Improving lives together
Norfolk and Waveney Integrated Care System

**Meeting of the Norfolk and Waveney ICB Primary Care Commissioning Committee**
**Tuesday 13 December 2022, 13:30 – 15:00/15:30 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**<br>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.<br>*For noting* | Chair |
| 4. | | **Review of Minutes and Action Log from the November 2022 meeting**<br>*For approval* | Chair |
| 5. Pg 16 | | **Forward Planner**<br>*For Noting* | SP |
| 6. Pg 18 | 13:35 | **Director of Patients and Communities report**<br>*For Noting* | MB |
| | | **Service Development** | |
| 7. Pg 21 | 13:40 | **Learning Disability Health Checks**<br>*For Noting* | SN |
| 8. Pg 26 | 13:50 | **Severe Mental Illness Health Checks**<br>*For Noting* | JD |
| 9. Pg 29 | 14:00 | **CQC Reports**<br>• **High Street Surgery**<br>• **Manor Farm Medical Centre**<br>• **CQC Ratings across N&W Practices**<br>*For Noting* | SN |
| | | **Finance & Governance** | |
| 10. Pg 44 | 14:20 | **Prescribing Report**<br>*For Noting* | MS |
| 11. Pg 54 | 14:30 | **Finance Report**<br>*For Noting* | JG |
| | | **Any Other Business** | |
| 12. | 14:40 | **Questions from the Public** | Chair |

**Date, time and venue of next meeting**
**Tuesday 10 January 2023, 13:30 – 16:30 – ICB PCCC**
**To be held by videoconference and You Tube**

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

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

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

**Declared interests of the Primary Care Commissioning Committee**

| Name | Role | Declared Interest- (Name of the organisation and nature of business) | Type of Interest | | | 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 | |
| Steven Course | 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 |
| Tricia D'Orsi | 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 | Member of 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 | Director of Patients and Communities, Norfolk and | Drayton Medical Practice | | | X | Direct | Member of a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice |


2

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Waveney ICB | Castle Partnership | | | | Indirect | Partner is a practice nurse at Castle Partnership | Ongoing | | might have an interest |
| Shepherd Ncube | Head of Delegated Commissioning | Nothing to Declare | N/A | | | N/A | N/A | N/A | | N/A |
| Sadie Parker | Associate 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 Executive Officer | NHS Norfolk and Waveney 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. |
| | | Windmill Surgery | | | | Indirect | Member of 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 | Member of a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| Practice Managers drawn from General Practice Attendees | | | | | | | | | | |
| James Foster | Member Practice Representative | St. Stephens Gate Medical Practice | X | | | Direct | Partner at St. Stephens Gate Medical Practice | 2019 | Present | Will not take part in any discussion or decisions relating to the declared interests. |
| | | One Norwich | X | | | Direct | Director, One Norwich Practices Ltd (GPPO/PCN) | 2019 | Present | |
| | | N2S | X | | | Direct | Director, N2S, Provider of day surgery in a primary care setting | 2014 | Present | |
| Rosemary Moore | Member Practice Representative | Humbleyard Practice | X | | | Direct | Previous Employee of Humbleyard Practice | 2020 | 2022 | Will not take part in any discussion or decisions relating to the declared interests. |
| | | Blofield Medical Practice | | | X | Direct | Member of a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and decision making in which the Practice might have an interest |
| | | Acle Surgery | X | | | Direct | Supporting the newly appointed practice manager at Acle Surgery | 2022 | Present | |
| | | Norfolk and Norwich University Hospitals NHS FT (NNUHFT) | | | X | Direct | Chair of NNUHFT Patient Panel | 2018 | Present | |
| Health and Wellbeing Board Attendees (Norfolk and Suffolk) | | | | | | | | | | |
| Bill Borrett | Norfolk Health & Wellbeing Board Chair | North Elmham Surgery | | | X | Direct | Member of 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 | | |


3

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Manor Farm | X | | | Direct | Farmer within Dereham patch | Ongoing | | Low risk. If there is an issue it will be raised at the time. |
| James Reeder | Suffolk Health and Wellbeing Board | Suffolk County Council | X | | | Direct | Cabinet Member for Children and Young People's Services | Ongoing | | |
| | | Suffolk County Council | X | | | Direct | Children's Services and Education Lead Members Network | Ongoing | | |
| | | East of England Government Association | X | | | Direct | East of England Government Association | Ongoing | | |
| | | James Paget University Hospital Trust | X | | | Direct | James Paget Healthcare NHS Foundation Trust Governors Council | Ongoing | | |
| | | Suffolk County Council | X | | | Direct | Suffolk Safeguarding Children Board | Ongoing | | |
| | | Norfolk and Suffolk NHS Foundation Trust | X | | | Direct | Norfolk and Suffolk Foundation Mental Health Trust – Governors Council | Ongoing | | |
| | | Suffolk and North East Essex Integrated Care Partnership | X | | | Direct | Suffolk County Council representative for Suffolk and North East Essex Integrated Care Partnership | Ongoing | | |
| | | Suffolk Chamber of Commerce | X | | | Direct | Member of the Lowestoft and Waveney Chamber of Commerce board part of Suffolk Chamber of Commerce | Ongoing | | |
| | | Northfields St Nicholas Primary Academy | | | X | Direct | Governor of Northfields St Nicholas Primary Academy part of the Reach2 Academy Trust. | Ongoing | | |
| Healthwatch Attendees (Norfolk and Suffolk) | | | | | | | | | | |
| Andrew Hayward | HealthWatch Norfolk Trustee | East Harling GP Practice | | | X | Direct | Member of a Norfolk and Waveney GP Practice | Ongoing | | Withdrawal from any discussions and |
| | | 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 |


4

Improving lives together
Norfolk and Waveney Integrated Care System

**Norfolk and Waveney Primary Care Commissioning Committee**

**Part One**

**Minutes of the Meeting held on**
**Tuesday 8 November 2022**
**via video conferencing & YouTube**

## Voting Members - Attendees

| Name | Initials | Position and Organisation |
|---|---|---|
| James Bullion | JB | Chair, Partner Member – Local Authority (Norfolk) Norfolk and Waveney ICB |
| Chris Turner | CT | Head of Nursing and Quality, Patient Safety Specialist, Norfolk and Waveney ICB, deputising for Tricia D'Orsi, Director of Nursing |
| Hein Van Den Wildenberg | HW | Non Executive Member, Norfolk and Waveney ICB, deputising for the Chair |

## In attendance

| Name | Initials | Position and Organisation |
|---|---|---|
| Cllr Bill Borrett | BB | Chair Health and Wellbeing Board at Norfolk County Council |
| James Grainger | JG | Senior Finance Manager – Primary Care, Norfolk & Waveney ICB |
| Dr Hilary Byrne | HB | ICB Board Partner Member – Providers of Primary Medical Services, Norfolk & Waveney ICB |
| Michael Dennis | MD | Head of Medicines Optimisation, Norfolk and Waveney ICB |
| James Foster | JF | Practice Manager Committee Member |
| Carl Gosling | CG | Senior Delegated Commissioning Manager Primary Care, Norfolk & Waveney ICB |
| Andrew Hayward | AH | Trustee of Healthwatch Norfolk (first 30 minutes) |
| Rosemary Moore | RM | Practice Manager Committee Member |
| Shepherd Ncube | SN | Head of Delegated Commissioning, Norfolk and Waveney ICB |
| Sadie Parker | SP | Associate Director of Primary Care, Norfolk and Waveney ICB |
| Fiona Theadom | FT | Deputy Head of Delegated Primary Care Commissioning |
| Sarah Webb | SW | Primary Care Administrator (minute taker) Norfolk & Waveney ICB |

## Guest Speakers

| Name | Initials | Position and Organisation |
|---|---|---|
| Clare Hambling | CH | GP Clinical Lead for Norfolk and Waveney ICB |
| Paul Higham | PH | Associate Director of Estates, Norfolk and Waveney ICB |
| Pete Ward | PW | Head of Digital Norfolk and Waveney ICB |

**Apologies**

| Name | Initials | Position and Organisation |
|---|---|---|
| Mel Benfell | MBe | Joint Chief Executive Officer, Norfolk & Waveney Local Medical Committee (LMC) |
| Mark Burgis | MB | Director of Primary and Community Care, Norfolk & Waveney ICB |
| Steven Course | SC | Director of Finance, Norfolk and Waveney ICB |
| Patricia D'Orsi | PDO | Director of Nursing, Norfolk and Waveney ICB |
| Sue Merton | SM | Healthwatch Suffolk |
| Cllr James Reeder | JR | Cabinet Member for Children and Young People's Services, Suffolk County Council |

| No | Item | Action owner |
|---|---|---|
| **1** | **Chair's introduction** | **Chair** |
| | Chair welcomed everyone to the meeting. | |
| **2** | **Apologies for absence** | **Chair** |
| | Noted above. | |
| **3.** | **Declarations of Interest**<br>*For Noting* | **Chair** |
| | None declared. | |
| **4.** | **Review of Minutes and Action Log from the October 2022 Committee**<br>*For Approval* | **Chair** |
| | There being no amendments, the minutes were agreed to be an accurate reflection of the October 2022 Committee.<br><br>**ACTION:**<br>SW to send to JB for signing<br><br>**Action Log**<br>120 – remained outstanding – awaiting to hear from NNUH – FT to follow up and establish clarity. | <br><br><br><br>**SW**<br><br><br>**FT** |
| **5.** | **Forward Planner**<br>*For Noting* | **SP** |
| | SP highlighted that the SMI Health Checks update would be a verbal update due to sickness and capacity issues within the team. | |
| **6.** | **Risk Register**<br>*For Noting* | **SP** |
| | SP highlighted the front sheet which showed a new tracker.<br><br>SP proposed to reduce the score on two of the risks.<br><br>PC9 – hypnotics and anxiolytics. Trajectory has moved faster and the team felt comfortable in reducing the risk. MD to highlight this in his report.<br><br>PC11 – Interface Risk – proposed reduction in risk which would bring this into tolerated risk and would mean proposal to close the risk. SP felt that there had | |

| | | |
|---|---|---|
| | been significant work done on the infrastructure and this had clear leadership under the medical director. As per the forward plan this would be brought to Committee to monitor progress going forward.<br><br>HW noted it had been challenging to obtain traction on the interface between primary and secondary care and if indeed mitigated would agree to remove the risk.<br><br>SP agreed and clarified there was a monthly interface group which was well attended and provided a brief overview of the progress. The team was also engaging well with the LMC around the contractual requirements to undertake a gap analysis and develop action plans.<br><br>JB recommended the risk be closed as there was an option to monitor the issues and SP said this would come back to the Committee there was a further loss of confidence in the work being undertaken.<br><br>PC14 – There were concerns over the resilience of general practice overall and, in addition, the ICB was supporting a small number of particularly struggling practices. A further partnership had been rated inadequate and this was featured on the agenda.<br><br>There was no additional national winter funding for general practice this year and we were exploring whether there was any slippage in budgets to recycle into resilience funding. Consultation with the LMC would be undertaken before recommendations were made. Confirmation of the final forecast for the PCN ARRS was being worked through which would enable PCNs to bid against any underspend. A national proposal at the LMC conference recommended that all practices should declare themselves as requires improvement due to the pressures being experienced. The executive team was discussing how the ICB could support the resilience of general practice and an update would be provided at the next Committee meeting.<br><br>JB noted the ongoing concerns about this risk and the proposal to come back to Committee with further updates and asked if the board needed to be made aware at the ICB. SP noted this risk also sat on the Board Assurance Framework. MB had recommended there should be a discussion about primary care resilience at the ICS chief executives meeting.<br><br>JB asked about whether there was any consideration for primary care in the context of the funding for discharge and JB was keen for primary care to be involved in discussions. SP confirmed MB was the lead director for urgent and emergency care and primary care and he was progressing this in those discussions.<br><br>JB asked for it to be noted the priority of primary care in relation to winter funding and winter discharge.<br><br>JB thanked SP for the update. | |
| **7.** | **Learning Disability Health Checks**<br>*For Noting* | **SN** |
| | SN provided an update and apologised for the delays in being able to access data for September and October periods. SN felt there was enough to work with to highlight progress to Committee members. | |

