**
Submitted to:	**Norfolk & Waveney Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

Update on Primary Care Estates, for information.

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Update:

Wave 4b Primary Care Hubs

Work has been continuing to develop each of the four Hubs, since the programme was approved by NHS England and the Department of Health and Social Care, in September 2022. Appendices 1-4 show the plans for each of the Wave 4b projects.

The timetable for the programme and its completion deadline of March 2024 remains its biggest risk and the ICB is in regular discussions with NHS England about means of mitigating this risk. The monthly Wave 4b Programme Board is tracking progress against plan, as outlined in the table below.

NHS England have requested a "Round Table" discussion with the ICB in early June 2023, to discuss progress and potential support.

Thetford

The business case for the scheme to refurbish the Thetford Healthy Living Centre was approved by NHS England in March 2023 and will now progress to construction which is due to start during the first week of July 2023 and complete by January 2024. The scheme will see existing admin space converted into 14 new consultation rooms alongside other improvements.

Sprowston

The business case for the scheme at Sprowston was submitted to NHS England in draft form on 30th May 2023. Formal review will follow at the regional NHS England Capital Investment Oversight Group meeting on the 29th June 2023 and then the NHS England National Business Case Review Panel on the 4th July. This scheme now proposes works to make better use of existing vacated space for provision of primary care, rather than the originally proposed extension.

King's Lynn and Rackheath

NHS Property Services have appointed Darwin Construction to oversee the design and, subject to business case approval, build of the two new build schemes at Rackheath and King's Lynn. The new builds will contain a mixture of tenants with approx. 50% of the space allocated for primary medical care and 50% for NHS trusts. Draft business case submission to NHS England is expected by the end of June 2023. Formal review will follow at the regional NHS England Capital Investment Oversight Group meeting on the 27th July 2023 and then the NHS England National Business Case Review Panel on the 15th August.

Support is ongoing to facilitate the two schemes which formed part of the original programme, and which were withdrawn due to capital cost/construction timeline (Attleborough and Shrublands, Gorleston – please see ongoing projects section below).

Scheme	Development Partner	Short form Business Case submission	Construction Start	Construction Completion	Handover	Operational
Rackheath – North Norfolk	NHS Property Services	June-July 2023	August 2023	March 2024	April 2024	May 2024
Sprowston – Norwich	Via landlord – Primary Health Properties	June 2023	September 2023	February 2024	March 2024	March 2024
King's Lynn – West Norfolk	NHS Property Services	June-July 2023	August 2023	March 2024	April 2024	May 2024
Thetford – South Norfolk	Via landlord – Community Health Partnerships/ Norlife	February 2023	July 2023	January 2024	February 2024	February 2024

PCN Service and Estates Toolkit Programme

NHS England have commissioned Community Health Partnerships (CHP)[1] to support PCNs, nationally, to implement the PCN Service and Estates Toolkit in 2022/23. The Toolkit is clear that an estate strategy should be driven by a clinical strategy.

Of the 17 PCNs in Norfolk and Waveney, 11 engaged with Health Integration Partners (HIP) who supported the development of clinical strategies. Only 3 PCNs have not engaged with Norlife, who are supporting work on the development of estate strategies. The programme was due to complete by April 2023, but the timeline has slipped and the ICB now expects to receive draft estate strategies by early June 2023. The ICB will be able to make use of the data gathered during the programme to support remaining PCNs to develop strategies, but

[1] Community Health Partnerships (CHP) is wholly owned by the Secretary of State for Health and Social Care. Incorporated in 2001, the focus was to improve the NHS estate via Public Private Partnerships. Since 2013, CHP have taken on the role of Head Tenant from the former Primary Care Trusts.

there will not be any dedicated external resource for this work. The primary care estates team are aiming to produce an ICB Primary Care Estates Strategy by December 2023.

As previously noted, completion of the toolkit programme nationally will for the first time provide a consistent national view of the condition and demands on primary care estate. One of the aims of the programme is to use this evidence base to support future funding requirements in expenditure reviews.

Funding to support General Practice Estate development

As noted previously, the Primary Care Estates Team is aware – formally or via informal enquiries – that around 70% of practices are interested in funding to support an estates scheme. It is expected that this proportion will rise when the next formal call for bids, from practices interested in premises improvements and/or more space, is made. The Primary Care Estates Team had expected to make this formal call for bids before the end of 2022, but with 2023/24 budgets committed and the outputs of the PCN Service and Estates Toolkit Programme delayed until Summer 2023, invitations will now likely be issued by the end of 2023 (for the 2024/25 budget).

The schemes/proposals being supported by NHS business as usual capital and revenue funding to support increased rent reimbursement are:

Practice	Scheme	Capital	Fees	Revenue	Total	2022/23	2023/24
Elmham Group of Practices – Toftwood Medical Centre	Additional capacity	✓	✓	✓	£0.4m	£0.1m	£0.3m
Blofield Medical Centre	Extension	✓	✓	✓	£1.7m *with £1.2m from NHS capital*	£0.6m	£0.6m
St James Medical Practice	New build replacement premises	Third party funding	✓	✓	£8.2m *with £0.2m from NHS capital*	£0.0m	£0.2m
Long Stratton Medical Partnership	Extension	Third party funding	✓	✓	£1.6m *with £0.1m from NHS capital*	£0.0m	£0.1m
Drayton Medical Practice	Extension	Third party funding	✓	✓	£2.9m *with £0.1m from NHS capital*	£0.0m	£0.1m

The legal discussions which led to a delay with the Blofield extension have concluded. The ICB and practice worked together and were successful in maximising expenditure in the 2022/23 financial year.

The ICB are facing challenges with rental valuations for new build premises not matching developer expectations (due largely to the increased cost of construction materials and labour), meaning some developments are stalling. ICBs can consider "top up" payments, in certain circumstances, governed by the NHS Premises Costs Directions, where the assessed rental valuation does not provide sufficient returns for the developer/investor. NHS England have asked ICBs to refer any rental supplement proposals to them for assessment.

Norfolk and Waveney General Practice Estate: ongoing projects

Projects expected to complete in 2023:

Practice	Scheme
Blofield Surgery	312m² extension to existing premises
St James Medical Practice, King's Lynn	New (replacement) facility is due to open January 2024
Long Stratton Medical Partnership	153m² extension to existing premises.

Projects being scoped and/or prepared for approval:

Practice	Scheme
Attleborough Surgery	Additional capacity alongside development of long-term solution.
Bungay Medical Practice	Extension, reconfiguration and improvements. A Community Infrastructure Levy bid was submitted at the end of May.
Bridge Road Surgery, Lowestoft	Practice have engaged a third-party developer for a replacement premises utilising a combination of Section 106, Community Infrastructure Levy Funding, and private capital.
Shrublands, Gorleston	The ICB went to market for a third-party developer for the construction of this scheme in Gorleston, which was originally one of the Wave 4b Primary Care Hubs. A third-party developer was appointed following stakeholder interviews in January and the business case for the scheme is being developed.
Humbleyard Practice – Hethersett development	Discussions continue with The Humbleyard Practice about potential solutions to the existing and future pressure on their capacity – South Norfolk Council are undertaking some feasibility work towards supporting a new build facility.
Taverham Partnership	Discussions involving the local planning authority are quite advanced, with a multi-agency group meeting regularly: Taverham Communities & Health Hub Partnership, which is overseeing the design of the proposed building. The Taverham Partnership are proposing to move from their existing main site into the new premises.

In addition, there are housing related developments which may give rise to primary care estates scheme proposals (including, but not limited to):

a. Halesworth: developments include older people's housing and there is an opportunity to bid for Community Infrastructure Levy funding.

b. Lowestoft: there is an existing Section 106 agreement for land to be set aside as part of the Woods Meadow development. The Bridge Road Surgery have engaged a third-party developer and work is underway to develop a business case for this scheme.

The Primary Care Estates Team is also working with practices who are considering sale and leaseback proposals, who are proposing branch closures and where the ICB has been asked to join discussions in relation to leases.

Rent reimbursement and rent reviews

As from 1st April 2023, the primary care rent review function transferred from NHS England (NHSE) to ICBs. Responsibility for managing this function now sits with Norfolk and Waveney ICB's Primary Care Estates Team. In practice, the ICB started picking up the work before the official handover.

All GP practices were made aware of the transfer of the primary care rent review function via the regular GP newsletter and were provided with the new dedicated email address for all rent review and lease queries.

The transition of the function has not been without its challenges. There was very little in the way of training from NHSE and the electronic file transfer was delayed. In addition, NHSE did not provide an Information Asset Register for information governance purposes. This further delayed the ICB being able to download the files. With the assistance of the District Valuer, the ICB has identified 42 practices which are overdue a rent review. The ICB will be engaging with these practices to start to clear this backlog, with rent reviews also being entitled to be back dated to the due date of review. It should be noted that this is because of historic NHS processes not being followed correctly, and not due to the District Valuer response times.

Positive progress has been made since the transition, including:

- Template letters and how to guides have been adapted for ICB use.
- Following rent reviews, a new process for approving rent reimbursement increases has been set up.
- A process for managing the dedicated email mailbox has been set up including daily reviews and a weekly stock take of actions.
- Value for Money report training has been provided by the District Valuer Service.

Going forward, a review of the existing NHSE rent review tracker will be undertaken with a view to bringing all outstanding notional rent reviews up to date.

During a given financial year, there are several moving factors with rent reimbursements, with many back dated reviews in all months of the year. Therefore, the figures below are approximate.

- For the period 2021/22 total rent reimbursement was approximately £12,763,163
- For the period 2022/23 total rent reimbursement was £13,319,566.24.

This gives a rent reimbursement increase of £556,403.24 from 2021/22 to 2022/23. This figure does not include rent arrears paid and just takes actual reimbursement on all property as of March at the end of each financial year.