| | | |
|---|---|---|
| | SN raised the risk of delivery for quarters 3 and 4. The additional resource we had provided to supplement practice capacity was coming to an end.<br><br>SN offered to take questions.<br><br>BB had concerns about whether momentum could be maintained when the specific extra funding was lost and wondered if there was any learning that could be used to apply elsewhere, as it had been such a success.<br><br>SN agreed and noted it had taken a lot of learning to reach this stage. This learning would also be applied to SMI health checks and a meeting which included LD and SMI had been arranged.<br><br>BB asked if the learning could be shared at a future committee meeting. BB would be interested in a further paper with proposals included.<br><br>There being no further questions JB thanked SN for the update | |
| **8.** | **SMI Health Checks**<br>*For Noting* | **SN** |
| | SN provided some brief verbal updates to the Committee.<br><br>• Almost 9500 people with severe mental illness were on the SMI register.<br>• Agreed trajectory with NHSE. Steady progress being made against quarterly targets.<br>• Expectation by end of year just under 5000 SMI health checks completed.<br>• Just under 4300 heath checks completed so far.<br><br>SN highlighted the point around the algorithm for SMI monitoring was not the same as LD. SMI trajectory based on a 3-year cycle and the target is stretched each year. This year delivery target was set to just under 5000 and it is cumulative target. Q1 target had been met and Q2 target was missed by a small margin. SN expressed his view on the SMI check process and its challenges, especially with patients not being on annual basis like the LD population.<br><br>JB confirmed with SN that delivery of health checks was expected to be on target and SN confirmed this was correct.<br><br>There being no further questions JB thanked SN for the update. | |
| **9.** | **Quarterly Digital Report**<br>*For Noting* | **PW** |
| | PW took the report as read.<br><br>PW highlighted the work to implement remote monitoring in care homes and the positive impact this was having.<br><br>HB confirmed her practice had moved to SystmOne and shared some issues they had experienced.<br><br>JB asked how many practices were on SystmOne and PW confirmed there were 14 practices left on EMIS. JB whether there was any obligation for practices to move to the same system and PW confirmed it was by choice. JB | |

| | | |
|---|---|---|
| | asked if the report was clear of the benefits of using a similar system and PW confirmed this.<br><br>BB asked if there was anything in common with the 14 practices and whether they were in the process of transitioning. PW confirmed there was no common reason and that there were ongoing conversations with some of those practices, however it was not something the ICB could enforce. BB asked if they had made a conscious decision to choose a different system and PW noted these were largely historic reasons.<br><br>JB thanked BB and PW and as there were no further questions PW asked Committee to note progress, and this was noted. | |
| **10.** | **Quarterly Estates Report**<br>*For Noting* | **PH** |
| | PH highlighted a few updates since the paper had been written.<br><br>**The Wave 4B programme**<br>At the end of September, the Programme Business Case was approved by the Department of Health and Social Care and since then work has been ongoing with NHS Property Services and existing landlords of the premises at Thetford and Sprowston to develop short form business cases for each scheme. These would be expected to be approved by June 2023. A preferred contractor had been identified to deliver the two new build premises in Rackheath and Kings Lynn and the contractor would be named in due course. Although the programme remains tight it was still forecast that the new builds and extended/refurbished premises will be completed by March 2024 and operational by May 2024.<br><br>The ICB Executive received a paper regarding the ownership model for the Rackheath and Kings Lynn sites. The Executive supported in principle the approach of the ICB taking ownership of these two sites and it would be efficient on a revenue basis to own these assets rather than NHS Property Services, including that the ICB did not have a need – as NHS Trusts do – to make a 3.5% return on the buildings. The consequences of ICB ownership will form part of the business cases.<br><br>PH then talked through the next sections of the paper to Committee.<br><br>HB commented on the ongoing premises challenges at her own practice, Attleborough Surgeries. PH noted that a meeting with the practice had taken place about options and PH was due to meet with Breckland Council. PCCC would receive a further update in this as part of the next Estates Quarterly report.<br><br>SP was conscious that, as well as Attleborough, there were other areas experiencing estates pressures and wondered if it might be helpful to update on these in the next report. PH committed to providing an update and would meet with SP offline to discuss this.<br><br>There being no further questions JB thanked PH for the update | |
| **11.** | **Restoring Routine Care for Diabetes**<br>*For Noting* | **CH** |
| | CH took the paper as read. | |

| | | |
|---|---|---|
| | CH declared a conflict of interest as the Clinical Lead for the National Diabetes Audit Primary Care Core Data. Chair was happy for the discussion to continue.<br><br>CH updated Committee on areas not captured within the report.<br><br>Diabetes Prevention – several training sessions have been undertaken – attendance of over 300 people. 89 practices took part in a system wide audit and this had identified people on practice systems that were missing from registers and work was being done to ensure this service was functioning again.<br><br>CH believed embedding diabetes metrics and the LCS was a way forward and felt there was a misalignment with the GMS QOF contract.<br><br>CH highlighted another challenge around a global supply shortage of medications and local supply chain issues around insulin and noted there was some way to go to restore services to where they should be.<br><br>CH offered to take questions.<br><br>HW thanked CH for the update and had a question for SP as there had been a variation between take up of process across practices and asked if it may indicate some practices were struggling and whether the triangulation was happening.<br><br>SP noted this would be improved with the development of business intelligence for general practice and population health approach. SP was keen to develop the dashboard to enable better triangulation of data. CH provided some insight from her knowledge of the national diabetes audit to Committee for their information.<br><br>BB referred to HW point and asked if this could be an area for the ICB to focus on, as it appeared there were common issues and pressures in all these individual separate strands of work. He asked if this was something the Committee ought to consider in more detail.<br><br>CH responded by saying there would be a missing cohort who had not been diagnosed who would otherwise have been diagnosed over the last 2.5 years. This was a concern as people who were now being diagnosed could perhaps result in their condition being at an advanced stage at the point of presentation compared to what it would have been before the pandemic. There was a piece of work underway with public health, GP practices and various other sources. In the first nine months of the pandemic, it was estimated that about 60,000 people will have been missed for a new diagnosis of type 2 diabetes across England, and a proportion of that obviously will sit with Norfolk and Waveney.<br><br>BB referred to the issues of health checks within public health and that another provider to had been bought in to help catch up on the backlog. BB asked JB how something could be bought back to Committee.<br><br>JB noted the impact of resilience in general practice and BB agreed.<br><br>JB had a question about public messaging as he felt this area was more complex and asked what should be done. | **COI** |

| | | |
|---|---|---|
| | CH referenced the new team had only been recently appointed and believed good connections had been made. CH was keen to support practices through a supportive quality improvement collaborative. CH felt a public message potentially could add to pressure on practices and noted that teams needed to re-establish themselves first.<br><br>JB asked if this item would be heard at Committee in future.<br><br>CH felt it would be useful and it was agreed that this would be post winter.<br><br>**ACTION**<br>SW to add to forward planner for early 2023.<br><br>JB thanked CH for her time. | **SW** |
| **12.** | **CQC Reports**<br>• Bacon Road Medical Centre<br>• Taverham Surgery<br>*For Noting* | **SN** |
| | SN provided an update to Committee on CQC inspection reports since the last meeting. Two reports had been received in this period, Bacon Road and Taverham practices, which were managed by the same partnership. Both have been rated as inadequate. The main drivers behind the rating were in relation to governance, leadership and medicines management. However, an improvement action plan had already been developed and agreed by the ICB, CQC and the practices and there were no immediate concerns about patient care. The two practices were now operating under a single management team.<br><br>SN asked the Committee to note the content of the CQC reports and provided an oversight of the actions that had been taken to support and turnaround the practices.<br><br>JB thanked SN for the report and noted the concern about the outcomes and the plans in place to make improvements.<br><br>HB asked how many practices had been inspected and rated good, as this was not heard about. HB also noted that there had been particular focus on medication reviews and prescribing and wondered what support there was for practices on this.<br><br>SN responded by saying all CQC inspection reports were brought to this committee for noting and included practices that have been rated good. In respect of the prescribing element, it seems there have been some changes in the way CQC were inspecting medicines management.<br><br>JB asked for an update on all practices for assurance purposes.<br><br>HB wanted to know if there was work being done upstream, and if there were practices at risk of a negative CQC outcome, to try and deal with issues before they arose.<br><br>RM reflected on SN comment about the close work with the CQC and asked if there were practices on the radar that were to have an inspection that may have problems or if the CQC only let you know when practices had been inspected and had problems. SN noted the CQC worked in partnership with | |

| | | |
|---|---|---|
| | the ICB and were as open as they could within the limitations they had. CT provided an update that there were monthly meetings with the CQC which provided the opportunity for both parties to discuss opportunities to support practices.<br><br>In response to the question about learning from past inspections, SP reflected on some of the work being done by the ICB, led by the nursing directorate to support practices proactively by looking at themes arising from inspections. SP referred to the comment on the ratings of all practices and noted there were 9 or 10 practices currently rated as requiring improvement or inadequate, out of 105 practices, however some practices had not been inspected since 2015/16. There had been a change in the inspection focus and with a pattern of practices not coming out from CQC inspections with the same rating. SP suggested it would be helpful to look at the overall standing and this would be made available at the next Committee.<br><br>MD had been offering training through the prescribing meetings around common CQC issues and his team had been supporting SN and his team.<br><br>JB felt it would be good to have a broader understanding and thanked SN for his report. | |
| **13.** | **Prescribing Report**<br>*For Noting* | **MD** |
| | MD took the paper as read and provided a few highlights to Committee for noting. MD would include an update on the work on prescribing data and deprivation indicators within the next report and welcomed any further areas of interest from committee members.<br><br>MD offered to take questions.<br><br>SP noted it was useful to see a breakdown of the different localities for the antibiotic targets, asked how we compared to other regions and whether others were experiencing the same issues.<br><br>MD agreed that antibiotic volume did rise during Covid and offered to bring regional charts to the next meeting for information.<br><br>JB stated it would be useful to see a map for the issues regarding prescribing and deprivation and MD listed out some of the items that he could provide a breakdown on. JB wondered which tools were available to improve outcomes and HB reflected it was resource intensive to support patients who were on opiates to reduce and stop their medication. She shared the challenge of when patients ask for a solution to their continual pain and what alternatives were available. MD responded by saying that an opioid toolkit was being launched and training would be provided to clinicians within group sessions. There will be some funding for cognitive behavioural therapy and acceptance and commitment therapy sessions.<br><br>JG thanked MD for the update. | |
| **14.** | **Finance Report**<br>*For Noting* | **JG** |
| | JG provided his monthly update to Committee for noting.<br><br>Executive Summary | |

| | | |
|---|---|---|
| | Report features month 3 of the ICB accounts (month 6 of the financial year) and a forecast of 9 months for the ICB.<br><br>M6 position for primary care and prescribing budgets were £2.8m favourable to budget for the ICB. This included an efficiency target of just over £7.3m built into the budget and formed part of the full year efficiency requirement of £8.4m. The efficiencies were not phased in a linear fashion and build up over the year. Through continued monitoring of the efficiency projects, it was forecast for them to deliver on plan. There were risks around the delivery of savings for Edoxaban, which was a project reliant on external rebates for its delivery and was being continually monitored.<br><br>Financial Summary<br>GP prescribing was £0.2m adverse to plan as at M6. Figures being 2 months in arears, this showed the April to July estimates cumulatively were marginally undervalued. Efficiency savings had materialised in this period which allowed the forecast to be delivered (and in some schemes over delivered and these had been factored into the budget). Of the £7.3m requirement for the 9 months, 4 months of actual achievement had been received, and this to date had over-delivered. The budget phasing of these efficiencies does increase rapidly from this point onwards, and the delivery would need to match that to stay on budget.<br><br>There were also prior year benefits within GP Prescribing. There was a prior year benefit and other positive variances within delegated primary care that has crystalised worth £0.9m year to date.<br><br>Detailed Finance Analysis<br>The key drivers behind the prescribing spend were on plan however there were still some key areas of risk around Continuous Glucose Monitoring (CGM) and SGLT2. There was a high degree of uncertainty over the financial implications of these factors. Additional EPACT figures for DOACS, CGM and SGLT2 had been received which showed year on year increases.<br><br>System Development Fund<br>This key area of investment showed as on plan and was being closely scrutinised both locally and nationally through the financial returns to NHSE.<br><br>Delegated Co-Commissioning<br>The underspend here was predominantly due to the way in which PMS and GMS budgets are ring fenced to delegated primary care and credits from 2021/22.<br><br>GP and Other Prescribing<br>Detailed variances with Prescribing leading to the overall 9-month favourable forecast. EPACT data for the key areas of risk DOACS, Continuous Glucose Monitoring and SGLT2 were closely monitored. The year-on-year comparison showed that these areas had grown considerably more than the predicted growth built into our budgets.<br><br>DOACS 8.59%<br>Free Style Libre / CGM 45%<br>SGLT2 33%<br><br>These added additional pressure on forecasts and the key risks had not yet materialised. There was also a high degree of pressure coming from No | |

| | | |
|---|---|---|
| | Cheaper Stock Obtainable (NCSO) items and increases in prices would begin to materialise in M7 onwards.<br><br>JG offered to take questions.<br><br>HW had a specific around the Quality and Outcomes Framework (QOF) and asked when in the financial year would there be an estimate on what that would deliver. JG responded this would be toward the end of the year.<br><br>SP confirmed payments would be made to practices around June 2023 and a report would be brought to Committee at that stage. | |
| **15.** | **Any Other Business**<br>**Questions from the Public** | **Chair** |
| | There being no other business or questions from the public the Committee finished at 15:15 | |

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

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

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

**Norfolk & Waveney IBC Primary Care Commissioning Committee - Part One**
**Action Log 13 December 2022**

| No | Meeting date added | Agenda Item | Owner | Action Required | Action Undertaken / Progress | Due date | Status | Date Closed |
|---|---|---|---|---|---|---|---|---|
| 0120 | 13-Sep-22 | 5 | FT | Enhanced Access - SC requested he could be fully sighted on the financial risk | FT advised still under discussion with NNUH (Nov 2022) | 13-Dec-22 | | |
| 0122 | 11-Oct-22 | 6 | CT | Risk Register - GP resilience - Primary Care Multi Profressional Forum scheduled for 2 November 2022 | Forum rescheduled to February 2023. Suggest action is closed and added to forward planner | 14-Mar-23 | | |
| 0123 | 08-Nov-22 | 4 | SW | SW to send JB signed minutes | SW sent JB signed minuted | 13-Dec-22 | | 9th November 2022 |
| 0124 | 08-Nov-22 | 11 | SW | Restoring Routine Care for Diabetes. SW to add to forward planner for Committee March 2023. | SW added to forward plan and will add to relevant agenda | 14-Feb-23 | | 9th November 2022 |
| | | | | | | | | |


15

**Norfolk and Waveney CCG – Primary Care Committee – 2021/22 PART ONE**

| | | April | May | June | July | August | September | October | November | December | January | February | March |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Proposed date: | 13th | 11th | 8th | 13th | 10th | 14th | 12th | 9th | 14th | 11th | 8th | 8th |
| ***Standing items:*** | Risk Register | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| | PCN Development and Locality Update | Y | Y | GYW | North | Norwich | South | West | GYW | North | Norwich | South | West |
| | Monthly Finance Report | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y | Y |
| | Estates Quarterly | Y | | | Y | | | Y | | | Y | | |
| | Digital Quarterly | | | Y | | | 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 | |
| | CQC Inspections Report | | | | | | | | | | | | |
| | Director of Primary Care Report | | | | | | | Y | Y | Y | Y | Y | Y |
| | Primary Care Planning | | | | | | | | | | | | |
| ***Spotlight items:*** | Annual or Bi Annual Report on Delegation | Y | | | | | | Y | | Y | | | |
| | Terms of Reference Review | | | | | | Y | | Y | | | | Y |
| | Learning Disability /Autism Health check monthly | Y | | | | | | Y | Y | Y | Y | Y | Y |
| | PCCC Self Assessment | | | | Y | Y | | | | | | | |
| | Committee training | | | Y | | | | | | | | | |
| ***Comms and Engagement*** | | | | | | | Y | | | Y | | | |
| ***Spotlight items: without a date*** | Local Commissioned Services | | | | YPt2 | Y | Y | | | Y | | | |
| | Severe Mental Illness Health checks | | | | | | | | Y | Y | Y | | |
| | Improved Access | | | | | | | | Y | Y | | | |
| ***Items noted without a date:*** | CQC new reports by exception | | | | | | | | | Y | | | |
| | Bowthorpe Care Village Locally Commissioned Service | | | | | Y | | | | | | | |
| | QOF Actuals - tbc | | | | YPT2 | | | | | | | | |
| | Audit Report | | | | | | | | | | | | |
| Items in RED | Deferred due to pandemic/ToR deferred/Improved Access deferred due to team capacity following the new winter access fund planning requirements<br>SMI deferred until February 2022. Work underway with the Mental Health Team and localities. | | | | | | | | | | | | Essential items only for this PCCC |
| Notes | May and June Committee heard PCN Development Update, focused locality updates will recommence once workload and capacity allows<br>Digital Report December 21 deferred to Jan 22 due to staff absence<br>Comms and Engagement. Improved Access and Flexible Staff Pooling Update will be incorporated into the Director of Primary Care Report December 21 | | | | | | | | | Digital update deferred to January '22 to accommodate other items on the agenda | | | Terms of reference review not included due to move to ICB |
| | PCCC Self Assessment Template circulated in June 2021, results to come to August committee in private | | | | | | | | | SMI report deferred to January '22 due to primary care team's capacity | | | |
| | Primary and Secondary Care Interface | | | | | | Y | Y | N | Y | | | |
| Additional Item | Flexible Staff Pooling Update for noting | | | | | | | | Y | Y | | | |



16

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

| | Proposed date: | July 12th | August 9th | September 13th | October 11th | November 8th | December 13th | Jan 10th | Feb 14th | March 14th | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***Standing items:*** | Risk Register | Y | | Y | | Y | | Y | | Y | | | |
| | Monthly Finance Report | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| | Estates Quarterly | | Y | | | Y | | | Y | | | | |
| | Digital Quarterly | | Y | | | Y | | | Y | | | | |
| | Prescribing Report | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| | Workforce and Training | | | Y | Y | | | Y | | | | | |
| | PCN DES | | | Y | | | | Y | | | | | |
| | CQC Inspections Report | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| | Director of Patients and Communities report | | Y | | Y | | Y | | Y | | | | |
| ***Spotlight items:*** | Annual or Bi Annual Report on Delegation | TBC | | | | | | | | | | | |
| | Terms of Reference Review | Y | | | | | Y | Y | | | | | |
| | Learning Disability /Autism Health checks | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| | PCCC Self Assessment | | | | | | | | | Y | | | |
| | Severe Mental Illness Health checks | Y | Y | Y | Y | Y | Y | Y | Y | Y | | | |
| | Enhanced Access | | | Y | | | Y | | | Y | | | |
| | Restoring Diabetes Care | | | | | | | | Y | | | | |
| ***Items noted without a date:*** | | | | | | | | | | | | | |

| **Notes:** |
|---|
| 01.08.22 - GP Patient Survey results report to September committee |
| 05.09.22 Workforce and Training deferred to October committee |
| 05.09.2022 No CQC inspections published since the last committee |
| 13.09.2022 Following the death of Her Majesty the Queen, the public session of the primary care committee was cancelled in line with national mourning guidance received. A small number of time critical items were heard by voting members. 1) Branch closures advice note. 2) Additional roles and PCN DES appendix and PCN development funding focussed. 3) Enhanced access. |
| 11.10.22 workforce plans going to part 2 meeting |
| 11.10.22 SMI - No changes to update from previous month |
| 08.11.22 SMI will be a verbal update |
| 06.12.2022 Revised timeline for TORs review - now due in New Year to align with NHSE transition and other committees |
| 06.12.2022 Enhanced access paper, no new information to report |


17

Agenda item: 06

| | |
|---|---|
| **Subject:** | **Director of Primary Care Update** |
| **Presented by:** | **Mark Burgis, Director of Patients and Communities** |
| **Prepared by:** | **Sadie Parker, Associate Director of Primary Care<br>Kristen Hall, Communications and Engagement Lead** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **13 December 2022** |

**Purpose of paper:**

To provide a general update on work being carried out by the ICB since the last meeting.

**Executive Summary:**

A. Increasing appointment activity
B. Primary Care resilience
C. COVID/Flu vaccination update

**Recommendation to Committee:**

To note the report.

**A.** Increasing appointment activity

The September and October GP appointment data has been released, showing a positive trend of increasing levels of appointment activity in general practice across Norfolk and Waveney. The data below demonstrates how hard practices are working to deliver care for patients.

Appointment activity continues to rise with total number of appointments in October (inc COVID-19 vaccinations) increasing by 182,394 on September 2022 activity.

| | **September 22** | **October 22** |
|---|---|---|
| Total activity | 587,601 | 769,995 |
| Face to face | 415,470 | 522,180 |
| Home visits | 3,124 | 3,440 |
| Telephone appointments | 118,116 | 117,142 |
| Online consultations | 2,930 | 7,169 |
| Unknown (not mapped) | 26,132 | 39,642 |
| Covid vaccinations | 21,829 | 80,422 |

Norfolk and Waveney are delivering more appointments face to face than the national average – 75.7% compared to 71.3% nationally. We are also delivering fewer appointments via telephone, 17% compared to 24.4% nationally).

General practice are also seeing more patients on the same or next day – 268,094 in October compared to 253,520 in September.

And overall appointment activity continues to surpass pre-pandemic activity, with general practice delivering 64,536 more appointments in October 2022 than in October 2019 (a 10.3% increase).

However, within these figures, Do Not Attends have increased, up from 4.1% in September (23,124 missed appointments) to 4.6% in October (31,376 missed appointments). This is a concerning trend due to the negative media coverage around lack of access to primary care. The comms team is continuing to work on messaging to encourage patients to cancel or rebook appointments so that they may be offered to others who have been unable to get an appointment.

**B.** Primary care resilience

Whilst delivering the increased levels of appointment activity outlined above, the ICB remains concerned about practice resilience in the face of growing demand for services, workload pressures that are compounded by workforce shortages and sickness absences, and negative coverage in national and local media about lack of access to practices.

In addition, we are continuing to receive reports of abusive behaviour against practice staff which is leading to a higher turnover, particularly with administrative and reception staff. This adds to the resilience issues being experienced by practices – putting additional pressure on staff, reducing staff morale, and reducing both patient satisfaction and health outcomes.

Work is being planned by the comms and engagement lead to refresh and revitalise the primary care campaign that launched in November 2021, to reflect the new ICS branding and to provide more information and support to practices to help manage patient expectations.

There is some work to be done to inform patients about the changing nature of primary care, in particular changing perceptions that the GP is always the healthcare professional patients need to see for their needs and informing patients about the wide range of different healthcare roles they will encounter in primary care.

**C.** Covid / Flu Vaccination Programme

We are now coming towards the end of the Autumn Booster Campaign which has involved PCN sites and pop-up sites, community pharmacy, 2 x hospital hubs and large vaccination centres.

The Roving Bus model has been rebranded to the Wellness of Wheels (WoW Bus) is also delivering booster vaccinations in targeted areas around Norfolk and Waveney

as well as offering other services across deprived areas to make every contact count (MECC).

In N&W 564,424 people are eligible for the Autumn booster and 388,658 vaccines have already been given which equals 68% (data extracted 28th November 2022). N&W are forecast to hit 73% by end of December. National Uptake position is 7th moving up the table from 8th position the previous week and 1st position in East of England.

Planning has commenced for a Spring Campaign however, we are awaiting JCVI Guidance on this and we continue to consider how the vaccination programme will be delivered in the long-term following the closure of the large-scale vaccination sites and opening of Wellness Hubs, further details will be shared with the Committee once known.

**Seasonal flu programme**

The seasonal flu programme also continues at pace, and in line with the vaccination rates for other systems in our region.

As of 28th November, 54.31% (399,359 vaccinations) of those who have been asked to come forward to receive their flu vaccination have been vaccinated in N&W. This includes the over 50s, at-risk groups, and NHS health and social care workers.

As of 28th November, 50% of ICS staff have received their flu vaccination.

Norfolk and Waveney
Integrated Care Board

Item 07

| | |
|---|---|
| **Subject:** | **Learning Disability Annual Health Checks progress update** |
| **Presented by:** | **Shepherd Ncube Head of Primary Commissioning (Delegated)** |
| **Prepared by:** | **Carl Gosling Snr Primary Care Commissioning Lead- (Delegated)** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **13 December 2022** |

**Purpose of paper:**

To update the committee on progress around improving the uptake of learning disability and autism annual health checks across Norfolk and Waveney for 2022-23.

**Executive Summary:**

This paper provides an update on progress to improve the uptake and quality of learning disability and autism annual health checks across Norfolk and Waveney and year-to-date position on uptake.

**Recommendation to the Committee:**

Committee members are invited to note the update and progress.

## 1. Background

National delivery targets to improve the uptake and quality of annual health checks for people aged 14 and over with a learning disability have been set for commissioners. All GP practices in Norfolk and Waveney have voluntarily signed up to the national Directed Enhanced Service (DES) which does not set a target for achievement, but requires practices to identify all registered patients, aged 14 years and over, with a learning disability, with the aim of reducing their health inequalities. The contract specification requires the practice to 'invite patients on the health check learning disabilities register for an annual health check.' Practices may resign from the DES at any time by giving not less than 1 months' notice.

## 2. East of England Regional Learning disability AHC activity to-date

| | Latest Month | | | | | Previous Year Comparison | | | |
|---|---|---|---|---|---|---|---|---|---|
| | October 2022 | | | | | October 2022 | | | |
| ICB Name | Total LD Register (age 14+) | Completed health checks | Health Checks Declined | Patients NOT had a health check | % Completed health checks | Total LD Register (age 14+) | Completed health checks (age 14+) | Health Checks Declined | % Completed health checks |
| **National** | **308,682** | **105,664** | | | **34.2%** | | | | |
| **East of England** | **34,722** | **11,621** | **312** | **22,789** | **33.5%** | **32,990** | **8,818** | **219** | **26.7%** |
| Bedfordshire, Luton & Milton Keynes | 4,794 | 1,512 | 32 | 3,250 | **31.5%** | 4,495 | 933 | 17 | 20.8% |
| Cambridgeshire and Peterborough | 4,359 | 1,117 | 30 | 3,212 | **25.6%** | 4,215 | 851 | 59 | 20.2% |
| Hertfordshire and West Essex | 7,314 | 2,452 | 51 | 4,811 | **33.5%** | 6,977 | 1,870 | 18 | 26.8% |
| Mid and South Essex | 5,561 | 1,720 | 47 | 3,794 | **30.9%** | 5,161 | 1,444 | 50 | 28.0% |
| Norfolk and Waveney | 7,077 | 2,650 | 76 | 4,351 | **37.4%** | 6,855 | 1,791 | 25 | 26.1% |
| Suffolk and North East Essex | 5,667 | 2,170 | 76 | 3,421 | **38.3%** | 5,287 | 1,929 | 50 | 36.5% |

- The chart above shows regional performance at the end of October 2022 (Compared to last year):
- 1,732 additional health checks have been completed across the region compared to this time last year with 33.5% of the register having a completed check.
- Norfolk and Waveney practices have done 222 of those additional checks
- The register for patients with a learning disability across the region has grown by 1,732 and is now 34,722

## 3. Norfolk and Waveney Q3 Progress update

- We are on track to meet our local ambition to carry out more reviews than we have done in previous years, without compromising on the quality of the checks being completed.
- Q1 and Q2 targets have been successfully met and we are on track to meet our Q3 and Q4 delivery. However, we have received signals from locality teams about significant emerging pressures in general practices and the need to provide additional capacity for hands on clinical resources to work with practices to carry out the checks.
- At the end of October (Q3), 37.4% of people have had their checks completed, this is an increase of approximately 11% compared to the same period last year.