2022/23 Reviews

Month	Number of rent review approvals	Rent increases
April	2	£ 7,120
May	7	£ 32,770
June	5	£ 23,875
July	2	£ 9,900
August	2	£ 4,600
September	0	0
October	4	£ 24,650
November	1	-£21,100
December	5	£ 11,050
January	1	£ 5,100
February	0	0
March	2	£ 9,300
TOTAL:		**£107,265**

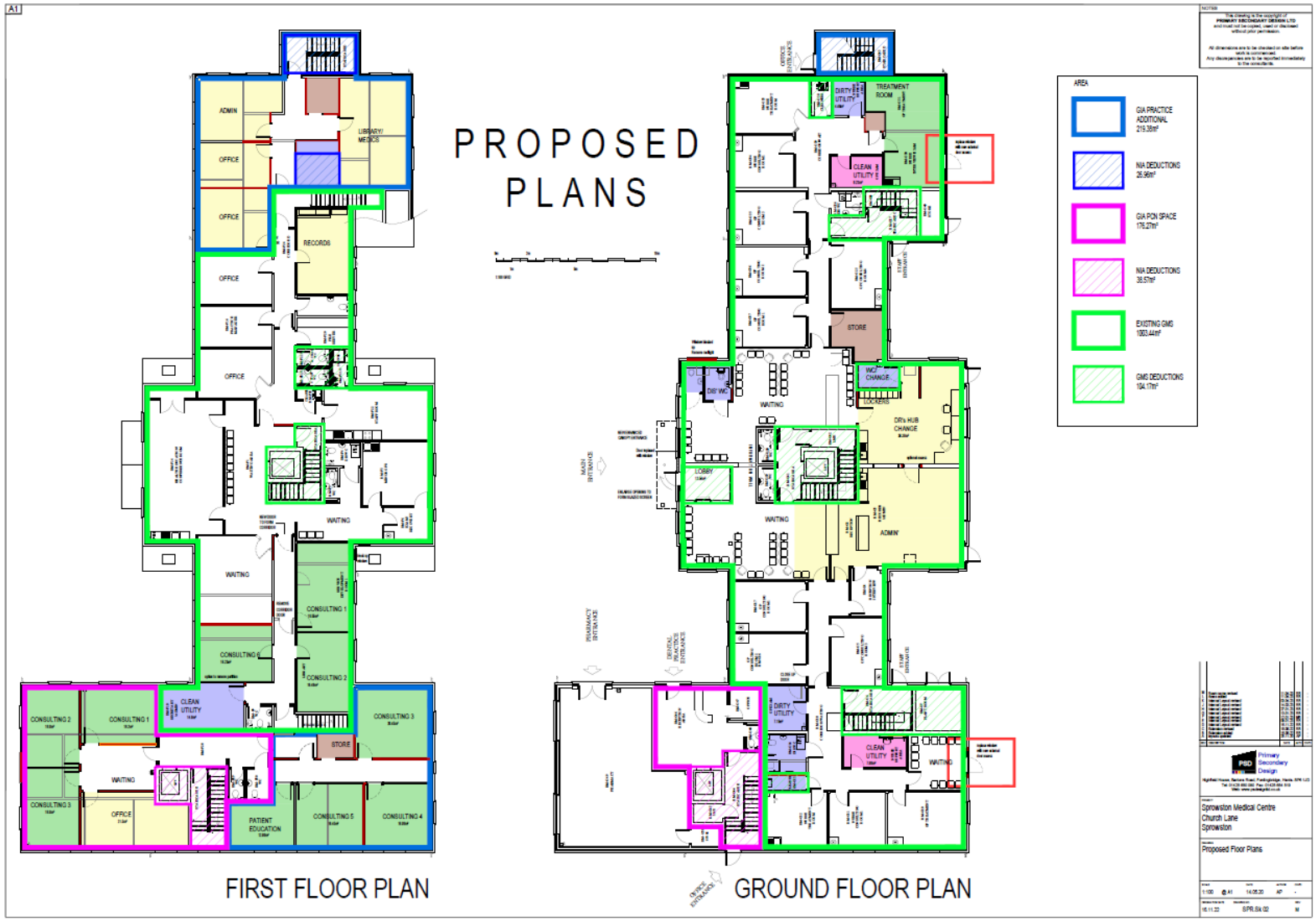
2023/24 Reviews to date

Month	Number of rent review approvals	Rent increases
April	2	£ 4,600
May	1	£ 1,500

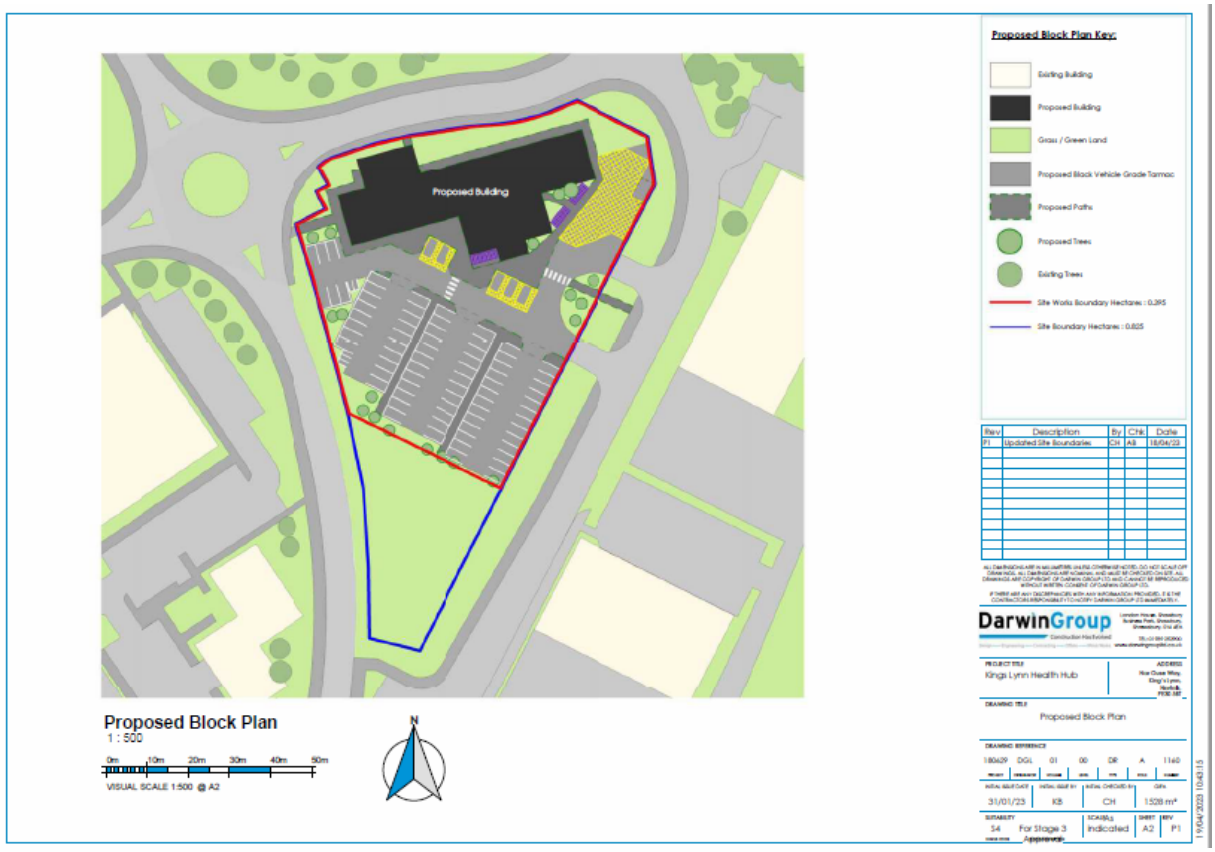
Appendix 1: Wave 4b Primary Care Hub Thetford First Floor Plan Approved

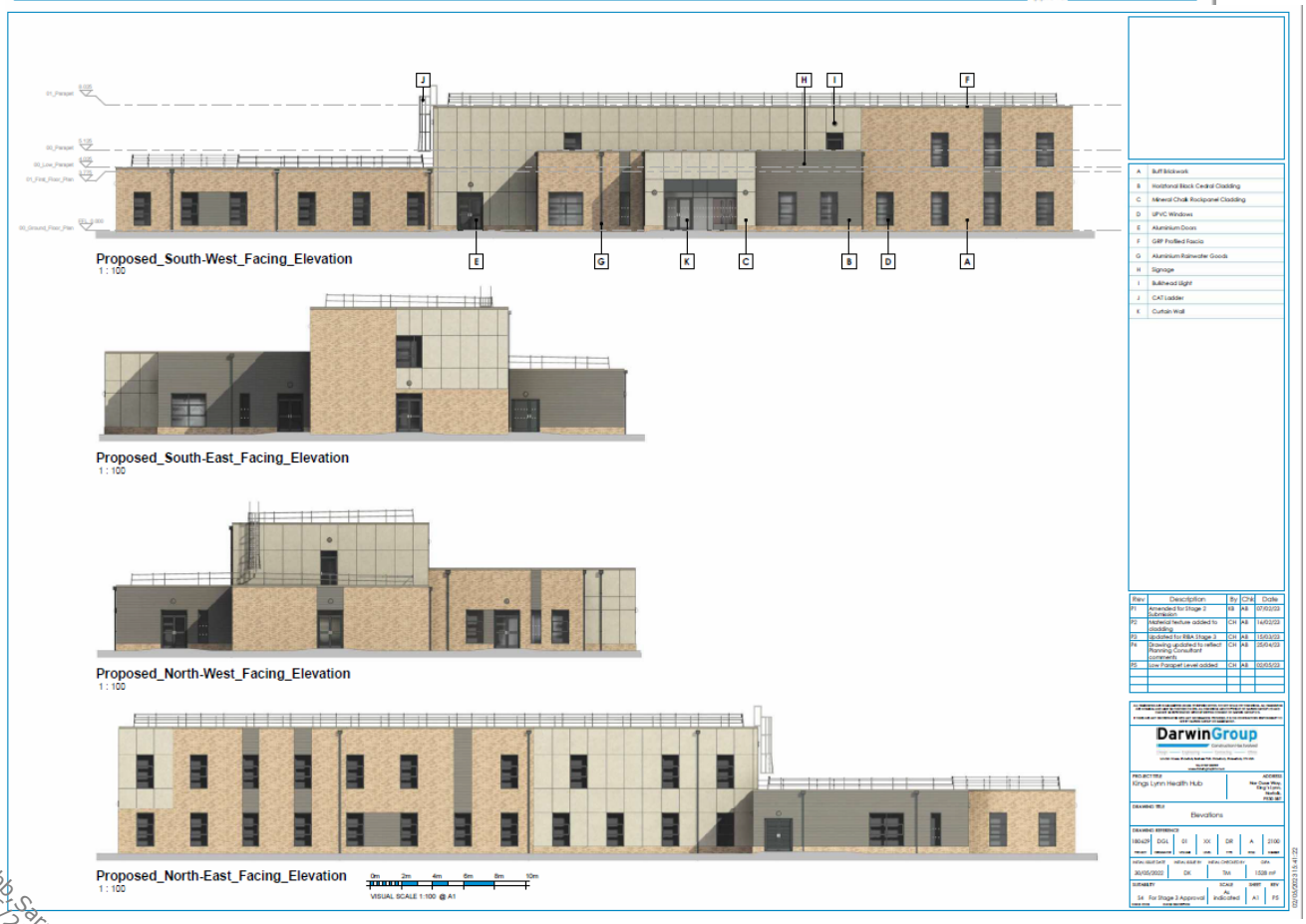
Appendix 2: Wave 4b Primary Care Hub Sprowston Proposed

*Space labelled as additional PCN space not approved by ICB as part of this project and would be subject to a separate process.