Table updated with data as at 31st October 2022 from CQRS (clinical quality reporting system).

| Learning disability health check uptake up to October 2022 | | | | |
|---|---|---|---|---|
| **Locality** | **Register** | **Completed** | **Declined** | **%** |
| GYW | 1827 | 822 | 26 | 45.0% |
| North Norfolk | 1243 | 370 | 21 | 29.8% |
| Norwich | 1521 | 555 | 12 | 36.5% |
| South Norfolk | 1440 | 561 | 7 | 39.0% |
| West Norfolk | 996 | 342 | 10 | 34.3% |
| **Norfolk & Waveney** | **7027** | **2650** | **76** | **37.7%** |


22

## 4. Recent Activity and Next steps

- Positive meeting with colleagues from South and Mid Essex to discuss and share learning to improve the quality and uptake of our checks was held on 9 November 2022.
- Discussed delivery risk for Q3 and Q4 with the Implementation and Delivery Group earlier this month, the risk is associated winter pressures and lack of additional resources to support resilience in general practice.
- Working with Business Intelligence colleagues to review annual health checks data to identify all individuals who have not been seen in the last 18 months
- Share and discuss end of Q2 data with all localities. Contact and provide support (if required) to all practices that have signed up for this service line and have not completed at any checks yet.
- Continue to explore alternative ways to engage with voluntary sector and third sector organisations to strengthen our delivery position and focus on health inequalities

### Recommendation

Board members are invited to note the update, progress and renewed focus to reach out to people we have been unable to engage in the past 18 months.

| **Key Risks** | |
|---|---|
| **Clinical and Quality:** | AHCs are a proactive way of supporting people with LD in new and previous health care requirements. |
| **Finance and Performance:** | Learning Disability annual health checks are to be undertaken as set out by NHS England within the Directed Enhanced Service for GPs, the Quality Outcome Indicators and the IIF. |
| **Impact Assessment (environmental and equalities):** | It is reported in the Norfolk and Waveney Learning Disability Mortality Review (LeDeR) Programme Annual Report (see Reference document) that people with a LD die younger than the general population. Proactive management of people's health will seek to address this inequality. (Note: LeDeR was formerly known a |
| **Reputation:** | Health inequalities |
| **Legal:** | TBC |
| **Information Governance:** | Nil |
| **Resource Required:** | Business Intelligence team to compile data sets |
| **Reference document(s):** | a) The NHS Long Term Plan https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/<br>b) Norfolk and Waveney Learning Disability Mortality Review (LeDeR) Programme Annual Report https://www.norfolkandwaveneyccg.nhs.uk/publications/documents/367-leder-annual-report-2021-b/file<br>c) University of Bristol LeDeR Annual report 2020-2021 http://www.bristol.ac.uk/sps/news/2021/leder-annual-report-2020.html<br>d) Joint Strategic Needs Assessment https://www.norfolkinsight.org.uk/jsna/people/ |

| | |
|---|---|
| | |
| **NHS Constitution:** | 1. The NHS provides a comprehensive service, available to all<br>3. The NHS aspires to the highest standards of excellence and professionalism<br>4. The patient will be at the heart of everything the NHS does<br>5. The NHS works across organisational boundaries<br>7. The NHS is accountable to the public, communities and patients that it serves |
| **Conflicts of Interest:** | Nil |
| **Reference to relevant risk on the Governing Body Assurance Framework or equivalent for non ICB organisations** | Nil |

**GOVERNANCE**

| | |
|---|---|
| **L D & A Board Actions / Approval** | For information |

**Appendix 1**

How many HC's were declined and how many people had a HC but declined a HAP:

| Actual HCs declined in month | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Great Yarmouth and Waveney | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 6 | 1 | 19 | 18 | 86 | 1 | 1 | 9 | 3 | 6 | 5 |
| North Norfolk | 1 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 8 | 4 | 8 | 29 | 2 | 1 | 2 | 3 | 0 | 3 |
| Norwich | 0 | 1 | 2 | 1 | 1 | 1 | 1 | 5 | 3 | 5 | 11 | 13 | 0 | 4 | 0 | 1 | 2 | 4 |
| South Norfolk | 1 | 0 | 1 | 2 | 1 | 1 | 3 | 1 | 3 | 6 | 7 | 20 | 1 | 0 | 0 | 3 | 1 | 1 |
| West Norfolk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 4 | 7 | 42 | 0 | 2 | 2 | 6 | 0 | 0 |
| **Norfolk And Waveney** | **2** | **1** | **4** | **4** | **3** | **3** | **8** | **18** | **15** | **38** | **51** | **190** | **4** | **8** | **13** | **16** | **9** | **13** |

| With HC - Declined HAP | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Great Yarmouth and Waveney | 1 | 2 | 1 | 2 | 2 | 1 | 5 | 4 | 1 | 3 | 3 | 1 | 1 | 1 | 9 | 3 | 6 | 5 |
| North Norfolk | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 3 | 0 | 11 | 2 | 1 | 2 | 3 | 0 | 4 |
| Norwich | 2 | 1 | 3 | 4 | 2 | 1 | 0 | 0 | 5 | 11 | 1 | 3 | 0 | 4 | 0 | 1 | 2 | 4 |
| South Norfolk | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 0 | 1 | 4 | 1 | 1 |
| West Norfolk | 0 | 0 | 0 | 1 | 0 | 2 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 2 | 2 | 6 | 0 | 0 |
| **Norfolk And Waveney** | **4** | **4** | **4** | **7** | **6** | **4** | **7** | **5** | **7** | **18** | **5** | **17** | **4** | **8** | **14** | **17** | **9** | **14** |

How many HC's were completed in month.

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



25

Norfolk and Waveney
Integrated Care Board

Agenda item: 8

| | |
|---|---|
| **Subject:** | **Severe Mental Illness Health Checks- Monthly Update** |
| **Presented by:** | **Shepherd Ncube, Head of Delegated Commissioning, Primary Care** |
| **Prepared by:** | **Julian Dias, Deputy Senior Delegated Commissioning Paper** |
| **Submitted to:** | **PCCC** |
| **Date:** | **13 December 2022** |

**Purpose of paper:**

To update the PCCC on plans and progress to-date to around patients with Severe Mental Illness (SMI) for December 2022.

## 1. Background

NHS England 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 performance is set by NHSE/I, 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/I set minimum number of people with SMI receiving APHC | 5,184 | 5,939 | 6,695 |
| % of the SMI population (based on 21/22 Q4 QOF register size (9,134) (note QOF register size varies each quarter) | 57% | 65% | 73% |

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

## 2. Activity to-date

The Q2 performance position for SMI annual checks has been released and checked by the BI Team (attachment above).

In summary for all x6 core SMI checks:

- N&W carried out 3,624 from a possible 9,664 = **37.5% (283 checks more than Q1)**
- NSFT carried out 300 from a possible 3,314 = **9.1% (53 more thanQ1)**
- Combined 3,924 from a possible 9,664 = **40.6% (336 more than Q1)**
- In terms of our local monthly improvement trajectory; we have completed **3924/3948** checks**.** This is slightly under where we wanted to be but still in the right upward direction.
- We are working with locality partners to continue driving increases in activity.
- Our work with the charity Together is still ongoing- they are able to provide coordinating and booking services on behalf of practices (freeing up staffing capacity).

The SMI working group also want to highlight the potential risk to delivery during the winter due to other competing priorities and potential of staff absence. In terms of mitigation, we are working to ensure this service continues to be provided where possible. This would also include increasing activity during January-March 2023.

**3. Improvement plans in pipeline:**

- Our Norwich pilot and Swaffham and Downham Pilot are both in the planning and recruitment phase. Both make use of dedicated staff to deliver SMI checks (similar to the model adopted by LD).
- The Norwich pilot is funded via the PCN additional roles staff with the West pilot involving no extra monies (this is provided by using existing staff members but with the primary focus being SMI checks).
- They will be focusing on why there is discrepancy in data recording which shows the individual checks (averaging 60%); but when all x6 core checks are reviewed the system averages 40.6%
- The Mental Health team are progressing on the recruitment of a clinical/ management post to help with interoperability.
- They also are working on a dedicated SMI website resource with information for staff and patients
- In addition we are collaborating on a self-serve option for patients. This would be making use of a text-based link to input missing checks (smoking history, alcohol consumption).

**4. Recommendation to the Committee:**

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

| **Key Risks** | |
|---|---|
| **Clinical and Quality:** | 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.<br>• 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<br>Delegated Commissioning team<br>Locality teams<br>Quality in Care team<br>NSFT<br>Mental Health Commissioning team |
| **Reference document(s):** | The NHS Long Term Plan |
| **NHS Constitution:** | 1. The NHS provides a comprehensive service, available to all<br>3. The NHS aspires to the highest standards of excellence and professionalism<br>4. The patient will be at the heart of everything the NHS does<br>5. The NHS works across organisational boundaries<br>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** | PCCC risk - PC16 |

**Governance**

| | |
|---|---|
| **Process/Committee approval with date(s)** (as appropriate) | |

Norfolk and Waveney
Integrated Care Board

Agenda item: 09

| | |
|---|---|
| **Subject:** | **Briefing - Recent Care Quality Commission (CQC) inspection High Street Surgery** |
| **Presented by:** | **Shepherd Ncube – Head of Primary Care Commissioning** |
| **Prepared by:** | **Carl Gosling – Senior Commissioning Manager – Primary Care** |
| **Submitted to:** | **NHS Norfolk and Waveney ICB Primary Care Commissioning Committee** |
| **Date:** | **13th December 2022** |

**Purpose of paper:**

For Information - 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:

- High Street Surgery

**Executive Summary:**

PCCC members will be regularly updated with Care Quality Commission (CQC) inspection reports where the GP Practice has been rated or previously rated as Requires Improvement or Inadequate.

The CQC inspects against five key areas as follows:

Safe
Effective
Caring
Responsive
Well Led

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

| GP Practice | Locality | Date of Inspection/ Re-inspection | Previous Rating/Year | New Overall Rating |
|---|---|---|---|---|
| High Street Surgery (12,453 actual list size 1/10/2022) | GY&W | 21 September 2022 | Requires Improvement 2021 | Requires Improvement |

**Report**

**Background**

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

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

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

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

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

| **High Street Surgery, GY&W Locality – Inspected: 21 September 2022**<br>**Overall rating: Requires Improvement** | | | | | |
|---|---|---|---|---|---|
| | **Are services safe?** | **Are services effective?** | **Are services caring?** | **Are services responsive to people's needs?** | **Are services well-led?** |
| **Rating** | Require Improvement | Require Improvement | Good | Require Improvement | Inadequate |

Following the CQC's previous comprehensive inspection on the 25 October 2021 the practice was rated at Requires Improvement overall and for the safe, effective and well led key questions but rated as good for caring and responsive key questions. The practice has an inspection history of requires improvement and inadequate ratings since April 2015 and has been unable to evidence sustained improvements.


30

The CQC carried out an announced inspection at High Street Surgery on 21 September 2022.

Overall, the practice was rated as Requires Improvement.

The ratings for each key question were:

- Safe – Requires Improvement
- Effective – Requires Improvement
- Caring - Good
- Responsive – Requires Improvement
- Well-led - Inadequate

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.
- Staff questionaires

**CQC findings**

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

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

**The CQC has rated this practice as Requires Improvement overall.**

CQC found that:

- Patients did not always receive effective care and treatment that met their needs.
- Although improvements had been made in the uptake of childhood immunisations, the CQC found the practice were still below local and national averages for cervical screening and some prescribing areas.
- The practice did not evidence that all medicines were prescribed safely to patients with the required monitoring.

- Gaps in the system for gaining assurance that externally employed staff had a Disclosure and Barring Service (DBS) check. The practice took immediate action to address this.
- The practice had effective processes for supervision and competency checks for all staff, these were formally recorded for proactive learning.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice respected patients privacy and dignity and patient confidentiality was maintained throughout the practice.
- GP patient survey data was below system and national averages, the practice had engaged in patient feedback exercises to understand patients poor experiences of accessing the practice, however, verified data was not available to measure improvements.
- The way the practice was led and managed did not promote the delivery of person-centre care. The CQC identified shortfalls in systems that required further embedding such as the monitoring of long-term conditions. The CQC found examples where leadership was ineffective and service user care was of poor quality as a result of this and the practice had failed to identify the areas of poor performance. The practice has an inspection history of requires improvement and inadequate ratings since April 2015 and has been unable to evidence sustainable improvements.