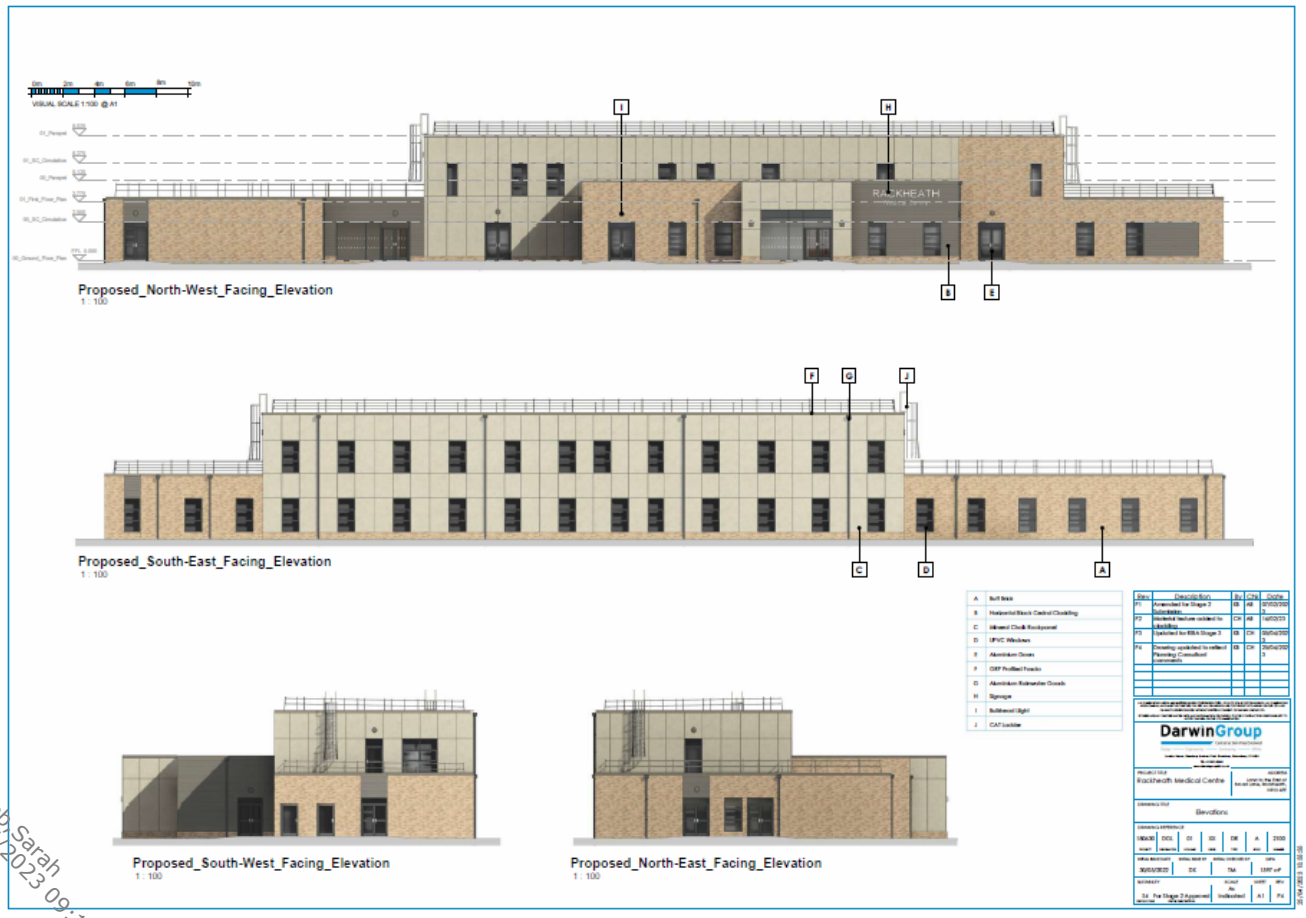


Appendix 3: Wave 4b Primary Care Hub King's Lynn (Nar Ouse Way) Proposed





Appendix 4: Wave 4b Primary Care Hub Rackheath (Broad Lane) Proposed



Norfolk and Waveney
Integrated Care Board

Agenda Item 13

Subject:	Digital Update for Primary Care
Presented By:	Anne Heath, Associate Director of Digital
Prepared By: **Date:**	Anne Heath, Associate Director of Digital 12 June 2023
Submitted To:	Primary Care Commissioning Committee, June 2023
Purpose of Paper:	To provide an update on Digital projects and innovations

1.0 Current Position of Digital Projects and Initiatives

Online Consultation Systems

The FootFall online consultation system is still the predominant system in the area, with 75 practices using it (10 have moved onto other products in the past year). The company has recently changed hands and further to this, users have suffered with many performance issues.

There have been many developments with online consultation systems in the years since FootFall was procured, including many which have integration with the NHS App, or improved signposting capability.

To support the Primary Care access recovery plan, it is intended that the range of systems on offer to practices will be revised. A workshop has been held with practice representatives to understand what is wanted from new systems. Evaluation and procurement will take place in June and July, with new products available to practices from August.

NHS App

A target has been set to increase the number of NHS App users to 90% of the eligible population – uptake is currently at 46% across Norfolk & Waveney and we have slipped to be in the bottom 3 in the region where previously we were at the top. To run engagement for the NHS App is difficult because practice settings mean that patients get a different experience. The new target for prospective record access will make the experience more consistent, as will messaging via the app. Some practices are running patient information events, focused around repeat prescription requests. The Digital Team will be supporting these events.

Cloud Based Telephony

National funding is to be provided to support all practices in their move to cloud telephony. Currently, just over half of all practices in Norfolk & Waveney have a cloud telephony solution, the majority have been funded through the pilot project and the others have self-funded. To access the national funding, a bid must be submitted by the ICB. Practices are advised to not enter into any agreement independently as it will not be possible to reimburse any expenditure agreed outside of the national programme. Suppliers are of course trying to lock practices in however we are advised that the process of application via the ICB must be followed.

Clinical Systems Convergence

7 Practices in the area have successfully moved clinical system from Emis to SystmOne. Having a common system across a PCN makes it easier for Shared Admin and for PCN additional roles reimbursement scheme (ARRS) staff appointment management and communications, and for those staff to have only one system to get to know and update.

Shared Care Record

The Shared Care Record is now live in Norfolk County Council, NSFT (Norfolk and Suffolk NHS Foundation Trust), ECCH (East Coast Community Healthcare), IC24 (the GP out of hours and NHS111 provider) and some GP Practices. There have been many thousands of record views and feedback has been positive.

SD-WAN

The roll out of SD-WAN resilient network and practice Wi-Fi has now commenced.

GPIT Support

A directive from NHS England for the protection of CSUs (commissioning support units) means that the GPIT service will continue to be provided by AGEM for the foreseeable future. This will mean that the move to full cloud and single sign on will not proceed.

Practice Information Governance and Data Protection Officer service

A procurement has recently been run for the practice IG and DPO service, due to the expiry of the current contract with Kafico. Practices were invited to participate in the evaluation of tenders. This has now been completed and the outcome is being assessed, following which a contract award recommendation will be made.

Digitisation of Lloyd George Notes

The digitisation of records for Emis practices is almost complete. However, it has been very difficult with several IG concerns. The practice DPO, Kafico, is recommending a full IG audit of the provider. Due to the issues experienced, the larger contract for the digitisation of notes for SystmOne practices has been terminated. The national scan on demand proposal is not yet a firm offer. Discussions will be held with all affected practices to determine the best way forward, which may be local storage or digitisation.

Social Media

Around half of all practices in Norfolk & Waveney are live with the managed Social Media offer, which looks after practice Facebook and Twitter accounts.

2.0 Development – national context, governance and finance

The Primary Care Access and Recovery Plan sets out digital ambitions for practices to implement "modern general practice access" and these are reflected in the workplan for the Digital Team.

3.0 Future Deliverables and Priorities

The focus of delivery for Primary Care will be on the components that are included in the Primary Care Access Plan. There will also be a drive to reduce text messaging costs and set a cap for practices, as these are costing £500k a year, up from £69k pre-pandemic.
4.0 Next steps Online consultations procurement, cloud telephony validation and bid, NHS App promotion

Norfolk and Waveney
Integrated Care Board

Agenda item: 14

Subject:	**Results of the NHS England Annual E-Declaration for GP Practices in Norfolk & Waveney (2022/23)**
Presented by:	**Julian Dias-** Deputy Senior Delegated Commissioning Manager
Prepared by:	**Julian Dias-** Deputy Senior Delegated Commissioning Manager
Submitted to:	**NHS Norfolk and Waveney PCCC**
Date:	**12 June 2023**

Purpose of paper:

For approval– To update committee members regarding the results of the annual E-Declaration (E-DEC) submission by GP Practices (2022/23), provide a review, analysis, and propose an action plan to address non-compliant responses.

Executive Summary:

Commissioners of primary medical services have a statutory duty to conduct a routine annual review of every primary medical care contract it holds. This annual process is delivered through the annual GP Practice E-DEC mandatory collection from NHSE, with results shared to ICBs for review.

All GP practices in Norfolk and Waveney were required to submit their E-DEC electronically during a window from October 2022 to November 2022 via the NHS Digital collection website. The findings resulted in 188 flagged non-compliant responses with 4 Null responses across N&W.

This report will present members with the results of the declaration, identification of 4 key themes along with proposed plan for follow up.

1. Introduction:

The purpose of this paper is to update committee members with regards to the results of the annual E-Declaration (E-DEC) submission by GP Practices in Norfolk and Waveney for the financial year 2022/23.

This report will cover the content of the declaration, an overview of the results split by themes as well as a proposed follow up plan for approval, to ensure practices are aware of their results and ensure mitigation plans are provided to address the flagged responses.

2. Background:

The annual electronic practice self-declaration (E-DEC) was first introduced to practices in April 2013 and is an annual national mandatory data collection. Information collected in the E-DEC centres around Patient Access, Workforce, Practice services and contractual compliance at a practice level.

3. Annual E-Dec Return Results and follow up plan for 2022/23

The closing date for practices to submit responses was in November 2022, with results being published in April 2023.Across N&W; there was a high response level from General practices; 101 practices submitted a response with 4 providing nil response.

From initial work done to understand the reasons behind non responders; workforce circumstances, competing pressures and staff availability appear to be the main reasons. We will formally write to the 4 practices to understand reasons behind the nil response and how it can be mitigated for the next round of submissions

Of the practices that did submit, the below table was created to help display the findings of the practice declaration results. It displays **188** flags (**194 flags** detected last year) identified grouped under the following **4** key themes for review purposes:

- Patient Access- 108 flags (113 flags last year.)
- Contractual Compliance- 58 flags (35 flags last year.)
- Workforce- 2 Flags (21 flags last year)
- Practice Communications- 20 flags (21 flags last year)

Thematic Results of the E-DEC practice data for Norfolk and Waveney (2022/23).

Priority	Priority Number	Question Description	Theme	Number of red flags	% of practices flagged
High	4C	Q4C Are there any regular periods during each week that the practice is closed to patients between the hours of 8.00 and 6.30pm Monday to Friday (except bank holidays)?	Patient Access	30	31.91%
	2L	Q2L Are all healthcare workers employed by the practice familiar with the Government's Prevent strategy and have all GPs (partners and salaried) participated in PREVENT training in the past 3 years?	Contractual Compliance	12	12.77%
	7B	Q7B. Have you notified CQC of any change relating to regulated persons and any of the events listed in the regulations , put in an application if required and are in receipt of an up to date registration certificate?	Contractual Compliance	4	4.26%
	5X	Q5X. Practice confirms it is not advertising the provision of private GP services either by itself or through any other person (via the practice leaflet, practice website or any other written or electronic means)?	Practice Communication	4	4.26%
	4M	Q4M. During the preceding 12 months, the practice can confirm, that it can evidence (if requested), how it is meeting the reasonable needs of its patient population and the practice has arrangements in place for its patients to access such services throughout the core hours (08:00 – 18:30 Monday to Friday) in case of emergency?	Patient Access	2	2.13%
	3A	Q3A. The premises used for the provision of services under the contract are suitable for the delivery of those services and sufficient to meet the reasonable needs of the practice's patients. (GMS Schedule 6 part 1 PMS Schedule 5 part 1) and must meet Minimum Standards as defined in Schedule 1 of the Premises Costs Directions (2013)	Contractual Compliance	2	2.13%
	7A	Q7A. 'Does your CQC registration accurately reflect the regulated activities you provide, and is each location where you provide them listed'	Contractual Compliance	1	1.06%
	5Z	5Z The practice can demonstrate (e.g. practice policy, records of refusals) it has not refused any registration on the grounds any patient was unable to provide proof of identify or address or any evidence of immigration status?	Contractual Compliance	1	1.06%
	4Fb	Q4Fb Is the practice closed each week for half a day during core contract hours?	Patient Access	1	1.06%
	2E	Q2E. All health care professionals employed in the practice have annual appraisals and where applicable personal development plans and that this is aligned to revalidation for doctors and also for registered nurses and midwives (according to requirements issued by the Nursing and Midwifery Council)	Workforce	1	1.06%
	2C	Q2C. All relevant staff have been subject to the necessary Disclosure and Barring Service (DBS) checks. The DBS has replaced the Criminal Records Bureau https://www.gov.uk/government/organisations/disclosure-and-barring-service/about) See also the CQC mythbuster on DBS checks. http://www.cqc.org.uk/content/nigels-surgery-2-who-should-have-disclosure-and-barring-service-dbs-check	Workforce	1	1.06%

Medium	4L	Q4L.Does the practice offer primary medical services (excluding home visits) to new patients who are seeking to register with the practice and reside outside their usual practice boundary area.	**Patient Access**	71	75.53%
	3B	Q3B. The premises used for the provision of services under the contract are subject to a plan that has been formally agreed with the NHS England under Regulation 18 (3) if rectification actions are required; or in order to comply with Minimum Standards as of the current Premises Costs Directions	**Contractual Compliance**	15	15.96%
	5G	Q5G. The practice can evidence that they have engaged with their PPG throughout the year and make available such feedback to the practice population including actions and reports, including where they have acted on suggestions for improvement. (GMS Part 5, 24 (4), PMS Part 5, 15A (4)	**Contractual Compliance**	9	9.57%
	5U	Q5U. (r) Has the GP practice updated their whistleblowing/speaking up policy in light of the new 2022 national policy? Yes/no	**Practice Communication**	3	3.19%
	5H	Q5H. The practice is able to show that the PPG is properly representative of its practice population or that it has made and continues to make efforts to ensure it is representative of its local population. (GMS Part 5, 24A (3), PMS Part 5, 15A (3))	**Contractual Compliance**	3	3.19%
Low	5V	Q5V. Has the practice identified someone external to the practice staff can raise concerns with in confidence (e.g. freedom to speak up guardian, local whistleblowing lead)?	**Practice Communication**	5	5.32%
	5A	Q5A. The practice produces a leaflet that includes all of the requirements set out in its contract. (GMS Schedule 10,PMS Schedule 10)	**Contractual Compliance**	5	5.32%
	5C	Q5C. The practice leaflet is made available for patients/prospective patients. (GMS Schedule 6 part 5,PMS Schedule 5 part 5)	**Practice Communication**	4	4.26%
	5B	Q5B. The practice reviews and updates its leaflet at least once every 12 months. (GMS Schedule 6 part 5,PMS Schedule 5 part 5)	**Practice Communication**	4	4.26%
	4S	Q4S. If 'No (opted out)' the practice can evidence that it has in place arrangements to monitor and report on any patient or practice concerns about the quality of local OOH services.	**Contractual Compliance**	4	4.26%
	5E	Q5E. The practice can demonstrate reasonable grounds where it has refused an application to register and keeps a written record of refusals and the reasons for them. (GMS Schedule 6 part 2,PMS Schedule 5 part 2)	**Patient Access**	2	2.13%
	4T	Q4T. If 'No (opted out)' the practice can evidence that it also has in place arrangements to promptly review the clinical details of OOHs consultations made by its patients and for dealing with information requests from the OOH provider.	**Patient Access**	2	2.13%
	2A	Q2A. The practice can evidence and make available the needs analysis and risk assessment it has used for deciding sufficient staff levels. Recognising the need to have the right knowledge, experience, qualifications and skills for the purpose of providing services in the practice and demonstrating capacity to respond to unexpected service changes.	**Contractual Compliance**	2	2.13%

Overall, the results demonstrate that practices are aware of the challenges they face but may require additional support to ensure the flags highlighted are resolved. The action plan proposed will help the ICB to share and further understand the results-ensuring further assurance prior to the next round of E-Dec submission.

The proposed approach is to progress with the action plan provided below to mitigate the non-compliant responses highlighted from the results. This is a continuation from the action plan submitted to PCCC for 2021/2022 results.

4. Proposed Follow up plan:

Plan:	Description:	Owner:
1. Share results of the E-DEC data to Locality teams and other stakeholders	• Data to be shared within Delegated team and nominated links to locality. • Share practice results with locality and LMC teams. • Delegated team to work with individual GP practices to follow up on non-compliant flags.	Delegated Team/Locality Team
2. Prioritise practices that did not submit E-Dec data	• Establish reasons for non-compliance (workforce issues seem to be the main reason along with staff absence). • Although the window for submission has closed for 2022/23, consider prioritising the practice as part of the practice support programme, as appropriate	
3. Establish and develop plan with practices where appropriate, focusing on high priority red flags.	• Delegated team member for named locality to coordinate responses from practices and ensure support. • Identify any exceptional circumstances and develop support as appropriate • E-DEC data will be used during practice visit programme.	
4. Ensure practices are aware of annual requirement of declaration submission.	• Prioritise practices that have not responded and identify if any support is required. Targeted reminders to non-responding practices before next E-Dec window • Communicate with practices prior to next round of submissions to encourage practices to answer all questions. • Raise profile with locality teams and at practice manager meetings.	

5. Recommendation

Committee Members are asked to note the report and approve the above proposed plan. If approved, the plan will be monitored through the soon to be established operational delivery group with updates to primary care committee through its regular reporting.

6. Key Risks

Clinical and Quality:	Capacity challenges making it difficult for practices engaging with mitigation plans.
Finance and Performance:	Individual practice E-Declarations will be relevant as part of the practice visit programme currently being developed. This will enable us to take a more proactive approach to support practices going forward.
Impact Assessment (environmental and equalities):	N/A
Reputation:	A proactive approach may enable us to identify struggling practices earlier, and to deliver against the requirements of our delegation agreement with NHS England.
Legal:	The annual e-declaration process is a mandatory part of the GP contract for all independent GP contractors
Information Governance:	N/A
Resource Required:	Delegated commissioning team and GP contractors
Reference document(s):	NHS England's Primary Medical Care Policy & Guidance Manual Nov 2017, GMS Regulations
NHS Constitution:	N/A
Conflicts of Interest:	Practice partners and staff will have an interest in the proposed approach
Reference to relevant risk on the Governing Body Assurance Framework	PC13, 14 and GBAF 07 relating to the resilience of general practice

7. Governance

Process/Committee approval with date(s) *(as appropriate)*	An update on the progress of our action plan will be provided to Integrated Care Board primary care committee members through the regular operational delivery group reports.