**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.

**In addition to the breaches of regulations, the provider should:**

- Continue to improve engagement with patients eligible for the cervical cancer screening programme to improve uptake.
- Continue to review and reduce where appropriate, prescribing rates for hypnotic, psychotropic and opioid based medicines.
- Continue to identify, contact and assess patients who are eligible for NHS health checks.
- Continue to review and improve the newly implemented system and process to gain feedback from patients.

**Background to High Street Surgery**

High Street Surgery is located in Lowestoft at:

The Surgery High Street Lowestoft NR32 1JE

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

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

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

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

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

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

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

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

The practice is open between 8am to 6:30pm Monday to Friday.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments. Extended hours appointments are available at the practice from 7am to 8am on Mondays and Tuesdays.

Extended access is provided locally by Lowestoft Primary Care Network (PCN), where late evening and weekend appointments are available.

Out of hours services are provided by Integrated Care 24 (IC24) and accessed via the NHS 111 service.

**Download full report**

Download full inspection report for High Street Surgery - PDF - (opens in new window)

**Download evidence table**

Download evidence table for High Street Surgery - PDF - (opens in new window)

Following the inspection and the new CQC rating of Requires Improvement the ICB's Primary Care, GY&W Locality, Quality and Medicines Optimisation teams have been working closely to support the practice to develop an action plan to address the required improvements and provide advice and guidance to support the work going forward.

Since the report has been published the practice has demonstrated engagement in the turnaround work and has sought additional managerial and clinical support from a third-party source.


33

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

| **Key Risks** | |
|---|---|
| **Clinical and Quality:** | The concerns identified by the CQC which lead to a poor rating may put patients at risk |
| **Finance and Performance:** | Practice income could be affected as they invest in implementing identified improvements. |
| **Impact Assessment (environmental and equalities):** | Improving the health of the population |
| **Reputation:** | A poor rating may affect the practice's reputation |
| **Legal:** | GMS Contractual Obligations |
| **Information Governance:** | N/A |
| **Resource Required:** | This forms part of the delegated commissioning team's portfolio |
| **Reference document(s):** | CQC inspection framework and published reports |
| **NHS Constitution:** | N/A |
| **Conflicts of Interest:** | GP practice members may be conflicted |
| **Reference to relevant risk on the Governing Body Assurance Framework** | 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: 09

| | |
|---|---|
| **Subject:** | **Briefing - Recent Care Quality Commission (CQC) inspection Manor Farm Medical Practice** |
| **Presented by:** | **Shepherd Ncube – Head of Primary Care Commissioning** |
| **Prepared by:** | **Carl Gosling – Senior Commissioning Manager – Primary Care** |
| **Submitted to:** | **NHS Norfolk and Waveney ICB Primary Care Commissioning Committee** |
| **Date:** | **13th December 2022** |

**Purpose of paper:**

For Information - 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:

- Manor Farm Medical Practice

**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 |
|---|---|---|---|---|
| Manor Farm Medical Practice (7,634 actual list size 1/10/2022) | West Norfolk | 8th November 2022 | Inadequate 2022 | Good |


35

**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.

| **Manor Farm Medical Practice, West Norfolk Locality – Inspected: 8th November 2022**<br>**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 previous CQC inspection on 31 March 2022, the practice was rated inadequate overall and for providing safe and well-led services, requires improvement for providing effective services and good for providing caring and responsive services. The practice was placed into special measures and issued with a warning notice relating to a breach of regulations.

A subsequent focused review was carried out on 11 July 2022 where the CQC found that the practice was compliant with the warning notice and improvements had been

made. The CQC carried out a further comprehensive inspection at Manor Farm Medical Practice on 8th November 2022 to follow up on the concerns identified during the inspection in March 2022.

Overall, the practice was rated as Good.

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.
- 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 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.**

The CQC found that:

• The practice had, with the support of the Integrated Care Board (ICB) and with additional external support from a GP and practice manager made significant improvements to provide 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 promoted the delivery of high-quality, person-centred care.

The practice had fully engaged with the findings of the CQC's last report and had worked with the ICB and an external team to make changes, monitor and ensure those improvements were sustainable. Leadership had been strengthened and feedback from staff was positive about the changes and the future.

**The CQC found no breaches of regulations**,

However, the provider should:

• continue to encourage uptake of cervical screening.

• continue to assess and monitor antibiotic prescribing in the practice.

• continue to embed and sustain the newly implemented systems and processes to provide safe and effective safe.

• continue to encourage the uptake of NHS health checks.

The CQC are taking this service out of special measures. This recognises the improvements that have been made to the quality of care provided by this service.

**Background to Manor Farm Medical Practice**

Manor Farm Medical Centre is located in Swaffham at:

Mangate Street, Swaffham PE37 7QN

The practice has branch surgeries at:

Oak Farm Surgery North Pickenham Road Necton PE37 8EF and

Narborough Surgery Main Road Narborough PE32 1TE.

The CQC did not inspect either branch surgery.

There is a dispensary at Manor Farm Medical Centre which was inspected and also one at Oak Farm Surgery which was not inspected.

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

• Family planning services.

These are delivered from all sites.

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 7,600. 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 Primary Care Network (PCN) Swaffham and Downham.

Information published by Public Health England shows that deprivation within the practice population group is in the fifth lowest decile (5 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.

There is a higher proportion of older people registered at the practice than both local and national averages.

There is a team of three GP partners at Manor Farm Medical Centre.

The practice has a team of nurses and Health Care Assistants.

The GPs are supported at the practice by a team of reception/administration staff.

The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practice is open between 8.30am to 7.15pm on Mondays and 8.30am to 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays.

The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally, where late evening and weekend appointments are available.

Out of hours services are provided by Integrated Care 24 and accessed via the NHS 111 service

Out of hours services are provided by Integrated Care 24 (IC24) and accessed via the NHS 111 service.

**Download full report**

_Download full inspection report for Manor Farm Medical Centre - PDF - (opens in new window)

**Download evidence table**

_Download evidence table for Manor Farm Medical Centre - PDF - (opens in new window)

| **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** | CQC inspections will form part of a wider risk on the resilience of general practice |

**GOVERNANCE**

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

Agenda item: 09

| | |
|---|---|
| **Subject:** | Delegated Primary Care Commissioning<br>- CQC Ratings Position Report |
| **Presented by:** | Shepherd Ncube, Head of Delegated Commissioning, Primary Care |
| **Prepared by:** | Julian Dias, Dept. Sr. Delegated Commissioning Manager, Primary Care |
| **Submitted to:** | NHS Norfolk and Waveney CCG Primary Care Commissioning Committee |
| **Date:** | December 2022 |

**Purpose of paper:**

To brief the Committee on the current CQC ratings position for the Norfolk & Waveney ICS.

**Executive summary:**

The objective of the report is to provide an overview of the current position in relation to CQC inspections conducted in the past seven years. Information in this report is broken down by locality (and PCN) along with themes from CQC inspections.

The Delegated Commissioning Team is responsible for the contract management in relation to regulated activity. The Team works closely with the ICB Locality Teams, Quality Team and Medicines Management Team, alongside Practices in preparation for CQC inspections and to support with action plans if required.

The table below show a comparison of CQC ratings amongst the localities, how each of them has been rated, and how many Practices are within each locality.

| N&W ICB CQC Ratings split by ICB Primary Care Localities | | | | |
|---|---|---|---|---|
| ICB Locality | Inadequate | Requires Improvement | Good | Outstanding |
| North Norfolk | 0 | 0 | 17 | 2 |
| South Norfolk | 1 | 0 | 20 | 3 |
| West Norfolk | 1 | 0 | 19 | 0 |
| GY&W | 0 | 2 | 16 | 1 |
| Norwich | 2 | 1 | 20 | 0 |
| Total | 4 | 3 | 92 | 6 |
| Additional information | O;H,B,T | HS,WV,C&A | | S,CH,L&S,W,H,H |


41

In terms of inspection date, the below table illustrates this from 2015-2022.

| N&W ICB CQC Inspection Date (By year) | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ICB Locality: | ***2015*** | ***2016*** | ***2017*** | ***2018*** | ***2019*** | ***2020*** | ***2021*** | ***2022*** |
| North Norfolk | ***0*** | 4 | 5 | 6 | 2 | 0 | 1 | 1 |
| South Norfolk | ***0*** | 3 | 6 | 6 | 5 | 1 | 1 | 1 |
| West Norfolk | ***1*** | 3 | 6 | 4 | 0 | 4 | 1 | 1 |
| GY&W | ***0*** | 2 | 0 | 3 | 3 | 4 | 3 | 4 |
| Norwich | ***2*** | 5 | 3 | 5 | 3 | 1 | 1 | 2 |
| Total: | **3** | **17** | **20** | **24** | **13** | **10** | **7** | **9** |

**N&W System Observations:**

In reviewing the above across the localities taking into account all 4 CQC domains, the following has been recognized:

- Out of 105 Practices within the system, 92 have achieved a rating of Good; a system performance position of 87.6% which is largely positive.
- 6 practices have achieved a ranking of Outstanding, 3 Requiring Improvement and 4 being rated Inadequate.
- Due to COVID- the frequency of CQC inspections appear to have declined; however, in looking at 2018 and 2017, the system experienced circa 20 inspections per year.
- It is anticipated that we could see a return to this level of visits in 2023.

In terms of PCN overview, the following table demonstrated this:


42

| N&W ICB CQC Ratings split by ICB Primary Care PCNs | | | | | |
|---|---|---|---|---|---|
| North Norfolk | North Norfolk 1 PCN | North Norfolk 2 PCN | North Norfolk 3 PCN | North Norfolk 4 PCN | |
| | 1 Outstanding<br>3 Good | 5 Good | 4 Good | 1 Outstanding<br>5 Good | |
| South Norfolk | Breckland PCN | Mid-Norfolk PCN | Ketts Oak PCN | SNhIP PCN | |
| | 4 Good | 1 Inadequate<br>5 Good | 6 Good | 3 Outstanding<br>5 Good | |
| West Norfolk | Coastal PCN | Fens & Brecks PCN | King's Lynn PCN | Swaffham & Downham PCN | |
| | 1 Inadequate<br>3 Good | 6 Good | 4 Good | 7 Good | |
| GY&W | Gorleston PCN | South Waveney PCN | Lowestoft PCN | GY&N Villages PCN | |
| | 2 Good | 1 Outstanding<br>4 Good | 2 RI<br>5 Good | 5 Good | |
| Norwich | East Neighbourhood | North Neighbourhood | West Neighbourhood | Central Neighbourhood | |
| | 1 RI<br>4 Good | 5 Good | 2 Inadequate<br>4 Good | 6 Good | |

**Locality & PCN Observations:**

With reference to the Practices at Risk report for clarity:

- Inadequate: Wensum Valley Medical Practice, Orchard Surgery, Heacham Group Practice, Bacon Road and Taverham.
- Requires Improvement: High Street, Alexandra & Crestview, Thorpewood,
- Outstanding: Solebay, Chet Valley, Ludham & Stalham, Wells, Harleston and Heathgate.
- 82 practices have been inspected over the last 5 years (since 2017) however over half of these (45) happened in 2017-2018 before COVID-19.
- 7 practices have been inspected in 2022.

**Recommendations:**
This report requests the committee to note this report.


43

Improving lives together
Norfolk and Waveney Integrated Care System

Agenda item: 10

| | |
|---|---|
| **Subject:** | **Prescribing team report** |
| **Presented by:** | **Marion Sully, Project Lead Pharmacist** |
| **Prepared by:** | **Michael Dennis, Associate Director of Pharmacy and Medicines Optimisation** |
| **Submitted to:** | **Primary Care Commissioning Committee** |
| **Date:** | **13 December 2022** |

**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 working up ideas for next year's prescribing quality scheme and potentially an additional switch scheme.

1.2 The prescribing quality scheme has facilitated some improvement in indicators (see below) and the data monitoring has been updated. The team continue to meet practices to facilitate implementation.

1.3 Work to promote greener inhalers has resulted in a reduction of 500 tonnes of CO2 equivalent between April and September compared to baseline.

1.4 The team launched our opioid dose reduction toolkit along with Leicester Universities Professor Debbie Bhattacharya and Professor Tony Avery, the national clinical director for prescribing.