Norfolk and Waveney
Integrated Care Board

Agenda item: 15

Subject:	**Primary Care Commissioning Committee – Scheme of Delegation**
Presented by:	**Sadie Parker, Director of Primary Care**
Prepared by:	**Fiona Theadom, Head of Primary Care Commissioning**
Submitted to:	**Primary Care Commissioning Committee**
Date:	**12 June 2023**

Purpose of paper:

To seek approval for the operating model and mobilisation of the Operational Delivery Groups set out within the Committee's Terms of Reference and agreed by the Board in February 2023.

Executive Summary:

At its meeting in January 2023, Members agreed the Terms of Reference for the Committee to take effect from April 2023 when the ICB became responsible under the Delegation Agreement with NHS England for all primary care services.

To manage the increased responsibility and role of the Primary Care Commissioning Committee, a Scheme of Delegation was proposed that established two Operational Delivery Groups, one for medical and one for dental services. The Committee Terms of Reference were approved by the ICB Board in February 2023.

This paper sets out proposals for the establishment and mobilisation of the two operational Delivery Groups from July 2023.

Report

Introduction

At its meeting in January 2023, Members agreed the Terms of Reference for the Committee to take effect from April 2023 when the ICB became responsible under the Delegation Agreement with NHS England for all primary care services.

To manage the increased responsibility and role of the Primary Care Commissioning Committee, a Scheme of Delegation was proposed that established two Operational Delivery Groups, one for medical and one for dental services. The Committee Terms of Reference were approved by the ICB Board in February 2023.

This paper sets out proposals for the establishment and mobilisation of the two operational Delivery Groups from July 2023.

Committee members are reminded that pharmaceutical services contracting matters are discussed at the monthly Pharmaceutical Services Regulations Committee currently hosted by Hertfordshire and West Essex ICB and attended by all ICBs. It was further agreed that optometry contracting matters would be managed directly by the Committee as and when they arise. Responsibility for commissioning local pharmacy and optometry services is the direct responsibility of the ICB and will also be brought to Committee for discussion and approval as required.

Proposed mobilisation of the Delivery Groups

The establishment of the two Delivery Groups will enable the Committee to focus on primary care strategic development and transformation and responsibility for overall assurance of delegated functions.

It is proposed to set up meetings of each of the Operational Delivery Groups from July 2023 and there will be a phased transition towards reducing the number of Committee meetings as the agenda for the Committee is refocused towards strategic and transformational matters. As there is common ICB staff membership between the Committee and the Delivery Groups, this transition will need to be managed so that individual resources can manage their work priorities and commitment to servicing and attending the Committee accordingly.

The Scheme of Delegation agreed in January 2023 is included as Appendix A for information.

Under the new way of working, it is proposed that typical agenda items for the Committee may include:

- Primary Care Strategy for all primary care
- Dental Strategy and quarterly progress updates
- Joint Forward Plan
- Strategic Workforce Plan and quarterly updates
- Community Pharmacy Strategy plans and quarterly updates
- Transformation of service proposals (including locally commissioned services)
- Strategic approach to PCN Development and Service Transformation, e.g. Primary Care Recovery Plan for 2023/2024
- Report on annual changes to primary care contracts and impact analysis
- Commissioning proposals for new contracts or services
- Optometry services – contractual changes and other matters
- Reports from the Pharmaceutical Services Regulations Committee
- Annual ICB Audit report for Delegated Commissioning

- Annual NHS England Assurance Framework report for all primary care services
- Primary Care Resilience (strategic report)
- Regular reports, in line with PCCC meeting frequency, for:
  - Finance
  - Primary Care Performance Report
  - Risk register
  - General Practice Delivery Group Report
  - Dental Delivery Group Report
  - Medicines Optimisation

- Section 96 funding proposals
- Dental End of Year report

Operational Delivery Groups

The following agenda items are suggested for each of the Delivery Groups as appropriate:

- **General Practice Delivery Group**

  - Workforce updates (including ARRS)
  - Annual E-Declaration for general practice report and monitoring of actions
  - Performance Dashboard, including Reports on Annual health checks for Learning Disabilities and Severe Mental Illness
  - Practices at Risk Register (updates on action plans and assurance)
  - PCN development plans, contract monitoring and changes to services
  - Locally commissioned services (annual review)
  - Proposed contractual or service changes (Appendix A refers)
  - TIAA audit outcomes and impact for operational delivery, including monitoring of actions

- **Dental Services Delivery Group**

  - Workforce updates
  - End of Year report (operational)
  - Mid year report
  - Quality Improvement report
  - Practices at Risk register
  - Updates from Dental Development Group
  - Commissioning proposals (< £50k)
  - Proposed contractual or service changes (Appendix A refers)
  - TIAA audit outcomes and impact for operational delivery

Oversight and Assurance

The Committee will receive reports at every meeting from each of the Delivery Groups for assurance purposes.

It is proposed to establish both Delivery Groups from July 2023 onwards meeting monthly and there will be a phased transition to reduce the number of Committee meetings that take place in a year with a new agenda. It is expected that this transition will be completed by September 2023.

It is acknowledged that the above framework may need to be amended and will evolve as the Committee becomes more familiar with the role and responsibilities of the Delivery Groups. It is further recognised that as the Committee has only recently taken on responsibility for pharmaceutical services, optometry and dental services and that some decisions in the Dental Services Delivery Group may be referred to the Committee for learning purposes.

There may be occasions when the service lead considers that an item should be presented to PCCC rather than the relevant Delivery Group due to political and/or reputational sensitivities and potential impact for the ICB and patient care. It will be the responsibility of the senior manager presenting the paper to make the Committee aware of this.

As part of its responsibilities for primary care commissioning, the Committee is also responsible for oversight of System Development Funding and primary care workforce strategy as it impacts primary care commissioning planning, and for development of the Additional Roles Reimbursement Scheme through the PCN DES. The Primary Care Workforce team also report on workforce, training and education plans to the People Board. These governance arrangements will be considered when decisions are required around investment.

Next steps

The following next steps will be actioned:

- set up the Delivery Groups meetings from July and the reporting mechanisms to the Committee.
- agree agenda and ongoing forward plans for each Delivery Group, and amend the PCCC forward plan accordingly

The ICB will bring forward a paper for discussion around the effectiveness of the decision-making structure in October 2023.

Recommendation to the Committee:

To approve the proposals, membership and draft forward plans for agenda items for the Medical Delivery Group and the Dental Delivery Group

Key Risks	
Clinical and Quality:	N/A
Finance and Performance:	N/A

Impact Assessment (environmental and equalities):	N/A
Reputation:	N/A
Legal:	ICB Constitution, Primary Care Commissioning Committee Terms of Reference
Information Governance:	
Resource Required:	Primary Care and representatives from ICB teams in Finance, Quality and LRCs
Reference document(s):	Delegation Agreement with NHS England Primary Care Commissioning Committee Terms of Reference (approved February 2023)
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)	

NORFOLK AND WAVENEY ICB - PRIMARY CARE COMMISSIONING COMMITTEE

Primary Care Commissioning Committee Scheme of Delegation (Interim) for Dental Services and Primary Medical Services

This Scheme of Delegation should be considered in conjunction with the Terms of Reference for the Primary Care Commissioning Committee. It will be reviewed in September 2023 to determine its effectiveness and fitness for purpose.

Purpose

The Primary Care Commissioning Committee ("PCCC") have agreed the establishment of a Primary Medical Services Delivery Group and a Dental Services Delivery Group that will undertake specific agreed tasks and decision making as set out in the Scheme of Reservation and delegation as delegated to the appropriate director. The Committee shall determine the membership and terms of reference of these groups in accordance with the ICB's constitution, standing orders and Scheme of Reservation and Delegation (SoRD).

The purpose of the Delivery Groups is to provide a framework for effective decision making in relation to certain contractual matters for general practice and dental services under delegated authority from the ICB's Primary Care Commissioning Committee. The PCCC Scheme of Delegation also allows for certain decisions to be made by an appropriate member of the Primary Care Commissioning Team as outlined in detail in Appendix A.

This PCCC Scheme of Delegation does not remove the ICB's obligations for engagement and consultation with patients and key stakeholders under 13Z of the Act. Decision making of each Delivery Group will be informed by appropriate and proportionate engagement and consultation with patients and communities and will also be evidence based making effective use of all available data and business intelligence as necessary.

Membership

The members of each Delivery Group will be agreed by the Primary Care Commissioning Committee.

The Chair of PCCC will appoint a Chair of each Delivery Group who has the specific knowledge, skills and experience making them suitable to chair the Group.

The voting members for each Delivery Group will be:

- Chair – Executive Director of Patients and Communities
- Director – Primary Care (Deputy Chair)
- Associate Director - Primary Care Commissioning
- Finance – Head of Finance
- Associate Director of Nursing and Quality

The following attendees may be invited to attend each of the Delivery Groups as described below:

General Practice Delivery Group	Dental Services Delivery Group
• Head of Primary Care Commissioning	• Head of Primary Care Commissioning
• Head of Primary and Community Care Strategic Planning	• Head of Primary and Community Care Strategic Planning
• Head of Primary Care Workforce Transformation	• Head of Primary Care Workforce Transformation
• Senior Primary Care Commissioning Manager (General Practice)	• Senior Primary Care Commissioning Manager (Dental)
• Representative of the Local Medical Committee	• Representative of the Local Dental Committee
• Healthwatch Norfolk and Healthwatch Suffolk	• Healthwatch Norfolk and Healthwatch Suffolk
Representative from the ICB's BI team	• Representation from general dental practice team or community dental services
	• Representative of the Local Dental Professional Network
	• Consultant in Dental Public Health
	• Dental Quality Nurse

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter

Where an attendee of the Group who is not a member of the Group is unable to attend a meeting, a suitable alternative may be agreed with the Chair

Quoracy of Group meetings and decisions

Each Delivery Group will meet at least 4 times a year or more often to meet business needs. Each Group will operate in accordance with the ICB's Standing Orders and Detailed Delegated Financial Limits. The Secretary to each Group will be responsible (or delegate where appropriate) for giving notice of meetings. This will be accompanied by an agenda and supporting papers and sent to each voting member and non-voting attendee at least 7 calendar days before the date of the meeting. When the Chair of the Group deems it necessary in light of the urgent circumstances to call a meeting at short notice, the notice period shall be such as s/he/they shall specify. Additional meetings may take place as required as appropriate for the nature of the business to be transacted.