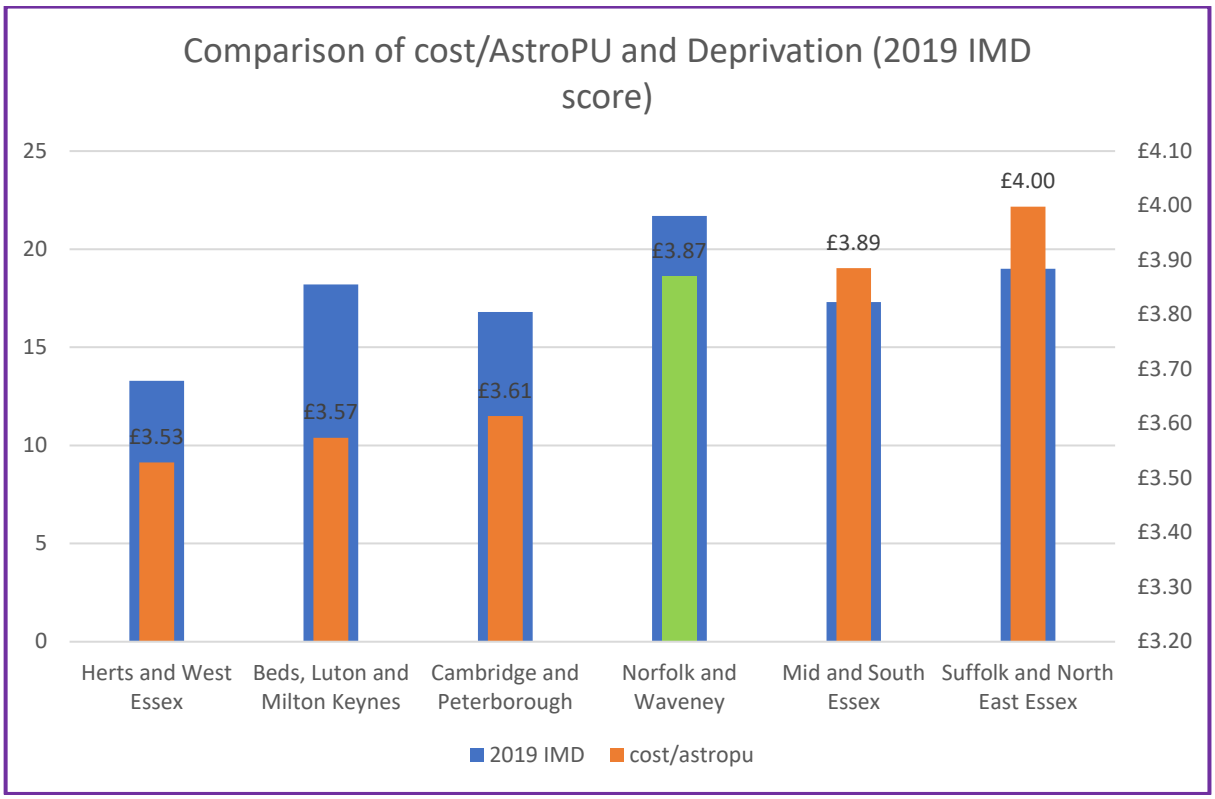
## 2. CCG/ICB Prescribing Performance

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


44

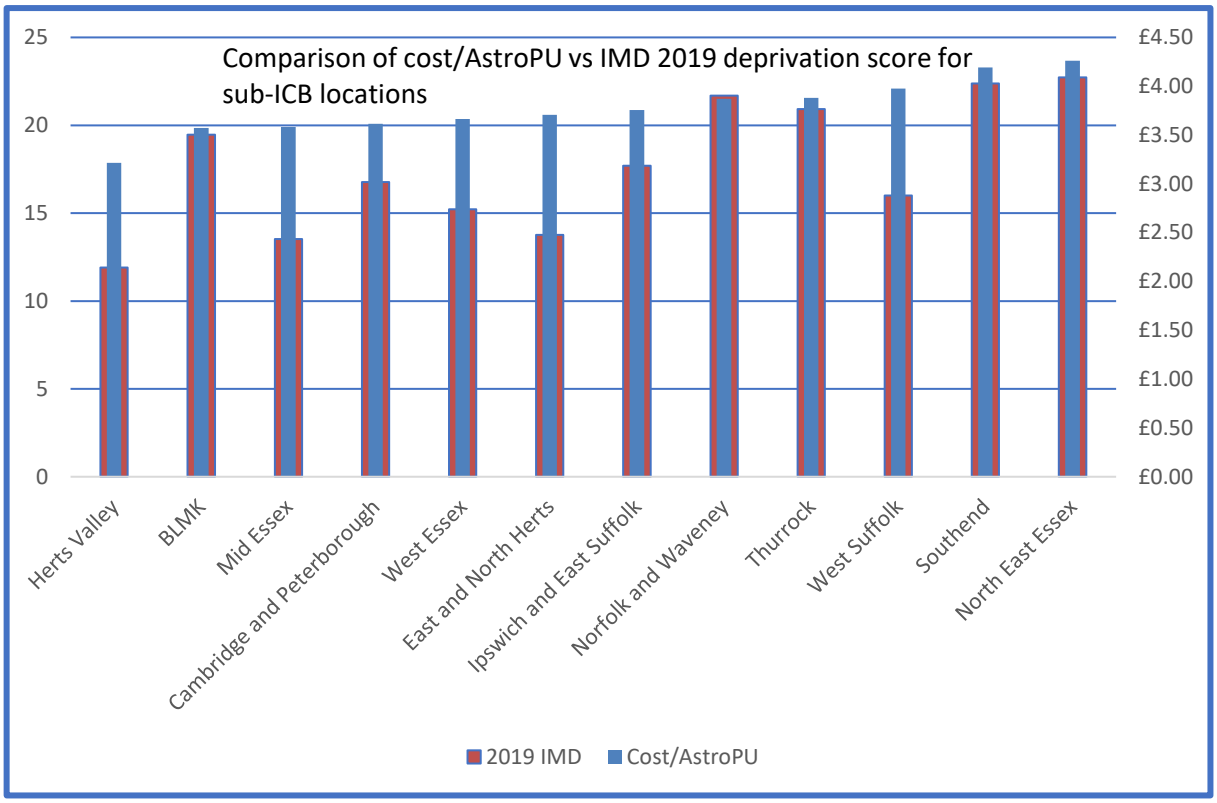
prescribing spend. Norfolk and Waveney remain the 5th highest normalised raw spend of East of England sub-ICB's at £3.87 in September 2022. The available deprivation scores can be accessed here (registration required).

When comparing the new ICB locations Norfolk and Waveney is now 3rd highest out of the six in the east of England. Below is an overlay of both sub-ICB and ICB's against the 2019 IMD deprivation scores.





45




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

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

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

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

**NCSO (no cheaper stock obtainable)**

NCSO is a price concession agreed by the Department of Health when a product cannot be sourced at the drug tariff price. 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.


46

**Table 1 Cost Pressure Report November 2022, September data**

| | YTD April-Sept | Projected Oct* | Projected Nov** |
|---|---|---|---|
| NCSO and other price concessions | £2,876,517 | £592,612 | £492,104 |
| Back into DT at increased prices | £341,404 | £190,854 | £190,000 |
| Increase In cat M from Q3 | | £48,752 | £48,750 |
| Total | £3,217,921 | £832,218 | £730,854 |

* 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 2's. This is expected to continue since whereas they had previously only been used in patients with diabetes they are now also used in patients with cardiovascular and renal disease. Others such as Famotidine have increased in volume due to the continuing global shortage of a commonly used alternative ranitidine. Others are increasing in use as awareness of their efficacy and active case finding continues to highlight the growing number of people who would benefit from their use e.g., the DOACS, edoxaban, apixaban and rivaroxaban.


47

## 3 Dependence forming medicines (DFMs)

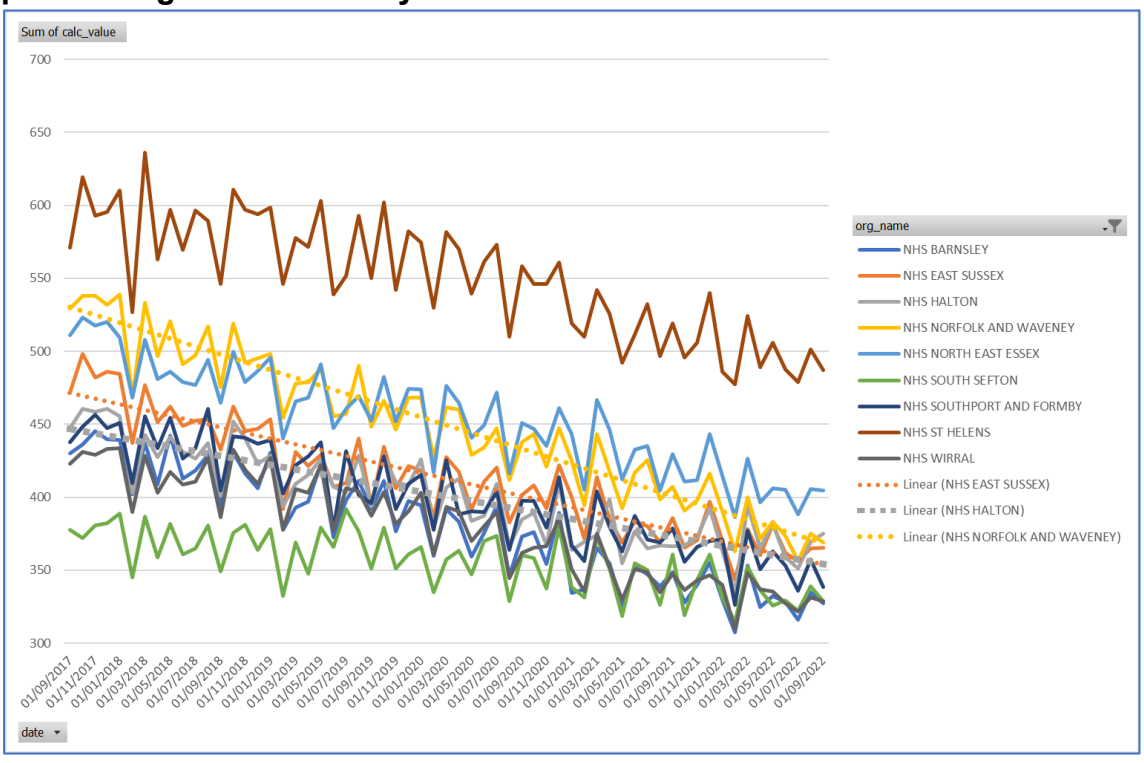
3.1 As previously reported the system has made marked improvements to its position as a national outlier on its use of high dose opiates in chronic pain. Our high use of hypnotics (and anxiolytics) is also improving but remains a concern.

3.2 The national indicators for DFMs for September 2022 are below. This was out of the 134 organisations on OpenPrescribing with position 1 being the highest (usually worst). Since April there are only 106 organisations listed due to further mergers of CCGs.

- High dose opiates – a small increase in use to 82nd (87th previously (out of 106 organisations) 22nd percentile (previously 18th) on high dose opiate items as percentage of regular opiates
- Gabapentinoids – remained at 29th, 73rd percentile on defined daily doses of gabapentin and pregabalin
- Hypnotics and anxiolytics – reverted back to 4th nationally (97th percentile (previously 3rd nationally 98th percentile) volume per 1000 patients – the trend (below) is however an improving one (yellow dotted line is Norfolk and Waveney performance and trend respectively)

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

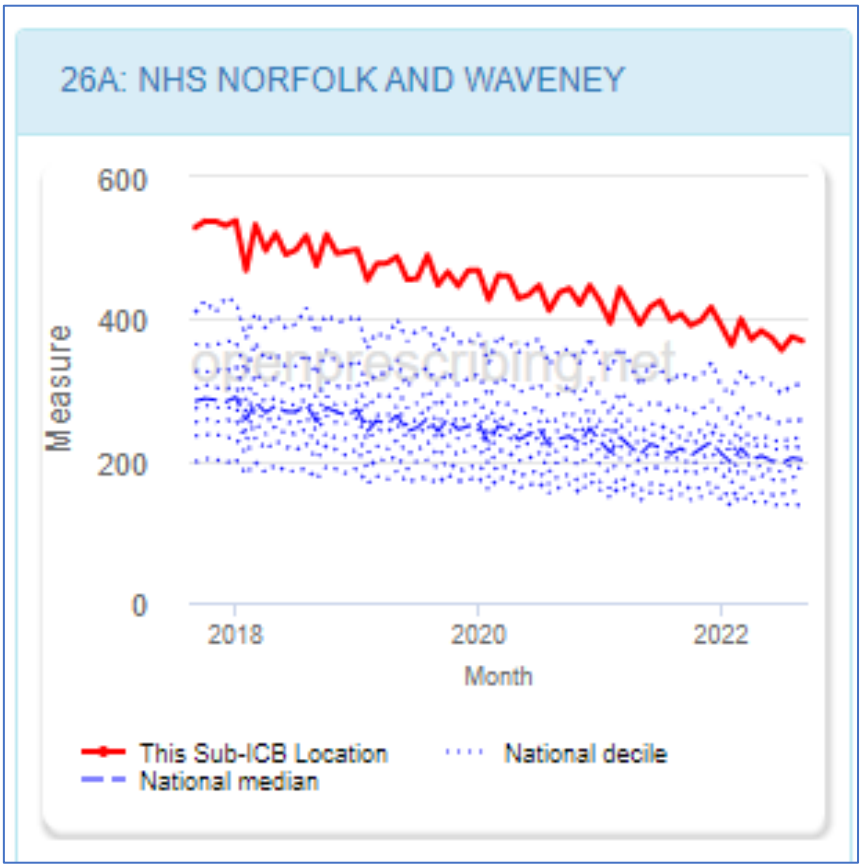
**Table 4. Anxiolytics and hypnotics volume trend over time by top prescribing ICBs nationally**





48

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




3.3 We continue to work with the Academic and Health Science Network (AHSN) and Leicester University. Regional finance colleagues are funding additional workshops that we will be delivering Jan/Feb and a bespoke 10 minute CBT/ACT training package for prescribers.