In accordance with the Standing Orders, the Group will normally meet virtually unless a face to face meeting is deemed necessary.

For a meeting to be quorate a minimum of three (3) Members of the Group are required

If any member of the Committee has been disqualified from participating in an item on the agenda, by reason of a declaration of conflicts of interest, then that individual shall no longer count towards the quorum.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken. If an urgent decision is required, the process set out below may be followed.

Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Group or nominated alternative may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Group will hold the casting vote or in their absence the Vice Chair.

Urgent Decisions

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.
In the event that an urgent decision is required, if it is not possible for the Group to meet virtually an urgent decision may be exercised by the Chair and relevant lead director subject to every effort having been made to consult with as many members as possible in the given circumstances (minimum of one other member).

The exercise of such powers shall be reported to the next meeting of the Group for formal ratification and noted in the minutes.

General Responsibilities of the Delivery Groups

There will be two Delivery Groups directly reporting to PCCC:

- General Practice Operational Delivery Group
- Dental Services Operational Delivery Group

The responsibilities of each Delivery Group are described in section 6 of the Primary Care Commissioning Committee's Terms of Reference as set out in Schedule 2 of the Delegation Agreements with NHS England.

The Primary Care Commissioning Committee will provide assurance and oversight of all decisions made by the Delivery Groups of the Committee. Each Group will prepare an integrated assurance report that details the work of the Group. Frequency will be determined annually by PCCC and set out in the work plan of the PCCC. As a minimum, the integrated assurance report will include:

- Activities and decisions made by each Group since the last meeting
- Changes/updates to national policy/strategy
- Quality and Safety – emergent issues and thematic review and response
- Risk and finance assessment
- Forward plan
- Recommendations to PCCC (where required)

In addition to the two Delivery Groups acting as sub-groups of PCCC, the ICB may form other groups for primary care matters as required reporting to the People and Communities Board or to PCCC. For example, a Dental Taskforce to focus on dental transformation and strategy, or a community pharmacy strategy group. If established, each group will prepare a report to PCCC four times per year.

Phased introduction to Scheme of Delegation

It is envisaged that some decisions may be made by an appropriate member of the Primary Care Commissioning Team in the future, as described below, however initially the Primary Care Commissioning team will make a recommendation to the appropriate Delivery Group in a phased introduction to the Scheme of Delegation. This approach will be reviewed in September 2023 alongside review of the Scheme of Delegation with the intention of moving decision making for specified contractual matters to the Primary Care Commissioning Team. Individual roles within the Primary Care Commissioning Team empowered to make decisions will be set out in detail and agreed with the PCCC in advance.

APPENDIX A – Primary Care Commissioning Committee Scheme of Delegation

PRIMARY AND COMMUNITY CARE DENTAL SERVICES (For clarity, this includes Primary Dental Services commissioned under GDS or PDS contracts, special care dental services (community dental) and Level 2 specialist dental services, Out of Hours services and any other dental services commissioned by the ICB)	**Dental Delivery Group initially -** *Primary Care Commissioning Team (in line with Finance delegated budget authority) from Nov 2023*	**Dental Services Delivery Group**	**Primary Care Commissioning Committee**	**Financial impact, risk or cost pressure**
Change to hours of service delivery				
Sub-contracting				
Relocations				
Request to convert from PDS(+) *(time limited contract) to GDS (only if providing mandatory services) (changing to in perpetuity, the value of contract is likely to exceed £1m)*				
Managing Disputes – Informal Process				
Managing Disputes – (Local Dispute Resolution)				
Claims for Financial support (ex contract funding)				
Permanent re-basing by reducing contract value				
Incorporations/Dis-incorporation				
Force Majeure				
Contract Sanctions				
Contract Termination (initiated by provider)				
Contract Termination (initiated by ICB)				
Remedial notices				
Breach notices				
Managing Disputes – Informal Process				
Managing Disputes – (Local Dispute Resolution)				
Commission service intentions (<£100k)				
Commission service intentions (<£1m)				
Contract Award (<£1m over lifetime of contract)				
Commission service intentions (>£1m)				
Contract Award (>£1m over lifetime of contract)				
SECONDARY CARE DENTAL	**Primary Care Commissioning Team** *(in line with ICB Finance delegated budget authority) from Nov 2023*	**Dental Services Delivery Group**	**Primary Care Commissioning Committee**	**Financial risk or cost pressure**
Commission intentions (<£100k)				
Commission intentions (<£1m)				
Contract Award (<£1m over life time of contract)				

Commission intentions (>£1m)				
Contract Award (>£1m over life time of contract)				

PRIMARY MEDICAL SERVICES (For clarity, this includes general practice services commissioned under GMS, PMS and APMS contracts and Locally Commissioned Services)	**Primary Care Commissioning Team** *(in line with ICB Finance delegated budget authority) from September 2023*	**General Practice Delivery Group**	**Primary Care Commissioning Committee**	**Financial impact, risk or cost pressure**
Change to hours of service delivery (temporary)				
Changes to services (contractual) e.g. branch site closures, opening hours, services				
Local Enhanced Services				
Sub-contracting arrangements				
Practice relocation *(note: responsibility for dispensing relocation/changes is PSRC)*				
Managing Disputes – Informal Process				
Managing Disputes – (Local Dispute Resolution)				
Claims for Financial Support				
Practice Merger				
Incorporations/Dis-incorporation				
PCN DES contractual changes				
Force Majeure				
Contract Sanctions				
Contract Termination (initiated by provider)				
Contract Termination (initiated by ICB)				
Remedial notices				
Breach notices				
Change of practice boundary (increasing)				
Change of practice boundary (decreasing)				
Commission intentions (<£100k)				
Commission intentions (<£1m)				
Contract Award (<£1m over life time of contract)				
Commission intentions (>£1m)				
Contract Award (>£1m over life time of contract)				

Norfolk and Waveney
Integrated Care Board

Agenda item: 16

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:	**12 June 2023**

Purpose of paper:

Information

Executive Summary:

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

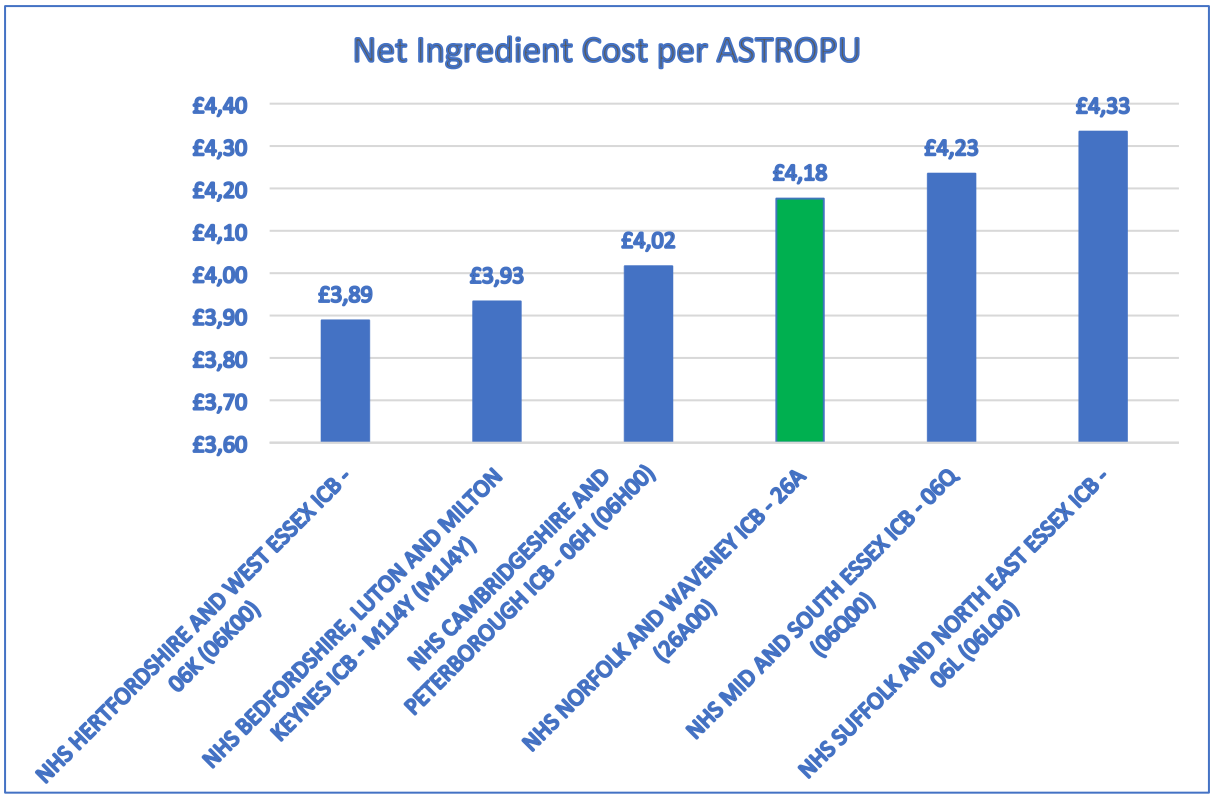
1. Prescribing team focus areas

1.1 The prescribing team is focused on supporting the 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. Norfolk and Waveney have remained at 3rd out of 6 in February data. The available deprivation score can be accessed here (registration required).



2.2 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. The impact of price concessions continues.

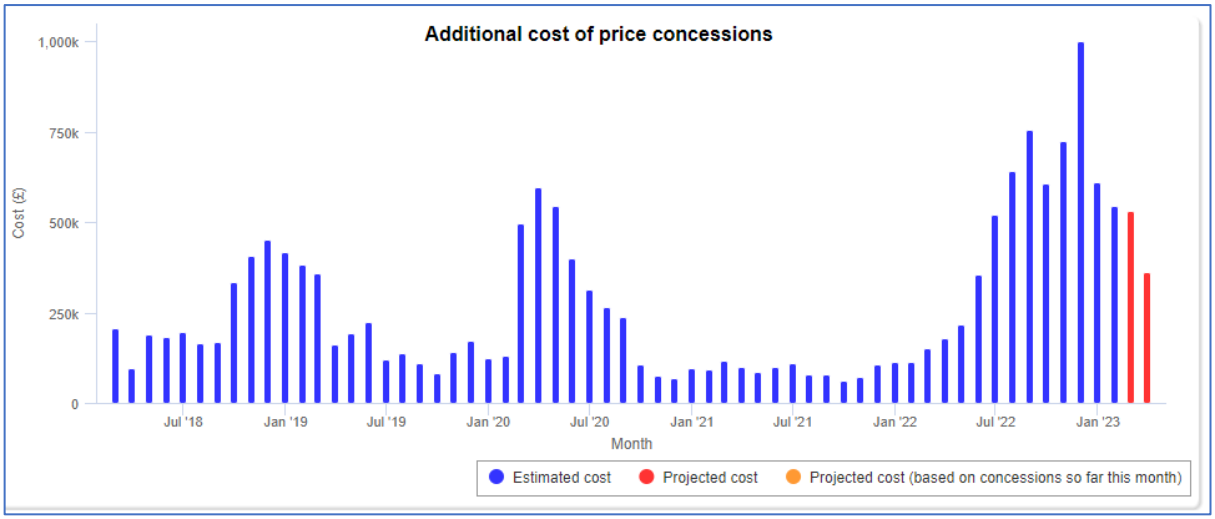
There is a continued impact of price concessions since when they are no longer subject to the price concession, they tend to go back into the drug tariff at an increased price. The table below shows the impact YTD and projected for the following 2 months.

Table 1. Cost Pressure Report May 2023, February 2023 data

	YTD 2022/23	April 2023
NCSO and other price concessions	£7,045,399	£404,918
Back into DT at increased prices	£1,882,049	£102,484
Increase In cat M	£1,320,164	No additional increase from April
Total	£10,247,612	£507,402

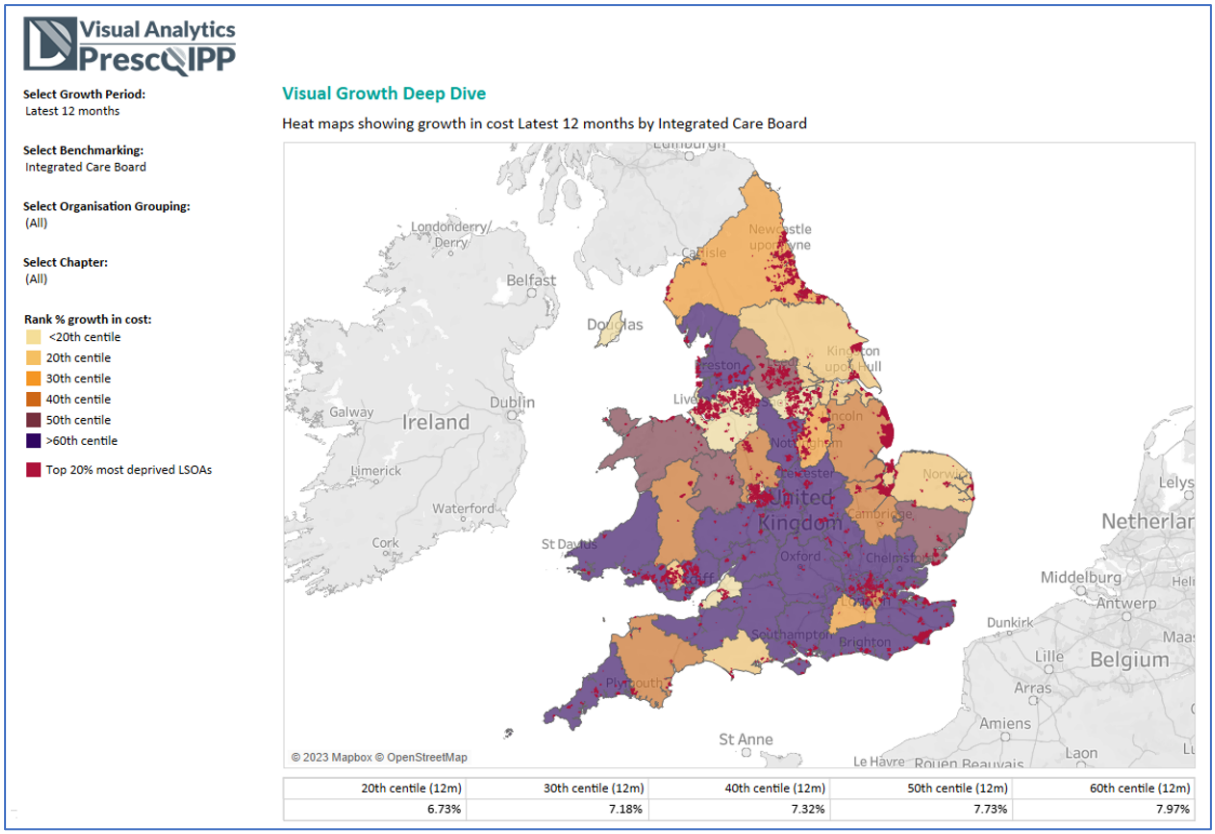
* Projected figures are estimated but are based on price concessions announced
** based on price concessions announced to date, some are agreed after month end.

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 2s and continuous glucose monitoring.

2.3 In terms of raw spend growth over the last 12 months, the ICB is at the lower end nationally with only 7 English ICBs having lower growth. Chart below.



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 February 2023 are below. This was out of the 134 organisations on OpenPrescribing with position 1 being the highest (usually worst).

- High dose opiates – a further increase in use to 82nd, 22nd percentile (79th previously (out of 106 organisations) 24th percentile) on high dose opiate items as percentage of regular opiates
- Gabapentinoids – decreased to 29th ,73rd percentile (27th, 74th percentile previously) on defined daily doses of gabapentin and pregabalin
- Hypnotics and anxiolytics – is at 4th position nationally 97th percentile (previously 5th nationally 96th 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 Norfolk and Waveney 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 ICBs nationally

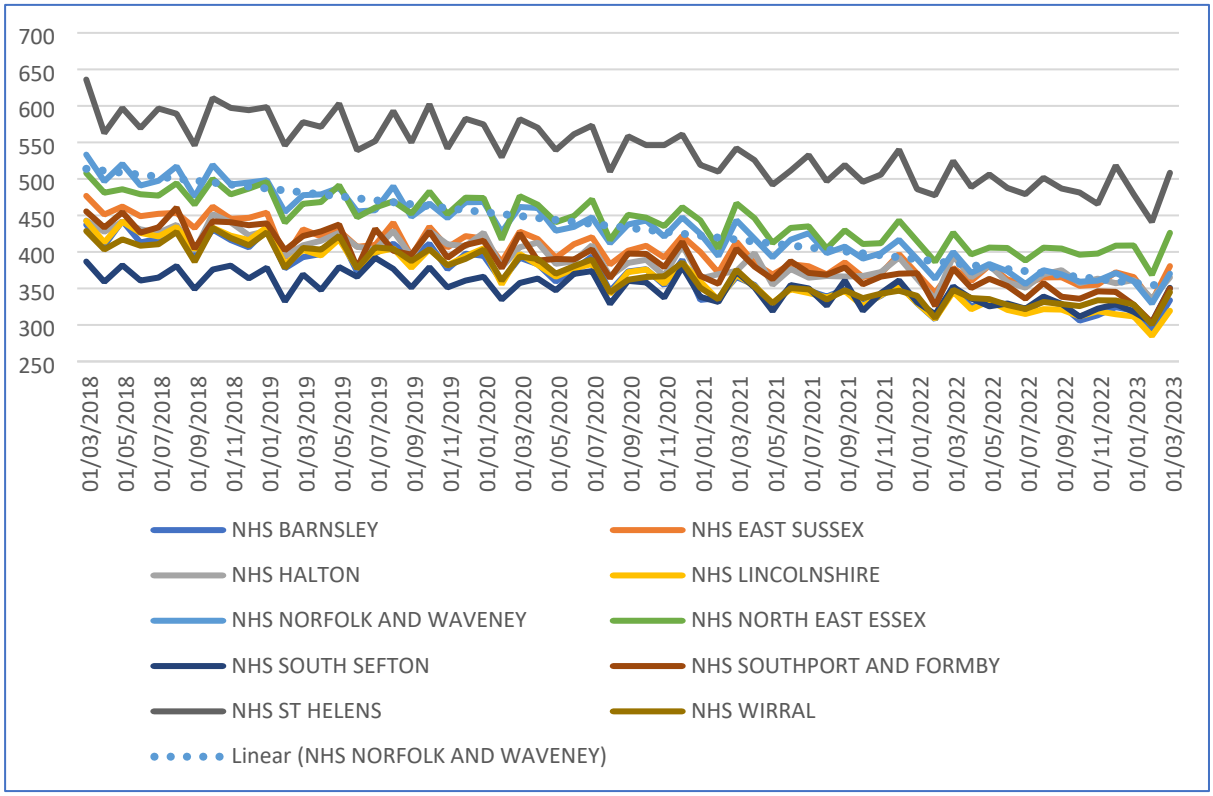
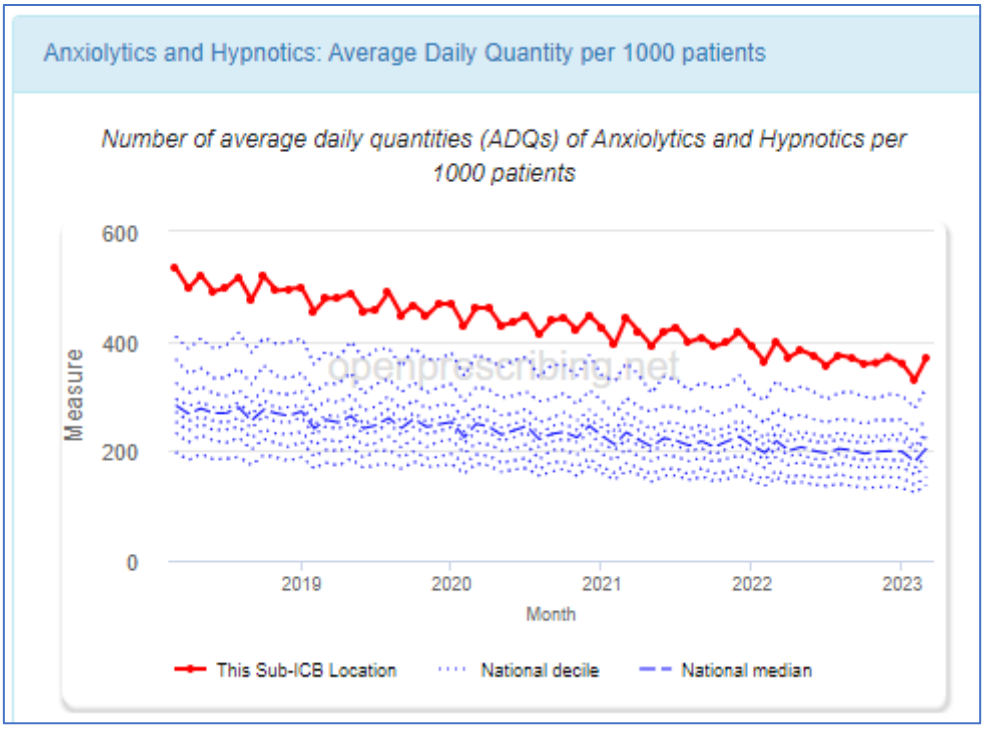