## 4 Antibiotic Prescribing

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

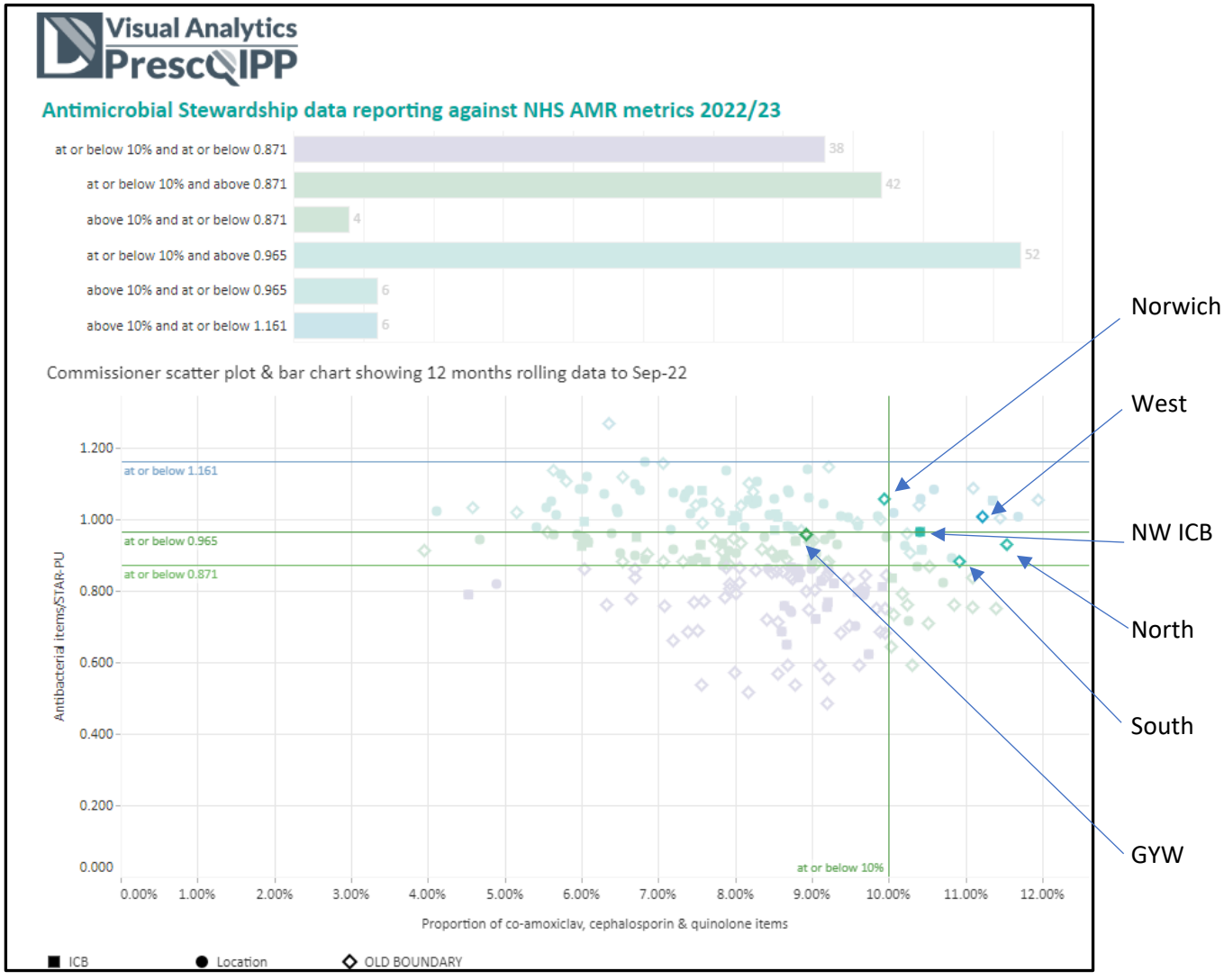
4.1.1 Antibiotic volumes, the bar chart on the left shows the volume of antibiotic prescribing by PCNs. Norfolk and Waveney is still above the new volume


49

target of 0.871 with a value of 0.964 antibacterial items per STAR-PU in the 12 months to September 22. (Decrease of 0.002 on August 2022). Swaffham and Downham PCN continue to reduce their prescribing of antibacterial items for the third month in a row.

4.2 Percentage of broad-spectrum antibiotics, the bar chart on the right shows the percentage by PCN. Norfolk and Waveney CCG are currently above the national target of no more than 10% of all antibiotics at 10.41% in the 12 months to September 2022 (an increase from 10.36% in August 2022). This is the first time an increase has been seen in the percentage of broad-spectrum antibiotics, while overall prescribing of antibiotics has dropped. A reduction in the overall percent of broad-spectrum antibiotics is possibly linked to the increase in overall antimicrobial prescribing. All practices need to continue to focus on this area of prescribing, documenting the indication for an antibiotic, following the local antimicrobial guidelines and microbiology advice as appropriate.

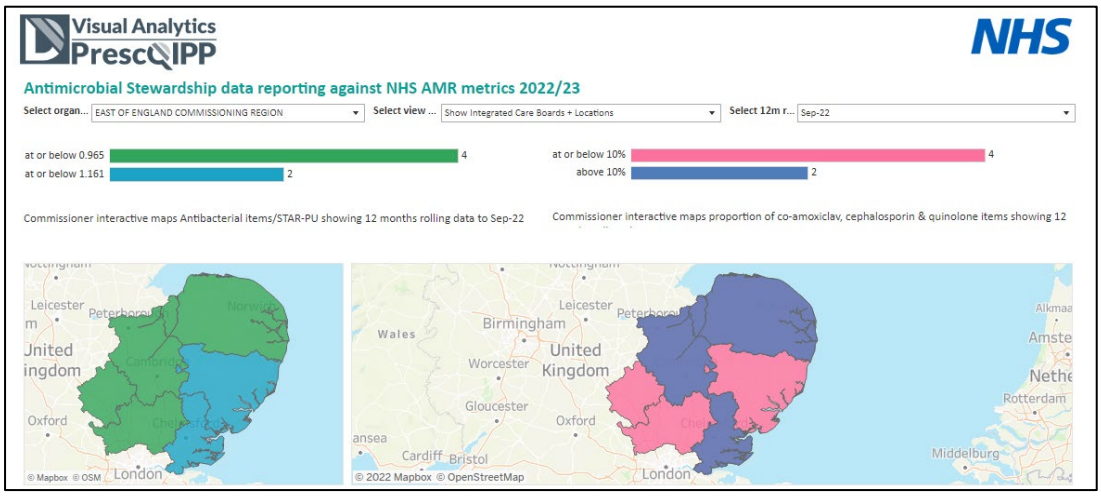
**Table 6. CCG Position against NHS AMR metric 2021/22 – August 2022**





50

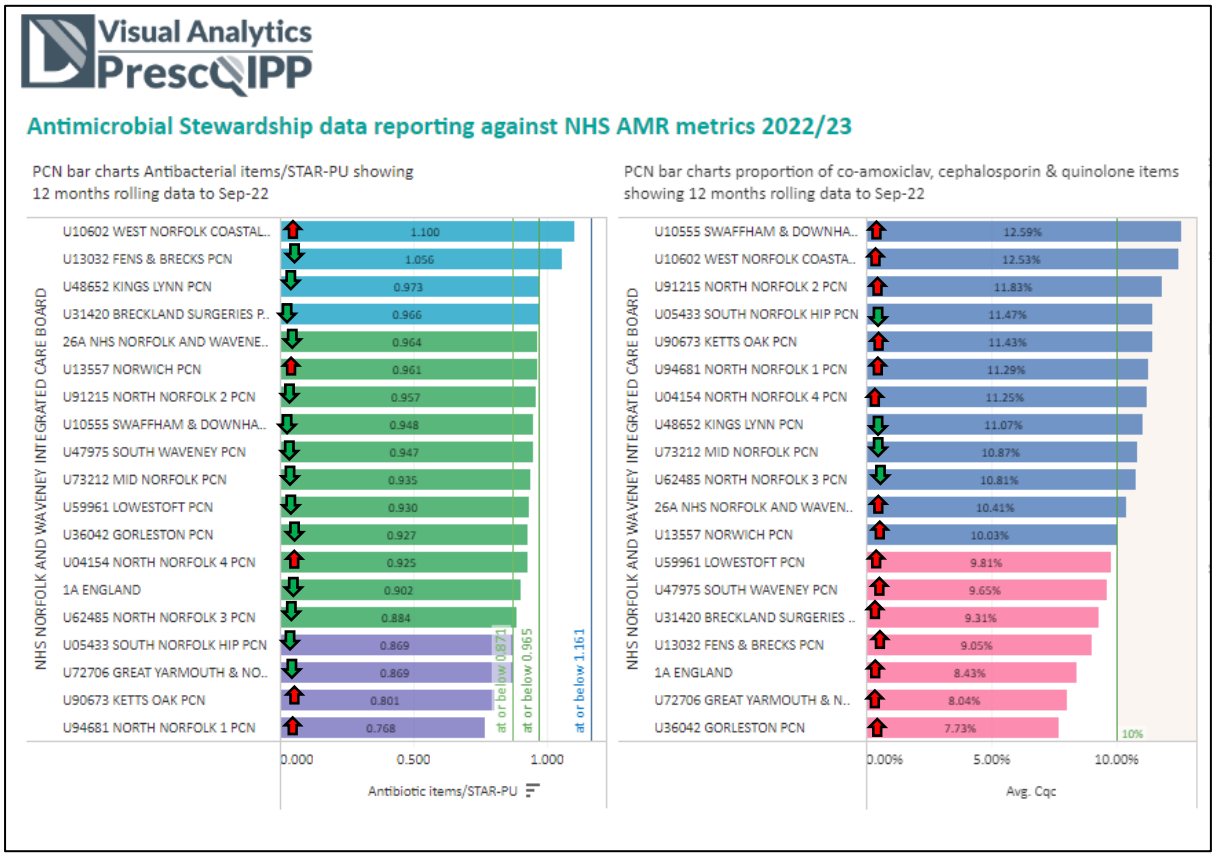
## Table 7. Regional AMR Stewardship Data 12 months to end of Sept 2022




4.3 12 PCNs have decreased the number of antimicrobial prescriptions in the latest 12-month period to the end of Sept 2022 (see Table 8)

4.4 At the latest Antimicrobial Stewardship working group, after discussion with the Regional Antimicrobial Pharmacist, the group agreed to look at prescribing of antimicrobials in the highest prescribing practice in each of the top four PCNs for total antimicrobial prescribing.

## Table 8. PCN bar charts – Antimicrobial prescribing 12 months to end Sept 2022





51

4.5 Our outlier practices (above 14%) that are driving the higher percentage of Broad-spectrum antibiotics in September data are shown in Table 9.

**Table 9: Outlier Practices for prescribing Broad Spectrum Antibiotics**

| Practice Name | % Broad Spectrum Antibiotics (Sept 2022) | Sum of percentile |
|---|---|---|
| LITCHAM HEALTH CENTRE | 23.33% | 99.75 |
| MUNDESLEY MEDICAL CENTRE | 21.27% | 99.61 |
| ELMHAM SURGERY | 18.66% | 99.17 |
| BURNHAM SURGERY | 18.16% | 99.01 |
| TOFTWOOD MEDICAL CENTRE | 17.12% | 98.73 |
| E HARLING & KENNINGHALL MEDICAL PRACTICE | 16.70% | 98.47 |
| CHURCH HILL SURGERY | 16.28% | 98.08 |
| HOWDALE SURGERY | 15.55% | 97.34 |
| GRIMSTON MEDICAL CENTRE | 15.48% | 97.23 |
| ALEXANDRA & CRESTVIEW SURGERIES | 15.03% | 96.63 |
| SOLE BAY H/C | 14.86% | 96.28 |
| NELSON MEDICAL CENTRE | 14.52% | 95.55 |
| THORPEWOOD MEDICAL GROUP | 14.11% | 94.78 |
| CHET VALLEY MEDICAL PRACTICE | 14.10% | 94.73 |
| LUDHAM AND STALHAM GREEN SURGERIES | 14.10% | 94.68 |
| REEPHAM & AYLSHAM MEDICAL PRACTICE | 14.03% | 94.50 |

**Recommendation to Governing Body/ 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 |

Norfolk and Waveney
Integrated Care Board

Agenda item: 11

| | |
|---|---|
| **Subject:** | **Spotlight on Primary Care expenditure** |
| **Presented by:** | **James Grainger, Head of Finance** |
| **Prepared by:** | **Emma Kriehn-Morris, Associate Director of Finance**<br>**James Grainger, Head of Finance** |
| **Submitted to:** | **ICB Finance Committee** |
| **Date:** | **13 December 2022** |

**Purpose of paper:**

To present an update to the ICB Finance Committee on the financial, operational and efficiency performance within the Primary Care portfolio for October 2022.