Table 5. Anxiolytics and hypnotics volume trend over time (red line is Norfolk and Waveney and darker blue line is national average)



4 Antibiotic Prescribing

4.1 NHS System Oversight Framework (SOF) Antimicrobial Prescribing Metrics for 2022-23 remained 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%.

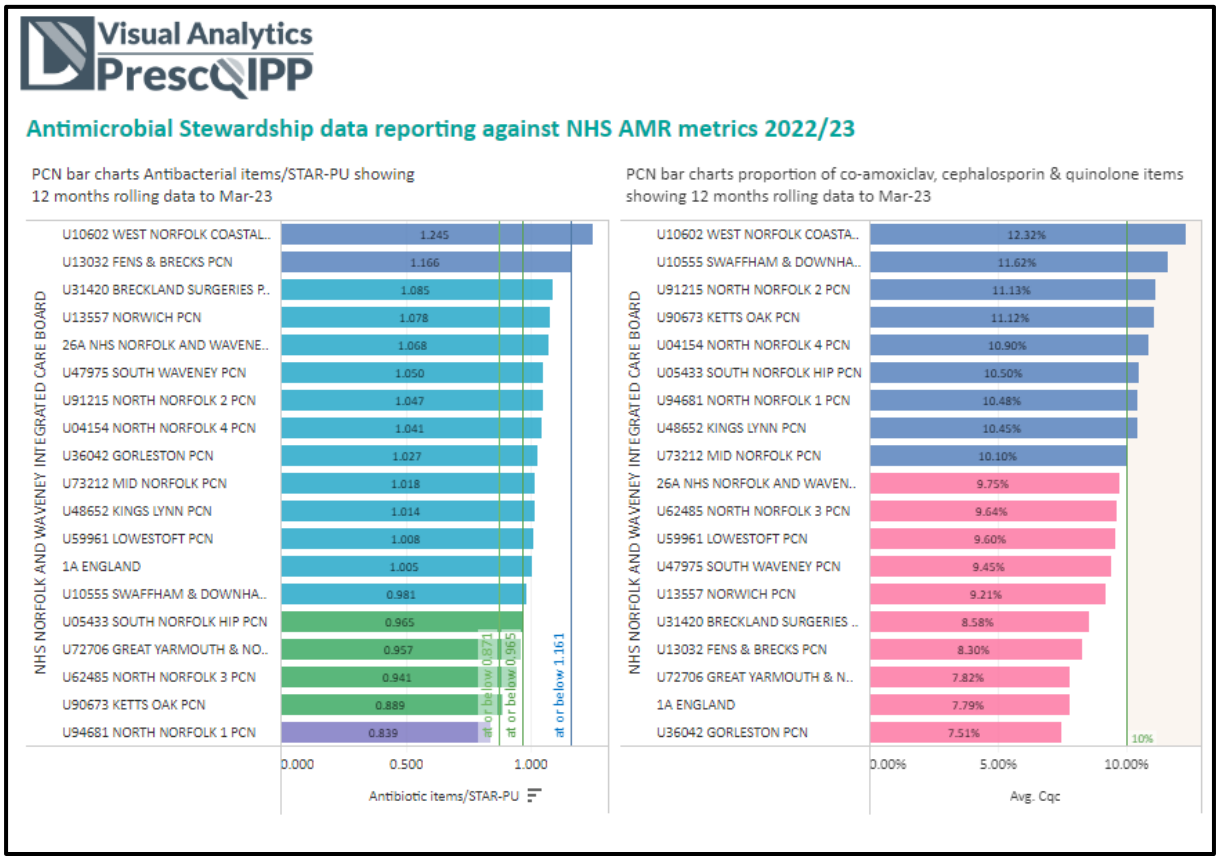
4.2 National AMS leads advise that targets will not be amended despite the recent uprise in antimicrobial prescribing, due to the National Action Plan ambition being a five-year plan from 2019-2024.

4.3 December 2022 saw a change in guidance for the threshold for prescribing antimicrobial agents due to a rise in Strep A cases in children. National stock shortages of antimicrobials led to alternative antibiotics being prescribed. Both factors have distorted the data for our practices and nationally. The trend observed shows that overall antimicrobial prescribing increased, and the percentage of broad-spectrum antimicrobials decreased. This month data analysis therefore continues to have a different focus.

4.4 Antibiotic volumes, the bar chart on the left (Table 6) shows the volume of antibiotic prescribing by PCNs. Norfolk and Waveney are continuing in an upward trend above the second volume target of 0.965 with a value of 1.068 antibacterial items per STAR-PU in the 12 months to March 2023, following the national trend. The national figure for England is 1.005.

4.5 Percentage of broad-spectrum antibiotics, the bar chart on the right (Table 6) shows the percentage by PCN. Norfolk and Waveney ICB are currently following a downward trajectory below the national target of no more than 10% of all antibiotics at 9.75% in the 12 months to March 2023, following the national trend.

Table 6. PCN bar charts – Antimicrobial prescribing 12 months to end March 2023



4.6 Clinicians have been reminded at Prescribing Lead meetings in April that all antimicrobial prescribing should be in line with the local formulary and documented in the patient's record. Any prescribing outside of formulary guidance should be noted in the patient's record with the rationale for the clinical decision. Outlier practices (90th percentile or above) for overall antimicrobial prescribing are shown in Table 7.

Table 7: Outlier Practices for overall antimicrobial prescribing (90th percentile or above)

Practice	Sum of percentile
NORWICH PRACTICES HEALTH CENTRE	99.94
BRUNDALL MEDICAL PARTNERSHIP	98.27
SCHOOL LANE SURGERY	97.74
BURNHAM SURGERY	97.38
ST CLEMENTS SURGERY	96.46
PARISH FIELDS PRACTICE	96.04
MUNDESLEY MEDICAL CENTRE	95.88
GRIMSTON MEDICAL CENTRE	95.79
OLD MILL AND MILLGATES MEDICAL PRACTICE	95.66
ANDAMAN SURGERY	95.43
LONGSHORE SURGERIES	95.29
HEACHAM GROUP PRACTICE	94.96
BOUGHTON SURGERY	94.01
MANOR FARM MEDICAL CENTRE	92.57
LAKENHAM SURGERY	90.87
HARLESTON MEDICAL PRACTICE	90.84
CUTLERS HILL SURGERY	90.39

4.7 Our outlier practices (90th percentile or above) that are driving the higher percentage of Broad-spectrum antibiotics in March data are shown in Table 8

Table 8: Outlier Practices for prescribing Broad Spectrum Antibiotics (90th percentile or above)

Practice	Sum of percentile	Percentage of broad-spectrum antibiotics
BURNHAM SURGERY	99.42	16.35%
BRIDGE STREET SURGERY	99.39	16.33%
MUNDESLEY MEDICAL CENTRE	99.33	16.22%
THE HOLLIES SURGERY	99.32	16.20%
WELLS HEALTH CENTRE	98.94	15.24%
ACLE MEDICAL PARTNERSHIP	97.93	14.21%
ALDBOROUGH SURGERY	97.82	14.12%
CROMER GROUP PRACTICE	97.76	14.04%
HARLESTON MEDICAL PRACTICE	97.51	13.86%
GRIMSTON MEDICAL CENTRE	96.91	13.40%
ELMHAM SURGERY	96.58	13.27%
LITCHAM HEALTH CENTRE	95.99	12.94%

ST JAMES MEDICAL PRACTICE	95.85	12.88%
LUDHAM AND STALHAM GREEN SURGERIES	95.82	12.85%
WYMONDHAM MEDICAL PARTNERSHIP	95.68	12.81%
LONG STRATTON MEDICAL PARTNERSHIP	95.57	12.76%
PLOWRIGHT MEDICAL CENTRE	95.41	12.70%
HOLT MEDICAL PRACTICE	95.23	12.66%
TOFTWOOD MEDICAL CENTRE	95.18	12.64%
BLOFIELD SURGERY	95.15	12.63%
OLD MILL AND MILLGATES MEDICAL PRACTICE	93.44	12.05%
SHIPDHAM SURGERY	93.25	12.00%
ANDAMAN SURGERY	93.25	12.00%
CHURCH HILL SURGERY	93.00	11.94%
ROSEDALE SURGERY	92.77	11.86%
BRUNDALL MEDICAL PARTNERSHIP	92.65	11.83%
BRIDGE ROAD SURGERY	91.93	11.66%
CASTLE PARTNERSHIP	91.36	11.52%
HEACHAM GROUP PRACTICE	90.58	11.35%
E HARLING & KENNINGHALL MEDICAL PRACTICE	90.24	11.28%
BUNGAY MEDICAL CENTRE	90.08	11.24%

4.8 A Bite- Size Primary Care training session was held in April with a focus on anti-microbial stewardship and the tools to support appropriate prescribing. This was presented by Dr Naomi Fleming, the East of England Antimicrobial Stewardship Lead. A recording is available on the Primary Care Teams platform for practices to be able to view.

Recommendation to Committee:

The committee is asked to note this report

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