**Executive Summary:**

Primary Care Financial Summary:

As at Month 7 (October), the 9 months forecast spend is £306.1m as against a plan of £308.3m leading to a total underspend of £2.2m for Primary Care and Prescribing in combination.

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

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

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

**Report**

**Recommendation to the Board:**

This report is presented for information only.


54

| |
|---|
| |

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

**Governance**

| | |
|---|---|
| **Process/Committee approval with date(s)** (as appropriate) | |

Improving lives **together**

Norfolk and Waveney Integrated Care System

# 2022/23 Primary Care Commissioning Committee

# Finance Report Norfolk & Waveney ICB

# October 2022

Primary Care Commissioning Committee 13th December



56

# Contents





57

# 1.0 Executive Summary

- As the financial reporting for Primary Care and Prescribing is produced in arrears this report will relate to M7 (October-22) of the ICB accounts. Since the ICB (Integrated Care Board) was formed July 2022 the forecast included is for the ICB for 9 months from July-March 2023.

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

- The current efficiency requirement within the Primary Care and Prescribing directorate is £7.3m this is within the GP Prescribing sub-directorate and for the 9 months from July-March 2023.

- As at Month 7 (October), the 9 months forecast spend is £306.1m as against a plan of £308.3m leading to a total underspend of £2.2m for Primary Care and Prescribing in combination.

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


58

# 2.0 Financial Summary

| Primary Care: Financial Summary | 9 months ICB Budget £m | Year to Date (October) Budget £m | Actual £ m | Variance (Fav)Adv £m | Forecast 9 Months (ICB) Actual £m | Variance (Fav) Adv £m | Forecast at Month (September) Actual £m | Movement (Fav) Adv £m | Comments on material Movement between September and October | *Detailed Variance Analysis* |
|---|---|---|---|---|---|---|---|---|---|---|
| **GP & Other Prescribing** | **142.2** | **63.2** | **63.4** | **0.3** | **142.9** | **0.7** | **141.8** | **1.1** | The No Cheaper Stock Obtainable (NCSO) cost pressures and increase inSodium glucose cotransporter 2 (SGLT2) prescriptions lead to an increase in FOT of £2.6m month on month but it was mitigated by realease of Prior Year benefit Crystallisation of £0.9m. Incentive forecast spend reduced by £0.5m based on historical spend. | *3.1* |
| **Primary Care** | | | | | | | | | | |
| System Development Fund | **0.3** | **2.0** | **2.0** | **0.0** | **0.3** | **(0.0)** | **3.8** | **(3.5)** | Improved Access now replaced by Extended Access in Delegated and hence decrease in forecast. | |
| Local Enhanced Services | **12.4** | **5.6** | **5.6** | **0.0** | **12.4** | **0.0** | **12.4** | **0.1** | Forecast increased to match new allocation in M7 | |
| Other Primary Care | **2.0** | **0.9** | **0.8** | **(0.1)** | **1.9** | **(0.1)** | **2.0** | **(0.1)** | | |
| Primary Care Delegated Co-Commissioning | **147.2** | **64.6** | **63.0** | **(1.6)** | **144.4** | **(2.8)** | **141.1** | **3.3** | Improved Access now replaced by Extended Access in Delegated and hence increase in forecast. | *3.2* |
| Primary Care IT | **4.2** | **1.6** | **1.6** | **(0.0)** | **4.2** | **(0.0)** | **3.9** | **0.2** | Forecast increased to match new allocation for regional scaling in M7 | |
| **Total Primary Care** | **166.1** | **74.7** | **73.0** | **(1.7)** | **163.2** | **(2.9)** | **163.2** | **(0.1)** | | |
| **Total Directorate** | **308.3** | **137.8** | **136.4** | **(1.4)** | **306.1** | **(2.2)** | **305.0** | **1.0** | | |
| *Variance as a % of Budget* | | | | ***-1.0%*** | | ***-0.7%*** | | ***0.3%*** | | |
| **Total Primary Care** | **308.3** | **137.8** | **136.4** | **-1.4** | **306.1** | **-2.2** | | | | |

*Variance Signage: (Favourable)/Adverse*

The detailed explanations are provided in 3.0 Detailed variance analysis.



59

# 3.0 Detailed Variance Analysis

| Primary Care: Detailed Variance Analysis | | 9 months Budget ICB | Year to Date (October) | | | 9 Months Forecast (ICB) | | | Narrative |
|---|---|---|---|---|---|---|---|---|---|
| | | Budget | Budget | Actual | Variance (Fav)Adv | Actual | Variance | Variance (Fav)Adv | |
| | | £m | £m | £ m | £m | £m | £m | % | |
| 3.1 | GP and Other Prescribing | 142.2 | 63.2 | 63.4 | 0.3 | 142.9 | 0.7 | 0.5% | The GP Prescribing costs are reported nationally 2 months in arrears, hence actuals for July and August and estimates for September and October are considered in the Year to Date (YTD) position, and Forecast Outturn (FOT) considers July and August actuals and estimates from September to March.<br><br>The YTD is is marginally overspent by £0.3m and FOT is overspent by £0.7m.This is driven by increase in GP Prescribing costs of £1.1m ( cost pressures of No Cheaper Stock Obtainable (NCSO) due to supply chain issues and increase in SGLT2 prescriptions mitigated by prior year benefits ), Increase in Oxygen Costs due to higher electricity costs £0.2m and by £0.6m reduction in other areas of Medicine Management and Prescribing Incentives.<br><br>An efficiency target of £(7.3)m is included in the budget for the 9 months. It is assumed the efficiency savings are delivered as per plan and these are therefore included in the FOT expenditure position. Analysis of the savings achieved to date validates this position. |
| | | | | | | | | | |
| 3.2 | Primary Care Delegated Co-Commissioning | 147.2 | 64.6 | 63.0 | (1.6) | 144.4 | (2.8) | -1.9% | The undespend here is due to budgets held within Delegated Primary Care as per NHSE guidance costs shown in Locally Commissioned Services. |


60

# 4.0 System Development Fund

| Primary Care: System Development Fund | 9months Budget ICB Budget £m | Year To Date(October) Budget £m | Actual £ m | Variance (Fav) Adv £m | 9 months Forecast (ICB) Actual £m | Variance (Fav) Adv £m |
|---|---|---|---|---|---|---|
| GP Retention | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 |
| Training Hubs | 0.2 | 0.1 | 0.1 | 0.0 | 0.2 | 0.0 |
| Online Consultation | 0.2 | 0.1 | 0.1 | (0.0) | 0.2 | -0.0 |
| Flexible Pool | 0.1 | 0.1 | 0.1 | 0.0 | 0.1 | 0.0 |
| Infrastructure & Resilience | 0.2 | 0.1 | 0.1 | 0.0 | 0.2 | 0.0 |
| Improved Access | 1.8 | 1.8 | 1.8 | (0.0) | 1.8 | -0.0 |
| Practice Resilience | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 |
| Transformational Support | 0.3 | 0.0 | 0.0 | 0.0 | 0.3 | 0.0 |
| Supporting Mentors | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | 0.0 |
| Nurse Fellows | 0.1 | 0.0 | 0.0 | 0.0 | 0.1 | 0.0 |
| Others | (2.9) | -0.2 | -0.2 | 0.0 | -2.9 | -0.0 |
| | **0.3** | **2.0** | **2.0** | **0.0** | **0.3** | **(0.0)** |
| Variance as a % of Budget | | | | *0.0%* | | *-0.7%* |

*Variance Signage: (Favourable)/Adverse*

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



61

# 5.0 Delegated Co Commissioning Analysis

| Primary Care: Delegated Co Commissioning | 9months Budget ICB £m | Year to Date (October) Budget £m | Actual £ m | Variance (Fav)Adv £m | 9 Months Forecast (ICB) Actual £m | Variance (Fav) Adv £m |
|---|---|---|---|---|---|---|
| Contractual | 94.0 | 41.8 | 42.0 | 0.2 | 94.8 | 0.8 |
| QOF | 11.9 | 5.3 | 5.3 | 0.0 | 11.9 | 0.0 |
| Premises cost reimbursements | 11.1 | 4.9 | 5.1 | 0.2 | 11.3 | 0.2 |
| Other - GP Services | 10.7 | 4.9 | 3.7 | (1.2) | 8.2 | (2.4) |
| Enhanced services | 6.6 | 2.0 | 2.0 | 0.0 | 6.7 | 0.0 |
| CCG Spend | 0.3 | 0.1 | 0.1 | (0.0) | 0.3 | (0.0) |
| PCN ARRS Staff | 9.3 | 4.1 | 5.2 | 1.2 | 11.7 | 2.3 |
| PMS to GMS | 3.1 | 1.4 | 0.0 | (1.4) | 0.0 | (3.1) |
| Prior Year | 0.0 | 0.0 | -0.6 | (0.6) | -0.6 | (0.6) |
| Total | **147.2** | **64.6** | **63.0** | **(1.6)** | **144.4** | **(2.8)** |
| *Variance as a % of Budget* | | | | *-2.5%* | | *-1.9%* |

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

**Areas of material forecast variances:**

- **Contractual:** The major overspend is due to the Impact and Investment Fund (IIF) not being funded to the full possible payment amount, our forecasts are prudently adjusted to reflect this.
- **PMS to GMS:** Budgets held within Delegated PC as per NHSE guidance costs shown in Locally Commissioned Scheme.
- **PCN ARRS Staff:** This is due to Primary Care Networks (PCN's) using tranche 2 allocation which has not yet been received
- **Other GP Services:** This is the accrued income for the tranche 2 allocation not yet received.


62

# 6.0 GP And Other Prescribing

| 22/23 Primary Care: GP And Other Prescribing | 9months Budget CCG | Year to Date(October) | | | 9 months Forecast (ICB) | | Forecast as at September | | Comments on material Movement in Forecast Outturn (FOT) between August and September |
|---|---|---|---|---|---|---|---|---|---|
| | Budget £m | Budget £m | Actual £ m | Variance (Fav)Adv £m | Actual £ m | Variance (Fav)Adv £m | Actual £ m | Movement in FOT (Fav)Adv £m | |
| GP Prescribing Costs | 133.7 | 59.5 | 60.4 | 0.9 | 134.7 | 1.0 | 133.0 | 1.7 | **The difference between between the August-22 actuals and estimate was £1.5m, this was driven by a £0.8m NCSO (No Cheaper Stock Obtainable) cost pressure and an increase in SGLT2 drug costs in month and £1.1m in future months. The result is a total of £2.6m increase in FOT between August and September mitigated by a prior year release of £-0.9m crystalised in M7** |
| Recharges to Local Authorities & NHS England | (3.9) | (1.5) | (2.1) | (0.6) | (3.9) | 0.0 | (3.9) | 0.0 | **No Movement.** |
| Rebates from pharmaceutical companies | (2.2) | (1.0) | (1.0) | (0.1) | (2.1) | 0.0 | (2.1) | 0.0 | **No Movement.** |
| **GP Prescribing Subtotal** | **127.6** | **57.0** | **57.2** | **0.3** | **128.7** | **1.0** | **127.0** | **1.7** | |
| Central Drugs | 3.6 | 1.6 | 1.7 | 0.1 | 3.7 | 0.1 | 3.7 | (0.0) | **No Movement.** |
| Dressings & wound care | 4.4 | 1.9 | 1.9 | (0.0) | 4.4 | (0.0) | 4.4 | 0.0 | **No Movement.** |
| Others (Medicine Management, Oxygen, incentives etc.) | 6.6 | 2.6 | 2.6 | 0.0 | 6.1 | (0.4) | 6.7 | (0.6) | **revised incentive forecast spend based on historical spend.** |
| **Total Spend** | **142.2** | **63.2** | **63.4** | **0.3** | **142.9** | **0.7** | **141.8** | **1.1** | |
| *Variance as a % of Budget* | | | | *0.5%* | | *0.5%* | | *0.8%* | |
| 9 months budget is the 9 months plan for 22/23<br>*Variance Signage: (Favourable)/Adverse* | | | | | | | | | |

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



63

# 7.0 Financial risks

| Risk | Mitigation |
|---|---|
| 2022/23 outturn position deteriorates from the current forecast | There is robust management and oversight arrangements, detailed review of underlying position, via monthly review of actual expenditure compared to plan and specific mitigations agreed with budget managers. |
| New NICE Guidelines | Due to new NICE guidance which was published in March-22 there may be additional costs in the 2022/23 expenditure as a result of Continuous Glucose Monitoring (CGM) and prescribing of Sodium-glucose Cotransporter-2 (SGLT2) inhibitors. The potential mitigation is that these new drugs and therapies will not be suitable for all diabetic patients and will take time to roll out deferring the cost beyond 2022/23 |
| Non delivery or under delivery of £1.026m Transformation Savings assumed in the financial position for Prescribing (Up to M3). | Practice Level Prescribing budgets, based on a scientific process to include deprivation, care home beds and list size has been calculated. Actual spend is being compared on a monthly basis to understand the outlying practices and take corrective steps. Theirs is an oversight group also setup to monitor and take corrective action. |
| Increased number of prescriptions for anti depressants and pain killers due to the large Elective surgery waiting list. | Regular monitoring by Prescribing Team should identify the trend and take corrective steps. |


64

# 7.0 Financial risks (Continued)

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


65